

INDEPENDENT STATE OF PAPUA NEW GUINEA

MINISTRY OF HEALTH

National Policy on
Tobacco Control

NATIONAL TOBACCO CONTROL POLICY

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I also acknowledge and offer my special thanks to Action on Smoking and Health (ASH) PNG and AusAID funded projects; particularly, Health Sector Support Program and Sector Monitoring and Review Group. Without your strong support, production of this Sector Policy would not have been possible.



Dr. Nicholas Mann
Secretary for Health

FOREWORD

Although Papua New Guinea was one of the first countries in the South Pacific countries to have introduced Tobacco Control Legislation (Tobacco Product (Health Control) Act 1987), it was not effectively implemented due to lack of government commitment, poor public sector support and resources, including funding. Tobacco smoking continued to increase, particularly among women and children, as there were no effective control measures in place to counteract the aggressive promotion from the tobacco industry. The trend of tobacco smoking related diseases and death continued to increase, particularly among the affluent part of the society, which has easy access to cigarette smoking.

The development of this Policy draws from decades of supportive arguments regarding tobacco related diseases research and control indicatives from many institutions and countries, including many within PNG. Although PNG lacks its own convincing health data, there is overwhelming information and evidence to give us the foundation needed to develop and implement the policy objectives and the strategies outlined in this document. The policy strategies identified in this document are intended to provide government leadership while allowing flexibility for each jurisdiction and the non-government sector to ensure tobacco control action is responsive to their local needs and priorities.

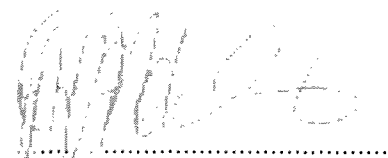
Tobacco use leads to serious illness and death. Society pays the price, with more suffering, lost lives, lost productivity, and higher health spending. This major public health problem is very difficult to solve because tobacco use is addictive, because some groups encourage its use, and because there is a long delay between starting to use tobacco and, suffering and dying from it. People's addiction to tobacco, the manufacturer's promotion of tobacco and the time delay leads to the wrong perception that tobacco use is not really very dangerous. But it is.

Smoking not only affects the health of the smoker but is also detrimental to others. Other people's smoke, called **environmental tobacco smoke or second-hand smoke**, is dangerous to unborn babies, children and adults alike. Maternal smoking during pregnancy can retard the physical development of the foetus and leads to premature delivery. Newborns exposed to environmental tobacco smoke suffer more from acute respiratory infections, needing frequent hospitalization. Furthermore, non-smoking adults who are exposed to second-hand smoking are at greater risk of developing respiratory infections, lung cancer and heart disease than non-smokers who are not exposed to others' smoke.

There is neither safe or less dangerous tobacco nor safe amount. Abstinence from tobacco products and freedom from exposure to second-hand smoke are necessary for maximizing health and minimizing risk. **Effective treatment for tobacco dependence can significantly improve overall public health within a few years.**

Special studies are needed to establish the real level of contribution the tobacco industry is making to society as a whole, after considering all the negative effects of tobacco use. **These negative effects not only include diseases and the health expenditures but also issues such as portion of family income used on smoking, loss of property due to fires and depletion of the balance of payments as a result of the importation of all raw materials from overseas on a product that is not earning any hard currency for PNG.**

I believe the identified policy objectives and strategies in this policy document can be successfully achieved through collaboration and in partnership with other government agencies, churches, non-government organizations, the corporate sector, international development agencies and the community. Thus, the National Tobacco Control Policy will both perpetuate current activity in tobacco control and facilitate the further development of a dynamic evidence-based program to reduce the harm associated with the use of tobacco products in PNG.



Hon. Melchior Pep, MP
*Minister for Health and
Parliamentary Leader of National Party*

NATIONAL TOBACCO CONTROL POLICY

Part I - INTRODUCTION

Chapter 1 - BACKGROUND

Section 1 - Introduction:

The worldwide epidemic of tobacco-related diseases and death continues to worsen as tobacco use spreads. Millions of lives could be saved with control of tobacco products. However, effective control is currently unavailable in many parts of the world. PNG cannot afford to treat the thousands of people who are addicted to tobacco, who would quit if they could. In addition PNG has to face the reality that its health services are incapable of treating the multiple diseases that result from the use of tobacco.

Tobacco related diseases and health problems are easily preventable through people themselves not choosing to smoke tobacco products and strong Government leadership, policies and legislation can help people with this decision. Tobacco control requires a multi strategy approach including appropriate legislation, fiscal policy, smoke free areas and strong public education. However it has not been easy anywhere in the world to counteract financial promotions and marketing campaigns of tobacco companies.

It is timely that a strong comprehensive national tobacco control policy is adopted to contain an aggressive promotion of tobacco products in PNG. This is the golden opportunity for the country to address the problem and put in place effective control mechanisms with the support of leading United Nations institutions such as the World Health Organisation, World Bank, Food and Agricultural Organisation and UNICEF.

Section 2 - Health Consequences of Tobacco Use:

Tobacco use is one of the chief preventable causes of many dangerous diseases such as lung cancer, heart diseases, and respiratory diseases. A long-term tobacco user has a 50% chance of dying prematurely from tobacco-caused disease. According to World Health Organisation (WHO), cigarette smoking and other forms of tobacco consumption currently kill 4 million people every year, with majority of these deaths in developed countries. However, the epidemic of tobacco addiction, disease and deaths are rapidly shifting to developing countries. In accordance with the prediction of WHO, by 2020, the mortality from tobacco related illnesses (8.4 million per year) will be higher than the aggregate mortality rate due to HIV/AIDS, tuberculosis, road accidents and suicides added altogether.

A recent unpublished survey of the prevalence of cigarette smoking carried out in 1990, found that 46% of males and 28% of females smoked in PNG. It also found that 14% of children aged 10 – 16 smoked. Another unpublished smoking prevalence survey among 3,000 youth less than 20 years in National Capital District and Manus revealed that the youngest age group reported to be smoking was 8 - 10 years (9.4%) and that only 19.5% (comprising 74.5% females) did not smoke.

Due to reporting problems within the health system, there are no separate or easily identifiable data on tobacco related deaths in PNG. Currently, malaria, pneumonia, tuberculosis and maternal related conditions continue to be the dominant cause of morbidity and mortality, however, cigarette smoking is an important predisposing factor in a number of these infectious diseases, particularly among children and women.

There are also sharp increases in a number of non-communicable diseases, particularly, heart diseases, diabetes and cancers among adults, which are known to be closely associated with cigarette smoking. As in many developing countries, tobacco related diseases are going to increase in PNG unless effective control measures are in place to disrupt the current trend of cigarette smoking, particularly among the youth and women.

Section 3 - Tobacco products are highly addictive:

Millions of people smoke. Many of them want to stop smoking, but they do not know how to stop, or they cannot stop easily. This is because of addiction to tobacco. Addiction is the result of the action of the tobacco smoke in the body, and addiction to tobacco resembles addiction to other psycho-active drugs like alcohol and heroin.

Because tobacco products are carefully designed to undermine efforts to quit using them, quitting is not simply a matter of choice for the majority of tobacco users. Instead, it involves a struggle to overcome an addiction. Tobacco use typically is woven into every day life, and can be physiologically, psychologically, and socially reinforcing. Many factors combine with tobacco's addictive capacity to make quitting difficult, including positive media depictions and cultural and societal acceptance of tobacco use.

Abstinence from tobacco products and freedom from exposure to second-hand smoke are necessary for maximizing health and minimizing risk. Effective treatment for tobacco dependence can significantly improve overall public health within a few years.

According to a formative research on tobacco use, carried out by the Department of Health in 2002, many people were aware of some of the health problems and risks associated with tobacco use but there is insufficient knowledge of the factors that are likely to motivate people to give up the habit. It also showed that the people do not comprehend the severely debilitating nature of the chronic health problems caused by smoking, and do not recognise that these can lead to death. There was also little recognition of the role of parents in exposing children to the addictive habit very early in life, for example, when getting children to light cigarettes for them.

