2020 - CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC

A. ORIGIN OF THE REPORT

Name of contracting Party:

New Zealand

E-mail

sally.stewart@health.govt.nz

Information on national contact responsible for preparation of the report:

Title		
	Ms	
- amily name		
Stewart		
First name		
Sally		
Full name of institution		
Ministry of Health		
Mailing address		
	Mailing address 1	133 Molesworth Street
	Mailing address 2	Thorndon
	Post code	6011
	Post box	P O Box 5013, Lambton Quay, Wellington
	0:1	6145
	City	Wellington
Country		
	New Zealand	

2	020 - CORE QUESTIONNA	NIRE OF THE REPORTING INSTRUMENT OF WHO FCTC
Alternative email address		
Telephone number +64 4 496 2283		
Fax number		
Signature of gov	/ernment offi	icial submitting the report:
Title	Ms	
Family name Stewart		
First name Sally		
Full name of institution Ministry of Health		
Mailing address		
	Mailing address 1	133 Molesworth Street
	Mailing address 2	Thorndon
	Post code	6011
	Post box	P O Box 5013, Lambton Quay, Wellington 6145
	City	Mollington

City Wellington

Country

New Zealand

E-mail

sally.stewart@health.govt.nz

Alternative email address

Telephone number

+64 4 496 2283

Fax number

Web page www.moh.govt.nz

Period of reporting:

	Month	Year
Start date	March (3)	2018 (19)
End date	March (3)	2020 (21)

B1. TOBACCO CONSUMPTION

Prevalence of tobacco use

Smoking prevalence in the adult population (all)

(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see B112)

Current smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most-consumed smoking tobacco product used per day
MALE	16.1	
FEMALE	12.4	
TOTAL (males and females)	14.2	

Daily smokers

Prevalence (%) (please include all smoking tobacco products in prevalence

Average number of the most-consumed smoking tobacco product used per day

	data)	
MALE	13.9	
FEMALE	11.1	
TOTAL (males and females)	12.5	

Occasional smokers

Prevalence (%)

(please include all smoking tobacco products in prevalence data)

Former smokers

Prevalence (%)

(please include all smoking tobacco products in prevalence data)

MALE	27
FEMALE	22.3
TOTAL (males and females)	24.6

Never smokers

Prevalence (%)

(please include all smoking tobacco products in prevalence data)

Please indicate the smoking tobacco products included in calculating prevalence for question B11:

All smoked tobacco products, including cigars and pipe tobacco.

Please indicate the age range to which the data used to answer question B11 refer:

	From	То
Age range	15	100

Please indicate the year of the data used to answer question B11:

2019

Please indicate the source of the data used to answer question B11: Annual Update of Key Results 2018/19: New Zealand Health Survey

Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report.

smoked more than 100 cigarettes in their lifetime and currently smoke at least once a

month.

Daily smoker Daily smokers are those who have smoked

more than 100 cigarettes in their lifetime and currently smoke at least once a day.

Occasional smoker

Former smoker Former smokers are those who have

smoked more than 100 cigarettes in their lifetime and have now stopped for more

than one month.

Never smoker

Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past two years or since submission of your last report.

Smoking prevalence has declined in the past two years. For example daily smoking declined from 13.8% in 2016/17 to 12.5% in 2018/19. Current smoking declined from 15.7% to 14.2% over the same period.

Smoking prevalence in the adult population (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

	Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALES - current smokers ¹	15	17	3
MALES - current smokers ¹	15	24	16
MALES - current smokers ¹	25	34	20
MALES - current smokers ¹	35	44	23
MALES - current smokers ¹	45	54	17
MALES - current smokers ¹	55	64	13
MALES - current smokers ¹	65	74	9
MALES - current smokers ¹	75		5
FEMALES - current smokers ¹	15	17	5
FEMALES - current smokers ¹	15	24	12
FEMALES - current smokers ¹	25	34	16
FEMALES - current smokers ¹	35	44	17
FEMALES - current smokers ¹	45	54	15
FEMALES - current smokers ¹	55	64	11
FEMALES - current smokers ¹	65	74	6
FEMALES - current smokers ¹	75		3
TOTAL (males and females) - current smokers ¹	15	17	4
TOTAL (males and females) - current smokers ¹	15	24	14
TOTAL (males and females) - current smokers ¹	25	34	18
TOTAL (males and females) - current smokers ¹	35	44	20

TOTAL (males and females) - current smokers ¹	45	54	16
TOTAL (males and females) - current smokers ¹	55	64	12
TOTAL (males and females) - current smokers ¹	65	74	8
TOTAL (males and females) - current smokers ¹	75		4

Please indicate the smoking tobacco products included in calculating prevalence for question B12:

All tobacco products - in the case of New Zealand this means manufactured cigarettes and roll-your own cigarettes. Cigar and pipe tobacco constitutes less than 1% of total tobacco sales. Smokeless tobacco use is negligible.

Please indicate the year of the data used to answer question B12: 2019

Please indicate the source of the data used to answer question B12: Annual Update of Key Results 2018/19: New Zealand Health Survey.

Please provide a brief explanation of the trend in current smoking prevalence by age group in the past two years or since submission of your last report, if data are available.

Between 2016/17 and 2018/19, current smoking prevalence has declined in most age groups (15-24 years, 25-34 years, 35-44 years, and 55-64 years), with the most significant decrease for those aged 25-34 years.

