



Tobacco Control Policy

2015

National Department of Health

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Foreword



Control of Tobacco in PNG has been very weak comparable to other countries who have tobacco control measures in place, hence tobacco industries have thrived in the country for decades at the expense of the population's health. Tobacco control will play a very vital role in the health sector if Tobacco Control Programs under this policy are fully implemented. Our health system continues to be burdened by the Health implications associated with Tobacco use but unless there are controls on tobacco, such burden can be minimized or contained.

There is no safe tobacco product neither the amount. All tobacco products are harmful. Tobacco not only affects certain group of people but all who are exposed to tobacco, i.e. Users (smokers) and non-smokers alike. The use of tobacco is responsible for 80% of non-communicable diseases plus other diseases such as tuberculosis and its health impacts are obvious in the country. Statistics is showing increase in cancers, stroke and respiratory diseases with direct or indirect links to use of tobacco.

Papua New Guinea has an existing legislation and policy; the Tobacco Product (Health Control) Act 1987 and the National Tobacco Policy 2004 to enable control of tobacco, however, its enforcement and implementation was and continues to remain a great challenge. Furthermore, PNG is a member state to the international treaty on Tobacco Control by becoming a signatory to the Framework Convention on Tobacco Control in 2003 but challenges of tobacco control still existed therefore prompting a thorough review of both the current policy and legislation.

Tobacco Control Policy 2015 cannot address the current trends and challenges that enable effective control of tobacco. Hence, the review of the policy is to align it with the current National Health Plan 2011-2020 plus other major GoPNG development strategies and plans such as the PNG Vision 2050. The review also allows for the alignment with the International Treaty guidelines for a better implementation plan of the Tobacco Control Program in PNG in the long run.

The Tobacco Control Policy 2015 now provides a realistic and practical policy directive to implement Tobacco Control Programs in PNG. Tobacco Control Program require the whole of government approach as it is a cross cutting issues. The mandate on tobacco control now rests on all concerned stakeholders to do their part to enable successful implementation of on the Tobacco Control Policy 2015.

Hon. Michael Bill Malabag, OBE, CBE, MP
Minister for Health & HIV/AIDS



Acknowledgment



The review of the Tobacco Control Policy 2004 is necessary to align to the overall government strategic directions as outlined in the Vision 2050.

How can PNG as the nation achieve Sustainable and Integral Human Development, the outcomes envisaged in the vision 2050 when our country is unnecessarily overburdened by easily preventable conditions and situations.

This policy may be taken as contradictory to some other legislation regulating other operations of government, but as a technical agency responsible for human health, National Department of Health is responsible for the health of all PNG citizens. A life destroyed by tobacco product consumption will never be replaced or reversed. Treatment is very expensive, and with Free Primary Health Care and Subsidized Specialized Services Policy in place, the Government will bear over 90% of expenses. These financial resources could be saved for other development needs.

On this note, I commend all the Technical Officers within the Department of Health and the Provinces, Public Hospitals and Provincial Health Authorities for your sound technical advice into the review and development of this policy document.

I acknowledge and appreciate the technical inputs, oversights, financial and other support of our development partners such as World Health Organisation (WHO) and Secretariat of the Pacific Community (SPC).

I also acknowledge and thank the churches, NGO partners, Central Agencies, other line Departments and Regulatory Agencies for contributing to the revision and development of revised Tobacco Control Policy 2015.

I commend you all for your efforts.

A handwritten signature in blue ink, appearing to read 'Pascoe J. Kase'.

Pascoe J. Kase
Secretary for Health



Executive Summary

PNG has one of the highest smoking prevalence in the world. According to the 2007 STEPS survey; 44% of the population (16-64 years) were current smokers. To stem this tide PNG's policy responses include a comprehensive package of strategies to reduce the demand for tobacco products, to reduce the cultivation and supply of tobacco and strengthen international collaboration in tobacco control.

The policy provides a basis for the review of the tobacco legislation to control advertising, sales, promotion, in particular the inclusion of graphic health warnings on packages, the enforcement of pricing and taxation measures. The policy emphasizes the need for smoking cessation support strategies and protecting the health of non-smokers.

This policy gives effect by complementing the existing National Health Plan, especially the Key Result Area 7 on the Promotion of Healthy Lifestyles. It seeks to promote inter sectoral interventions to reduce morbidity and mortality from the consumption of tobacco products. The policy provides a framework for PNG to meet its obligations as a signatory to the Framework Convention on Tobacco Control (FCTC). Moreover, the policy builds on and updates the existing National Policy on Tobacco Control 2004.

A more effective implementation framework to oversee policy implementation through a broadly consultative process across a number of stakeholders is proposed in chapter four (4). A monitoring and evaluation framework for the policy is proposed in chapter five (5).

The policy identifies the roles and responsibilities of relevant stakeholders in the implementation of this policy.



CHAPTER ONE - BACKGROUND

1.1 Intent of Policy

The development of National Tobacco Control Policy is to provide a national framework for the implementation of integrated tobacco control strategies that will continually help reduce the prevalence of tobacco use and supply in Papua New Guinea, thereby protecting the present and future generation from the negative health consequences of tobacco consumption and exposure to it.

More significantly, the principal intent of the policy is to minimize the negative health consequences of tobacco use through control mechanisms and framework that reduces demand on use and supply of tobacco. This is consistent to and complies with WHO Framework Convention on Tobacco Control (WHO FCTC) which PNG is a signatory to since 2005.

During the development of this policy document the National Health Plan 2011-2020 and the government vision 2050 were taken into consideration hence the policy is consistent with current health sector and government priorities. However, this policy is not limited to the timeframe of NHP 2011-2020 and Vision 2050.

1.2 Historical Context

Killing over 6 million people annually, tobacco is a global epidemic and one of the greatest risks to public health of all time.

Tobacco use is one of the chief preventable causes of many dangerous diseases such as lung cancer and heart and respiratory diseases. A long-term tobacco user has a 50% chance of dying prematurely from tobacco-caused diseases and the majority of these deaths occur in low- and middle income-countries, where nearly 80% of smokers live.

Millions of lives can be saved with control of tobacco products. PNG cannot afford to treat the thousands of people who are addicted to tobacco, who would quit if they could, and lacks the ability to treat the multiple diseases that result from the use of tobacco.

In accordance with the prediction of WHO, by 2020, the mortality from tobacco related illness (8.4 million per year) will be higher than the aggregate mortality rate due to HIV/AIDS, tuberculosis, road accidents and suicide added together. 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.