Section 4 - The Costs and Consequences of Tobacco Use:

In addition to harmful effects on health, smoking also causes big economic losses to society and to every household. It is estimated that in Papua New Guinea, economic losses from tobacco consumption are much bigger than the contributions of the tobacco industry through government excise tax and a limited amount of local employment. This is due to the fact that all the raw tobacco, machinery and materials such as cigarette wrapping papers used by tobacco industry in PNG are imported. Because it does not export much of its products, the tobacco industry is depleting the foreign exchange reserves of the state. In addition, a significant share of the profits of the industry is being remitted out of the country, depleting the foreign exchange reserves further. As long as the current trend continues, the estimated health costs to PNG will soon, if not already, outweigh any economic benefits.

A claim by the tobacco industry that its product brings substantial revenue to the government is misleading. The so-called "revenue" collected by taxing money spent on tobacco, is not generated by any productive process. It is just shifting of money directly from the people to a government through the tobacco industry (which keeps a percentage).

If governments consider this shift of money as revenue generated, it can be equated to a person shifting money from one of his pockets to another and claiming that he has made money. Though the amount of money a government collects seems to be substantial, the direct and indirect losses caused by tobacco consumption is larger.

Chapter 2 - BASIS OF POLICY

Section 1 - 2001 to 2010 National Health Plan:

The Government of Papua New Guinea has decided upon the promulgation of a "National Tobacco Control Policy" as a component of the 2001 – 2010 National Health Plan. The key components of this plan relevant to tobacco control are:

- Along with a more scientifically rigorous approach to the use of mass media, the Healthy Islands settings approach is to be adopted as a nationwide approach to health promotion; and
- Tobacco-related diseases are seen as part of modern lifestyle diseases (including diabetes, heart disease, strokes and certain cancers) that should be addressed together.

Under the Healthy Islands Approach local communities are involved in developing their vision of a healthy community and identifying their health problems. This approach has potential to generate community awareness and ownership and sustain health promotion concerning tobacco control.

Under a separate heading of the National Health Plan, "Lifestyle Diseases and Malignant Diseases (Cancers)", several actions are proposed:

- the Tobacco Products (Health Control) Act 1987 will be strengthened, made more enforceable and reviewed in line with the WHO Framework Convention on Tobacco Control;
- community education and awareness will be strengthened;
- basic screening, diagnostic, treatment and rehabilitation services will be provided;
- surveillance and reporting will also be strengthened; and
- health workers skills will be improved.

The policy objectives and strategies outlined in this document are in line with the framework of the 2001 – 2010 National Health Plan. What is not covered in the above should be incorporated in other relevant implementation plans of program managers. What is covered here are those related to tobacco control policy strategies.

Section 2 - Constitution:

The National Constitution is the guiding principle for the aspirations and visions of the people of Papua New Guinea. The National Goals and Directive Principles as set out in the Constitution provide the basis of the National Tobacco Control Policy. Formulation of the policy is guided by and draws strength from the Goal which states:

"for every person to be dynamically involved in the process of freeing himself or herself from every form of domination or oppression so that each man or woman will have the opportunity to develop as a whole person in relationship with others."

The tobacco industry, therefore, is clearly violating the National Goal, by manufacturing and selling a product that is widely known to be highly addictive and harmful to human health and its promotion of tobacco use can be regarded as a "form of domination and oppression".

Section 3 - Development of a National Tobacco Control Policy:

The Ministerial Taskforce on Tobacco Control in its first meeting in April 2001 endorsed the decision to develop a national tobacco control policy in consultation with relevant Government agencies and institutions. The Taskforce in recognising the multiple serious health problems related to smoking, endorsed the following principal issues to guide the framing of the National Tobacco Control Policy:

- Tobacco use is the leading cause of preventable illness and death in the developed world and is increasing at an alarming rate in developing countries, including PNG.
- National Tobacco Control Policy should be goal oriented and it needs to balance the benefits with the cost of carrying out the policy.
- Tobacco Control Policy is most likely to be effective when it is comprehensive, involves partnerships and sense of ownership by all public and private sector agencies involved.

The Department of Health in its development of the Implementation Plan for 2001 – 2010 National Health Plan, incorporated the development of the policy and review of the current Tobacco Products (Health Control) Act 1987 as priority activities in its 2002 Annual Activity Plan. This has given the program managers and the Ministerial Taskforce an opportunity to continue the groundwork it had taken in 2001.

World Health Organisation (WHO) through its country program mobilized its support in both the policy and the legislative review through exposing technical people at both regional and global level workshops, and in the provision of short-term advisors. The ongoing involvement of senior technical staff at regional and global WHO tobacco control initiatives, particularly the International Framework Convention on Tobacco Control has been an important in guiding the Taskforce and the Department in framing of this policy.

The Taskforce members representing key Government agencies, including, Department of Agriculture and Livestock, Department of Trade and Industry, Office of Attorney General, Department of Education, Consumer Affairs Council, National Quarantine Authority and PNG Institute of Medical Research have assisted in the framing of the policy outlined in this document. The Action on Smoking or Health – Papua New Guinea (ASH-PNG), Anti-Smoking Coalition of PNG, launched in November 2001, was fully consulted and involved in the process of developing this policy.

Section 4 - Main And Supportive Objectives

Section 4.1 - Main Objective:

The ultimate objective of this policy is to provide a national framework for implementing integrated tobacco control strategies that will continually and substantially reduce the prevalence of tobacco use. This will protect present and future generations of Papua New Guineans from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke. The aim of this policy is therefore to:

- prevent initiation of tobacco use;
- eliminate exposure to second-hand smoking;
- promote cessation of tobacco use; and
- identify and eliminate disparities related to tobacco use and its effect among different population groups.

Section 4.2 - Supportive Objectives:

The supportive objectives of this policy are to:

- Reduce the uptake of tobacco use in non-smokers, especially children and young people.
- Reduce the number of users of tobacco product.
- Reduce the social approval of tobacco use in Papua New Guinea by imposing controls on the marketing, advertising and promotion of tobacco products and their association through sponsorship with other products and events.
- Increase awareness among cigarette smokers of the harmful health consequences of the consumption of tobacco products.

- Enhance awareness of the hazards of tobacco use by ensuring the effective communication of accurate and relevant information about tobacco use.
- Control the level of harmful substances in tobacco products and in tobacco smoke through effective monitoring and regulating mechanisms.
- Protect individuals from the hazards of involuntary exposure to tobacco smoke.
- Promote viable economic alternatives to tobacco manufacturing, trade and taxation.
- Promote research to influence policy development and monitor implementation.
- Facilitate the harmonization of the policies of Papua New Guinea with other nations committed to the implementation of the World Health Organization Framework Convention on Tobacco Control.

Chapter 3 - APPROACH

Section 1 - Methodology of Policy Formulation:

The Ministerial Task Force on Tobacco Control prepared this policy document under the direction of the National Health Board. The Task Force was well aware of the many reports and other publications internationally and extensively reviewed whatever was relevant to adopt a more realistic policy approach, which is more appropriate for controlling the sharp increase in tobacco products consumption and tobacco related diseases in PNG. Being aware of the lack of information, both in terms of technical literacy and health data, the aim was to provide short background information to each section, which would provide the bases for the broad principles and the proposed policy strategies.

