

REPORTING INSTRUMENT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

In order to use the interactive features of the reporting instrument, please follow the instructions below. It is essential to complete the reporting instrument by providing information/data in the required format to ensure consistency and for ease of data processing and analysis.

If you use a version of Microsoft Word of before 2010:

- 1. Save the Microsoft Word-based document (WHO FCTC reporting instrument) to a folder on the computer that will be used to complete the questionnaire.
- 2. Ensure your Microsoft Word security settings allow you to run macros in this document:
- (i) Under the "Tools" menu, select "Macro".
- (ii) In the "Macro" menu, select "Security".
- (iii) In the "Security" pop up menu, please ensure that you have selected "Medium".
- 3. Close and re-open the WHO FCTC reporting instrument (Microsoft Word-based document which you saved to your computer under step 1).
- 4. As the document is opening, a box will appear asking if you want to enable macros. The answer is yes. Click "Enable macros".
- 5. Once you have clicked "Enable macros", the buttons indicating that you can add new rows or new categories to the tables provided will be functional.

If you use a newer version of Microsoft Word:

- 1. When receiving the security warning "Some active content has been disabled", click "Enable content".
- 2. When receiving another security warning "Macros have been disabled", click "Enable content".

▼ I confirm that I read the note and followed the instructions therein

1. ORIGIN OF THE REPORT

1.1	NAME OF CONTRACTING PARTY	New Zealand			
1.2	Information on national contact responsible for preparation of the report:				
	Name and title of contact officer	John Stribling, Advisor, Tobacco Control Programme			
	Full name of institution	Ministry of Health			
	Mailing address	P O Box 5013, Wellington, New Zealand			
	Telephone number	+64 4 816 4395			
	Fax number				
	E-mail	John_stribling@moh.govt.nz			
1.3	Signature of government official submitting the report:				
	Name and title of officer	Paul Badco, National Programme Manager, Tobacco Control Programme			
	Full name of institution	Ministry of Health			
	Mailing address	P O Box 5013, Wellington, New Zealand			
	Telephone number	+ 64 4 816 2949			
	Fax number				
	E-mail	Paul.badco@moh.govt.nz			
	Web page	www.moh.govt.nz			
1.4	Period of reporting	May 2012 – March 2014			
1.5	Date the report was submitted				

2. TOBACCO CONSUMPTION AND RELATED HEALTH, SOCIAL AND ECONOMIC INDICATORS

(with reference to Articles 19.2(a), 20.2, 20.3(a), 20.4(c) as well as Articles 6.2(a), 6.2(b), 6.3, 15.4, 15.5 and 17 as referred to in the respective subsections)

2.1	PREVALENCE OF TOBACCO USE					
2.1.1	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 2.1.1.2)					
		Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most- consumed smoking tobacco product used per day			
	MALES					
	Current smokers	18.7 %				
	Daily smokers	16.2 %				
	Occasional smokers	2.5 % (non-daily)				
	Former smokers	%				
	Never smokers	%				
	FEMALES					
	Current smokers	16.4%				
	Daily smokers	14.9 %				
	Occasional smokers	2.5 % (non-daily)				
	Former smokers	%				
	Never smokers	%				
	TOTAL (males and	females)				
	Current smokers	17.6 %				
	Daily smokers	15.5 %				
	Occasional smokers	2.1 % (non-daily)				
	Former smokers	%				
	Never smokers	%				

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:
	Manufactured cigarettes, roll-your-own cigarettes, cigars, pipes
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:
	15+ years
2.1.1.3	Please indicate the year and source of the data used to answer question 2.1.1:
	New Zealand Health Survey (NZHS) 2012/13. (The NZ Tobacco Use Survey 2006-2009, which provided data for the 2012 report, has been discontinued). The NZHS, which previously asked core questions 5 yearly is now conducted annually questions annually. The first results from the 2012/13 NZHS have been published (see the link below) and the other findings are expected to be available by July 2014, (eg, former smokers and ex-smokers.
	On line data tables are available at http://www.health.govt.nz/publication/new-zealand-health-survey-annual-update-key-findings-2012-13 (under Downloads - Adult data tables: Health status, health behaviours and risk factors)
2.1.1.4	Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report.
	A current smoker is defined as someone who has smoked more than 100 cigarettes in their lifetime and currently smokes at least once a month (World Health Organization 1998)
	A daily smoker is someone who has smoked more than 100 cigarettes in their lifetime and currently smokes one or more cigarettes daily.
	A former or "Ex" smoker is someone who has smoked greater than 100 cigarettes in their lifetime and at the time of the survey had not smoked for at least a month.
	A never smokers is someone who has not smoked more than 100 cigarettes in their lifetime and does not currently smoke.
2.1.1.5	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.
	There has been a steady downward trend in smoking prevalence. NZHS data show an unadjusted daily adult smoking prevalence of 18.3% in 2006/07, 16.4% in 2011/12 and 15.5% in 2012/13. NZHS data tables for 2006/07 are available at http://www.health.govt.nz/publication/portrait-health-key-results-2006-07-new-zealand-health-survey and those for 2011/12 at http://www.health.govt.nz/publication/health-new-zealand-adults-2011-12 .
	This downward trend is probably attributable primarily to price increases for tobacco products, but with significant contributions from media campaigns and general news media articles on tobacco issues (for example around plain packaging or local authority measures to extend smoke-free areas), improved support for and access to smoking cessation services, and legislative changes such as a ban on tobacco displays and the introduction of infringement notices for some offences

2.1.2	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)					
		Age group (adults)	Prevalence (%) (please include all smoking tobacco products in prevalence data)			
	MALES					
	Current smokers ¹	15-24	19.3 %			
	SHIOKEIS	25-34	27.5 %			
	Add age group	35-44	23.7 %			
	naa age greap	45-54	19.2 %			
		55-64	15.2 %			
		65-74	8.4			
		75+	4.9			
	FEMALES					
	Current smokers ¹	15-24	19.3 %			
		25-34	21.5 %			
	Add age group	35-44	17.7 %			
		45-54	20.7 %			
		55-64	14.4 %			
		65-74	7.6			
		75+	4.0			
	TOTAL (male	es and females)				

¹ Please provide here data on either all current smokers or daily smokers only, whichever is available.

	Current smokers ¹	15-24	19.3 %
	Add age group	25-34	24.4 %
		35-44	20.5
		45-54	20.0 %
		55-64	14.8%
		65-74	8.0%
		75+	4.4%

2.1.2.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.2:
	Manufactured cigarettes, roll-your-own cigarettes, cigars, pipes
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:
	New Zealand Health Survey (NZHS) 2012/13
	Current data have been provided, but daily smoking data are available at http://www.health.govt.nz/publication/new-zealand-health-survey-annual-update-key-findings-2012-13 (under Downloads - Adult data tables: Health status, health behaviours and risk factors
2.1.2.3	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.
	Current smoking prevalence declined between 2006/07 and 2012/13 in all age groups except for those aged 75+ (the confidence intervals overlap).

2.1.3	Prevalence of smokeless tobacco use in the adult population (all)					
	(Please provide prevalence data for total adult population, and identify the age considered in 2.1.3.2, e.g. 15 years old and over, 18–64 years; see 2.1.3.2)					
		Prevalence (%)				
		(please include all smokeless tobacco products in prevalence data)				
	MALES					
	Current users	%				
	Daily users	%				
	Occasional users	%				
	Former users	%				
	Never users	%				
	FEMALES					
	Current users	%				
	Daily users	%				
	Occasional users	%				
	Former users	%				
	Never users	%				
	TOTAL (males and females)					
	Current users	%				
	Daily users	%				
	Occasional users	%				
	Former users	%				
	Never users	%				
	_1					

2.1.3.1	Please indicate the smokeless tobacco products included in calculating prevalence for question 2.1.3:
2.1.3.2	Please indicate the age range to which the data used to answer question 2.1.3 refer:
2.1.3.3	Please indicate the year and source of the data used to answer question 2.1.3:
2.1.3.4	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.
2.1.3.5	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.
	No data are available. The supply and sale of oral tobacco products is prohibited in New Zealand – see 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.