Prevalence of smokeless tobacco use in the adult population (all)

(Please provide prevalence data for total adult population, and identify the age considered in B132, e.g. 15 years old and over, 18–64 years; see B132)

Males

Prevalence (%) (please include all smokeless tobacco products in prevalence data) **Females** Prevalence (%) (please include all smokeless tobacco products in prevalence data) TOTAL (males and females) Prevalence (%) (please include all smokeless tobacco products in prevalence data) Please indicate the smokeless tobacco products included in calculating prevalence for question B13: Please indicate the age range to which the data used to answer question B13 refer: From To Please indicate the year of the data used to answer question B13: Please indicate the source of the data used to answer question B13: Please provide the definitions of "current user", "daily user", "occasional user", "former user" and "never user" (of smokeless tobacco products) used in this report in the space below. Current user Daily user Occasional user Former user Never user

Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past two years or since submission of your last report.

Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

Range - start Ra age	Dongs and	Prevalence (%)
	Range - end	(please include all smoking tobacco products in
	age	prevalence data)

Please indicate the smokeless tobacco products included in the answer to question B14:

The supply and sale of oral tobacco products is prohibited in New Zealand - under section 29 of the Smoke-free Environments Act 1990. Very small amounts of oral tobacco are imported for personal use but it is illegal to distribute or sell these products.

Please indicate the year of the data used to answer question B14:

Please indicate the source of the data used to answer question B14:

Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.

Tobacco use by ethnic group(s)

(please include all smoking or smokeless tobacco products in prevalence data)

	Ethnic group(s)	MALES - Prevalence (%)	FEMALES - Prevalence (%)	TOTAL (males and females) - Prevalence (%)
Current users ³	Maori	31.5	36.3	34
Current users ³	Pacific	27.8	21.6	24.4
Current users ³	Asian	14	2.3	8.4
Current users ³	European / Other	14	11	12.4

Please indicate the tobacco products included in the answer to question B15:

All tobacco products - in the case of New Zealand this means manufactured cigarettes and roll-your own cigarettes. Cigar and pipe tobacco constitutes less than 1% of total tobacco sales. Smokeless tobacco use is negligible.

Please indicate the age range to which the data used to answer question B15 refer:

	From	То
Age range	15	100

Please indicate the year of the data used to answer question B15:

2019

Please indicate the source of the data used to answer question B15: Annual Update of Key Results 2018/19: New Zealand Health Survey.

Tobacco use by young persons

(please include all smoking or smokeless tobacco products in prevalence data)

	Age range	SMOKING TOBACCO - Prevalence (%)	SMOKELESS TOBACCO - Prevalence (%)	WATER PIPE - Prevalence (%)
BOYS - Current users	15-17	2.9	-	-
BOYS - Current users	18-24	22.6	-	-
BOYS - Current users	15-24	16.2		
GIRLS - Current users ⁴	15-17	4.8		
GIRLS - Current users ⁴	18-24	15.7		
GIRLS - Current users ⁴	15-24	12.4		
TOTAL (boys and girls) - Current users	15-17	3.8		
TOTAL (boys and girls) - Current users	18-24	19.2		
TOTAL (boys and girls) - Current users	15-24	14.4		

Please indicate the tobacco products included in calculating prevalence for question B16:

All tobacco products - in the case of New Zealand this largely means manufactured cigarettes and roll-your own cigarettes. Cigar and pipe tobacco use is less than 1% of total tobacco consumption (much less for young people). Smokeless tobacco use is negligible.

Please indicate the year of the data used to answer question B16: 2019

Please indicate the source of the data used to answer question B16:

Annual Update of Key Results 2018/19: New Zealand Health Survey - B165 - https://minhealthnz.shinyapps.io/nz-health-survey-2016-17-annual-data-explorer/ w 2cee01fc/#!/explore-indicators

Please provide the definition of "current smoking/tobacco use" used to answer question B16 in the space below.

Current smokers are those who have smoked more than 100 cigarettes in their lifetime and currently smoke at least once a month.

Please provide a brief explanation of the trend in tobacco use by young persons in the past two years or since submission of your last report.

Smoking prevalence among young people has continued to decline over the past two years, with smoking prevalence for those aged 15-24 years decreasing from 15.4% in 2016/17 to 14.4% in 2018/19.

Please attach the relevant documentation.

No comment

File type "pdf"

Use of novel and emerging tobacco and nicotine products

Age range

Heated tobacco products (HTPs) -Prevalence (%) Electronic Nicotine Delivery Systems (ENDS) - Prevalence (%)

Electronic Non-Nicotine Delivery Systems (ENNDS) - Prevalence (%) Other products - Prevalence (%)

B2-B9. HEALTH, SOCIAL AND ECONOMIC INDICATORS

Exposure to tobacco smoke

Do you have any data on exposure to tobacco smoke in your population?

Yes ✓

Please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).

Information is available on exposure to tobacco smoke in homes and private vehicles by gender, age, and ethnic group.

Smoking in indoor workplaces and on public transport in prohibited.

Please indicate the year of the data used to answer question B21:

2018

Please indicate the source of the data used to answer question B21: 2018 Health and Lifestyles Survey - prepared by the Health Promotion Agency

Please attach the relevant documentation.

No comment

File type "pdf"

Tobacco-related mortality

Do you have information on tobacco-related mortality in your population?

Yes 🗸

What is the estimated total number of deaths attributable to tobacco use in your population? 4440

If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.