The approach taken is based on three main premises:

- An acceptance of the need for a long-term comprehensive multisectoral program. There has long been recognition amongst those concerned to reduce smoking that the resolutions to this epidemic lie not in a piecemeal approach in just one sector, e.g. the health sector, but a total government policy, which was adopted through a process of carefully planned, comprehensive, long term approach encompassing education and information, legislation and restrictive measures and cessation services.
- The measures recommended are not novel; they are based on recommendations of authoritative bodies such as the World Health Organization, Union Against Cancer, Australian Federal Government, Canadian Government, Government of the United States of America and many others.
- This document does not include a lengthy rationale for each measure proposed. What is provided here is needed for the purposes of clarifying each of the measures because the tobacco industry is going to challenge every measure proposed here. The tobacco company and its interest groups would seriously deny that major education programs in this area worthwhile, that tobacco advertising and promotion influence both smokers and non-smokers, that tobacco tax increases can serve as a disincentive to both adults and children, or that further action on passive smoking is desirable to protect both non-smokers generally and employers. As noted above, all the recommendations are consistent with those of the World Health Organization and a host of authoritative scientific, medical and community organizations.

The smoking problem will only be resolved when it is seen as a problem not only for the health ministers and Health authorities, but one for all sections of government at all levels to address. There should be no higher priority for those concerned than to reduce the consequences of drug/ alcohol abuse in PNG and ultimately eradicate the health consequences of smoking the country is forced to face. This will promote health, prevent disease and prolong life more than any other action government could take in the foreseeable future.

Part II - GUIDING PRINCIPLES AND STRATEGIES

Chapter 4 - POLICIES TO REDUCE DEMAND FOR TOBACCO PRODUCTS

Section 1 - Health Promotion:

Tobacco control measures require strong public support for effective implementation. Therefore education on issues related to tobacco and its use is also essential for the creation of social environments supportive of adoption of comprehensive tobacco control policies.

There is not a great deal of health promotion and educational materials on tobacco use available in PNG. Those that are available are materials relevant to developed countries and not suitable for PNG. The Rapid Formative Research carried out by the Department of Health under AusAID support (Section 2, Chapter 1) has provided views and perceptions relevant to PNG that will assist in the development of targeted health education materials for implementation of the policy strategies outlined in this document.

POLICY: Every person, smoker and non-smoker, shall be fully informed about the addictive and lethal nature of tobacco consumption and smokers shall be encouraged to quit smoking through appropriate education and behavioural change measures.

Strategies:

1. Develop and promote targeted educational and public awareness programs on the health risks of tobacco use, exposure to tobacco smoke and the benefits of quitting smoking through the use of appropriate mass media and face-to-face communication channels.
2. Develop and implement targeted and comprehensive promotional and prevention measures for non-smokers, especially children and young people.
3. Develop and implement effective and appropriate education and training programs for health workers and educators (teachers).
4. Promote the participation of public agencies and non-governmental organizations in the development and implementation of strategies for education, training and public awareness.
5. Advocate for tobacco control policies and legislation to promote smoke-free environment, particularly public places such as workplace, health and educational facilities, and public transport.
6. Facilitate public access to information on the tobacco industry that it is permissible to disclose under the law.

Section 2 - Control Over Advertising, Sales Promotion and Sponsorship of Different Types:

Tobacco advertising, promotion and sponsorship are powerful weapons used by the tobacco companies to attract the public, particularly young smokers and to strengthen their brand image.

Tobacco companies put their cigarette logos on T-shirts, hats, backpacks and other consumer items popular with children. Such practices circumvent advertising restrictions and turn the wearers into walking billboards.

Though the tobacco industry may appear to behave as the genuine supporters of sports and other social events they are often rigorously opposing tobacco control measures.

POLICY: Prohibit all forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading or deceptive or likely to create erroneous impression about its characteristics, health effects, hazards or emissions.

Strategies:

1. Work towards the prohibition of all forms of direct and indirect tobacco advertising, promotion and sponsorship.
2. Adopt measures and impose appropriate regulatory restrictions in order to progressively phase out tobacco sponsorship of sporting and cultural events.
3. Take strict measures to ensure that permitted exterior and interior displays by wholesalers and retailers comply with prescribed requirements.
4. Adopt measures and cooperate with neighboring countries to phase out cross-border advertising, promotion and sponsorship, including, inter alia, tobacco advertising, promotion and sponsorship on cable and satellite television, the Internet, newspaper, magazines and other printed media.
5. Demand tobacco companies disclose all expenditures on advertising and promotion and make those figures available to the public.

POLICY: Industry-inspired voluntary marketing restrictions shall not be permitted as such practice create the appearance of concern and responsibility, but history has shown that they only include measures known to be ineffective.

Strategies:

1. Ban voluntary tobacco industry direct involvement in health promotional activities and awareness programs and identify and discourage all attempts at more subtle means of tobacco industry involvement **parading as "good works"**.
2. Adopt national measures and impose appropriate regulatory restrictions to ensure that tobacco advertising, promotion and sponsorship does not promote a tobacco product by any means that are false, misleading or deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions.

Section 3 - Measures Against Brand and Reverse Brand Stretching:

Tobacco companies have proven extremely creative in exploiting loopholes by using brand logos on clothing or vans, and sponsoring rock concerts.

The tactic known as "brand stretching" is used to build tobacco brand-name recognition by promoting the name and/or logo on non-tobacco products. These new marketing ventures are designed to keep promoting tobacco brand names even when tobacco advertising is banned.

POLICY: Comprehensive bans shall be placed on advertisement of tobacco and non-tobacco products to prevent Brand stretching and reverse brand stretching, as these are the most effective tools used by the tobacco industry to promote consumption of tobacco products.

Strategies:

1. Prohibit advertising, display for sale or distribution of any non-tobacco product that contains any writing, picture, image, graphic, message in part or whole that is commonly associated with a tobacco product, brand or seller. Such products include clothes, caps, bags, umbrellas, ashtrays, matches, lighters, coasters, dishes, sporting equipment and other personal items.
2. Ban the display of any name writing, picture, image, graphic, message in part or whole that is intended to be identified or associated with a tobacco product, brand or seller on buildings, such as a club, restaurant, stadium or other places which is not primarily a business that manufactures or sells tobacco product.
3. Ban the use or brand names, trademarks or other signs, symbol, logo or other visual matter, in part or whole commonly associated with a non-tobacco product on a tobacco product including any combination of colours or shapes or devices that is reasonably likely to be associated with tobacco products.
4. Ban all forms of direct and indirect tobacco advertising, promotion and sponsorship including incentives such as gifts, rebates, competitions and frequent-purchaser programs, with the aim of reducing the appeal of tobacco to all segments of society.
5. Legislate against tobacco industry's media sale promotions using organizations providing social services with a promise of sharing a percentage of its income.
6. Take strict measures to prevent manufacture or distribution of any product designed for or likely to appeal to children or youth under the age of 18 years that evokes or is likely to evoke an association with tobacco product or brand, commonly known as fake tobacco products and faked cigarette brands.

Section 4 - Health Warnings:

Tobacco users should not be kept ignorant of health consequences of tobacco use and the harmful substances contained in tobacco products. One of the ways to inform the users/public is to include conspicuous and understandable health warnings on the cigarettes and the cigarette package. Most cigarettes in Papua New Guinea are sold by the individual stick, and most of these already have writing on them. The warnings should occupy at least half of the two largest surfaces of the package that will be visible to consumers when the package is displayed at retail, and should be written lengthwise on the cigarettes. The package warnings should principally consist of pictures demonstrating the adverse effects of cigarette use.

POLICY: Factual and consistent health warnings or messages shall be distinctly placed on every package of tobacco products, especially cigarette packages, aimed at preventing those persons intending to smoke or to motivate those who already smoking.

Strategies:

1. Specific factual and consistent health warnings on packages of tobacco products, especially cigarette packages can motivate people to quit or reduce their consumption.
2. Regulate and monitor the display of internationally accepted health warnings and explanatory messages on all tobacco products and for the permitted form of advertising. The seven health warnings and their explanatory messages to appear in rotation immediately are outlined in Appendix 1.

3. Ensure warnings clearly indicate the prohibition of sales of tobacco products to persons under the age of 18.
4. Ensure health warnings provide information about the dangers of smoking for active and passive smokers and on the toxic contents of the tobacco product, specifically tar, nicotine and carbon monoxide, including actual measurements of tobacco yields.