Tobacco related diseases and health problems are preventable through individual choice to not smoke, however strong government leadership, policies and legislation can help people with this decision. Tobacco control requires a multi- sectoral 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.

In 1999, the Western Pacific Region collaborated with the Tobacco Free Initiative to develop the regional action plan on tobacco and health. Implementation of the tobacco control program has been a big challenge and policies and Legislations were undermined by the tobacco industries.

In a landmark public health initiative, the Framework Convention on Tobacco Control [FCTC] was entered into force in February 2005. The treaty provides a legal base from which signatories are able to introduce tobacco control measures. PNG became a signatory in 2006 and as such has obligations to participate and implement the responsibilities outlined within.

PNG was an early adopter of tobacco control measures with the introduction of the Tobacco Product (Health Control) Act in 1987, and the development of a National Policy on Tobacco Control in 2004. However implementation of these has been challenging due to a lack of enforcement and regulation. The review of this current policy, in line with the updating of the legislation, is the result of a renewed determination of the government to address tobacco control. The new policy and legislation will ensure that the most effective, evidence based measures are put in place to reduce the supply and demand of tobacco across the country.

1.3 Audience

The intended audiences of the policy are:

1. The Central Agencies of Government for policies, planning, legislating and funding this policy
2. Other State Agencies responsible for implementation, enforcement and compliance
3. Provincial Government, Districts and Local levels of Government responsible for implementation of this policy
4. Provincial Health Authorities and Public Hospitals
5. Non - Government Organizations (NGOs) and Faith Based Organizations (FBOs)
6. Community Groups
7. Health Workers and volunteers



8. Growers, Suppliers, Manufacturers, Importers, Retailers, Distributors, Consumers of Tobacco Products
9. Professional Associations and Societies
10. General Public

1.4 Policy Development Process

The development process of this edition of the policy commenced with the review of the Tobacco Control Policy 2004 and the Tobacco Products (Health Control) Act 1987.

Initial communications to various partners were through formal letters followed by focus group discussions with major stakeholders during the development of first draft of both policy and legislation. Several consultations were conducted with focus group discussions.

Listed below are some of the individual meetings held:

- Meeting was held with Investment Promotion Authority on the 14th March 2014 at the IPA Building with the Manager- Investment Promotion and the team. The meeting was specifically on the registration of tobacco companies and the different kinds of licensing on tobacco trading in the country.
- Another individual consultation was done with the Department of Justice and Attorney General to make general comments on the overall tobacco legislation.
- A phone conversation on the 24th April 2014 with the Deputy Secretary Policy-Department of Agriculture and Livestock to confirm the DAL policy that prohibits growing of tobacco.
- Meeting with Independent Consumer Competition Commission to further elaborate on their comments and to confirm their involvement in the enforcement of the tobacco control program.
- Two meetings were held with PNG Customs Commissions specifically on the imports and exports of tobacco products, licensing of imports and exports and to have a consensus on who to impose licensing. Importantly was the trading of illicit trading of tobacco. The Department of Health and PNG Customs to enter into a Memorandum of Understanding so that PNG Customs can facilitate banning of illicit tobacco in the country.
- Another meeting was with the National Narcotics Bureau on the 24th October 2013 on the enforcement of whole of the tobacco program and the education and awareness and rehabilitation to be integrated into NNB activities.



- Consultation was extended to the Provincial Governments and on the 25th November 2013 the team met with Legal Advisor from Sandaun Provincial Administration on the implementation of the FCTC and the illicit tobacco through the PNG /Indonesian border.



CHAPTER TWO - POLICY CONTEXT AND DIRECTIONS

2.1 GOAL

The reduction of tobacco consumption in youths and adults therefore reducing tobacco related health burden and non-communicable diseases

2.2 VISION AND MISSION

This policy is to enhance the Vision 2050's vision for Papua New Guinea to have a healthy individual, healthy family, healthy community, and healthy workforce for a healthy and wealthy nation by protecting the people of Papua New Guinea from the harmful effects of tobacco use.

2.3 OBJECTIVES

The objectives of the Tobacco Control Policy are to:

- Provide the basis for implementation of the Tobacco Products (Health Control) Act and Regulations.
- Prevent and reduce the harmful effects of tobacco use throughout Papua New Guinea.
- Ensure that PNG meets its responsibilities as a signatory to the Framework Convention for Tobacco Control (FCTC).

2.4 PRINCIPLES

The following principles should guide the planning and implementation of the National Tobacco Control Policy;

- **The Right to Health**
Every person has the right to stay healthy and be protected from the harmful effect of tobacco use including passive smoking
- **The Right to Making Informed Decisions**
Where every Papua New Guinean regardless of the place of living, level of education, or social status have equal access to information or harmful effects of tobacco use.
- **Partnership**
NDOH as the steward of the health system promotes coordination and joint programming among stakeholders including the private sector, academia, professional councils, civil society organizations, development partners,



NGOs, FBOs and communities at all levels in order to improve collaboration, maximize resources, and avoid duplication.

- **Gender Equality**

Where every person's regardless of sex and gender has equal access to cessation programs and health services plus awareness information on harmful effects of tobacco use.

- **Human Rights and National Values**

As enshrined in the PNG Constitution and encapsulated in the vision of the National Health Plan will be respected as well as the desire for all to uphold human rights and Christian and traditional values.

- **Evidence Based Decision Making**

Information and interventions that are proved to be effective documented and internationally recognized.

2.5 CORE GOVERNMENT LEGISLATIONS AND POLICIES

The National Tobacco Control Policy is developed in line with the National Health Plan 2011-2020 and builds on from the Vision 2050 aspirations. Other legislation and policy documents in which this policy is developed and should be read in that context are:

2.5.1 Acts and Legislations

- Public Health Act 1973
- PNG Constitution 1974
- PNG Customs Act 1951
- IRC Act 1959
- Tobacco Control Act 1987
- Public Hospital Act 1994
- The Organic Law on Provincial and Local Level Government 1995
- The Health Administration Act 1997
- ICCA Act 2002
- PNG Occupational Health and Safety Act 2011
- NCDC Act –Regulation of Betel nut 2013
- Dental Charges Regulations, 2013 (Revised)
- Public Hospitals Charges Regulations (Revised) 2013

2.5.2 Policies and Standards

- PNG Vision 2050
- PNG Strategic Development Plan 2011-2030
- Medium Term Development Plan 2011 -2015



- National Health Plan 2011-2020
- National Health Service Standards 2011
- Health Human Resource Policy 2012
- National Medicines Policy 2014
- Health Sector Partnership Policy 2014
- Sexual Reproductive Health Policy 2014
- School Health Policy 2015
- Youth and Adolescent Health Policy 2014
- PNG Child Health Policy 2009
- Free Primary Health Care & Subsidised Specialist Care Policy 2013
- Community Health Post Policy 2013



CHAPTER THREE - POLICIES AND STRATEGIES

3.1 CURRENT SITUATION

Papua New Guinea is faced with a tobacco consumption epidemic, having one of the highest smoking prevalence rates in the world, particularly among men. According to the PNG STEPS Report 2007-8, 44% of the population [15-64 years] were found to be current smokers. Men are more likely to smoke than women, with a prevalence of 60% compared to 27%. 56% of current smokers smoke daily, an average of 3.5 cigarettes per day.