2.1.4	Prevalence of smokeless tobacco use in the adult population (current users) by age group (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)						
		Age group (adults)	Prevalence (%) (please include all smokeless tobacco products in prevalence data)				
	MALES						
	Current users ²		%				
	Add age group		%				
			%				
			%				
			%				
	FEMALES						
	Current users ²		%				
	Add age group		%				
			%				
			%				
			%				
	TOTAL (males and females)						
	Current users ²		%				
	Add age group		%				
			%				
			%				
			%				

 $^{^{2}}$ Please provide data on either all current users or daily users only, whichever is available.

2.1.4.1	Please indicate the smokeless tobacco products included in the answer to question 2.1.4:
2.1.4.2	Please indicate the year and source of the data used to answer question 2.1.4:
2.1.4.3	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.
	The supply and sale of oral tobacco products is prohibited in New Zealand – see 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.

2.1.5	Tobacco use by ethnic group(s)					
		Ethnic group(s)	Prevalence (%) (please include all smoking or smokeless tobacco products in prevalence data)			
			Males	Females	Total (males and females)	
	Current users ³	Maori	36.4 %	41.8%	39.2%	
	Add ethnic group	Pacific	27.1%	22.6%	24.7%	
		Asian	15.6%	4.3%	10.2%	
		European / Other	16.4%	14.3%	15.4%	
			%	%	%	
2.1.5.1	Please indicate the tobacco products included in the answer to question 2.1.5:					
	Manufac	tured cigarettes,	roll-your-own cigaret	ttes, cigars, pipes		
2.1.5.2	Please inc	dicate the age ran	age to which the data	used to answer que	estion 2.1.5 refer:	
	15+ years	3				
2.1.5.3	Please inc	dicate the year an	nd source of the data u	used to answer que	estion 2.1.5:	
	New Zealand Health Survey (NZHS) 2012/13 Current data have been provided, but daily smoking data are available at http://www.health.govt.nz/publication/new-zealand-health-survey-annual-update-key-findings-2012-13 - under Downloads - Adult data tables: Health status, health behaviours and risk factors					

³ Please provide data on either all current users or daily users only, whichever is available.

		Age range	Prevalence (%) (please include all smoking or smokeless tobacco products in prevalence data)				
·			Smoking tobacco	Smokeless tobacco	Other tobacco (e.g. water pipe		
	Boys						
	Current users ⁴	15-17 years	9.8%	%	%		
	Add youth	18-24 years	23.1%	%	%		
	group		%	%	%		
		15-24 years	19.3%	%	%		
			%	%	%		
	Girls						
	Current users ⁴	15-17 years	6.1 %	%	%		
	Add youth	18-24 years	24.4%	%	%		
	group		%	%	%		
		15-24 years	19.2%	%	%		
			%	%	%		
	TOTAL (boys and girls)						
J	Current users ⁴	15-17 years	8.0 %	%	%		
	Add youth	18-24 years	23.7 %	%	%		
	group			%	%		
		15-24 years	19.3 %	%	%		
			%	%	%		
1.6.1		indicate the toba n 2.1.6:	cco products included i	n calculating pre	valence for		
-	Manufa	ctured cigarettes	s, roll-your-own cigaret	tes, cigars, pipes			

 $^{^4}$ Please provide data on either all current users or daily users only, whichever is available.

2.1.6.2	Please indicate the year and source of the data used to answer question 2.1.6:
	New Zealand Health Survey (NZHS) 2012/13. Current data have been provided, but daily smoking data are available at http://www.health.govt.nz/publication/new-zealand-health-survey-annual-update-key-findings-2012-13 (under Downloads - Adult data tables: Health status, health behaviours and risk factors
2.1.6.3	Please provide the definition of "current smoking/tobacco use" used to answer question 2.1.6 in the space below.
	A current smoker is defined as someone who has smoked more than 100 cigarettes in their lifetime and currently smokes at least once a month (World Health Organization 1998)
	A daily smoker is someone who has smoked more than 100 cigarettes in their lifetime and currently smokes one or more cigarettes daily.
	A former or "Ex" smoker is someone who has smoked greater than 100 cigarettes in their lifetime and at the time of the survey had not smoked for at least a month.
	A never smokers is someone who has not smoked more than 100 cigarettes in their lifetime and does not currently smoke.
2.1.6.4	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.
	Current smoking prevalence among young people has generally declined between the 2011/12 and 2012/13 NZ Health Surveys. The ASH year 10 survey of 14-15 year olds shows daily smoking down from 7.3% in 2007 to 3.2% in 2013 and current smoking down from 12.8% to 6.8% over the same period.

2.2	EXPOSURE TO TOBACCO SMOKE
2.2.1	Do you have any data on exposure to tobacco smoke in your population? Yes No
2.2.2	If you answered "Yes" to question 2.2.1, please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).
	NZ Tobacco Use Survey 2009 found that 6.4 per cent of non-smokers were exposed to second-hand smoke in their home in the past week; 6.1 per cent of non-smoking adults were exposed to second-hand smoke in the car they usually travel in during the last week; and, 4.5 per cent on non-smokers were exposed to second-hand smoke indoors at their workplace, in the past month. No more recent data is available.
	For more details see http://www.health.govt.nz/system/files/documents/publications/tobacco-use-nz-key-findings-2009-survey_0.pdf pp 91 - 104
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:

2.3	TOBACCO-RELATED MORTALITY
2.3.1	Do you have information on tobacco-related mortality in your population?
	✓ Yes No
2.3.2	If you answered "Yes" to question 2.3.1, what is the estimated total number of deaths attributable to tobacco use in your population? 4395 deaths per year – this is the average number of tobacco-related deaths per year between 2005 and 2009.
2.3.3	If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.
	This information is provided as a separate attachment.
2.3.4	Please indicate the year and source of the data used to answer questions 2.3.2 and 2.3.3, and please submit a copy of the study you refer to:
	The calculation was made by the Ministry of Health's Health and Disability Intelligence Unit in 2012.

2.4	TOBACCO-RELATED COSTS
2.4.1	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?
2.4.2	If you answered "Yes" to question 2.4.1, please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).
	Several estimates are available and the results vary significantly depending on the methodology used. The details of one report are available from page 19 (see the summary on page 29) of the following report: http://www.sfc.org.nz/pdfs/TobTaxVolTwoNovember.pdf
2.4.3	Please indicate the year and source of the data used to answer question 2.4.2, and please submit a copy of the study you refer to:
	Report on Tobacco Taxation in New Zealand, O'Dea, Thomson et al, November 2007 - see the link above for more details.