Section 5 - Packaging and Labeling:

The practice of single stick and small pack sales of cigarettes and "newspaper" wrapped course-cut tobacco (mutrus and spear) in PNG is widespread. This marketing strategy has several effects. First, it makes smoking more affordable to children who are more responsive to cash outlay than to cost per cigarette. Second, the lower prices would not affect public perceptions of brand quality, nor require sacrifices in unit profit, marketing support or quality control.

The prescribed health warning in PNG, "Government Health Warning, Smoking is Dangerous to your Health" is only available on packages in English and when sold in singles, the whole purpose is defeated. Labeling of tobacco products can influence smoking. The use of words such as "light", "ultra Light", "mild", "low tar" or similar terms used by tobacco manufacturers on the products to describe cigarettes gives a false impression that these produces are safer than the "regular" ones. On the other hand, labeling cigarette packets with evidence-based health messages can provide additional information to support the motivation not to smoke or give up smoking. Within this context, the purpose of labeling is to warn smokers of the dangers of tobacco use. Health messages and health warnings on tobacco packets may discourage people from starting to smoke and encourage smokers to quit.

POLICY: Tobacco product packing shall be used as the tool for communication with smokers, who are typically exposed to images printed on packs at least 10 or 20 times a day when they light a cigarette. Allowing sales of singles except out of conspicuously marked boxes defeats that advantage and therefore shall not be permitted. To increase the range, depth and impact of these warnings, specific health warnings shall be required on individual tobacco products and on package inserts.

Strategies:

1. Total ban on sales of single newspaper wrapped "mutrus", sticks and cigarettes in small packs of fewer than 20, except out of a box on which the required warnings are conspicuously displayed.
2. Adopt appropriate measures to ensure misleading terms are not used on any package of tobacco products. Such terms as "light", "ultra light", "mild", "low tar", "good taste", "cool planet" and "lucky strike" are examples of such misleading terms.
3. Require rotating health warnings including pictorial warnings on all tobacco products, with the language displayed prominently in black and white format and the pictures in appropriate colors, and occupying a minimum of 50% of the two largest sides of the pack.
4. Require package insert cards with additional health warnings.

5. Prohibit any sale, display for sale or distribution of any tobacco product unless it has, permanently affixed on its product or wrapper, the prescribed health messages according to the set standards.
6. Adopt appropriate measures requiring tobacco product manufacturers to ensure each unit packet to package of tobacco product prominently carries the maximum levels of the key ingredients and additives specified in the Tobacco Products Regulations.

Section 6 - Prices and Taxes Measures:

An important way of reducing the demand and availability of tobacco products is to increase their cost. Price is a powerful determinant in an individual's decision and choice to smoke. Price-sensitive consumers respond to increases in the price of cigarettes by either quitting or lowering their consumption.

The relationship between price and consumption is even more pronounced for children, where a 10% increase in price will, on the average, reduce demand by 14% in developed countries, and probably more in developing countries such as Papua New Guinea.

Taxation is a mechanism by which governments can affect the price of tobacco products. The government currently raises revenue through excise payments on locally manufactured products and custom duty tariffs on imported products.

Specific tobacco taxes, added as a fixed amount to the price of cigarettes, allow the greatest flexibility and allow governments to raise the tax with less risk that the industry will respond with actions that keep low the real amount charged. A number of countries have added a percentage to the tobacco tax earmarked for education about the effects of tobacco on health, counter-advertising, and other control activities. This means that the source of funding for the tobacco control initiatives, and national sports and cultural events sponsorships come directly from the tobacco product consumers, which would eliminate the opportunity for tobacco industry sponsorship.

POLICY: Taxes on tobacco products shall be used as means to prevent children from taking up smoking, discourage those smoking cigarette or other tobacco product use and at the same time, help government in tax revenue.

Strategies:

1. Impose taxes on tobacco products to have an automatic sliding scale increase by year in order to achieve a stable and continuous reduction in tobacco consumption.
2. Adopt legislation to require quantity based excise tax on tobacco products and to ensure that there are regular increases to accommodate inflation.
3. Regulate prices of tobacco products in order to prevent dumping prices.
4. Eliminate all loopholes in tax policies that may provide the tobacco industry any excuse to undermine the aim of the policy.

POLICY: Appropriate national tax policies shall be adopted to reduce the consumption of tobacco products and introduce effective implementation of such policies through legislative, executive and administrative measures coupled with cooperation of all the parties concerned. Mixed tobacco product taxation system shall be used as the means to reducing the demand for tobacco.

Strategies:

1. Adopt legislative, executive and administrative measures and cooperate with other parties in harmonizing appropriate tax policies to achieve a stable and continuous reduction in tobacco consumption.
2. Review existing measures for setting taxes on tobacco products and adopt policies to regulate prices automatically to correspond with inflation rates, with the aim of achieving a stable and continuous reduction in tobacco consumption.
3. Legislate to establish mechanisms to earmark a portion of tobacco taxes to fund tobacco control measures including education/promotion programs regarding the harmful effects of tobacco products and tobacco free sports and cultural events.
4. Prohibit tax-free tobacco and tobacco related products with no exceptions.

Section 7 - Smoking Cessation Support:

Support for smoking cessation is an important component of comprehensive national tobacco control programs. Smokers who quit smoking before the onset of major smoking related illnesses, especially those who quit at earlier ages, avoid most of the excess risks.

Nicotine replacement therapy (NRT), particularly in combination with bupropion, increases the effectiveness of cessation efforts and reduces withdrawal costs. Models suggested for making NRT available widely could help reduce demand for tobacco in PNG but it is difficult to obtain through our system.

POLICY: Initiatives that help smokers to quit smoking shall form a key component of the national tobacco control program. Where possible nicotine-replacement therapies and other pharmacological therapies shall be made available at nominal price.

Strategies:

1. Prevent onset of regular smoking in adolescents through community based anti-smoking campaigns.
2. Encourage, organize and support appropriate smoking cessation methods for PNG.
3. Develop and train health staff about smoking cessation counseling and affordable methods of smoking cessation, which are appropriate for every targeted group .
4. Promote the need to quit smoking in all patients as an integral part of routine clinical examination.
5. Provide heart patients appropriate advice and practical help on smoking cessation.

Section 8 - Protection of Children and other Non-smokers:

The tobacco industry is intensely aware that its customers die when its products are used as intended. So there is an economic imperative to recruit new customers daily to maintain their sales level. As almost all long-term smokers start before the age of 18, it is not surprising that most tobacco promotions target children. This is what their own documents and advertisers say .

Current evidence leaves no doubt that during the last few decades most tobacco advertising and sponsorships were aimed at children, who are not in a position to make an informed choice.

POLICY: Legislation and other measures shall be introduced to provide systematic protection of non-smokers from exposure to tobacco smoke, with particular attention to special risk groups such as children and pregnant women.

Strategies:

1. Ensure owners and occupiers of public places and work places and owners and operators of public means of transport appropriately display the Ministry of Health “no smoking sign” at all times. Work towards PNG appropriate legislation to make smoking in such places illegal.
2. Encourage compensation for illnesses resulting from illegal exposure to second-hand smoke in workplaces.
3. Promote an integrated public health strategy focused on prevention of tobacco use among youth at all levels. To this end, emphasis should be put on school curriculum, as well as creation of smoke-free environments in and around schools.
4. Protect children and youth less than 18 years from the promotion of tobacco products by banning any such promotion entirely.

Section 9 - Smoke-free Areas:

Evidence on the detrimental effects of the exposure to environmental tobacco smoking or passive smoking has continued to accumulate as more and more published medical reports link environmental tobacco smoking to lung cancer and other respiratory diseases. Due to reporting constraints, the trend of deaths due to lung cancer in PNG is not available, but is expected to be high and to increase rapidly.