Estimated number of deaths in 2017 – tobacco use All Cardiovascular diseases 1220 (1110-1330) Ischemic heart disease 850 (770-940) Stroke 210 (180-250) All cancers: 1980 (1800-2150)

Lung cancer 1100 (1010-1190)

Please indicate the year of the data used to answer question B32 and 33:

2017

Please indicate the source of the data used to answer questions B32 and B33: Global Burden of Disease Study 2017

Please submit a copy of the study you refer to:

Tobacco-related costs

Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society?

Yes 🗸

Please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).

Several estimates have been made and the results vary significantly according to the methodology used.

Please indicate the year of the data used to answer question B42:

2005

Please indicate the source of the data used to answer question B42: Report on Tobacco Taxation in New Zealand, ODea, Thomson et al, 2007

Please submit a copy of the study you refer to:

No comment

File type "pdf"

Supply of tobacco and tobacco products

(with reference to Articles 6.2(b), 20.4(c), and 15.5)

Licit supply of tobacco products

	Product	Unit (e.g. pieces, tonnes)	Domestic production	Retail sales	Exports	Imports
Smoking tobacco products	manufactured cigarettes	pieces (sticks)		1662 million		
Smoking tobacco products	loose tobacco	tonnes		468		
Smoking tobacco products	cigars	tonnes		454		
Smoking tobacco products	pipe tobacco	tonnes		1.0		

Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.

There is no exact information on duty-free sales.

Please indicate the year of the data used to answer question B51 and 52: 2018

Please indicate the source of the data used to answer questions B51 and B52:

Data tables for 2018 tobacco annual returns. https://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/tobacco-returns/tobacco-returns-2018

Please attach the relevant documentation.

No comment

File type "pdf"

Seizures of illicit tobacco products

(with reference to Article 15.5)

Seizures of illicit tobacco

Year Product Unit (e.g. pieces, tonnes) Quantity seized

Do you have any information on the percentage of illicit tobacco products on the national tobacco market?

es 🗸
35 T

What percentage of the national tobacco market do illicit tobacco products constitute? (%)

What is the trend over the past two years or since submission of your last report in the percentage of illicit tobacco products in relation to the national tobacco market?

Please provide any further information on illicit tobacco products.

Illicit tobacco products are thought to only make up 2–3% of the New Zealand tobacco market.

Please indicate the source of the data used to answer questions in section B6:
Update of Illicit Trade in Tobacco Products in New Zealand 2013 by U Veng Ian (Esther), Ali Ajmal

Please attach the relevant documentation.

No comment

File type "pdf"

Tobacco-growing

Is there any tobacco-growing in your jurisdiction?

No **≭**

Please indicate the year of the data used to answer questions in section B7:

Please indicate the source of the data used to answer questions in section B7:

Please attach the relevant documentation.

Taxation of tobacco products

(with reference to Articles 6.2(a) and 6.3)

What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))?

How are the excise taxes levied (what types of taxes are levied)?

Specific tax only No

Ad valorem tax only No

Combination of specific and ad valorem taxes Yes Yes

More complex structure (please explain below)

If a more complex structure of taxes (please explain):

There is a specific tax on tobacco products plus a goods and services tax (15%) when the product is sold.

If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)

	Product	Type of tax	Rate or amount	Base of tax ⁵
Smoking tobacco products	Manufactured cigarettes (not exceeding in weight 0.8kg of tobacco content per 1,000 cigarettes)	Excise duty	\$NZ 924.87	Per 1,000 cigarettes
Smoking tobacco products	Manufactured cigarettes (exceeding in weight 0.8kg of tobacco content per 1,000 cigarettes)	Excise duty	\$1317.93	Per kilo of tobacco content (KCT)
Smoking tobacco products	Other tobacco products eg, cigars, cheroots, cigarillos and snuff	Excise duty	\$1156.05	Per kilo of tobacco content (KCT)
Smoking tobacco products	Smoking tobacco, homogenised or reconstituted tobacco	Excise duty	\$1317.93	Per kilo of tobacco content (KCT)
Smoking tobacco products	All products	Goods and Services Tax (GST)	15%	Applied to all goods, including tobacco, in addition to the excise duty

Please briefly describe the trends in taxation for tobacco products in the past two years or since submission of your last report in your jurisdiction.

The excise on tobacco products has increased by 10 percent every year between 2010 and 2020 (on 28 April 2010 and 1 January each year since). To protect the tax rate against inflation the tobacco excise is indexed against the Consumer Price Index (CPI), which is adjusted on 1 January each year.

The tax on tobacco products has increased over the past two years. The tobacco tax on all tobacco products increased by 10% (plus 1.89 CPI adjustment) on 1 January 2019 and again by 10% (plus 1.46 CPI adjustment) on 1 January 2020.

Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?

No **≭**

Please indicate the year of the data used to answer questions B81 to B86:

2020

Please indicate the source of the data used to answer questions B81 to B86: Order in Council made under the Customs and Excise Act

Please attach the relevant documentation.

Price of tobacco products

(with reference to Articles 6.2(a))

Domestic

Please provide the retail prices of the three most widely sold brands of domestic tobacco products at the most widely used point of sale in your capital city.

	Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
Smoking tobacco products	John Player Special	20	\$26.00	NZ dollars
Smoking tobacco products	West	20	\$24.50	NZ dollars

Imported

Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city.

	Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
Smoking tobacco products	Pall Mall	20	\$31.50	\$NZ
Smoking tobacco products	Rothmans	20	\$27.90	\$NZ
Smoking tobacco products	Club	20	\$27.50	\$NZ

Please indicate the year of the data used to answer question B91:

2018

Please indicate the source of the data used to answer question B91:

Tobacco returns 2018. Information submitted to the Ministry of Health website. URL:

https://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/tobacco-returns/tobacco-returns-2018

Please briefly describe the trend in the prices of tobacco products in the past two years or since submission of your last report in your jurisdiction.

The price of tobacco products has increased significantly.

Please attach the relevant documentation.

C1. GENERAL OBLIGATIONS

With reference to Article 5

Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?

Yes 🗸

Have you established or reinforced and financed:

a focal point for tobacco control? Yes

a tobacco control unit? Yes

a national coordinating mechanism for tobacco control? Yes

Please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).

New Zealands Ministry of Health is the focal point and key agency for policy development in tobacco control. The Ministry is involved in a large number of policy, service development and operational aspects of tobacco control.

Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (*General obligations*) in the past two years or since submission of your last report.

New Zealand has a goal of reducing smoking prevalence and tobacco availability to minimal levels, making us essentially smokefree by 2025. In the last two years New Zealand has progressed implementing its tobacco control programme, which includes but is not limited to:

- -increasing tax excise rates by 10 percent on 1 January 2018, 2019, and 2020
- -supporting the provision of stop smoking services and Quitline (which runs 24/7)
- -supporting the provision health promotion campaigns by New Zealand's Health Promotion Agency, as well as other advocacy services by other key stakeholders
- -developing improvement strategies and initiatives for groups with high smoking rates, starting with young Māori women
- -developing legislation that prohibits smoking in motor vehicles carrying children and young people under 18 years of age
- -working on improving the regulatory framework for e-cigarettes, smokeless tobacco products, and emerging tobacco and nicotine delivery products

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?

Yes ✓

ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository?

No **≭**

If you answered "Yes" to any of the questions under C121 or C122, please provide details in the space below (specifically, please refer, if relevant, to whether your government or any of its departments 1) have raised awareness on tobacco industry tactics and the need to prevent interference by the tobacco industry with decision making; 2) have avoided entering into any partnerships or voluntary agreements with the tobacco industry; 3) have established any measures to limit interaction of public officials with the tobacco industry, including in the form of a code of conduct; 4) have not granted any incentives, privileges, benefits or preferential tax exemptions to the tobacco industry to establish or run their business; etc.).

The Ministry of Health maintains a publicly available register of all meetings it has with the tobacco industry. It provides dates of meetings, who attended and the topics discussed. These meetings have become increasingly rare. See:

http://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/who-framework-convention-tobacco-control/meetings-tobacco-industry-representatives

Please provide a brief description of the progress made in implementing Article 5.3 in the past two years or since submission of your last report.

The Ministry continues to remind DHBs, Public Health Units and funded stop smoking services to:

- 1) decline any request from the tobacco industry and
- 2) advise the Ministry of Health of any approach by the tobacco industry and the response provided to them

Have you utilized the "Guidelines for implementation of Article 5.3 of the WHO FCTC" when developing or implementing policies in this area?

Yes 🗸

Please provide details in the space below or refer to section I of the additional questionnaire. Response to this question or to the additional questionnaire is **voluntary**. https://extranet.who.int/dataform/655321?token=wI5etRkvKh59NbG&lang=en (https://extranet.who.int/dataform/655321?token=wI5etRkvKh59NbG&lang=en)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

C2. MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO

With reference to Articles 6-14

Price and tax measures to reduce the demand for tobacco

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?

Yes 🗸

prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?

Yes 🗸

prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?

Yes 🗸

Please provide a brief description of the progress made in implementing Article 6 (*Price and tax measures to reduce the demand for tobacco*) in the past two years or since submission of your last report.

Tobacco tax increases of 10% plus the Consumer Price Index component (which commenced in 2010) have continued in 2019 and 2020.

Have you utilized the "Guidelines for implementation of Article 6 of the WHO FCTC" when developing or implementing policies in this area?

Yes ✓

If you answered "Yes" to question C215 please provide details in the space below or refer to section H of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. https://extranet.who.int/dataform/655321? token=wl5etRkvKh59NbG&lang=en (https://extranet.who.int/dataform/655321? token=wl5etRkvKh59NbG&lang=en)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Protection from exposure to tobacco smoke

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?

Yes ✓

What is the type/nature of the measure providing for the ban?

national law Yes

subnational law(s) Yes

administrative and executive orders No

voluntary agreements No

other measures (please specify in C223 below) No

Please provide a brief explanation of the type/nature and content of the measures providing for the ban.

The principal (national) legislation banning smoking in indoor workplaces, public transport, etc., is the Smoke-free Environments Act 1990. In addition, many local authorities ban smoking in particular areas - parks, sports grounds, playgrounds and some extend this to specified streets or parts of the city.

Do any of these measures provide for a mechanism/ infrastructure for enforcement?

Yes ✓

Please provide details of this system.

The Smoke-free Environments Act 1990 is administered by the Ministry of Health. Smoke-free Officers employed by the Public Health Units of District Health Boards undertake day to day administration.