2.5	SUPPLY OF TOBACCO AND TOBACCO PRODUCTS						
	(with reference to Articles 6.2(b), 20.4(c), and 15.5)						
2.5.1	Licit supply of tobacco products						
		Product	Unit (e.g. pieces, tonnes)	Domestic production	Retail sales	Exports	Imports

	Smoking tobacco products Add product Smokeless tobacco products Add product Other tobacco products Add product						
	Tobacco	Leaves					
2.5.2		provide informaty), if available	mation on the vo	olumes of duty	-free sales	(e.g. produ	ct, unit,
2.5.3	Please 2.5.2:	indicate the y	ear and source o	of the data used	to answer	r questions	2.5.1 and

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS							
	(with 1	reference to Arti	cle 15.5)					
2.6.1		Year	Product	Unit (e.g. millions of pieces)	Quantity seized			
	Smoking tobacco							
	products							
	Add row							
	Smokeless							
	tobacco products							
	Add row							
	Other							
	tobacco							
	products							
	Add row							
2.6.2	Do yo	ou have any infor		ntage of illicit tobacco	products on the			
	nation	nal tobacco mark	et? Yes N	lo				
2.6.3	•		' to question 2.6.2, we products constitute	what percentage of the rate? %	national tobacco			
2.6.4	is the	trend over the pa	st two years or since	d you have information submission of your la ation to the national to	st report in the			
2.6.5	Please	provide any furt	her information on i	llicit tobacco products				
	It is difficult to make accurate estimates of the size and scale of the illicit tobacco market due to the limited research available. Smuggling of tobacco has remained a low-level but persistent problem for the NZ Customs Service in different forms for many years. New Zealand has not seen the regular large container-size interceptions of cigarettes that many other countries are experiencing and it is thought that the market share of illicit tobacco remains low.							
	The current New Zealand illicit tobacco market is believed to be fuelled by:							
	• small scale importations by passengers exceeding their concession allowance (either unwittingly or as a calculated risk), for personal overwhelming majority of seizures are made at the airports, from air travellers. The tobacco products seized appear to have been lessourced.							
	• som	e cultivation an	d illicit manufactu	re of "roll your own"	'tobacco for			

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS
	(with reference to Article 15.5)
	personal use may be sold in certain regions in New Zealand
	•occasional importation of small amounts of chewing tobacco.
2.6.6	Please indicate the source of the data used to answer questions in section 2.6:

2.7	TOBACCO-GROWING					
2.7.1	Is there any tobacco-growing in your jurisdiction?					
2.7.2	If you answered "Yes" to question 2.7.1, please provide information on the num of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.					
2.7.3	Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.					
2.7.4	Please indicate the year and source of the data used to answer questions in section 2.7:					

2.8	TAXATION OF TOBACCO PRODUCTS (with reference to Articles 6.2(a) and 6.3)						
2.8.1	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))? Average about 76% - 77%, but because of GST the proportion of tax in the retail price can vary – currently, from 70% for premium brands to 81% for budget brands (which have higher sales)						
2.8.2	How are the excise taxes levied (what types of taxes are levied)?						
	Specific tax only ✓ No						
	 ◆ Ad valorem tax only 						
	Combination of specific and ad valorem taxes Yes No						
	• More complex structure (please explain: There is a specific tax on tobacco products plus a goods and service tax (15%) when the product is sold						
2.8.3	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 Add product	Manufactured cigarettes (not exceeding in weight).8kg of acco content per ,000 cigarettes)	Excise duty	\$545.39	Per 1,000 cigarettes
		Manufactured cigarettes (exceeding in weight).8kg of tobacco ontent per 1,000 cigarettes)	Excise duty	\$777.18	Per 1,000 cigarettes
		Cigars, cheroots and cigarillos	Excise duty	\$681.72	Per kilo of tobacco content (KCT)
		Other manufactured tobacco	Excise duty	\$777.18	Per KCT
		All products	GST (Goods and Services Tax)	15%	New Zealand Goods and Services Tax of 15% is applied to all goods — in addition to the excise duty
	Smokeless tobacco products				daty
	Add product				
-	Other tobacco products				
	Add product				
2.8.4		scribe the trends i bmission of your		l pacco products in t r jurisdiction.	he past two

⁵ The "base of the tax" should clearly indicate the tax rate or amount the tax is based on. If the tax is expressed as a percentage (e.g. ad valorem tax), the base of the tax is the actual value of the good that is taxed; for example, 45% of the manufacturer's price, 30% of the retail price. In this case the "base" is the manufacturer's price or retail price. If the tax is expressed as an amount (e.g. specific tax), the base of the tax is the volume (number of pieces or by weight) of goods that is taxed. For example, if a tax is US\$ 5 per 100 cigarettes, the amount of tax is US\$ 5 and the base of the tax is 100 cigarettes.

	The excise on tobacco products has continued to rise since 2012. As noted in 2012, to protect the tax rate against inflation tobacco tax is indexed against the Consumer Price Index (CPI) the adjustment being made on 1 January each year. In addition there have been tobacco excise increases of 10% - over and above the CPI adjustment - on 1 January 2013 and 2014. As a result the tobacco excise increased by
	• 10.86% on all tobacco products (10% legislated increase plus 0.86 % CPI adjustment on 1 January 2013
	• 11.28% on all tobacco products (10% legislated increase plus 1.28 % CPI adjustment on 1 January 2014
2.8.5	Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction? Yes No (In reference to Article 26)
2.8.6	If you answered "Yes" to question 2.8.5, please provide details in the space below.
2.8.7	Please indicate the year and source of the data used to answer questions 2.8.1 to 2.8.6:

2.9	PRICE OF TOBACCO PRODUCTS						
	(with reference to Article 6.2(a))						
2.9.1	Please provide the retail prices of the three most widely sold brands of domestic and imported tobacco products at the most widely used point of sale in your capital city.						
		Most	widely sold bra	ınd	Number of	Retail price	
		Smoking	Smokeless	Other	units or		
		tobacco	tobacco	tobacco	amount per		
		products	products	products	package		
	Domestic	John Player			20 cigarette	\$16.00	
		Special			pack		
		Horizon			20 cigarette	\$18.00	
					pack		

	Imported	Pall Mall			20 cigarette	\$16.00
		Baseline			pack	
		Holiday			20 cigarette	\$18.00
					pack	
		Benson and			20 cigarette	\$19.00
		Hedges			pack	
2.9.2	Pleas	se indicate the yea	r and source of	the data used to	answer question	2.9.1.
	and	es are for 2014 a checked with loc can make them	cal retailers wh	o, while not po		
2.9.3	Please provide the currency used to complete the "Rate or amount" section of question 2.8.3 and the "Retail price" section of question 2.9.1. If known, please provide the exchange rate of this currency to US dollars as well as the date of this exchange rate.					n, please
		Zealand dollars. 1 2014.	The exchange r	ate is 0.8606 NZ	Z dollars to the U	S dollar at 8
2.9.4	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 in the past two years. The tobacco excise has increased by 21% over this period. Tax increases have generally been passed on to consumers though recently there has been some variation from brand to brand according to tobacco company pricing decisions. Companies have absorbed some of the tax increase for some brands.					

${\bf 3.\, LEGISLATION, REGULATION\, AND\, POLICIES}$

3.1	Article	GENERAL OBLIGATIONS			
		(with reference to Article 5)			
3.1.1	5	General obligations			
3.1.1.1	5.1	Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?	▼ Yes	□ No	
3.1.1.2		If you answered "No" to question 3.1.1.1, have you partially developed and implemented tobacco control strategies by including tobacco control in national health, public health or health promotion strategies, plans and programmes?	Yes	□ No	
3.1.1.3		If you answered "No" to question 3.1.1.2, is any aspect of tobacco control that is referred to in the Convention included in any national strategy, plan or programme?	Yes	□ No	
3.1.1.4	5.2(a)	Have you established or reinforced and finance	ed		
		a focal point for tobacco control	✓ Yes	□ No	
		a tobacco control unit	▼ Yes	□ No	
		a national coordinating mechanism for tobacco control	∨ Yes	□ No	
3.1.1.5	If you answered "Yes" to any of the questions under 3.1.1.4, 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).				
	The focal point for tobacco control and the tobacco control unit both sit in the Ministry of Health. A National Smoke-free Working Group helps to co-ordinate tobacco control activities across the sector.				
3.1.1.6		se provide a brief description of the progress made 5.2 (<i>General obligations</i>) in the past two years or sirt.	_	-	

The New Zealand Government (March 2011) adopted the goal of "reducing smoking prevalence and tobacco availability to minimal levels, thereby making New Zealand essentially a smoke-free nation by 2025". To achieve the long-term smoke-free 2025 goal interim targets have been set. They are reducing daily smoking prevalence to 10% in 2018 and the Māori and Pacific rates halving from their 2011 levels in 2018. Tobacco excise increases on 1 January 2013 and 1 January 2014 as outlined above. Further 10% increases on 1 January 2015 and 1 January 2016 have been legislated for. A ban on tobacco displays in retail outlets came into force on 23 July 2012 Infringement notices to assist enforcement of the ban on selling tobacco products to minors (those under 18 years) also came into force on 23 July 2012 In the 2012 Budget the Government allocated \$5 Million / year for the Pathway to Smokefree New Zealand 2025 Innovation Fund. For more information see http://www.health.govt.nz/our-work/preventative-healthwellness/tobacco-control/pathway-smokefree-new-zealand-2025-innovation-fund 3.1.1.7 If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below. A Bill to introduce 'plain packaging' of tobacco products is currently before Parliament – it has been referred to the Health Committee for its consideration and report back to Parliament by 11 August 2014.