In particular, smoking amongst young people is a growing challenge in PNG. The Global Youth Tobacco Survey 2007 revealed that 43.7% of males and females aged 13-15 smoked cigarettes, with the earliest age of introduction at 8. Another 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 [Hiawalyer 2002]. The 2002 Education Welfare Study of students in upper primary [grades 7-8] and secondary [grades 9-12], revealed that 10% of grade 7, 18% of grade 9 and 26% of grades 11 were smokers. Of these 5%, 9% and 13% of grades 7, 9 and 11 respectively have admitted missing classes in order to smoke [Education 2002].

Due to surveillance challenges 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. In addition to this, cancer, particularly oral cancer, is a growing challenge for the country.

The PNG STEPS Report 2007/8 revealed that 99.6% of Papua New Guineans are at moderate to high risk of non-communicable diseases including cancers, diabetes, cardiovascular diseases and respiratory diseases. Like many other low to middle income countries, PNG has seen an epidemiological shift where these diseases are now becoming more common. It is clear that PNG does not have the resources to adequately treat these expensive issues.

3.2 ANALYSIS OF ISSUES

PNG was an early adopter of tobacco control initiatives through the establishment of the 'Tobacco Products [Health Control] Act 1987'. However this was never fully implemented, as regulations were never put in place to ensure its enforcement and application. Many of the issues raised in the legislation remain unaddressed today.



In 2004 NDoH developed the National Policy on Tobacco Control. While it was developed prior to PNG's signature of the FCTC it still contained many of its principles and requirements. However, much like the Tobacco Products [Health Control] Act 1987 its implementation has not been comprehensive, and there has been no overall coordinating mechanism to monitor its progress.

In 2006 PNG ratified the FCTC and as such has international obligations to uphold the commitments outlined within. In line with this the Tobacco Products [Health Control] Act 1987 is now being updated, in conjunction with the renewal of this Tobacco Control Policy. These changes will accommodate measures such as licensing, taxation, and the use of graphic health warnings and also to allow for the establishment of an overarching body to regulate tobacco control and coordinate implementation across government agencies.

In preparing for the renewed work towards implementing PNG's responsibilities under the FCTC, a Needs Assessment was conducted by the Convention Secretariat in 2010. Key areas identified are as follows:

- The Tobacco Products [Health Control] Act 1987 is more than 20 years old and the implementation is not fully implemented due to lack of regulatory framework complimenting effective implementation. It was advisable that the review is finalized, approved by the parliament and entered into full force.
- The level of awareness on the treaty obligations of the government among different stake holders departments was not adequate due to the lack of inter-ministerial mechanism or taskforce on tobacco control.
- Tobacco taxation in the country does not keep pace with the inflation rate. The level of tobacco tax should be raised in a systemic manner so that the tobacco products become increasingly and progressively expensive to give effect on tax and price measures.
- A share of the collected tobacco taxes for funding of the tobacco control programs should be reflected in the Legislation in order to be effected.
- National capacities and infrastructure for tobacco control need to be strengthened. Sustainable and secure funding for the tobacco control unit needs to be provided by having a specific budget line from the department of health. More staff from other government agencies who have a role in the implementation of the Convention must be involved.
- Now that Tobacco Control is given prominence in the current Health Plan 2011-2020, focus must be on the tobacco Control program and the review of the policy should facilitate and empower authorities to fully implement the Tobacco Control Program and the FCTC.



3.3 POLICY RESPONSE TO REDUCE AND CONTROL DEMAND FOR TOBACCO PRODUCTS

3.3.1 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 only small-scale local tobacco cultivation by an Australian-based tobacco company was abandoned in the 1980's and the Department of Agriculture and Livestock does not encourage local cultivation on a commercial scale. However, tobacco is grown widely in PNG by villages 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 of tobacco cultivation and promotion and the sale of traditionally grown tobacco leaves at local markets.

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 Agriculture and Livestock's current policy and ban commercial tobacco cultivation in PNG.
2. Permanently ban government promotion and support for local 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 Government to discourage growing and marketing/sales of locally grown tobacco.

Section 2 – Control over Tobacco Production

While 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: Reduce the supply of tobacco through regulations on the production and cultivation of tobacco, and generate economically viable alternative means for income generating activities for tobacco growers, workers and individual sellers.

Strategies:

1. Limit access by regulating production, marketing and sales of tobacco products.
2. Maintain Agriculture policies to ban local tobacco cultivation for commercial and non-personal use in PNG.
3. Sales of home-grown tobacco in public places such as markets and shops will be prohibited except in designated areas. In collaboration with other government agencies and other relevant stake holder's alternative cropping in areas where tobacco is currently cultivated will be promoted.

3.3.2 Measures Related To Prices and Taxes Control on Tobacco

Section 1 – 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, which can be achieved through an increase in tobacco taxation. In particular high taxes have shown to decrease the uptake of smoking by children and young people.

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 comes directly from the tobacco product consumers.

POLICY: Tobacco prices shall be controlled and taxes on tobacco products shall be used as means to discourage the use of tobacco products and to prevent the uptake of smoking.

Strategies:

1. Impose taxes on tobacco products to achieve a tax of more 70% of the retail price in order to achieve a stable and continuous reduction in tobacco consumption.
2. Adopt legislation to require quantity based excise tax in tobacco products and to ensure that taxes are regularly increased to accommodate inflation.
3. Regulate price 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. No tax exceptions will be permitted for the sale, manufacture or distribution of tobacco products.

POLICY: Funds collected from the Licensing and Registration of tobacco products will be earmarked to go towards a Health Promotion Fund which will be used to implement the national tobacco control activities and advocacies.

Strategies:

1. Legislate to establish mechanisms to earmark portions of funds collected from Licensing and Registration of Tobacco and Health Promotion Fund to finance tobacco control measures including education/promotion, free sports, cultural events and other associated health promoting activities and events.