Chronic airways diseases and chronic bronchitis among adults in PNG is very high and is also a contributing factor in patients with congestive heart failure. Exposure to tobacco smoke exacerbates these conditions and contributes to premature death.

POLICY: Smoking in public places shall be banned to reduce the incidence of health problems related to second-hand smoking.

Strategies:

1. Ban smoking in all public places such as offices, health facilities, schools, kindergartens, restaurants, cinemas, theatres, public buses, taxis and in other enclosed public places.
2. Develop and implement strategies to reduce and where possible eliminate exposure to environmental smoking.
3. Identify the current level of understanding and awareness of the health risks of exposure to environmental smoking in groups nominated as high-risk and provides targeted information and education.
4. Increase community awareness and mobilize people not to smoke at social festivals, weddings, and funerals.
5. Increase community support for smoke free policies.
6. Enforce policies and legislation and ensure adequate policing.

Chapter 5 - MEASURES RELATED TO REDUCE SUPPLY OF TOBACCO PRODUCTS

Section 1 - Control Over Tobacco Production:

Whereas there is abundant evidence that the demand for tobacco can be reduced, there is not much evidence of success in reducing its supply. To restrict access and reduce supply of tobacco products, tobacco control policies should carefully regulate trade restrictions and agriculture policies.

POLICY: Appropriate economically viable alternatives means for income generating activities for tobacco growers, workers and, as the case may be, individuals sellers.

Strategies:

1. Limit access by regulating production, marketing and sale of tobacco products.
2. Maintain Agricultural policies to ban local tobacco production and marketing in PNG.
3. Prevent sales of home-grown tobacco in public places, markets and shops.
4. Promote alternative cropping in areas where tobacco is cultivated for commercial purposes.

Section 2 - Control of Cigarette Trading:

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

POLICY: All tobacco products' trading shall be limited and in accordance with the regulation of the Government and that production, marketing and sale of tobacco and tobacco products must meet approved Government standards.

Strategies:

1. Review and strengthen trade policies to strictly regulate tobacco and tobacco manufacturing, marketing and sales promotion.
2. Develop guidelines for regulating sales promotion and monitoring of compliance of Government standards.

POLICY: A regulatory body shall be established to control production and sale of tobacco and tobacco product to ensure the industry and its agencies comply with tobacco control restrictions.

Strategies:

1. Regulate sales of tobacco and tobacco products to permitted licensed facilities by Government licensed operator. Ban sales by non-licensed and in non-licensed premises.
2. Ban sales of tobacco products to people under age 18 and legislate that sellers take reasonable measures to ensure that all buyers are 18 and over with heavy penalties including loss of licence for non compliance
3. Prohibit tobacco vending machines in locations accessible to any person under the age of 18. In the long-term aim for a complete ban on vending machines.
4. Ban Sales of tobacco products in the street.

Section 3 - Tobacco Importation and Exportation:

The recent international trade agreements have liberalized global trade in many goods and services, and tobacco products are no exception. The removal of trade barriers tends to introduce greater competition that results in lower prices, greater advertising and promotion, and other activities that stimulate demand. The experiences from a number of countries in the region show that there was 10% increase in the consumption of cigarettes since the introduction trade liberalization.

Article XX of General Agreement on Tariffs and Trade (GATT) explicitly states that measures that are needed to protect human health shall not be prevented by the requirements for free trade. The decision of a GATT panel against Thailand's attempted banning of cigarette imports and advertising agreed that Thailand could impose taxes, advertising bans, and price restrictions, and that all manufactured tobacco products available in the local market should bear the health warnings and the approved labels and descriptions of the ingredients.

POLICY: Effective public health countermeasures shall be adopted to regulate local sales of tobacco and tobacco products.

Strategies:

1. Eliminate any form of government support for importation of tobacco from countries where their governments provide price support and subsidies on tobacco production.
2. Ensure all measure adopted are not likely to prompt retaliatory actions that could reduce immediate economic growth and income.
3. Ensure measures taken that are aimed at restricting international trade of tobacco products also apply equally to local products.

Section 4 - Banning Duty-Free Sales of Tobacco:

Although the volume of tobacco products, particularly cigarettes traded through duty-free outlets is relatively small at present in PNG, it creates a poor image of the majority of travelling public and those who advocate for a tobacco free environment. Duty-free outlets are located in airports, airlines and other shops. A ban on duty-free sales of cigarettes would also facilitate the fight against smuggling, as one form of smuggling is the "disappearance" of cigarettes during their international transport.

In addition, ending all duty-free sales would mean that tobacco traders could no longer use this as an excuse for the millions of "missing" cigarettes reported yearly. This also would eliminate travellers bringing duty-free tobacco purchased from abroad.

Currently, the Kyoto Convention on the Simplification and Harmonization of Customs Procedure stipulates that the quantities of tobacco goods travellers are allowed to import free of import duties and taxes is 200 cigarettes or 50 cigars, or 250 grams of tobacco, or an assortment of tobacco products not to exceed 250 grams. PNG needs to modify this convention in the interest of protecting public health and its economy.

POLICY: To help eliminate international smuggling and introduction of products, which do not meet PNG manufacturing, importing of tobacco products and marketing standards, all duty-free sales of tobacco products shall be banned.

Strategies:

1. Adopt policies to ban duty-free sales of all tobacco products within an agreed timeframe.
2. Modify Kyoto Convention on the Simplification and Harmonization of Customs Procedure.
3. Require National Agriculture Quarantine Inspection Authority to enforce the ban.

Section 5 - Controlling Smuggling of Tobacco Products:

Illicit trade in tobacco products, including smuggling and counterfeiting is a serious problem, which creates great variations in tax revenues of neighboring countries. The issue of cigarette smuggling is an essential component of tobacco control.

Large amounts of cigarette are reported to be smuggled into countries, where tobacco control measure are weak or absent. By making available cigarettes at reduced prices smuggling will have the effect of increasing consumption of tobacco. The tobacco industry also uses the issue of smuggling to their advantage by claiming that increases in price of tobacco products leads to increases in smuggling. But evidence indicates that increasing taxes decreases tobacco consumption even in countries where high levels of smuggling is reported.

POLICY: Effectively control measure shall be introduced not only to eliminate illicit trade in tobacco including smuggling but also as a means to reduce supply and help effective implementation of price increases, which reduces demand.

Strategies:

1. Eliminate perverse incentives that encourage smuggling and create incentives to prevent diversion into the black market.
2. Require manufacturers, importers, exporters, wholesalers, transporters, warehouse and retailers to have specific licenses.
3. Require importers of cigarettes and other tobacco products to comply with packaging standards and labeling requirements as set according to PNG legislation.
4. Require each manufacturer of tobacco products to print a unique serial number legibly on all packages of tobacco product sold in PNG.
5. Intensifying inspection and strict handling of violations.
6. Maintain surveillance and report on locally produced tobacco products, particularly cigarettes.

Section 6 - Testing, Reporting and Restriction of Toxic and Other Constituents:

The content and active ingredients of cigarettes have been subject to endless debate and research. Ultimately, cigarettes today, regardless of whether they are filtered or unfiltered, regular or "light", deliver nicotine in quantities that are more than sufficient to create and sustain addiction in the vast majority of individuals who smoke regularly.

The use of inaccurate and different test methods for ingredients of cigarettes is an international concern. Test procedures should not only be comparable but also accurate and valid. Machine tests do not reflect the actual consumption of tar, nicotine, or other constituents by real smokers, who tend to inhale more frequently than smoking machines. Furthermore smokers tend to compensate for reductions in nominal nicotine and tar deliveries by inhaling more deeply, holding in the smoke longer, and blocking ventilation holes on the filter, all of which increases the actual nicotine and tar intake.

