

Cook Islands
Tobacco Control Action Plan
2023-2031

Contents

Introduction	3
Background and current situation	4
Tobacco Control Action Plan	8
Objective 1	
To strengthen coordination of and enforcement capacity for tobacco control	10
Objective 2	
To increase awareness and empower the community to discourage tobacco use and encourage protection from exposure to second-hand smoke	13
Objective 3	
To reduce the accessibility and availability of, and demand for tobacco products	14
Objective 4	
To strengthen monitoring and evaluation of tobacco control interventions and surveillance of tobacco-related knowledge, attitudes, and behaviour	16

Introduction

Tobacco is a key modifiable risk factor of major non-communicable diseases (NCDs) and is a leading cause of premature death. Each year, 8.7 million people, including 1.3 million non-smokers, die due to tobacco around the world.ⁱ

In Cook Islands, nearly one fourth of all deaths are associated with tobacco.ⁱⁱ

The negative impact of tobacco goes beyond health: globally, more than US\$1.4 trillion is lost each year in healthcare costs and lost productivity; and tobacco poses environmental threats through greenhouse gas emissions, deforestation, waste and toxic chemicals it causes throughout its lifecycle. Tobacco, therefore, undermines social, economic and environmental development of the country.

The Cook Islands recognizes serious consequences of tobacco use and became a party to the WHO Framework Convention on Tobacco Control on 14 May 2004. The WHO Framework Convention on Tobacco Control (FCTC) provides a framework for evidence-based tobacco control measures to be implemented by Parties at the national, regional and international levels. In contrast to previous drug control treaties, the WHO FCTC encompasses demand reduction strategies as well as supply issues.

The Cook Islands, as a party to the WHO FCTC has obligations to implement tobacco control measures in line with this international treaty.

Te Marae Ora Ministry of Health Cook Islands (TMO) introduced *Ngaki'anga Kapiti Ora'anga Meitaki the Cook Islands Strategic Action Plan to Prevent and Control Non-Communicable Diseases 2021-2025* (the NCD Action Plan).

Tobacco control plays a key role in the implementation of the NCD Action Plan which includes key actions such as development of a tobacco control action plan, prevention of industry interference, and increasing excise tax on tobacco.

This action plan was drawn upon the NCD Action Plan, the CITAP 2012-2016 and other global, regional and national commitments on health and beyond, and reflects the country's sustained commitment in tobacco control.

Background and current situation

The Cook Islands' commitment in tobacco control has in fact resulted in several achievements to date. The Tobacco Control Act was enacted in June 2007 followed by its Regulations in 2008, which introduced a wide range of demand and supply reduction measures, including smoke-free public places, health warnings, and a ban of sales to minors under age 18 years among others. To date, the 2007 Act and the 2008 Regulations remain the only regulatory instruments on tobacco control, besides the Customs legislation.

In 2012, the Needs Assessment conducted jointly by the Government of Cook Islands and the Secretariat of the WHO Framework Convention on Tobacco Control confirmed that the Act and the Regulations were comprehensive, but at the same time, the report proposed specific recommendations for Cook Islands, to meet its obligation under the WHO FCTC.

Those recommendations included, among others, regular review, updates and enforcement of the Act and the Regulations, development of a multisectoral tobacco control action plan, and establishment of a multisectoral coordinating mechanism for tobacco control. Following this, the Cook Islands Tobacco Control Action Plan (CITCAP) 2012-2016 was introduced by TMO and through the CITCAP, the National Multisectoral Tobacco Control Committee was established.

Excise tax on tobacco products have increased over the years, and the latest data reported in the WHO report on the global tobacco epidemic 2019 indicates that excise tax accounted for 70% of the retail price of the most sold cigarettes in 2018.¹ The Cook Islands' tobacco cessation programme has been in place since 2014 and currently offers counseling support and free nicotine replacement therapy.

Summarised in Table 1 is the current status of the tobacco control demand-reduction measures in the Cook Islands.²

¹ WHO Report on the Global Tobacco Epidemic, 2019. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO.

² WHO report on the global tobacco epidemic 2021: addressing new and emerging products. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.

Table 1: Comparison of WHO recommendation and the current status in Cook Islands on selected tobacco control measures

Tobacco Control measures	WHO Recommendation	Current status in Cook Islands
Monitor tobacco use and prevention policies	Adult and youth surveys conducted at least every 5 years to generate nationally representative estimates of tobacco use	Census 2021 covers tobacco use among adults. However, youth data is from 2015 hence outdated
Smoke-free legislation	All public places ^a completely smoke-free	All public places smoke-free, except in workplaces occupied by one person only
Tobacco dependence treatment	National toll-free quit line, and cost-covered nicotine replacement therapy and cessation services available	Cost-covered nicotine replacement therapy and cessation services in place
Warning labels on tobacco packaging	Pictorial health warning covering at least 50% of the front and back of the package	Text-based health warning covering 50% of the front and back of the package
Anti-tobacco mass media campaigns	National campaign based on research involving journalists/TV/radio conducted and evaluated	No mass media campaign conducted between 2018 and 2020
Bans on tobacco advertising, promotion and sponsorship	Ban on all forms of direct and indirect advertising	All direct and indirect advertising banned, except the following: <ul style="list-style-type: none"> - Advertising at point of sale - Sponsorship contributions - Corporate social responsibility activities - Tobacco display at point of sale
Tobacco taxes	75+% of retail price is tax	70.3% of the retail sale price of the most sold cigarette brand is taxes

^a Public places should at least include: 1) health-care facilities; 2) educational facilities other than universities; 3) universities; 4) governmental facilities; 5) indoor offices and workplaces; 6) restaurants; 7) cafes, pubs and bars; and 8) public transport.