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor workplaces:

government buildings Complete
health-care facilities Partial
educational facilities Complete
universities Complete

private workplaces

Complete

other (please specify below)

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Public transport:

airplanes Complete trains Complete

ferries Complete

ground public transport (buses, trolleybuses, trams) Complete motor vehicles used as places of work (taxis, ambulances, delivery vehicles) Complete

private vehicles None

other (please specify below)

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor public places:

cultural facilities Complete
shopping malls Complete
pubs and bars Complete
nightclubs Complete
restaurants Complete

other (please specify below)

Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented:

Banning tobacco smoking in indoor workplaces

The Smoke-free Environments Act 1990 requires all indoor workplaces to be smoke-free. There is a partial exemption for hospital care (mental health institutions) and for rest homes where residents may be permitted to smoke in a dedicated smoking room which must be mechanically ventilated and from which the escape of smoke is minimised (see section 6 of the Smoke-free Environments Act 1990). Prisons have been smoke-free since 2011.

Banning tobacco smoking in public transport

The Smoke-free Environments Act 1990 prohibits smoking in passenger vehicles such as buses, taxis, aircraft, trains ferries, etc.

Banning tobacco smoking in indoor public places

The Smoke-free Environments Act 1990 prohibits smoking in certain public enclosed areas, for example travel premises (booking area, passenger waiting room).

Please provide a brief description of the progress made in implementing Article 8 (*Protection from exposure to tobacco smoke*) in the past two years or since submission of your last report.

The Smoke-free Environments (Prohibiting smoking in Motor Vehicles Carrying Children) Amendment Bill is due for a second reading at parliament soon. The Bill would amend the Smoke-free Environments Act 1990 to prohibit smoking in vehicles, including employers in work vehicles, carrying anyone under the age of 18. The purpose of the bill is to protect children from the harm associated with second hand smoke.

Have you utilized the "Guidelines for implementation of Article 8 of the WHO FCTC" when developing or implementing policies in this area?

No ×

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

The current legislation preceded the development of the Guidelines referred to above.

Please attach the relevant documentation.

Regulation of the contents of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

testing and measuring the contents of tobacco products?

Yes 🗸

testing and measuring the emissions of tobacco products?

Yes 🗸

regulating the contents of tobacco products?

No **≭**

regulating the emissions of tobacco products?

No **≭**

Please provide a brief description of the progress made in implementing Article 9 (*Regulation of the contents of tobacco products*) in the past two years or since submission of your last report.

No changes since the last report.

Have you utilized the "Guidelines for implementation of Articles 9 and 10 of the WHO FCTC" when developing or implementing policies in this area?

No ×

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g., whether your country 1) has incorporated product regulation in the national tobacco control legislation; 2) has access to either governmental or independent – not owned or controlled by the tobacco industry – laboratories for testing contents and/or emissions of tobacco products; 3) has regulated ingredients, such as flavours (e.g. menthol); 4) has regulated product characteristics, such as design features (e.g., cigarette ventilation); etc.).

The current legislation preceded the development of the Guidelines referred to above.

Please attach the relevant documentation.

Regulation of tobacco product disclosures

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:

contents of tobacco products? Yes emissions of tobacco products? Yes

requiring public disclosure of information about the:

contents of tobacco products? Yes emissions of tobacco products? Yes

Please provide a brief description of the progress made in implementing Article 10 (*Regulation of tobacco product disclosures*) in the past two years or since submission of your last report.

No changes since the last report.

Have you utilized the "Guidelines for implementation of Articles 9 and 10 of the WHO FCTC" when developing or implementing policies in this area?

No ×

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether your country has incorporated tobacco product disclosures in the national tobacco control legislation; has regulated the public disclosure of toxic constituents and emissions of tobacco products, aiming to raise public awareness and advance tobacco control policy; etc.).

Section 35 of the Smoke-free Environments Act 1990 requires tobacco product manufacturers and importers to provide an annual report that includes information on additives in tobacco products and the emission levels for tar, nicotine and CO for cigarettes. There is a requirement for the returns to be placed on the Ministry of Health website – see https://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/tobacco-returns

Please attach the relevant documentation.

Packaging and labelling of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?

Yes 🗸

requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?

Yes 🗸

requiring that each unit packet and package of tobacco products and any outside packaging and
labelling of such products carry health warnings describing the harmful effects of tobacco use?

Yes 🗸

ensuring that the health warnings are approved by the competent national authority?

Yes ✓

ensuring that the health warnings are rotated?

Yes ✓

ensuring that the health warnings are clear, visible and legible?

Yes ✓

Does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?

Yes ✓

ensuring that the health warnings occupy no less than 30% of the principal display areas?

Yes **✓**

ensuring that the health warnings occupy 50% or more of the principal display areas?

Yes **✓**

ensuring that health warnings are in the form of, or include, pictures or pictograms?

Yes **✓**

Does the Government own the copyright to these pictures and pictograms?

No **≭**

Would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?

No 🗙

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant:

constituents of tobacco products? No

emissions of tobacco products? No

requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?

Yes **✓**

Please provide a brief description of the progress made in implementing Article 11 (*Packaging and labelling of tobacco products*) in the past two years or since submission of your last report.

No changes since the last report.

Have you utilized the "Guidelines for implementation of Article 11 of the WHO FCTC" when developing or implementing policies in this area?