3.1.2	5.3	Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry				
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)				
		Have you adopted and implemented, where a administrative or other measures or have you appropriate, programmes on any of the follow	implemented, wh			
3.1.2.1		 protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry? 	✓ Yes	□ No		
3.1.2.2		 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? 	Yes	▼ No		
3.1.2.3		f you answered "Yes" to any of the questions underovide details in the space below.	er 3.1.2.1 or 3.1.2.	2, please		
	v	The Ministry of Health maintains a publicly available register of meetings it has with the tobacco industry. It provides information on the dates of meetings, who attended and the topics discussed. Such meetings have been rare in recent times.				
3.1.2.4		Please provide a brief description of the progress ment the past two years or since submission of your la		ing Article 5.3		
	N	No change in the past two years.				
3.1.2.5		USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES				
	Please use the space below to provide additional information regarding use of the "Guidelines for implementation of Article 5.3 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 5.3 of the step-by-step					
	instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary .					
		There are no government partner	ships with the tob	acco industry.		
		 No incentives, privileges, benefit are granted to the tobacco industry. 	ts or preferential to	ax exemptions		
3.1.2.6		f you have any other relevant information pertaining ection, please provide details in the space below.	ng to but not cove	red in this		

3.2	Article	MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO (with reference to Articles 6–14)				
3.2.1	6	Price and tax measures to reduce the demand for tobacco				
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)				
		Have you adopted and implemented, where executive, administrative or other measures where appropriate, programmes on any of the state o	or have you impl			
3.2.1.1	6.2(a)	 tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption? 	▼ Yes	□ No		
3.2.1.2	6.2(b)	 prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products? 	▼ Yes	□ No		
3.2.1.3		 prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products? 	▼ Yes	□ No		
3.2.1.4	Please provide a brief description of the progress made in implementing Article 6 (<i>Price and tax measures to reduce the demand for tobacco</i>) in the past two years or since submission of your last report.					
	Two further 10% increases in the tax excise (1 January 2013 and 1 January 2014) followed the three increases reported between April 2010 and January 2012					
3.2.1.5	-	ou have any other relevant information pertaining tion, please provide details in the space below.	ng to but not cove	red in this		

3.2.2	8.2	Protection from exposure to tobacco s	smoke			
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)				
		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:				
3.2.2.1		 banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places? 	▼ Yes		□ No	
3.2.2.2		If you answered "Yes" to question 3.2.2 measure providing for the ban?	.1, what is the ty	pe/nature	of the	
		• national law	▼ Yes		□No	
		• subnational law(s)	✓ Yes		□No	
		administrative and executive orders	☐ Yes		▼ No	
		voluntary agreements	Yes		▼ No	
		• other measures (please specify:)	☐ Yes		▼ No	
3.2.2.3		Please provide a brief explanation of the measures providing for the ban.	type/nature and	content of	the	
3.2.2.4		If you answered "Yes" to any options in 3.2.2.2, do any of these measures provide for a mechanism/infrastructure for enforcement?	▽ Yes		□ No	
3.2.2.5		If you answered "Yes" to question 3.2.2.	4 please provide	details of	this system.	
3.2.2.6		If you answered "Yes" to question 3.2.2.1, please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.	Complete	Partial	None	

Indoor workplaces:			
government buildings	•		
health-care facilities		V	
• educational facilities ¹	V		
• universities	V		
private workplaces	V		
• other (please specify:)			
Public transport:			
• airplanes			
• trains	V		
• ferries	V		
ground public transport (buses, trolleybuses, trams)	V		
motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	V		
private vehicles			>
• other (please specify:)			

¹ except universities

	Indoor public places:					
	cultural facilities	V				
	shopping malls	V				
	pubs and bars	V				
	• nightclubs	~				
	• restaurants	V				
	• other (please specify:)					
3.2.2.7	Please provide a brief summary of conspecific details of the partial measures			rith		
	Banning tobacco smoking in indo	or workplaces				
	The Smoke-free Environments Act 1990 requires all indoor workplato be smoke-free. There is a partial exemption for hospital care (methealth institutions) and for rest homes where residents may be permeto smoke in a dedicated smoking room which must be mechanically ventilated and from which the escape of smoke is minimised (see see 6 of the Smoke-free Environments Act 1990) Prisons have been smarter free since 2011					
	Banning tobacco smoking in publ	ic transport				
	The Smoke-free Environments Asservice vehicles such as buses and		smoking in p	oassenger		
	Banning tobacco smoking in indo	Banning tobacco smoking in indoor public places				
	The Smoke-free Environments Appublic places, though not in areas as bus shelters. School buildings day, seven days a week.	that are not subst	antially encl	losed such		
3.2.2.8		Please provide a brief description of the progress made in implementing Article 8 (<i>Protection from exposure to tobacco smoke</i>) in the past two years or since submission of your last report.				
	-	New Zealand has continued running mass media campaigns on the dangers of exposure to second-hand smoke – the most recent focus has been on smoking in cars.				
	Local authorities have continued to extend smoke-free areas within their jurisdictions. Smoke-free parks, playgrounds sports grounds etc. are common. Recently some local Councils have begun to extend their smoke-free areas to selected streets / areas of town, bus shelters and the like.					

3.2.2.9	USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES
	Please use the space below to provide additional information regarding use of the "Guidelines for implementation of Article 8 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 8 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary .
3.2.2.10	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.
	Whether an area is 'internal' or 'indoors' is generally obvious but if it is not obvious an area's status can hinge on whether the area is or is not 'substantially enclosed'. The interpretation of 'substantially enclosed' was successfully challenged recently in a court case relating to a casino. The result will be a tightening up of the interpretation of the current legislation.

3.2.3	9 Regulation of the contents of tobacco products					
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)				
		Have you adopted and implemented, where a administrative or other measures or have you appropriate, programmes on any of the follow	implemented, wh			
3.2.3.1		 testing and measuring the contents of tobacco products? 	▼ Yes	□ No		
3.2.3.2		 testing and measuring the emissions of tobacco products? 	✓ Yes	□ No		
3.2.3.3		regulating the contents of tobacco products?	Yes	▼ No		
3.2.3.4		regulating the emissions of tobacco products?	Yes	▼ No		
3.2.3.5	(,	Please provide a brief description of the progress na Regulation of the contents of tobacco products) in ubmission of your last report.	_	-		
	N	No changes since the 2012 report.				
3.2.3.6		USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES				
	jı d p	Please use the space below to provide additional information regarding use of the "Guidelines for implementation of Articles 9 and 10 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 9 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary .				
3.2.3.7	I	f you have any other relevant information pertaini	ng to but not cove	red in this		
		ection, please provide details in the space below.				