More information is needed about the role of constituents, chemicals, flavouring and other additives that tobacco companies use for manufacturing cigarettes. The safety of these substances when burned needs to be established. Before additives can be considered as safe, the tobacco industry should be able to prove their safety when used as intended. The gathering of this information can be facilitated by requiring the tobacco industry to disclose all ingredients, additives and major toxic constituents in all tobacco products using internationally accepted tests.

POLICY: Consumers shall not be misled into believing that some cigarettes are safer than others in the absence of scientific support; conversely, they shall not be subjected to unnecessarily toxic tobacco products when and if less toxic products are developed.

Strategies:

1. Develop standard requirements for packing tobacco product to prominently carry the maximum levels of the key ingredients and additives, which include tar and nicotine and other recognized harmful constituents of tobacco smoke.
2. Require manufacturers to disclose all toxic chemicals, which they identify as present in tobacco products and to use packaging to identify the specific levels of toxic chemicals present in both the smoke inhaled by consumers and the smoke inhaled by nonsmokers (second-hand smoke).
3. Prohibit manufacturers from distributing unnecessarily toxic cigarettes once it is demonstrated that they can produce less toxic ones.
4. Strictly control the printing of cigarette trademarks and packages in order to prevent the production of fake cigarettes or fake cigarette brands.

Chapter 6 - MEASURES RELATED TO CULTIVATION AND THE SUPPLY OF TOBACCO

Section 1 - Ban Tobacco Cultivation:

All the tobacco leaf used for manufacturing tobacco products, mainly cigarettes, in PNG is imported from abroad. The small-scale local tobacco cultivation by an Australian-based tobacco company was abandoned in the 1980s and the Department of Agriculture and Livestock does not encourage local cultivation on a commercial scale. However tobacco is grown widely in PNG by villagers for their own use and is often sold at local markets, in the form of dried leaves.

In PNG, the main issue is to discourage commercial scale tobacco cultivation and promotion and the sale of traditionally grown tobacco leaves at local markets. Imports of raw tobacco from overseas greatly deprive PNG economy of the badly needed foreign exchange.

POLICY: Government and its agencies shall not support or promote commercial cultivation and production of tobacco in Papua New Guinea.

Strategies:

1. Uphold the Department of the Agriculture and Livestock's current policy and ban commercial tobacco cultivation in PNG.
2. Permanently ban government promotion and support for the local tobacco cultivation and marketing of raw tobacco leaves in PNG markets.
3. Discourage traditional growing and marketing of tobacco leaves by means of public awareness and crop substitution where possible.
4. Increase awareness and direct information at Provincial and Local Level Governments to discourage growing and marketing/sale of locally grown tobacco.

Section 2 - Effective Licensing System:

Currently PNG does not have separate system for licensing tobacco products as with alcohol. Many developed countries already have licensing systems in place and this is considered one of the means of cost recovery for harm caused by the tobacco industry. Canada for example is one such country and the revenue from licensing fees is considered to offset state's health care costs and expenses related to tobacco control programs.

Experiences from developed countries have shown that, requiring a license to sell tobacco products, with penalties that include escalating fines and suspension or revocation provides wholesale and retailers with an effective mechanism to enforce their compliance with laws prohibiting tobacco sales to children. Licensing would also help eliminate the illicit trade in tobacco and smuggling of tobacco products into PNG.

POLICY: Licensing of tobacco products shall be an important mechanism to curb illicit trade in tobacco products and to prevent sales of tobacco products to children and young persons.

Strategies:

1. Put in place management structure to grant and regulate licensing system for tobacco trading and manufacturing in PNG.
2. Adopt legislative, executive and administrative measure to license all tobacco-product retailers.
3. Empower provincial government to grant license to tobacco-product retailers and regulate their operations.

Chapter 7 - EXPANDING INTERNATIONAL COLLABORATION IN TOBACCO CONTROL

Section 1 - International Collaboration:

The tobacco epidemic is driven by transnational corporations; therefore, many problems created by the tobacco industry require a global solution. In May 2003 the World Health Assembly adopted Framework Convention on Tobacco Control (FCTC), which is in effect as an international treaty.

The need for action by the World Health Organisation is apparent with the increasing aggressiveness of tobacco corporations' marketing to developing countries. PNG has a legislation that is either weak or not enforced, and the current climate is right to mobilise policy makers to get behind the international tobacco control movement.

POLICY: National tobacco control efforts shall actively seek international collaborations, as this is an international problem, which requires the support by the national government and the development partners.

Strategies:

1. Support the implementation of the Framework Convention on Tobacco Control that requires countries to ban cigarette advertising, require strong and effective package labels, protect nonsmokers from second-hand smoke, avoid sales of cigarettes to minors, and encourages countries to raise cigarette taxes, control smuggling, eliminate tax-free sales, require manufacturers to disclose additives and harmful constituents in the smoke of their products, and generally to take whatever measures are necessary to avoid the public health damage caused by tobacco.
2. Facilitate the development, transfer and acquisition of technology related to tobacco control, with other international partners.
3. Support the establishment and sustainability of appropriate training programs for proponents of tobacco control.

Section 2 - Information Exchange:

Policies and programs to control tobacco use can be assisted by reliable and timely information about the pattern, extent and trends of tobacco use in the population and the health and the sociocultural factors, which underline it. There is a gross lack of appropriate information.

POLICY: Standardized approaches shall be needed to facilitate national and regional monitoring of the tobacco epidemic and evaluation of the effectiveness of policies to control it. National and global exchange of information on this matter is highly desirable.

Strategies:

1. Support an international exchange of information on the following experiences:
 - Socio-demographic characteristics (including gender)
 - Tobacco production, trade and industry
 - Tobacco consumption
 - Prevalence of tobacco use
 - Mortality and morbidity
 - Tobacco control measure, organization and institutions.
2. Primarily among countries in the region as regards formulation and implementation of policies and strategies to reduce demand and supply of tobacco products.
3. Facilitate regular information sharing for monitoring policy implementation.
4. Strengthen capacity for information gathering and dissemination.

Section 3 - Standards and Policies:

Despite tobacco industry denials documented evidences since the mid 1960s show that cigarettes are the delivery mechanism for nicotine and that nicotine is addictive. There are no international standards of practice for tobacco manufacturing and marketing as in the pharmaceutical industry, because the tobacco industry has kept the information secret from governments and fought all efforts to regulate tobacco manufacturing and marketing.

The tobacco industry is actively fighting to prevent nicotine being classified as a drug, because they fear that tobacco products would have to be regulated by governments. However, the closest international standards in public health has achieved is that "tobacco dependence" (due to nicotine addiction) is recognised and as such is listed in the International Classification of Diseases.

The fact that the tobacco industry has established itself in individual countries makes it difficult to regulate its products as an addictive substance through internationally set codes of practice. The World Health Organisation has therefore taken the initiative to develop the Framework Convention on Tobacco Control (FCTC). It is through this approach that international standards and policies would be established and that member countries are expected to rectify those areas that are mandatory and adopt others.

Despite the above difficulties, each country can set its standards and policies, because there is enough evidence and information to show that health risks and cost to the economy are real. There is also evidence that the industry is practising double standards between developed and developing countries and that each country needs to support strong regional agreements on standards and policies on packaging, labeling and promotion of tobacco products by the multinational tobacco industry.

POLICY: Appropriate national standards and policies regarding tobacco manufacturing and marketing shall be introduced to reduce the health risks and cost to the economy of Papua New Guinea.

Strategies:

1. Support global and regional efforts for more uniform or basement-level global policies and standards for advertising to prevent the tobacco transnational companies from exploiting countries with weak legislation or enforcement.
2. Support and adopt standardized approaches to facilitate global, regional and national monitoring of the tobacco epidemic, and evaluation of the effectiveness of policies and programs to control it.
3. Support and adopt strong regional agreements on standards and policies on packaging, labeling and promotion of tobacco products by the multinational tobacco industry.

Section 4 - Promote Partnerships and Support:

Tobacco control initiatives need bilateral as well as multilateral collaboration since the issues and problems are not limited to one country alone.