Yes ✓

If you answered "Yes" to question C2516 please provide details in the space below or refer to section D of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. https://extranet.who.int/dataform/655321? token=wl5etRkvKh59NbG&lang=en (https://extranet.who.int/dataform/655321? token=wl5etRkvKh59NbG&lang=en)

If you have any other relevant information pertaining to or not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Education, communication, training and public awareness

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

educational and public awareness programmes? (*Please refer to programmes implemented since submission of your two-year report.*)

Yes 🗸

To whom are these programmes targeted?

- adults or the general public
- dildren and young people
- ✓ men
- ✓ pregnant women
- ethnic groups

other (please specify)

Other

Do you reflect the following key differences among targeted population groups in educational and public awareness programmes?

- ✓ age
- gender

educational background

- ✓ cultural background
- socioeconomic status other (please specify)

Other

Do these educational and public awareness programmes cover:

- ✓ health risks of tobacco consumption?
- benefits of the cessation of tobacco use and tobacco-free lifestyles?
 - adverse economic consequences of tobacco production?
- adverse economic consequences of tobacco consumption? adverse environmental consequences of tobacco production?
- adverse environmental consequences of tobacco consumption?

awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control:

- ✓ public agencies?
- nongovernmental organizations not affiliated with the tobacco industry?
- private organizations? other (please specify)? Other

Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?

Yes 🗸

Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:

community workers? social workers?

media professionals?

✓ decision-makers?

administrators?

other (please specify)

The general public Other

Please provide a brief description of the progress made in implementing Article 12 (*Education, communication, training and public awareness*) in the past two years or since submission of your last report.

New Zealand has continued to run public awareness / education campaigns on the dangers of smoking and of exposure to second-hand smoke, promoting smoking cessation and the smoking cessation services available, and targeting different demographics including young people.

Have you utilized the "Guidelines for implementation of Article 12 of the WHO FCTC" when developing and implementing policies in this area?

Yes ✓

If you answered "Yes" to question C269 please provide details in the space below or refer to section E of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. https://extranet.who.int/dataform/655321? token=wl5etRkvKh59NbG&lang=en (https://extranet.who.int/dataform/655321? token=wl5etRkvKh59NbG&lang=en)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Media campaigns on tobacco use are principally provided by the Health Promotion Agency. Information about the current campaign is available at https://www.hpa.org.nz/stop-before-you-start

Please attach the relevant documentation.

Tobacco advertising, promotion and sponsorship

Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:

instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?

Yes 🗸

Does your ban cover:

- display and visibility of tobacco products at points of sales?
- the domestic Internet?
 the global Internet?
 brand stretching and/or brand sharing?
- product placement as a means of advertising or promotion? the depiction of tobacco or tobacco use in entertainment media products?
- tobacco sponsorship of international events or activities and/or participants therein? contributions from tobacco companies to any other entity for "socially responsible causes" and/or any other activities implemented under the umbrella of "corporate social responsibility" by the tobacco industry?
- cross-border advertising, promotion and sponsorship originating from your territory?
- the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply?

cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?

No X

imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law?

No X

Please provide a brief description of the progress made in implementing Article 13 (*Tobacco advertising, promotion and sponsorship*) in the past two years or since submission of your last report.

New Zealand is working on improving the regulatory framework for e-cigarettes, smokeless tobacco products, emerging tobacco and nicotine delivery products. This includes restrictions on advertising, promotion, and sponsorship.

Have you utilized the "Guidelines for implementation of Article 13 of the WHO FCTC" when developing and implementing policies in this area?

Yes ✓

If you answered "Yes" to question C2715 please provide details in the space below or refer to section F of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. https://extranet.who.int/dataform/655321? token=wl5etRkvKh59NbG&lang=en (https://extranet.who.int/dataform/655321? token=wl5etRkvKh59NbG&lang=en)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Demand reduction measures concerning tobacco dependence and cessation

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?

Yes ✓

programmes to promote cessation of tobacco use, including:

- ✓ media campaigns emphasizing the importance of quitting?
- programmes specially designed for underage girls and young women?
- ✓ programmes specially designed for women?
- ✓ telephone quitlines?
- ✓ local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate? other (please specify)?
 Other

design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:

- ✓ educational institutions?
- ✓ health-care facilities?
- ✓ workplaces?
- sporting environments? other (please specify)?
 Other

inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for:

inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?

Yes 🗸

Which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?

- secondary and tertiary health care
- specialized centres for cessation counselling and treatment of tobacco dependence
- rehabilitation centres

Other

Are the services provided in these settings covered by public funding or reimbursement schemes?

primary health care Partially

secondary and tertiary health care

Fully

specialist health-care systems (please specify below)

Partially

specialized centres for cessation counselling and treatment of tobacco dependence

Fully

rehabilitation centres

Fully

other (please specify below)

Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services?

Health professionals including:

☑ dentists

family doctors

practitioners of traditional medicine

other medical professionals (please specify below)

✓ nurses

Community workers

✓ Social workers

other (please specify)

Other

training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:

✓ medical?

✓ dental?

✓ nursing?

Other

facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?

Yes **✓**

Where and how can these products be legally purchased in your country?

Nicotine Replacement Therapy (NRT) products - patches, gum etc. - are fully subsidised through the government funded Quitline and other approved providers, as well as through a prescription from a medical practitioner. NRT products are also available over the counter. The other products listed - bupropion, varenicline and nortriptyline, are only available through a prescription from a medical practitioner. While NRT, bupropion, varenicline and nortriptyline are fully subsidised, there is a \$5 prescription co-payment payable by the smoker for each product.

Which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction?