3.2.4	Regulation of tobacco product disclosures					
	(Please check "Yes" or "No". For affirmative answers, please provide a base summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one the six official languages.)					
	Have you adopted and implemented, where appropriate, legislative, execu administrative or other measures or have you implemented, where appropriate, programmes on any of the following:					
3.2.4.1		 requiring manufacturers or importers of Government authorities information abo 		to disclose to		
		contents of tobacco products?	✓ Yes	□No		
		emissions of tobacco products?	▽ Yes	□ No		
3.2.4.2		requiring public disclosure of information	on about the:			
		contents of tobacco products?	▼ Yes	□ No		
		emissions of tobacco products?	✓ Yes	□No		
3.2.4.3	(.	Please provide a brief description of the progress management of tobacco product disclosures) in the ubmission of your last report.	_	-		
	N	No change in the past two years.				
3.2.4.4		JSE OF THE GUIDELINES ADOPTED BY THE PARTIES	E CONFERENCE	OF THE		
	Please use the space below to provide additional information regarding use of the "Guidelines for implementation of Articles 9 and 10 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 10 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary .					
	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 to tobacco products and the emission levels for tar, nicotine and CO for cigarettes. There is a requirement for the returns to be placed on a Ministry of Health website – see http://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/tobacco-returns/tobacco-returns-2012 . The link for 2012 includes an analysis of the tobacco returns.					
3.2.4.5		f you have any other relevant information pertaining ection, please provide details in the space below.	ng to but not cove	ered in this		

3.2.5	Packaging and labelling of tobacco products				
		(Please check "Yes" or "No". For affirmative answers, please provided at the end of the section and att the relevant documentation. Please provide documentation, if availain one of the six official languages.)			
	Have you adopted and implemented, where executive, administrative or other measures where appropriate, programmes on any of the			or have you implemented,	
3.2.5.1	11	requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?	▼ Yes	□ No	
3.2.5.2	11.1(a)	 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	□ No	
3.2.5.3	11.1(b)	 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	□ No	
3.2.5.4	11.1(b)(i)	ensuring that the health warnings are approved by the competent national authority?	▼ Yes	□ No	
3.2.5.5	11.1(b)(ii)	ensuring that the health warnings are rotated?	▼ Yes	□ No	
3.2.5.6	11.1(b)(iii)	ensuring that the health warnings are clear, visible and legible?	▽ Yes	□No	
3.2.5.7	11.1(b)(iii)	If you answered "Yes" to question 3.2.5.6, does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?	▼ Yes	□ No	
3.2.5.8	11.1(b)(iv)	ensuring that the health warnings occupy no less than 30% of the principal display areas?	▼ Yes	□ No	
3.2.5.9		ensuring that the health warnings occupy 50% or more of the principal display areas?	▼ Yes	□ No	
3.2.5.10	11.1(b)(v)	ensuring that health warnings are in the form of, or include, pictures or pictograms?	▼ Yes	□ No	

3.2.5.11		If you answered "Yes" to question 3.2.5.10, does the Government own the copyright to these pictures and pictograms?	☐ Yes	▼ No		
3.2.5.12		If you answered "Yes" to question 3.2.5.10, would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?	☐ Yes	▽ No		
3.2.5.13	11.2	requiring that each unit packet and package outside packaging and labelling of such packet on relevant:	_	-		
		constituents of tobacco products	☐ Yes	▼ No		
		emissions of tobacco products	☐ Yes	▼ No		
3.2.5.14	11.3	 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	□ No		
3.2.5.15	(Paci	ease provide a brief description of the progress made in implementing Article 11 ackaging and labelling of tobacco products) in the past two years or since omission of your last report.				
	There have been no changes since the last report, though a Bill introducing 'packaging' is currently being considered by Parliament's Health Select Committee.					
	The current packaging and labelling requirements are set out in the Environments 2007. These regulations removed a previous require provide information on tar, nicotine and CO emissions on packs – recommended by TobReg. At present there is a requirement for a statement about the harmful chemicals and the damage the product					
3.2.5.16 USE OF THE GUIDELINES ADOPTED BY THE CONFERE PARTIES				E OF THE		
	Please use the space below to provide additional information regarding use of the "Guidelines for implementation of Article 11 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 11 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary .					
3.2.5.17	TC	y have any other relevant information and information	a to or not	and in this		
J.4.J.1	п уо	u have any other relevant information pertaining	g to or not cove	acu III uiis		

section, please provide details in the space below.				

3.2.6	12	Education, communication, training and public awareness				
		(Please check "Yes" or "No". For affirmative answers, please provided at the end of the section and at the relevant documentation. Please provide documentation, if availance of the six official languages.)				
		executive, administrative or other measur	ave you adopted and implemented, where appropriate, legislative, secutive, administrative or other measures or have you implemented, here appropriate, programmes on any of the following:			
3.2.6.1	12(a)	- educational and public awareness programmes? (Please refer to programmes implemented since submission of your two-year report.)	✓ Yes	□ No		
3.2.6.2	If you answered "Yes" to question 3.2.6.1, to whom are these p targeted?					
		adults or the general public	▼ Yes	□ No		
		children and young people	V Yes	□ No		
		• men	V Yes	□ No		
		• women	▼ Yes	□ No		
		pregnant women	▽ Yes	□ No		
		ethnic groups	▽ Yes	□ No		
		• other (please specify:)	☐ Yes	☐ No		
3.2.6.3		If you answered "Yes" to question 3.2.6.1 key differences among targeted populatio public awareness programmes?	-	-		
		• age	▼ Yes	□ No		
		• gender	▼ Yes	☐ No		
		educational background	▼ Yes	□ No		
		cultural background	∨ Yes	□ No		
		socioeconomic status	∨ Yes	□ No		
		• other (please specify:)	☐ Yes	□ No		

3.2.6.4	12(b)	If you answered "Yes" to question 3.2.6.1 awareness programmes cover:	, do these education	onal and public
		health risks of tobacco consumption?	✓ Yes	□ No
		• health risks of exposure to tobacco smoke?	▼ Yes	□ No
		• benefits of the cessation of tobacco use and tobacco-free lifestyles?	▼ Yes	□ No
	12(f)	• adverse economic consequences of		
		- tobacco production?	☐ Yes	▼ No
		- tobacco consumption?	▼ Yes	□ No
		adverse environmental consequences	of	
		- tobacco production?	☐ Yes	▼ No
		- tobacco consumption?	▼ Yes	□No
3.2.6.5	12(e)	 awareness and participation of the following in development and implementation of instrategies for tobacco control: 		-
		• public agencies?	▼ Yes	□ No
		 nongovernmental organizations not affiliated with the tobacco industry? 	▼ Yes	□ No
		• private organizations?	▼ Yes	□No
		• other (please specify:)?	☐ Yes	□ No
3.2.6.6	12	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	□ No
3.2.6.7	12(d)	Are appropriate and special training or ser programmes on tobacco control addressed		areness
		• health workers?	∨ Yes	□ No
		• community workers?	▼ Yes	□ No
		• social workers?	∨ Yes	□ No

	• media professionals?	▽ Yes	□No		
	• educators?	▼ Yes	□ No		
	• decision-makers?	▼ Yes	□ No		
	• administrators?	▼ Yes	□ No		
	• other (please specify:)?	☐ Yes	□ No		
3.2.6.8 Please provide a brief description of the progress made in imple 12 (<i>Education, communication, training and public awareness</i>) years or since submission of your last report.			-		
	New Zealand has continued to run public awareness / education campaigns of the dangers of smoking and of exposure to second-hand smoke campaigns promoting smoking cessation and advising of the smoking cessation services available, and campaigns directed at young people.				
3.2.6.9	USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES				
	Please use the space below to provide additional information regarding use of the "Guidelines for implementation of Article 12 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 12 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary .				
3.2.6.10	If you have any other relevant information pertaining to but not cover section, please provide details in the space below.				