3.3.3 Effective Licensing System

Section 1–License Required for Manufacturers, Importers, Exporters and other Sellers

Currently PNG does not have a separate system for licensing tobacco products as it does 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 the state's health care cost 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 wholesalers and retailers with an effective mechanism to enforce their compliance with laws prohibiting tobacco sales to children. Licensing would also help to eliminate the illicit trade in tobacco and smuggling of tobacco products in PNG.

POLICY: No manufacturing, distribution, importation or exportation of tobacco products will be permitted without appropriate licensing.

Strategies:

1. Establish a management structure to grant and regulate a licensing system for tobacco trading and manufacturing in PNG.
2. Adopt legislative, executive and administrative measures to license all tobacco-product retailers, manufacturers, distributors, importers and exporters.



3. Empower provincial governments to grant licenses to tobacco-product retailers, manufacturers, distributors, importers and exporters and regulate their operations.

Section 2 – Control of Tobacco Product 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 trading of tobacco and tobacco products [production, marketing and sales] shall be limited and in accordance with government regulation and standards

Strategies:

1. In consultation with relevant government agencies review and implement trade policies to strictly regulate tobacco and tobacco manufacturing, marketing and sales promotion.
2. In consultation with relevant government agencies develop guidelines for regulating sales promotion and monitoring compliance of Government standards.

POLICY: A regulatory body shall be established to control production and sales of tobacco and tobacco products to endure the industry and its agencies comply with tobacco control restrictions.

Strategies:

1. Tobacco and tobacco products sales will be regulated and restricted to licensed operators and facilities only.
2. Ban sales of tobacco products to people under the age of 18 and legislate that sellers take reasonable measures to ensure that all buyers are 18 years and over.
3. Selling and buying of tobacco and tobacco products to people under 18 years will be prohibited and sellers, buyers, parents and guardians will be required to take reasonable measure to ensure compliance.
4. Tobacco vending will be prohibited throughout the country.
5. Sales of tobacco products on the streets will be prohibited and offenders will penalized.



3.3.4 Measures Related to Prohibition of Advertisement and Promotion of Tobacco Products.

Section 1 – Health Promotion

Every person has the right to know the harmful effects of tobacco use. Currently in PNG there is a lack of culturally appropriate health promotion and education programs and materials concerning tobacco use. Programs that are available are ad hoc and conducted as and when resources are available.

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

Strategies:

1. Develop and promote targeted educational and public awareness on the health risk of tobacco use, constituents and additives of tobacco products, exposure to tobacco smoke and benefits of quitting smoke through use of appropriate media and face-to-face communication channel.
2. Develop and implement targeted comprehensive promotional 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 and private agencies and non-governmental organizations (not involved in the tobacco industry) 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 tobacco industry that it is permissible to disclose under the law.
7. Make publicly available information regarding the adverse health, economic, and environmental consequences of tobacco production and consumption.

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.



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

Tobacco advertising, promotion and sponsorship are powerful weapons used by tobacco companies to attract the public, particularly young people, to their products and to strengthen their brand image. Tobacco companies may put their cigarette logos on t-shirts, hats, backpacks and other consumer items popular with children. Such practices circumvent advertising restrictions and promote tobacco use to young people.

POLICY: All forms of tobacco advertising, promotion and sponsorship shall be prohibited.

Strategies:

1. Ban all forms of direct and indirect tobacco advertising, promotion and sponsorship.
2. Adopt measures and cooperate with neighboring countries to phase out cross-border advertising, promotion and sponsorship on cable and satellite television, the internet, newspaper, magazine and other media.
3. Ban voluntary tobacco industry direct involvement in health promotion activities and awareness program identify and discourage all attempts at more subtle means of tobacco industry involvement parading as “good works”.

Section 3- Measures Against Brand and Reverse Brand Stretching

Tobacco companies have proven extremely creative in exploiting loopholes by using innovative methods such as placing brand logos on clothing and vehicles. This 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 marketing ventures are designed to keep promoting the brand names even when tobacco advertising is banned.

POLICY: A comprehensive ban shall be placed on the advertisement of tobacco brands on tobacco and non-tobacco products to prevent brand stretching and reverse brand stretching.

Strategies:

1. Ban 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’s 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 manufacturers or sells tobacco.
3. Ban the use of brand names, trademarks or other signs, symbols, logo and other visual matter, in part or whole, commonly associated with a non-tobacco product on a tobacco product including any combination of colors or shapes or devices that is reasonably likely to be associated with tobacco products.
4. Regulate against tobacco industry's media sale promotion using organizations providing social services with the promise of sharing a percentage of its income.
5. Take strict measures to prevent the 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 or fake products and fake 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 cigarette package. Specific factual and consistent health warnings on packages of tobacco products, especially cigarette packages, can motivate people to quit or reduce their consumption.

POLICY: Factual and consistent health warnings and graphic messages shall be distinctly placed on every package of tobacco products, especially cigarette packages, describing the dangers of tobacco use.

Strategies:

1. Factual and consistent health messages and graphic warnings approved by NDoH will be required on all packages of tobacco products.
2. Regulate and monitor the display of accepted health warnings and graphic messages on all tobacco products.
3. Ensure health warnings provide information about the dangers of smoking for active and passive smokers on the toxic contents of the tobacco products, specifically tar, nicotine and carbon monoxide, including actual measurements of tobacco yields.



Section 5 – Packaging and Labelling

The practice of the sale of single stick and small packs of cigarettes and “Newspaper” wrapped course-cut tobacco (mutrus, spear and brus roll) in PNG is widespread. This marketing strategy has several effects. First, it makes smoking more affordable, especially to children who are more responsive to cash outlay than cost per cigarette. Secondly, it prevents exposure to the health warnings and graphic images that are required on cigarette packaging.

POLICY: Cigarettes shall only be sold in packs of 25 or more.

Strategies:

1. A total ban on sales of single newspaper wrapped sticks and cigarettes in small packs of fewer than 25 will be implemented.
2. The ban on the sale of cigarettes in packs less than 25 shall be effectively enforced by appropriate agencies.

Section 6 – Labelling

Labelling of tobacco products can influence smoking. The use of the words such as “light”, “mild”, “low tar” or similar terms used by tobacco manufacturers on the products to describe cigarettes gives a false impression that these products are safer than the “regular” ones. In addition to this, it is important that consumers are aware of the dangerous additives and harmful ingredients that are found in tobacco products.

POLICY: Tobacco products are required to be labelled in a non-misleading manner with full disclosure of all contents.