PNG like many developing countries recognises the importance of national and international multisectoral partnerships in solving this public health problem that has been brought about by tobacco use. The fact that tobacco manufacturing and sales is externally controlled and driven, international collaboration and support is crucial to the international efforts initiated under WHO.

POLICY: Comprehensive and coordinated multisectoral response shall be introduced to reduce the current impact, and halt the growth of tobacco consumption and to protect the health of individuals, as well as national public health.

Strategies:

1. Mobilize multilateral, bilateral and non-government agency support for the development and implementation of comprehensive tobacco control program.
2. Strengthen partnerships in solving a public health problem with multilateral agencies such as WHO, the World Bank, United Nations Children's Fund (UNICER), International Union for Cancer Control.
3. Seek and collaborate with multilateral and bilateral agencies for support for monitoring tobacco industry trade practices and analysis of toxic substances contained in tobacco products.

Section 5 - Research and Surveillance:

Evidence-based interventions are necessary to mobilize social, political and technical backing for tobacco control programs.

The epidemic of lifestyle diseases such as smoking related illnesses has raised complex scientific questions, not only for PNG but also regionally and globally. Research and surveillance are needed to provide sound, scientific and reliable information which will influence and guide policy, practice and interventions. The success of national research endeavour will depend on available expertise, research capacity and willingness to undertake the research required in conjunction with international efforts. The resources for development of research and surveillance in tobacco control in PNG are currently unavailable, and therefore international collaboration is needed.

POLICY: Social, behavioral, economic/commercial research on tobacco shall be promoted to guide and reinforce tobacco control activities. This shall include surveillance component as well.

Strategies:

1. Seek support for appropriate international collaboration in research development and support national capacity to undertake tobacco use research training and manpower development.
2. Support the establishment of a regional system for the surveillance of tobacco consumption, periodically updating social-economic and health indicators, so as to use as reference for monitoring the evolution of the problem and the impact of national tobacco consumption control.
3. Collaborate with WHO and international research institutions, e.g. National Centre for Chronic Disease Prevention and Health Promotion (CDC) to maintain surveillance on additives and toxic substances on local tobacco products.
4. Seek the assistance of a chronic disease epidemiologist in making initial estimates of the extent of tobacco-caused morbidity, mortality and health care costs in PNG.

Part III - ADMINISTRATION AND MANAGEMENT

Chapter 8 - MANAGEMENT FRAMEWORK

Section 1 - National Tobacco Control and Licensing Board and Its Secretariat:

Like the administration of the Liquor Licensing and the Narcotic Control Board, a National Tobacco Board is needed to administer the tobacco control policies and legislation. The available manpower in the Department of Health is inadequate both in terms of numbers and capacity to adequately carry out the functions required to regulate the tobacco industry and sale of its products in PNG.

POLICY: A national body shall be established to organize the development and effectively coordinate the implementation of the National Tobacco Control Policy and the Act.

Strategies:

1. Ensure authorities at all levels of government and sectors are responsible for guiding and supervising the implementation of national tobacco control policies.
2. Establish the National Tobacco Control and Licensing Board and Secretariat.
3. Mobilize and encourage the public sector (at all levels) in collaboration with the NGOs and private organizations, in particular young people, to value their health and not to start smoking.

Section 2 - Functions of National Tobacco Control and Licensing Board and Secretariat:

The overall mission of the PNG Tobacco Control and Licensing Board (NTCL) is to serve the public by discouraging the use of tobacco through education, enforcement, and controlled sales and distribution. Like all other important government programs, a National Board will oversee the National Tobacco Control policy and the Act, with concerted support needed from all levels of government and Non-Government Agencies to succeed in achieving the public health objectives.

The functions at different levels of Government and NGO are outlined in Appendix 2.

POLICY: Functions of stakeholders shall be clearly stated and mechanisms established to guide enforcement of tobacco control policies and control trading practices.

Strategies:

1. Develop mechanisms for implementation of Tobacco Control Policies and trading practices.
2. Develop standard guidelines for licensing of tobacco trade and monitor trading practices.
3. Establish mechanisms and support active Local Level Government participation.
4. Encourage NGO participation at all levels of tobacco control initiatives.
5. Since the interest of the tobacco industry is opposed to tobacco control, it should not be included among the stakeholders who participate in this process.

Section 3 - Research:

To make sure the resources available for tobacco control program provide optimal returns, collaborative research needs to be undertaken in PNG by our local research institutes. Development of effective national tobacco control in PNG needs to be supported by an extensive, fully coordinated and adequately funded research program.

POLICY: Research shall be used to help the Government to choose and develop effective strategies for tobacco control policy and program planning and implementation.

Strategies:

1. Promote and encourage research that contributes to reducing tobacco consumption and harm from tobacco use.
2. Establish a national epidemiological surveillance of tobacco consumption, and control activities.

Section 4 - Legislation:

The Framework Convention on Tobacco Control requires legislative action to implement its provisions.

Legislation is critical to comprehensive tobacco control policy. It should give broad regulatory control over all aspects of tobacco industry, includes manufacturing, importing, marketing and use. There are also many areas of tobacco product regulation that need to be reformed so that regulatory approaches are consistent with public health goals and the FCTC, thereby contributing to the reduction in tobacco attributable diseases.

POLICY: The tobacco industry shall be held responsible for the harm its products cause to public health and environment.

Strategies:

1. Review and amend the current Tobacco Product (Health Control) Act 1987 and Regulations to reflect the requirements and obligations of the Framework Convention on Tobacco Control.
2. Review and amend existing Trade and Industry legislation and regulations, where these laws are not in the spirit of the purpose of this policy.
3. Develop implementation guidelines and conduct training for national and provincial enforcement officers.

Section 5 - Monitoring and Evaluation:

Monitoring of the implementation of various components of the provisions of the tobacco control policy will be built into relevant public health programs and diseases monitoring through the National Health Information System and any special surveillance arrangements, both at national, provincial and local levels. The evaluation of the impact of the policy and legislation will be incorporated into the planned monitoring and review processes scheduled for the 2001 – 2010 National Health Plan.

In addition to the above, specially designed surveys are needed to establish base-line data and to guide the implementation of the policy strategies underlined in this policy. These will in both production and sales of tobacco product and health program impact, particularly among children, young people and women of childbearing age groups.

POLICY: Regular monitoring and evaluation of the policy strategies' implementation is essential to guide the implementation and adjust policy direction where necessary.

Strategies:

1. Monitor changes in demand and supply levels of tobacco and its products, and levels of tar and nicotine and other harmful constituents of all tobacco products and regularly review to assess trends, compliance with regulations and possible manipulation on constituents or adulteration.
2. Adopt tobacco-reporting regulations, which will enable national tobacco control program to identify and monitor the tobacco industry packages and promotes its products, and influence of these practices on consumer behaviour.
3. Define parameters and develop guideline Strategies.

Section 6 - Review of Policy:

Any review of strategic priorities in tobacco control will tend to be simplistic, given the variation in factors affecting policy at the community level. The key goal of PNG tobacco control is to improve health, but correcting market failures and reducing inequality are other important goals. The short-term efforts will be in reducing the uptake of smoking by children, reducing the prevalence of smoking among women and helping adults to quit. Most tobacco-control programs have been a combination of price, information, and regulations, but the relative importance of each of these three have varied across countries by income level and administrative capacity.

The tobacco-control policy review will be the combined control program and the frequency of reviews will be in-line with the Global Framework Convention on Tobacco Control and the National Health Plan.

POLICY: Tobacco control policy review shall be conducted according to set timeframe, comprehensive and shall be aimed at the effectiveness of the program measures taken both at global, national and local level.

Strategies:

1. Establish a national monitoring mechanism and evaluation guidelines for policy implementation.
2. Develop a national framework for a comprehensive strategic policy implementation reviews.
3. Undertake policy reviews and update policies when appropriate.