✓ nicotine replacement therapy

☑ bupropion

✓ varenicline

other (please specify)

nortriptyline Other

Are the costs of these products covered by public funding or reimbursement?

nicotine replacement therapy Fully

bupropion Fully

varenicline Fully

other (please specify below) Fully

Please provide other details in the space below.

Nortripline is also fully subsidised.

Please provide a brief description of the progress made in implementing Article 14 (*Demand reduction measures concerning tobacco dependence and cessation*) in the past two years or since submission of your last report.

New Zealand publishes smoking cessation guidelines which set out the 'ABC' approach for all health care professionals - Ask, Brief advice, Cessation support. One of the Government's six priority health targets is 'better help for smokers to quit'. The current target is

- •90% of Primary Health Organisations (PHOs) enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months.
- •95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.
- •90% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking

New Zealand has also developed a guidance document that will help stop smoking services to better engage with young Māori women smokers.

Have you utilized the "Guidelines for implementation of Article 14 of the WHO FCTC" when developing and implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section G of the additional questionnaire. Response to this question or to the additional questionnaire is **voluntary**.

https://extranet.who.int/dataform/655321?token=wI5etRkvKh59NbG&lang=en (https://extranet.who.int/dataform/655321?token=wI5etRkvKh59NbG&lang=en)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

C3. MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO

With reference to Articles 15-17

Illicit trade in tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product?

No **≭**

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market?

No **≭**

requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: "Sales only allowed in ..." or carry any other effective marking indicating the final destination of the product?

Yes 🗸

developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?

No **≭**

requiring that marking is presented in legible form and/or appears in the principal language or languages of the country?

Yes **✓**

requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?

No **≭**

facilitating the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?

Yes 🗸

enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?

Yes 🗸

requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment-friendly methods where possible, or disposed of in accordance with national law?

Yes ✓

adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties?

Yes 🗸

enabling the confiscation of proceeds derived from illicit trade in tobacco products?

Yes ✓

promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels?

Yes ✓

licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?

Yes ✓

Please provide a brief description of the progress made in implementing Article 15 (*Illicit trade in tobacco products*) in the past two years or since submission of your last report.

New Zealand participated in the intergovernmental negotiating body (INB) negotiation of the Protocol to Eliminate the Illicit Trade in Tobacco Products.

On 23 May 2017, the New Zealand Government made the decision to defer consideration of New Zealand becoming a party to the Protocol to Eliminate the Illicit Trade in Tobacco Products until there are changes in circumstance that warrant reconsideration. Further information about the decision can be found on the Ministrys website: https://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/who-framework-convention-tobacco-control/illicit-trade-protocol

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Sales to and by minors

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

prohibiting the sales of tobacco products to minors?

Yes ✓

Please specify the legal age:

18

requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors?

No ×

requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?

Yes ✓

banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?

Yes ✓

prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?

Yes ✓

prohibiting the sale of tobacco products from vending machines?

No 🗙

Do you ensure that tobacco vending machines are not accessible to minors and/or do not promote the sale of tobacco products to minors?

Yes 🗸

prohibiting and/or promoting the prohibition of the distribution of free tobacco products:

✓ to the public?

✓ to minors?

prohibiting the sale of cigarettes individually or in small packets?

Yes 🗸

providing for penalties against sellers and distributors in order to ensure compliance?

Yes ✓

prohibiting the sales of tobacco products by minors?

Yes ✓

Please provide a brief description of the progress made in implementing Article 16 (*Sales to and by minors*) in the past two years or since submission of your last report.

No changes since legislative changes in July 2012.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Provision of support for economically viable alternative activities

Have you adopted and implemented, where appropriate, measures or programmes on any of the following:

promoting economically viable and sustainable alternatives for:

tobacco growers? Not applicable tobacco workers? Not applicable

tobacco individual sellers? No

Please provide a brief description of the progress made in implementing Article 17 (*Provision of support for economically viable alternative activities*) in the past two years or since submission of your last report.

Not applicable.

Have you utilized the "Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)" when developing and implementing policies in this area?

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

C4. OTHER MEASURES AND POLICIES

With reference to Articles 18–21

Protection of the environment and the health of persons

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

implementing measures in respect of tobacco cultivation within your territory, which take into consideration:

the protection of the environment?

Not applicable

the health of persons in relation to the environment?

Not applicable

implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:

the protection of the environment?

Not applicable

the health of persons in relation to the environment?

No

Please provide a brief description of the progress made in implementing Article 18 (*Protection of the environment and the health of persons*) in the past two years or since submission of your last report.

Have you utilized the "Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)" when developing and implementing policies in this area?

No X

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Liability

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?

Yes

Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?

No

Do you have any civil liability measures that are specific to tobacco control?

No

Do you have any general civil liability provisions that could apply to tobacco control?

Yes

Do you have civil or criminal liability provisions that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs?

No

Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?

Yes

Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?

No

Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (*Liability*) in the past two years or since submission of your last report.

Legislation relating to tobacco control is principally contained in the Smoke-free Environments Act 1990. Some generic legislation impinges on tobacco control, for example, the Fair Trading Act 1986 (prevents the use of misleading terms), Health and Safety Act (second-hand smoke is recognised as a hazard in the workplace), Medicines Act 1981 (recognises nicotine as a toxic substance, registers medicines including smoking cessation aids or food legislation (prevents the adding of nicotine in food)).

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Please attach the relevant documentation.