3.2.7	13	Tobacco advertising, promotion and spo	nsorship	
		(Please check "Yes" or "No". For affirmal brief summary in the space provided at the relevant documentation. Please provide do of the six official languages.)	end of the section	and attach the
		Have you adopted and implemented, where executive, administrative or other measures where appropriate, programmes:		_
3.2.7.1	13.2	 instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship? 	▼ Yes	□ No
If	you answer	red "No" to question 3.2.7.1, please proceed to o	question 3.2.7.3.	
3.2.7.2		If you answered "Yes" to question 3.2.7.1,	does your ban cov	ver:
		 display and visibility of tobacco products at points of sales? 	▼ Yes	□ No
		• the domestic Internet?	✓ Yes	□ No
		• the global Internet?	☐ Yes	▼ No
		 brand stretching and/or brand sharing? 	✓ Yes	□ No
		 product placement as a means of advertising or promotion? 	▼ Yes	□ No
		the depiction of tobacco or tobacco use in entertainment media products?	☐ Yes	✓ No
		 tobacco sponsorship of international events or activities and/or participants therein? 	▼ Yes	□ No
		• 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?	☐ Yes	✓ No
		 cross-border advertising, promotion and sponsorship originating from your territory? 	▼ Yes	□ No

	13.7	 the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply? 	✓ Yes	□ No
Pl	ease procee	ed to question 3.2.7.12.		
3.2.7.3	13.2	If you answered "No" to question 3.2.7.1. are you precluded by your constitution or constitutional principles from undertaking a comprehensive ban on tobacco advertising, promotion and sponsorship?	Yes	□ No
3.2.7.4	13.3	 applying restrictions on all tobacco advertising, promotion and sponsorship? 	Yes	□ No
3.2.7.5	13.3	 applying restrictions on cross-border advertising, promotion and sponsorship originating from your territory with cross-border effects? 	Yes	□ No
3.2.7.6	13.4(a)	 prohibiting those forms of tobacco advertising, promotion and sponsorship that promote a tobacco 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	□ No
3.2.7.7	13.4(b)	requiring that health or other appropriate warnings or messages accompany all tobacco advertising, promotion and sponsorship?	☐ Yes	□ No
3.2.7.8	13.4(c)	 restricting the use of direct or indirect incentives that encourage the purchase of tobacco products by the public? 	Yes	□ No
3.2.7.9	13.4(d)	 requiring the disclosure to relevant Government authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited? 	Yes	□ No

3.2.7.10	13.4(e)	 restricting tobacco advertising, promotion and sponsorship on: 				
		• radio?	☐ Yes	□No		
		• television?	☐ Yes	□No		
		• print media?	☐ Yes	□No		
		• the domestic Internet?	☐ Yes	□ No		
		• the global Internet?	☐ Yes	□ No		
		• other media (please specify:)?	☐ Yes	□No		
3.2.7.11	13.4(f)	 restricting tobacco sponsorship of: 				
		• international events and activities?	☐ Yes	□ No		
		• participants therein?	Yes	□ No		
	W	nether you answered "Yes" or "No" to question 3	3.2.7.1, are you:			
3.2.7.12	13.6	 cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising? 	☐ Yes	▼ No		
3.2.7.13	13.7	 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? 	☐ Yes	▼ No		
3.2.7.14	(Ta)	Please provide a brief description of the progress made in implementing Article 13 (<i>Tobacco advertising, promotion and sponsorship</i>) in the past two years or since submission of your last report.				
	spo bar	New Zealand has had a comprehensive ban on tobacco advertising, promotion and sponsorship since 1990. These provisions were strengthened when legislation banning the display of tobacco products came into force on 23 July 2012. As noted above, Parliament is currently considering a Bill to provide for 'plain packaging'.				
3.2.7.15		USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES				
	"G juri	Please use the space below to provide additional information regarding use of the "Guidelines for implementation of Article 13 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 13 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to				

	provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary .
3.2.7.16	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.
	In regard to 3.2.7.2 – contributions from tobacco companiesfor "socially responsible causes" - While such contributions are not illegal, it is an offence to associate a tobacco company with the entity that receives the contribution or to publicise the relationship.

3.2.8	14	Demand reduction measures concerning tobacco dependence an cessation			
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)			
		Have you adopted and implemented, whe executive, administrative or other measur where appropriate, programmes on any or	es or have you im		
3.2.8.1	14.1	 developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices? 	▼ Yes	□ No	
3.2.8.2	14.1	 programmes to promote cessation of 	tobacco use, incl	uding:	
		media campaigns emphasizing the importance of quitting?	▼ Yes	No	
		programmes specially designed	for:		
		 underage girls and young women 	▼ Yes	□ No	
		o women	▼ Yes	□ No	
		o pregnant women	▽ Yes	□No	
		telephone quitlines	▼ Yes	□ No	
		local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?	✓ Yes	□ No	
		• other (please specify:)?	☐ Yes	□ No	
3.2.8.3	14.2(a)	design and implementation of progra cessation of tobacco use, in such loc		romoting the	
		educational institutions?	▼ Yes	□ No	
		health-care facilities?	▼ Yes	□ No	
		• workplaces?	▼ Yes	□No	

		• sporting environments?	▽ Yes	□No
		• other (please specify:)?	☐ Yes	□No
3.2.8.4	14.2(b)	 inclusion of diagnosis and treatment counselling services for cessation of programmes, plans and strategies fo 	f tobacco use in na	
		• tobacco control?	▼ Yes	□No
		• health?	▼ Yes	□No
		• education?	☐ Yes	▼ No
3.2.8.5		 inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system? 	▼ Yes	□ No
3.2.8.6	14.2(b)	If you answered "Yes" to question 3.2.8. health-care system provide programmes tobacco dependence?		
		• primary health care	▼ Yes	□ No
		secondary and tertiary health care	▽ Yes	□ No
		• specialist health-care systems (please specify:)	▼ Yes	□ No
		 specialized centres for cessation counselling and treatment of tobacco dependence 	▼ Yes	□ No
		rehabilitation centres	▼ Yes	□ No
		• other (<i>please specify:</i>)	☐ Yes	□ No
3.2.8.7	14.2(b)	If you answered "Yes" to question 3.2.8. these settings covered by public funding		
		• primary health care	☐ Fully ☐ Partia	□ None
		secondary and tertiary health care	▼ Fully	ally None
		• specialist health-care systems (please specify:)	☐ Fully ☐ Partia	□ None

		specialized centres for cessation counselling and treatment of tobacco dependence	Fully Partia	ally None
		• rehabilitation centres	Fully ☐ Partia	ally None
		• other (please specify:)	☐ Fully ☐ Partia	□ None
3.2.8.8	14.2(b)	If you answered "Yes" to question 3.2.8. professionals are involved in programme dependence and counselling services?		
		Health professionals including:		
		physicians	▼ Yes	□ No
		• dentists	▽ Yes	□No
		family doctors	▽ Yes	□No
		practitioners of traditional medicine	☐ Yes	▼ No
		• other medical professionals (please specify:)	☐ Yes	□ No
		• nurses	▼ Yes	□ No
		• midwives	▼ Yes	□ No
		• pharmacists	▼ Yes	□ No
		Community workers	▼ Yes	□ No
		Social workers	▼ Yes	□ No
		Others (please specify:	☐ Yes	□ No
3.2.8.9	14.2(c)	 training on tobacco dependence trea curricula of health professional train levels at the following schools: 		
		• medical?	▼ Yes	□ No
		• dental?	✓ Yes	□ No
		• nursing?	▼ Yes	□ No
		• pharmacy?	▼ Yes	□ No