Strategies:

1. Adopt appropriate measures to ensure misleading terms are not used on packages 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.
2. Adopt appropriate measures requiring tobacco product manufacturers to ensure each unit and package of tobacco product prominently carries the maximum levels of key ingredients and additives contained within.
3. Strictly control the printing of cigarette trademarks and packages in order to prevent the production of fake cigarettes or fake cigarette brands.



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 access 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 use in PNG.

POLICY: Initiatives that helps 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 readily accessible.

Strategies:

1. Develop guidelines for the creation of appropriate smoking cessation programs and methods for PNG in such locations as educational institutions, health care facilities, workplaces and sporting environments
2. Develop and train health staff and other appropriate persons and organizations in the diagnosis of smoking dependencies, cessation, counseling and affordable methods of smoking cessation, which are appropriate for every target groups.
3. Establish programs for diagnosing, counseling, preventing and treating tobacco dependence in health care facilities and rehabilitation centers.
4. Collaborate with other Parties to facilitate accessibility and affordability for treatment of tobacco dependence including pharmaceutical products.
5. Promote the need to quit smoking in all patients as an integral part of routine clinical examination.
6. Provide heart patients appropriate advice and practical help on smoking cessation.

Section 8 – Protection of Children and Young People

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



POLICY: Systematic protection of children and young people under the age of 18 years from the dangers of tobacco use and exposure shall be regulated.

Strategies:

1. Ban the sale of all tobacco products to people under the age of 18.
2. Ban the sale of tobacco products by the people under the age of 18.
3. Protect children and youths less than 18 years from the promotion of tobacco products by banning any such policies entirely.
4. Introduce tobacco education in school curriculum, as well as the creation of smoke-free environments in and around schools.

Section 9 – Smoke-Free Areas

Evidence on the detrimental effects of the exposure to passive or second hand smoking continued to accumulate as more and more published medical reports links passive or second hand smoking to lung cancers and other respiratory diseases. Due to reporting constraints, the trends of deaths due to lung cancer in PNG is not available, but is expected to be higher 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 passive or second hand smoking exacerbates these conditions and contributes to premature deaths.

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

Strategies:

1. Ban smoking in all public enclosed places such as offices, health facilities, schools, kindergartens, restaurants, cinemas, theatres, public transports and in other public places.
2. Ban smoking in all open air spaces such as in close proximity to education and health facilities, other than those designated as smoking areas.
3. Identify the current level of understanding of the health risks of passive smoking in vulnerable groups and develop targeted information and education programs.
4. Develop advocacy programs to increase community support for smoke free policies.
5. Ensure owners and occupiers of public facilities, work places, and owners and operators of public transport appropriately display the Department of Health “no smoking sign “at all times.



6. Enforce policies and legislation on smoke-free areas and ensure adequate policing.

3.3.5 Measures Related To Reduce Supply of Tobacco Products

Section 1 – 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 competition that results in lower prices, greater advertising and promotion, and other activities that stimulate demand. The experience from a number of countries in the region show that 10% increase in the consumption of cigarettes since the introduction of trade liberation.

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 requirements for free trade. The decision of a GATT panel against Thailand's attempted banning of cigarette imports and advertising agreed that Thailand's could impose taxes, advertising agreed that Thailand could impose taxes, advertising bans, and price restrictions, and that all manufactured products available in 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 o tobacco form countries where there governments provide price support and subsidies on tobacco production.
2. Ensure measures taken that are aimed at restricting international trade of tobacco products also apply equally to local products.

Section 2 – Controlling Duty-Free Sales and Imports of Tobacco Products

Although the volume of tobacco products, particularly cigarettes traded through duty-free outlets is relatively small at present in PNG. It creates poor image of majority of travelling public and those who advocate for tobacco free environment. Duty-free are located at 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 “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 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 and importation of tobacco products shall be banned.

Strategies:

1. Adopt policies to ban duty-free sales and importation of all tobacco products by 2018.
2. Modify Kyoto Convention on the simplification and Harmonization of Customs Procedure.
3. Require National Agriculture Quarantine Inspections Authority to enforce the ban.

Section 3 – Controlling Illicit Trade of Tobacco Products

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

Large amounts of cigarettes are reported to be smuggled into countries where tobacco control measures are weak or absent. In PNG, large numbers of cigarettes are known to be brought illegally over the Indonesian border. 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 the increases in prices 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: Effective control measures shall be introduced not only to eliminate illicit trade in tobacco, including tobacco smuggling, but also as a means to reduce supply and help effective implementation of price increases, which reduces demand.

Strategies:

1. Eliminate 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 sold in PNG.
5. Intensify inspection and strict handling of violations.
6. Ensure that tobacco products are not included in free trade zone agreements.
7. Increase efforts to prevent and identify smuggling in target areas including along the Indonesian border.
8. Maintain surveillance and report on locally produced tobacco products, particularly cigarettes.

Section 4–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.

Consumers have a right to know exactly what they are consuming when using tobacco products. Tobacco product manufacturers have the responsibility to fully inform users of the contents of their products, and should use accurate testing to identify all components. Products should have a full disclosure of all ingredients and major toxic constituents according to internationally accepted tests.



POLICY: Consumers shall not be misled into believing that some cigarettes are safer than others in the absence of scientific support.

Strategies:

1. Develop standards requirements for packing tobacco products to prominently carry the maximum levels of the key ingredients, 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).

Section 5–The Use of Additives and Flavourings in Tobacco Product

The use of additives (any substance that is introduced into a tobacco product during processing, manufacturing, or packaging) increases the health risk of tobacco. Flavourings such as mint and chocolate and sugar increase the attractiveness and palatability of cigarettes and encourages the uptake of smoking particularly in young people. As such, additives and flavourings should not be allowed in tobacco products.

POLICY: The addition of additives and ingredients that increase the attractiveness or palatability of cigarettes and other tobacco products will not be permitted.

Strategies:

1. The manufacture, import or export of tobacco products with additives and ingredients added that increase their attractiveness and palatability will not be permitted.

3.3.6 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 global solution. This is even more so today considering the increasing aggressiveness of tobacco corporations' marketing to developing countries

In May 2003 the World Health Assembly adopted Framework Convention on Tobacco Control (FCTC), which is in effect as an international treaty. PNG signed the



FCTC in 2006, and will need to continue to work with international partners in order to coordinate tobacco control efforts.

POLICY: National tobacco control efforts shall actively seek international collaboration and partnerships in order to address the global epidemic.

Strategies:

1. Support the implementation of the Framework Convention on Tobacco Control under PNG's responsibilities as a signatory.
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 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 socio-culture factors which underline it. Currently, there is a lack of appropriate information available within PNG.