Appendix 1

HEALTH WARNINGS AND EXPLANATORY MESSAGES (INCLUDE picture and formatting requirements from Singapore regulations)		
Column 1	Column 2	Column 3
Item	Health warning	Explanatory message
1	Smoking causes lung cancer	SMOKING CAUSES LUNG CANCER Tobacco smoke contains many cancer-causing chemicals including tar. When you breathe the smoke in, these chemicals can damage the lungs, and can cause cancer. Lung cancer is the most common cancer caused by smoking. Lung cancer can grow and spread before it is noticed. It can kill rapidly.
2	Smoking is addictive	SMOKING IS ADDICTIVE Nicotine, a drug in tobacco, makes smokers feel they need to smoke. The more you smoke, the more your body will depend on getting nicotine and you may find yourself getting hooked. It may be difficult to give up smoking once you are hooked on nicotine.
3	Smoking kills	SMOKING KILLS In Papua New Guinea, tobacco smoking causes more illness and early death than using any other drug.
4	Smoking causes heart disease	SMOKING CAUSES HEART DISEASE tobacco smoking is a major cause of heart disease. it can cause blockages in the body's arteries. these blockages can lead to chest pain and heart attacks.

Item	Health warning	Explanatory message
5	Smoking when pregnant harms your baby	SMOKING WHEN PREGNANT HARMS YOUR BABY Poisons in tobacco smoke reach your baby through the bloodstream. If you smoke when you are pregnant, you greatly increase the chance of having a baby of low birth-weight. Smoking may lead to serious complications which could harm your baby.
6	Your smoking can harm others	YOUR SMOKING CAN HARM OTHERS Tobacco smoke causes cancer and poisons people. People who breathe in your tobacco smoke can be seriously harmed. Your smoking can increase their risk of lung cancer and heart disease. Children who breathe your smoke may suffer asthma attacks and chest illnesses.
7	Smoking Causes Tuberculosis	SMOKING CAUSES TUBERCULOSIS Smokers are four times as likely to develop tuberculosis as nonsmokers. Smoking greatly increases the likelihood that tuberculosis infection develops into the full-blown disease.

Appendix 2

TOBACCO CONTROL FUNCTIONS AT DIFFERENT LEVELS OF GOVERNMENT/ NON-GOVERNMENT ORGANIZATIONS IN PNG

National Level:

The specific functions of the National Tobacco Control and Licensing Board are:

- To advise the Minister for Health on matters relating to tobacco control.
- To administer the Tobacco Control Policies and the Act and ensure that the requirements are enforced.
- To administer the tobacco control fund.
- To act as the licensing authority stipulated in the Act.
- To provide and facilitate the provision of alternative sources of sponsorship for sports and cultural events.
- To coordinate and arrange for a multicultural response to the provision of health promotional activities.

Provincial Government Functions:

The functions of the Provincial Governments are to:

- Plan and coordinate implementation of national tobacco control policies and programs.
- Take measures to prevent tobacco smoking in prohibited public places.
- Adopt measures to prohibit cultivation of tobacco on a commercial level and sales of tobacco leaves in public markets.
- Coordinate public education on the dangers of tobacco smoking.

Local Level Government Functions:

The Local Government functions will include:

- Plan and undertake tobacco use education programs, targeting children, young people and women.
- Support public awareness and education programs on the health risks associated with tobacco smoking.
- Enforce prohibitive measures against sales and promotion of tobacco and tobacco products.
- Put in place measures to support alternative cash crop replacing traditional form of tobacco cultivation.

Non - Government Organization Functions:

The functions of NGOs include:

- Encourage to play a major role in improving cohesion among NGOs and communicate with government, regulatory authority, statutory bodies, health workers and others with key roles to play in the development of tobacco control programs and implementation.
- Support government in planning and undertaking education and awareness programs and smoking cessation programs.
- Support government efforts in restricting tobacco use in public places or smoke free environment.
- Support government in research and development of tobacco control programs.
- Support local level government health promotional activities.

Glossary of Terms

1. Addiction:

Becomes a habit or forms a dependence on a substance, in this case the nicotine in the tobacco product.

2. Addictive:

Nicotine is addictive. A substance that forms part of a tobacco product that is not cured tobacco leaf, which includes substances forming part of the product that has been derived or refined from tobacco leave and any substance that is introduced into a tobacco product during processing, manufacturing or packing.

3. Brand Stretching:

A tactic used to build tobacco brand-name recognition by promoting the name and/or logo on non-tobacco products. A form of an indirect advertising e.g. Marlboro Classics clothing, Salem Power Station Store, etc.

4. Bupropion:

An antidepressant drug used as treatment for smoking cessation. The drug comes in two strengths of tablet, 75 mg (yellow-gold) and 100mg (red). It is used as a non-nicotine aid to smoking cessation.

5. Counterfeiting:

The act of producing and sale of fake products.

6. Constituents:

The chemicals found in the smoke emitted from the product, in relation to smokeless tobacco products, constituents mean the chemicals inherent in the tobacco itself.

7. Distributor:

A person that is in the business of selling tobacco products, which does not include a person selling tobacco product by retail.

8. Environmental Tobacco Smoke:

Also includes Second-hand smoking and Passive Smoking, is the smoke that a person inhales from sources other than by directly smoking a cigarette. It is composed of the smoke that:

- is exhaled by the smoker (second-hand smoke).
- burns off the tip of the cigarette (sidestream smoke).
- seeps through the paper and filter of the lit cigarette (lateral-stream smoke).

9. Framework Convention on Tobacco Control:

This is an international health treaty under which member countries of the World Health Organizations are to ratify the Convention itself and base country level polices and legislation related to tobacco production, consumption, and trade.

10. Illicit Trade:

Illegal trade or smuggling of or prohibited goods or trade goods into a country purposely to avoid paying tax.

11. Lifestyle Diseases:

Are diseases, mostly, chronic diseases, due to lifestyle related, which means diseases due to social factors later than environmental, such as excessive rich foods, alcohol, smoking and lack of exercise.

12. Morbidity:

The number of diseased people in a given period, and the cause here is due to tobacco use.

13. Mortality:

The number of deaths in a given period, and the cause here is due to tobacco use.

14. Nicotine:

The primary pharmacological agent or drug in cigarette smoke. Nicotine, which is an alkaline substance, exists in two forms - the bound or salt form and the free form. However, only nicotine in the free form is relatively volatile.

15. Nicotine Replacement Therapy:

Are carefully measured nicotine without the tar, smoke, and other chemicals present in tobacco are thus effective and safe to help people break free of tobacco. Replacement products available in various forms, including gum, skin patch, nasal spray, losers, and inhaler.

16. Prevalence of Tobacco Use:

The number of tobacco product users or smokers in a given population at a given period.

17. Second-hand Smoking:

Also known as passive smoking, by a non-smoker, inhaling hundreds of chemicals released into the air, along with more than dozen known or suspected cancer-causing substances.

18. Smuggling:

Illegally importing prohibited goods and trade goods, purposely evading government tax.

19. Tar:

'Tar' describes the particulate matter, which, generated by burning tobacco, forms as component of cigarette smoke. Each particle is composed of a large variety of organic and inorganic chemicals consisting primarily of nitrogen, oxygen, carbon dioxide, carbon monoxide and a wide range of volatile and semi-volatile chemicals. When in its condensate form, tar is a sticky brown substance that is the main cause of lung and throat cancer in smokers.

20. Toxic Chemicals:

Chemicals that are toxic to human beings, either because the chemicals are not for human or dosages contained in the products is beyond safe level.

21. Toxic Substances:

Are chemicals contained in the product is toxic or poisonous to the body. The substances in the tobacco product therefore are toxic to the human body. The toxic substances in tobacco smoke include: Carbon monoxide, Nitrogen oxides, Nicotine, Lactic acid, Phenol and Acetone.