		• other (<i>please specify</i> :)?	☐ Yes	□No		
3.2.8.10	14.2(d)	 facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence? 	✓ Yes	□ No		
3.2.8.11	14.2(d)	If you answered "Yes" to question 3.2.8 products be legally purchased in your co		v can these		
		NRT products - patches, gum etc. are available free of charge through the government funded Quitline, Aukati kaipaipa 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 nortripline, are only available through a prescription from a medical practitioner. Although the products themselves are free of charge, there is a \$5 prescription co-payment.				
3.2.8.12	14.2(d)	If you answered "Yes" to question 3.2.8.10, which pharmaceutical products are legally available for the treatment of tobacco dependence your jurisdiction?				
		nicotine replacement therapy	nicotine replacement therapy			
		• bupropion	✓ Yes □			
		varenicline	✓ Yes	□No		
		• other (please specify:)	Yes	□No		
3.2.8.13	14.2(d)	If you answered "Yes" to question 3.2.8.10, are the costs of these products covered by public funding or reimbursement?				
		nicotine replacement therapy	Fully Partia	ally None		
		• bupropion	Fully Partia	ally None		
		• varenicline	Fully Partia	ally None		
		• other (<i>please specify</i> : nortripline)	Fully Partia	□ None		
3.2.8.14	Art	Please provide a brief description of the progress made in implementing Article 14 (<i>Demand reduction measures concerning tobacco dependence and cessation</i>) in the past two years or since submission of your last report. New Zealand publishes smoking cessation guidelines 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'. Measures of success are: 95% of hospitalised patients who smoke and are seen by a health practitioner in public hospitals and 90% of enrolled patients who smoke				
	for the Me					

	and are seen by a health practitioner in General Practice are offered brief advice and support to quit smoking. Within the target a specialised identified group will include progress towards 90% of pregnant women are offered advice and support to quit. Nicotine replacement therapy and other quit aids have become more readily available than previously, for example all medical practitioners can now prescribe NRT, not just those who are quit card providers.
3.2.8.15	USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES Please use the space below to provide additional information regarding use of the "Guidelines for implementation of Article 14 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 14 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary .
3.2.8.16	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

3.3	Article	MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO		
		(with reference to Articles 15–17)		
3.3.1	15	Illicit trade in tobacco products		
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)		
		Have you adopted and implemented, where ap executive, administrative or other measures or where appropriate, programmes on any of the	have you impl	
3.3.1.1	15.2	 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? 	▼ Yes	□ No
3.3.1.2	15.2(a)	 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? 	Yes	▼ No
3.3.1.3	15.2(a)	 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	□ No
3.3.1.4	15.2(b)	 developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade? 	☐ Yes	▽ No
3.3.1.5	15.3	 requiring that marking is presented in legible form or appears in the principal language and/or languages of the country? 	▼ Yes	□ No
3.3.1.6	15.4(a)	 requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade? 	☐ Yes	▼ No

3.3.1.7	15.4(a)	_	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	□ No
3.3.1.8	15.4(b)	_	enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?	▼ Yes	□ No
3.3.1.9	15.4(c)	_	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	□ No
3.3.1.10	15.4(d)	_	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	□ No
3.3.1.11	15.4(e)	_	enabling the confiscation of proceeds derived from illicit trade in tobacco products?	▽ Yes	□ No
3.3.1.12	15.6	-	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	□ No
3.3.1.13	15.7	_	licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?	▼ Yes	□ No

3.3.1.14	Please provide a brief description of the progress made in implementing Article 15 (<i>Illicit trade in tobacco products</i>) in the past two years or since submission of your last report.
	New Zealand has participated in the INB negotiation of the FCTC Protocol on Illicit Trade and is currently considering accession to the agreement.
3.3.1.15	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.
	The Maori language health warning and the New Zealand 0800 Quitline telephone number (both required under the Smoke-free Environments Regulations 2007) and the manufacturer's batch number all assist authorities to determine that the tobacco in question was destined for, or otherwise legally for sale in New Zealand.

3.3.2	16	Sales to and by minors				
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)				
		Have you adopted and implemented, where a executive, administrative or other measures or where appropriate, programmes on any of the	or have you im			
3.3.2.1	16.1	 prohibiting the sales of tobacco products to minors? If "Yes", please specify the legal age: 18 years 	✓ Yes	□ No		
3.3.2.2	16.1(a)	 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? 	Yes	▼ No		
3.3.2.3	16.1(a)	 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	□ No		
3.3.2.4	16.1(b)	 banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves? 	✓ Yes	П No		
3.3.2.5	16.1(c)	 prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors? 	✓ Yes	□ No		
3.3.2.6	16.1(d)	 prohibiting the sale of tobacco products from vending machines? 	☐ Yes	▼ No		
If	you answere	d "Yes" to question 3.3.2.6, please proceed to que	estion 3.3.2.8.			
3.3.2.7	16.1(d)	If you answered "No" to question 3.3.2.6, 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	□ No		
3.3.2.8	16.2	 prohibiting and/or promoting the proh free tobacco products: 	ibition of the d	istribution of		
		• to the public?	✓ Yes	□ No		

		• to minors?	∨ Yes	□ No		
3.3.2.9	16.3	 prohibiting the sale of cigarettes individually or in small packets? 	▼ Yes	□ No		
3.3.2.10	16.6	 providing for penalties against sellers and distributors in order to ensure compliance? 	✓ Yes	□ No		
3.3.2.11	16.7	 prohibiting the sales of tobacco products by minors? 	☐ Yes	▼ No		
3.3.2.12	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.					
	Legislation effective from 23 July 2012 increased fines and provided for infringement notices for several offences, including sales to minors, as an alternative to prosecution through the court. Tobacco vending machines are only located in places to which minors do not have					
	access, principally clubs and bars.					
3.3.2.13	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.					

3.3.3	Provision of support for economically viable alternative activities						
	(Please check "Yes" or "No". For affirmative answers, please provide summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in the six official languages.)						
		Have you adopted and implemented, where appropriate, measures or programmes on any of the following:					
3.3.3.1	17	- promoting economically viable	e and sustainab	le alternativo	es for:		
		• tobacco growers?	Yes	□ No	Not applicable		
		• tobacco workers?	☐ Yes	□ No	Not applicable		
		• tobacco individual sellers?	Yes	▼ No	Not applicable		
3.3.3.2	Please provide a brief description of the progress made in implementing Article 17 (<i>Provision of support for economically viable alternative activities</i>) in the past two years or since submission of your last report.						
3.3.3.3	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.						
		1					

3.4	Article	OTHER MEASURES AND POLICIES				
		(with reference to Articles 18–21)				
3.4.1	Protection of the environment and the health of persons					
		(Please check "Yes" or "No". For brief summary in the space provid relevant documentation. Please prof the six official languages.)	ed at the end of the s	ection and attach the		
		Have you adopted and implemente executive, administrative or other where appropriate, programmes or	measures or have you	ı implemented,		
3.4.1.1	18	 implementing measures in respecterritory, which take into consider 		on within your		
		the protection of the environment?	☐ Yes ☐ No	Not applicable		
		• the health of persons in relation to the environment?	☐ Yes ☐ No	Not applicable		
3.4.1.2	18	implementing measures in respecterritory, which take into consider		turing within your		
		• the protection of the environment?	☐ Yes ☐ No	Not applicable		
		• the health of persons in relation to the environment?	☐ Yes ☐ No	Not applicable		
3.4.1.3	Please provide a brief description of the progress made in implementing Article 18 (<i>Protection of the environment and the health of persons</i>) in the past two years or since submission of your last report.					
3.4.1.4	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.					