POLICY: Standardized approaches will be used to facilitate national and regional monitoring of the tobacco epidemic and evaluation of the effectiveness of policies to control it, with particular emphasis on national and global exchange of information.

Strategies:

1. Support an international exchange of information of the following experiences;
 - Socio-demographic characteristic (including gender)
 - Tobacco production, trade and industry
 - Tobacco consumption
 - Prevalence of Tobacco use
 - Mortality and morbidity
 - Tobacco control measures, organizations and institutions
2. Collaborate with countries in the region in regards to the 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, document evidences since mid-1960's show that cigarettes are the delivery mechanism for nicotine and that nicotine is addictive. There are no international standards for tobacco manufacturing and marketing as in the pharmaceutical industry, because the tobacco industry has kept the information secret from governments and fought all effort 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 recognized 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 it products as an addictive substance through internationally set codes of practice. The World Health Organization has therefore taken the initiative to develop the Framework Convention on tobacco Control (FCTC). It is through this approach that the 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 costs to the economy are real. There is also evidence that the industry is also practicing double standards between developed and developed country and that each country needs to support strong regional agreements on standards and policies packaging, labelling 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 risk.

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 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 Partnership 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, recognizes the importance of national and international multi-sectoral partnerships in solving this public health problem that has been brought about by tobacco use. Because tobacco manufacturing and sales are externally controlled and driven, international collaboration and support is crucial to the international efforts initiated under WHO.

POLICY: Comprehensive and coordinated multi-sectoral responses shall be introduced to reduce the current far reaching impact of tobacco use.

Strategies:

1. Mobilize multilateral, bilateral and non-government agency support for the development and implementation of a comprehensive tobacco control program.
2. Strengthen partnerships in solving a public health problem with multilateral agencies such WHO, the World Bank, United Nations Children's Fund (UNICEF), and the International Union for Cancer Control.
3. Seek and collaborate with multilateral and bilateral agencies for support when required, such as 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 endeavours 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 limited, and therefore international collaboration is needed.



POLICY: Social, behavioural, and economic/commercial research and surveillance on tobacco shall be promoted to guide and reinforce tobacco control activities.

Strategies:

1. Seek support for appropriate international collaboration in research development and support national capacity to undertake tobacco research training and manpower development, in line with the National Health Research Agenda.
2. Establish a national epidemiological surveillance of tobacco consumption and control activities.
3. Support the establishment for the regional system for the surveillance of tobacco consumption, periodically updating social-economic and health indicators, so as to use as a reference for monitoring the evaluation of the problem and the impact of national tobacco control.
4. Support and collaborate with local research institutions such as universities and the Institute of Medical Research on tobacco control research.
5. Collaborate with WHO and international research institutes, e.g. National Centre for Chronic Disease Prevention and Health Promotion (CDC) to maintain surveillance on additives and toxic substances on local tobacco products.

3.3.7 Management Framework

Section 1 – National Tobacco Control Secretariat

Like the administration of the Liquor Licensing and the Narcotic Control Board, a similar body is needed to administer the tobacco control policies and legislation. A Public Health Board is being established, and will serve as the guiding body for tobacco control programs. Specifically, a Tobacco Control Secretariat will fall under the Public Health Board and will assume responsibility for the implementation of the tobacco control program, including relevant licensing.

POLICY: A National Tobacco Control Secretariat will be established under the umbrella of the Public Health Board, and will take responsibility for the implementation of the tobacco control program, including enforcement and licensing.

Strategies:

1. The National Tobacco Control Secretariat will be established and assume responsibility for the tobacco control program.



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

Section 2 – Functions of National Tobacco Control and Licensing Secretariat

The overall mission of the PNG Tobacco Control and Licensing Board (NCTL) 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 NGOs 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 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, including 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 disease.

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

Strategies:

1. Review and amend the current Tobacco Product (Health Control) Act 1987 and Regulations to reflect the requirements and obligations of the FCTC.
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.

3.4 RESOURCE, STAFFING AND SERVICE IMPLICATIONS

The successful implementation of this policy will require greater understanding from all relevant stakeholders especially the public. This means lots of advocacies and public awareness programs should be conducted targeting the different target groups who are identified as audiences of this policy in chapter one. This is very important for them to understand the cost and benefit of this policy. People will accept or choose only when they are informed or made aware of magnitude of the health related burden to the country and at the personal level.

This policy will require financial support in building local capacities such as the health professionals, rehabilitation and treatment facilities, development of prevention, awareness and promotional materials

Training curriculum needs to be revised to take into considerations specific skills that are needed to deal with the respective strategies contained in this policy. Addiction to nicotine requires long term support in terms of counselling and rehabilitation and other interventions to get out of the situation. Prevention also requires community and population based researches to form basis of instituting necessary interventions targeting different target groups.

This policy implementation also requires effective coordination, networking and partnerships among all the audiences and stakeholders of this policy. Establishment of a centralised coordination mechanism is necessary in providing the environment necessary in implementing this policy,



CHAPTER FOUR - IMPLEMENTATION PLAN

Tobacco usage and its implications cut across every aspect of a person's life or that of communities one is attached with. This policy has taken into consideration every member of the PNG society, and so this policy implementation will involve individuals, communities and the country as a whole.

Implementation of this policy will take into consideration the various legislations governing the decentralised health system in the country as well as other government agencies such as the ICC Act, Taxation Act, etc. It requires careful planning and coordination among the various government agencies.

The Health System on one hand is very complex, especially when taking into account the Organic Law on Provincial and Local Level Government, the National Health Administration Act, Provincial Health Authority Act and the Public Hospital Act that defines the administrative and management functions, roles and responsibilities of each player in the health system that needs to be well coordinated.

In managing the complexities and challenges with implementation, a detailed National Tobacco Control Plan will be developed with inputs from all relevant stakeholders to implement this policy. This plan will outline the priority actions in the short, medium and long term. It will identify and guide the specific roles and responsibilities of service providers at national provincial, hospitals, districts and community levels.

NDoH will operationalise this policy and above named plan through the NDoH Corporate and Annual Implementation Planning process while Provinces, Provincial Health Authorities and Public Hospitals will source funding for implementation through their Strategic Implementation planning through annual activity and budgetary process. Other government agencies are required to plan and budget through their normal budgetary process.

Major infrastructure and capital works funding will be sourced through the normal Development Budget process of government.

Human Resources will also be planned and budgeted for under normal government processes under the Health Sector Workforce Planning.

Churches, NGOs and others will implement this policy within their own jurisdictions but will be encouraged to complement government services by aligning their priorities to that of government outlined in this policy and the National Cancer Control Plan.