Research, surveillance and exchange of information

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

developing and/or promoting research that addresses:

- determinants of tobacco consumption?
- ✓ consequences of tobacco consumption?
- social and economic indicators related to tobacco consumption?
- tobacco use among women, with special regard to pregnant women?
- the determinants and consequences of exposure to tobacco smoke?
- identification of effective programmes for the treatment of tobacco dependence?
 identification of alternative livelihoods?
 Other

training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?

Yes ✓

a national system for epidemiological surveillance of:

- ✓ patterns of tobacco consumption?
- determinants of tobacco consumption?
- ✓ consequences of tobacco consumption?
- social, economic and health indicators related to tobacco consumption?
- exposure to tobacco smoke?
 Other

Please list all surveys, including the year of the survey, that you have undertaken in the past.

Tobacco Use Surveys (2006-09); New Zealand Health Surveys (1996/97, 2002/03, 2006/07 and annually 2011/12 onwards), NZ Census has included two tobacco questions on smoking in 1981, 1996, 2006, 2013; ASH Year 10 Snapshot Survey (of 14 and 15 year olds) has been conducted annually since 1992; The Health Promotion Agency conducts two yearly Youth Insights Surveys and Adult Lifestyle Surveys.

Does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below.

Yes. All are expected to continue. The New Zealand Health Survey is now conduced annually. A detailed tobacco module is included every few years (so far in 2012/13, 2014/15, 205/16, 2016/17, 2017/18, 2018/19). The other surveys will continue as before, including retaining the smoking questions in the next Census (2018).

regional and global exchange of publicly available national:

scientific, technical, socioeconomic, commercial and legal information? information on the practices of the tobacco industry? information on the cultivation of tobacco?

an updated database of:

☑ laws and regulations on tobacco control?

information about the enforcement of laws on tobacco control?

pertinent jurisprudence?

Please provide a brief description of the progress made in implementing Article 20 (*Research*, surveillance and exchange of information) in the past two years or since submission of your last report.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether you included information on WHO FCTC implementation in your Voluntary National Review (VNR) on the Sustainable Development Goals (SDGs), related to target 3.a).

Please attach the relevant documentation.

D. INTERNATIONAL COOPERATION AND ASSISTANCE

Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:

development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?

Assistance provided Yes
Assistance received No

provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?

Assistance provided Yes
Assistance received No

appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?

Assistance provided Yes
Assistance received No

provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?

Assistance provided Yes
Assistance received No

identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?

Assistance provided No Assistance received No

promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?

Assistance provided No Assistance received No

Please identify the Party or Parties from which assistance was received or to which assistance was provided.

Pacific Island Countries and Territories (PICTs) have been supported by the New Zealand government through the New Zealand Aid Programme.

The financial support has primarily been provided through funding the following three activities:

- 1. Tonga Taxation Study funding was provided to the World Bank to conduct a study in Tonga, to determine the impact of taxation to address non-communicable diseases. This included research to determine the impact of taxation on tobacco consumption rates in Tonga. One-off funding in 2019.
- 2. Pacific Multi-Sectoral Response to NCDs (2018-2021) funding has been provided to SPC (Pacific Community) to support SPC to provide regulatory, legislative and policy technical suport to countries to enact multi-sectoral action that will contribute to arresting the NCD crisis in the Pacific. Again, this included support to address tobacco policy and legislative issues.
- 3. Pacific NCD initiative Phase 2 (2018-2022) funding has been provided to WHO to address NCDs challenges in the region. Strengthening the work on the NCDs Roadmap is critical to this activity. The activities of this initiative include strengthening primary health care capability, tobacco harm minimisation and mitigation, and enhanced regulatory frameworks around tobacco which will produce increased tax revenue.

Please provide information about any assistance provided or received in the space below, including any support received from nongovernmental organizations (please, specify).

As noted above, overseas development assistance funds for Pacific countries include funds for tobacco control. This technical support has sought to strengthen tobacco control measures, legislation, and FCTC compliance in the region.

If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.

Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention?

No ×

E. PRIORITIES AND COMMENTS

What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?

Progressing towards New Zealands goal of becoming an essentially smoke-free nation by 2025.

A key challenge and priority for the programme is to reduce the inequalities that are present for Māori, Pacific people, and those in lower socioeconomic groups.

The current focus areas of the tobacco control work programme are to:

- re-design stop-smoking services to better meet the needs of young Māori women
- improve the regulatory framework for e cigarettes and e-liquid and emerging tobacco and nicotinedelivery products.

Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control?

No **≭**

What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?

Do you have any of the following products available on your national tobacco market?

- ✓ water pipe tobacco
- ☑ Electronic Nicotine Delivery Systems (ENDS)
- ☑ Electronic Non-Nicotine Delivery Systems (ENNDS)
- ✓ heated tobacco products (HTPs)

Other

Have you adopted and implemented any policy or regulation that is specific to the following tobacco products?

smokeless tobacco products
water pipe tobacco
Electronic Nicotine Delivery Systems (ENDS)
Electronic Non-Nicotine Delivery Systems (ENNDS)
heated tobacco products (HTPs)
Other

If you have any relevant information related to questions E5 and E6, please provide details in the space below.

Work is being undertaken to improve the regulatory framework for smokeless tobacco and vaping products.

Please provide any other relevant information not covered elsewhere that you consider important.

Your suggestions for further development and revision of the reporting instrument:

© 2020 WHO