19	Liability			
	summary in the space provided at the end of the	ne section and	attach the	relevant
19.1	Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?	▼ Yes	□ No	Not applicable
19.1	Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?	☐ Yes	▼ No	Not applicable
19.1	Do you have any civil liability measures that are specific to tobacco control?	☐ Yes	▽ No	Not applicable
19.1	Do you have any general civil liability provisions that could apply to tobacco control?	▼ Yes	□ No	Not applicable
19.1	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?	☐ Yes	▽ No	Not applicable
19.1	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	□ No	Not applicable
19.1	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?	☐ Yes	№ No	Not applicable
	19.1 19.1 19.1 19.1 19.1	(Please check "Yes" or "No". For affirmative summary in the space provided at the end of the documentation. Please provide documentation languages.) 19.1 Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation? 19.1 Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)? 19.1 Do you have any civil liability measures that are specific to tobacco control? 19.1 Do you have any general civil liability provisions that could apply to tobacco control? 19.1 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? 19.1 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? 19.1 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? Please provide a brief description of any primplementing Article 19 (Liability) in the primplemen	(Please check "Yes" or "No". For affirmative answers, pleasummary in the space provided at the end of the section and documentation. Please provide documentation, if available, languages.) 19.1 Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation? 19.1 Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)? 19.1 Do you have any civil liability measures that are specific to tobacco control? 19.1 Do you have any general civil liability provisions that could apply to tobacco control? 19.1 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? 19.1 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? 19.1 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? Please provide a brief description of any progress made, a implementing Article 19 (Liability) in the past two years	(Please check "Yes" or "No". For affirmative answers, please provide summary in the space provided at the end of the section and attach the documentation. Please provide documentation, if available, in one of the languages.) 19.1 Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation? 19.1 Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)? 19.1 Do you have any civil liability measures that are specific to tobacco control? 19.1 Do you have any general civil liability provisions that could apply to tobacco control? 19.1 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? 19.1 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? 19.1 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? Please provide a brief description of any progress made, as appropriimplementing Article 19 (Liability) in the past two years or since su

3.4.2.9	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.
	Legislation relating to tobacco control is 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), the Medicines Act 1981 (which recognises nicotine as a toxic substance) or food legislation (which prevents the adding of nicotine to food).

3.4.3	20	Research, surveillance and exchange of info	rmation				
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)					
		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:					
3.4.3.1	20.1(a)	developing and/or promoting research that add	lresses:				
		determinants of tobacco consumption?	✓ Yes	□ No			
		consequences of tobacco consumption?	✓ Yes	□ No			
		social and economic indicators related to tobacco consumption?	▼ Yes	□ No			
		• tobacco use among women, with special regard to pregnant women?	▼ Yes	□ No			
		• the determinants and consequences of exposure to tobacco smoke?	▼ Yes	□ No			
		identification of effective programmes for the treatment of tobacco dependence?	✓ Yes	□ No			
		identification of alternative livelihoods?	☐ Yes	▼ No			
		• other (please specify:)	☐ Yes	□ No			
3.4.3.2	20.1(b)	 training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation? 	☐ Yes	▼ No			
3.4.3.3	20.3(a)	a national system for epidemiological surveilla	ance of:				
		• patterns of tobacco consumption?	✓ Yes	□ No			
		determinants of tobacco consumption?	✓ Yes	□ No			
		consequences of tobacco consumption?	✓ Yes	□ No			
		social, economic and health indicators related to tobacco consumption?	▼ Yes	□ No			
		exposure to tobacco smoke?	✓ Yes	□ No			

		• other relevant information (<i>please</i> specify:)	☐ Yes	□ No		
3.4.3.4	20.3(a)	If you answered "Yes" to any question unde surveys, including the year of the survey, the past.				
	New Zealand Tobacco Use Surveys 2006-09; New Zealand Health Surveys 1996/97, 2002/03, 2006/07, 2011/12 and 2012/13; NZ Census – has included two questions on smoking in 1981, 1996, 2006, 2013; ASH year 10 (14 and 15 year olds) 1992, 1997, and continuous 1999-present; other youth smoking surveys including Youth Insights Survey (Health Promotion Agency).					
3.4.3.5	20.3(a) In reference to any question under 3.4.3.3, 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.					
		The Tobacco Use Surveys have been discontinued. The principal Ministry of Health survey is now the NZ Health Survey conducted annually and a detailed module, loosely based on the previous NZTUS survey, which will be run every few years. The other surveys, the national Census apart, are undertaken regularly				
3.4.3.6	20.4	regional and global exchange of publicly avail	able national:			
		scientific, technical, socioeconomic, commercial and legal information?	▼ Yes	□ No		
		information on the practices of the tobacco industry?	☐ Yes	▽ No		
		information on the cultivation of tobacco?	☐ Yes	▽ No		
3.4.3.7	20.4(a)	an updated database of:				
		laws and regulations on tobacco control?	✓ Yes	□No		
		information about the enforcement of laws on tobacco control?	▼ Yes	□ No		
		pertinent jurisprudence?	□Yes	▼ No		
3.4.3.8	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.					
	The Ministry of Health's tobacco website - http://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control?mega=Our%20work&title=Tobacco%20control – provides comprehensive information on tobacco control including information about legislation, enforcement, and a wide range of publications, tobacco returns and policy matters.					

	Survey results are generally to be found on the main Ministry website – under "publications".
3.4.3.9	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

4. INTERNATIONAL COOPERATION AND ASSISTANCE

Note: The goal of this section is to assist the Convention Secretariat in matching available skills and

resources with identified needs at national, subregional, regional and international levels.

	Article	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:	Assistance provided	Assistance received		
4.1	22.1(a)	 development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control? 	▼ Yes □ No	☐ Yes ☑ No		
4.2	22.1(b)	 provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes? 	✓ Yes No	☐ Yes ☑ No		
4.3	22.1(c)	 appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12? 	▼ Yes	☐ Yes ☑ No		
4.4	22.1(d)	 provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes? 	✓ Yes No	☐ Yes ☑ No		
4.5	22.1(e)	identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?	▼ Yes □ No	☐ Yes ☑ No		
4.6	22.1(f)	 promotion of research to increase the affordability of comprehensive treatment of nicotine addiction? 	☐ Yes ☑ No	☐ Yes ☑ No		
4.7	If you answered "Yes" to any of questions 4.1–4.6, please identify the Party or Parties from which assistance was received or to which assistance was provided.					
	Pacific Island countries and territories have continued to be supported by the New Zealand government through the New Zealand Aid Programme. The most significant contribution is the new 14 country Pacific Programme on Resolving the NCD Crisis: Tobacco Free and PEN Pacific (2014-17). Funds and technical support will be directed through the WHO Division of Pacific Technical Support in Suva towards ensuring a 15% reduction in adult cardio-vascular disease risk by 2018 and a 10% reduction in adult					

tobacco use by 2018. In 14 Pacific countries, this includes support to national tobacco control initiatives. In addition, New Zealand will provide support to a mobile-health intervention to reduce tobacco use in Samoa and American Samoa (2014-2016). This support will develop and evaluate an accessible, affordable and culturally relevant text message support for people who want to quit smoking.

4.8	Please provide information about any assistance provided or received in the space below.
	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.
4.9	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.
4.10	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?
	(Please refer to Article 26.4.)
4.11	If you answered "Yes" to question 4.10, please provide details in the space below.

5. PRIORITIES AND COMMENTS

5.1	What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?
	Plain packaging (including revised pictorial warnings, health messages, etc.), a review of duty-free allowances, upcoming (legislation has been passed) 10% tax increases on tobacco products (over and above the annual inflation adjustment,, addressing the high smoking prevalence among indigenous people (Innovation Fund), improved smoking cessation access and services, etc.
5.2	Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control?
5.3	If you answered "Yes" to question 5.2, please provide details in the space below.
5.4	What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?
	(Please refer to Article 21.1(b).)
5.5	Please provide any other relevant information not covered elsewhere that you consider important.

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

End of reporting instrument