All engagements with private and NGO stakeholders including churches will be through MOU/MOA as specified by the Health Sector Partnership Policy.



Annexure One of this policy specifies some brief roles and responsibilities of various partners that will be the main players at different levels in implementing this policy.

In terms of standards, the National Health Services Standards 2011 provides the overall framework, otherwise if there is need for specific standards to be developed, the Disease Control Branch of NDoH will responsible for its facilitation and development.



CHAPTER FIVE - MONITORING AND EVALUATION

Monitoring and Evaluation

Monitoring of the implementation of the various' components of the provisions of the tobacco control policy will be built into relevant public health programs and disease monitoring through the National Health Information System and any special surveillances arrangements, at national, provincial and local levels. The evaluation of the impact of policy and legislation will be incorporated into the planned monitoring and review processes scheduled for the 2011 – 2020 National Health Plan and beyond.

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 include both production and sales of tobacco product and health program impact, particularly among children, young people and women of children bearing age groups.

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 inequalities are other important goals. The short-term efforts will be in reducing the uptake of smoking by children, reducing of smoking among women and helping adults to quit. Most tobacco-control programs have been a combination of price, information, and regulation, 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 combined control program and the frequency of reviews will be in-line with the Global Framework Convention on Tobacco Control and 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 comprehensive strategic policy implementation reviews.
3. Undertake policy reviews and update policies when appropriate



ANNEX ONE: ROLES AND RESPONSIBILITIES OF STAKEHOLDERS

In implementing this policy, NDoH takes into account the legislative requirements concerning partner's engagements with the different levels of government under the decentralised system in the following manner:

- **Central Government Agencies** - Will provide policy level support towards key policy strategies such as health financing, workforce planning etc.
- **State Agencies and Regulatory Bodies** - To provide regulatory support through joint inspection and monitoring efforts towards the control and surveillance of activities within the country
- **Provincial Governments and Provincial Health Authorities (PHA)** - To be actively involved in the implementation of the policies and strategies through formulation of achievable program annual activity plans
- **Public and Private Hospitals and Health Facilities** - In-collaboration with other partners and conduct health awareness and rehabilitation of tobacco users.
- **Development Partners** - Provide technical assistance towards capacity building and health systems strengthening
- **Health Teaching Institutions** - Assist the NDoH to develop human resource capacity for the health sector.
- **Non-Government Organizations including Churches** - Align their efforts in line with NDoH priorities outlined in the policy and to ensure compliance with Government requirements especially technical matters concerning this policy
- **Importers, Wholesalers and Retailers of Tobacco Products** - To comply with relevant policies and laws for import, wholesale and retail of tobacco products
- **Professional Societies** - Affiliations for advocacy on professional conduct and ethics for professionals dealing with the implementation of this policy
- **Research and Laboratory Institutions** - Lead and support researches concerning areas of this policy.
- **Standards and Accreditation Bodies** - Audits and accreditation of tobacco products testing facilities



ANNEX TWO: GLOSSARY OF TERMS

1. **Addiction** -is becoming a habit or forms a dependence on a substance, in this case the nicotine in the tobacco product.
2. **Additive** -is a substance, not including tobacco leaf per se, is introduced into a tobacco product at any point during the manufacturing process, such as but not limited to substances contained in the paper, filter, portion pouch, or other component of the tobacco product.
3. **Advertisement** -is a form of content published through media for marketing purposes of tobacco product and brus tobacco.
4. **Brand Sharing** - means a use of a name, logo, slogan, or other proprietary identifier, which may commonly be recognized as or associated with a non-tobacco brand, on a tobacco product.
5. **Brand Stretching** - means a use of a name, logo, slogan, or other proprietary identifier, which may commonly be recognized as or associated with a tobacco brand, on a non-tobacco product.
6. **Brand** - means a line of products manufactured by a commercial entity, as well as the commercial entity itself, as identifiable by a name, logo, slogan, or other proprietary identifier.
7. **Brand Variant** - means a product line variation falling under a broader brand identity, as distinguishable by an alternative name, logo, slogan, or other proprietary identifier.
8. **Broadcast** - means a transmission of content through telecommunication for reception by the public
9. **Brus Tobacco** - means a traditionally dried form of raw tobacco leaf in Papua New Guinea, to be distinguished from other tobacco products as defined under this section.
10. **Chair** - means the person appointed by the Minister of Health to head the Tobacco Control Council
11. **Characterizing Flavor** - means a flavor that -
 - (a) Is mentioned in the name of a tobacco product; or



- (b) Is usually associated with the name of a tobacco product by the consumer; or
 - (c) Is emphasised on the label of a tobacco product in words, pictures or graphics:
 - (d) Is identified in the tobacco product even if not specified in the labelling of the product
12. **Children's Product** - means a product that may be attractive to children, such as but not limited to toys, comics, and games, or candies, ice creams, and sugar-sweetened beverages.
 13. **Cigarette** - means a tobacco product comprising a roll of cut tobacco enclosed in paper.
 14. **Commercial Purpose** - means an objective to gain a benefit of value, financial or otherwise, direct or indirect.
 15. **Constituent** - means a chemical compound inherently found in a tobacco product or in the smoke emitted by a combustible tobacco product.
 16. **Corporate Social Responsibility (CSR)** - means a use of a philanthropic activity for marketing purposes, such as but not limited to community services, disaster relief, or health promotion.
 17. **Corporate Social Responsibility Activities** - means any activities promoting the health or welfare of other individuals, the wider community, or the environment; funding community services; activities related to disaster relief; charities or any other activities that are philanthropic in nature :
 18. **Council** - means the National Tobacco Control Council established under Section 46(1) of the Tobacco Legislation 2014.
 19. **Counterfeiting** - the act of producing and sale of fake products.
 20. **Deal** - means to design, manufacture, manipulate, import, export, distribute, display for sale or distribution, market, or sell a product.
 21. **Dealer** - means a person who designs, manufactures, manipulates, imports, exports, distributes, displays for sale or distribution, markets or sells a tobacco product.
 22. **Department** - is a division of a large organization such as a government, business, or shop, dealing with a specific subject, commodity, or area of activity.



23. **Departmental Head** - means the Secretary Executive
24. **Dwelling** - means a private residence where a person resides.
25. **Enclosed Space** - means a location that comprises a roof, one or more walls, or surrounding partitions of any kind, whether it is temporary or permanent.
26. **Enforcement Officer** - means an officer appointed under section 46 of this Act:
27. **Engagement** - means interaction with the tobacco industry, such as but not limited to communications, partnerships, agreements, or provision or acceptance of support.
28. **Exporter** - means a person that sends or otherwise arranges to send a product or commodity from Papua New Guinea to a point outside of Papua New Guinea for commercial purpose.
29. **Environment 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 up the tip of cigarette (side stream smoke).
 - Seeps through the paper and filter of the lit cigarette (lateral-stream smoke).
30. **Framework Convention on Tobacco Control (FCTC)** - this is an international health treaty under which member countries of the World Health Organizations are to ratify the Convention itself and based country level policies and legislation related to tobacco production, consumption, and trade.
31. **Government Agency** - means an entity, including employees or agents thereof, that is funded or administered by the government or delivers publicly-funded services.
32. **Grower** - means a person that cultivates a crop for commercial purpose.
33. **Health Warning** - means an explanatory statement about the effects or costs of tobacco use, the benefits of or suggestions for cessation, or any other matter relating to tobacco.
34. **ICCC** - means the Independent Consumer and Competition commission.



35. **Illicit Trade** - means import or export of tobacco is not licensed, registered, taxed, or otherwise regulated, as well as tobacco products obtained via smuggling, illicit manufacturing, and counterfeiting.
36. **Importer** - means a person that brings or otherwise arranges to send a tobacco product or commodity into Papua New Guinea for commercial purpose.
37. **Import Permit** - means a written authority issued by the Department of Health to the tobacco dealer prior to any shipment of tobacco into Papua New Guinea.
38. **License** - means a license issued under section 4 of this Act;
39. **Licensing Authority** - means the National Tobacco Control Council or its delegate
40. **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.
41. **Loose Cigarettes** -mean cigarettes that are not contained in a package.
42. **Loose Tobacco** - means tobacco, prepared for smoking in hand rolled cigarettes or in a pipe, which is not contained in a package
43. **Manufacturer** - means a person that participates in the manufacturing process of a tobacco product.
44. **Marketing** - means an activity that may encourage the purchase or use of a product, such as by but not limited to increasing brand recognition, or promoting a positive image of the brand, product, or use in general.
45. **Media** - means a form or platform through which content may be disseminated, such as but not limited to billboards, radio, television, internet, mobile phones, and other technologies.
46. **Minor** - means a natural person under the age of 18 years.
47. **Minister** - is a politician who holds important public office in a national or regional government, making and implementing decisions on policies in conjunction with the other ministers.



48. **Nicotine** - is 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.
49. **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, lozenges, and inhaler.
50. **Package** - means any container, wrapper, carton, or other enclosure that contains any tobacco product or in which tobacco products are customarily sold and includes the package's label:
51. **Packaging** - means an enclosure that contains a tobacco product.
52. **Person** - means a natural person, corporation sole, body corporate, or unincorporated body.
53. **Point-of-Sale** - means a store or location at which a tobacco product or brus tobacco is offered for purchase.
54. **Promotion** - means an offer of incentive for marketing purposes, such as but not limited to prizes, free samples, loyalty schemes, reduced prices, or coupons or other indirect redemption mechanisms.
55. **Public Place** - means any place which members of the general public or segments of the general public ordinarily have access to by express or implied invitation. Any place or part thereof used primarily as a private residence shall not be considered a public place under this Act:
56. **Public Transport** - means a form of transportation that carries passengers for reward.
57. **Publication** - means a dissemination of content to the general public or segments thereof.
58. **Prevalence of Tobacco Use** - the number of tobacco users or smokers in a given population at a given period.
59. **Raw Tobacco** - means unprocessed and/or unmanufactured tobacco for use in manufacturing of tobacco products or consumed as such
60. **Second-Hand Smoking** - also known as passive smoking, by a non-smoker, inhaling hundreds of chemical released into the air, along



- with more than dozen known or suspected cancer-causing substances.
61. **Secretariat** - means the National Tobacco Control Council Secretariat established under Section 47(1) of the Tobacco Legislation.
62. **Smoking** - means possession of a lit tobacco product, regardless of whether it is being actively inhaled or exhaled, as well as the activation of a device that produces vapors containing nicotine and/or other constituents that may be associated with tobacco products.
63. **Smoke Free Zone** - means for the purposes of this act, a zone or area declared by government or relevant authority in a public notice to be free from tobacco smoke
64. **Sponsorship** - means a contribution of funding to, or the attribution, acknowledgment, association, or identification (in a manner which has the effect, directly or indirectly, of giving publicity (whether to the public, to any section of the public, or to any person or group of persons)) of a tobacco manufacturer, seller, brand, trademark, or product with, on, or in connection with any one or more of -
- (a) An entertainment, sporting, recreational, educational, cultural, or other public event or work; or
 - (b) A person or team participating in such an event or work, including his or her equipment, clothing, and accessories; or
 - (c) A service provided or contribution made by a tobacco manufacturer or seller; or
 - (d) A building, institution, stadium, organization, or other entity that is not a tobacco manufacturer, importer, or seller:
65. **Subsistence Level** -means tobacco growing is for subsistence reasons, with the commercial benefits being to the advantage of only the individual grower and his or her immediate family members.



65. **Smuggling** - Illegally importing prohibited goods and trade goods, purposely evading government tax.
66. **Tar Describes** - the particular 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.
67. **This Act** means the *Tobacco Control Act 2015* and its Regulations.
68. **Tobacco** - means for the purposes of this Act, any product obtained from the leaf of the *nicotiano bacum* plant or other related plants and includes tobacco products, brus tobacco and raw tobacco.
69. **Tobacco Industry** - means a person involved in the tobacco business, including but not limited to growers, importers, exporters, manufacturers, distributors, and retailers, as well any person working to further the interests of the tobacco business.
70. **Tobacco Product** - means tobacco processed for consumption in any form, not including brus tobacco, such as but not limited to cigarettes, cigars, snuff, or loose tobacco, as well as devices relating thereto, such as but not limited to pipes, water pipes, or paper for hand-rolled cigarettes.
71. **Toxic Chemicals** - are chemicals that are toxic to beings, either because the chemical are not for human or dosages contained in the products is beyond safe level.
72. **Toxic Substances** - are chemicals contained in the products are toxic or poisonous to the body. The substances in the tobacco products therefore are toxic to the human body. The toxic substances in tobacco smoke include: Carbon monoxide, Nitrogen, Nicotine, Lactic acid, Phenol and Acetone.
73. **Vending Machine** - means a mechanical device that dispenses a tobacco product.
74. **Workplace** - means a place or vehicle, including locations attached or associated there with, used by a person during employment or work, whether for compensation or as a volunteer.