These complementary tobacco control measures in the Cook Islands appear to have made a positive effect on both adult and youth tobacco consumption; with both decreasing as depicted in Tables 2 and 3. Between 2004 and 2012, the prevalence of current tobacco smokers and daily tobacco smokers both declined by nearly 30%.

Table 2: Proportion of tobacco smokers among adults, age 25-64, Cook Islands STEPS Survey 2004 and 2013³

Adult	2004	2014
Current tobacco smoking	43.9 (40.0-47.9)	31.9 (29.5-34.3)
Daily tobacco smoking	33.3 (30.4-36.2)	24.4 (22.0-26.8)

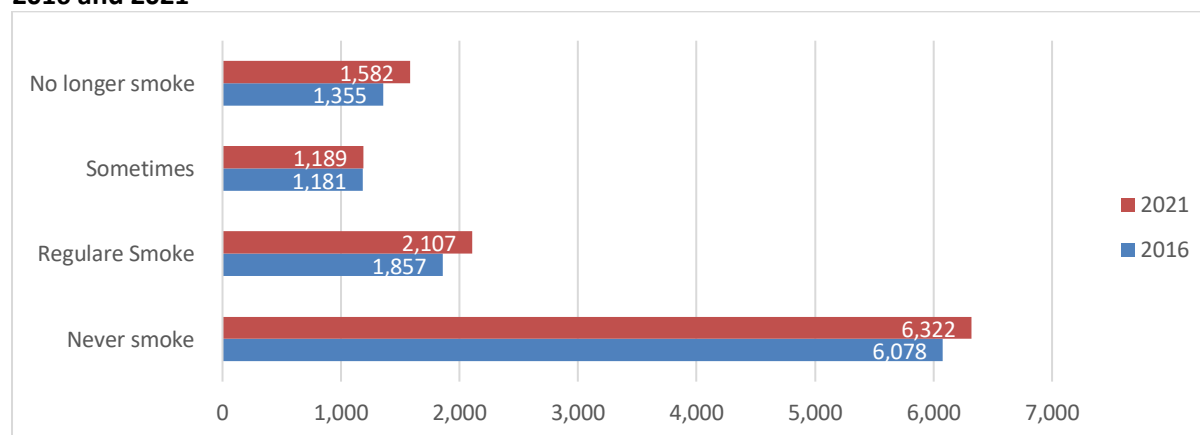
Table 3: Proportion of tobacco users among youth, age 13-15, Cook Islands Global Youth Tobacco Survey 2004, 2008 and 2015⁴

Youth	2003	2008	2016
Current tobacco use	45.1 (39.8-50.6)	35.1 (34.0 - 36.3)	21.5
Current cigarette smoking	45.1 (39.8-50.6)	30.0 (28.9-31.2)	17.5
Current smokeless tobacco use	N/A	8.7 (8.1-9.4)	3.0

However, the latest population census revealed an alarming situation. Since the last census in 2016, the proportion of tobacco smokers remained around 29%. However, the absolute number of tobacco smokers increased from 3,038 to 3,296 (Figure 1). In addition, anecdotal evidence indicate that e-cigarette use is spreading rapidly among young people.

Furthermore, a recent analysis of the tobacco cessation service usage indicated a major decline in the number of patients provided with the cessation support in health care facilities (Figure 3).

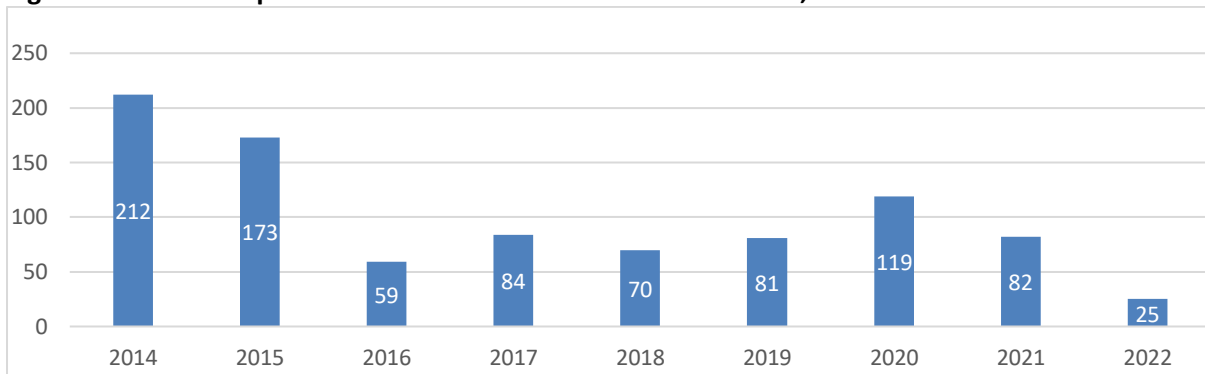
Figure 1: Tobacco smoking among the population in Cook Islands, Cook Islands Population Census 2016 and 2021



³ Cook Islands STEPS Survey (adults ages 25-64 years)

⁴ Global Youth Tobacco Survey (students ages 13-15 years)

Figure 2: Number of patients attended tobacco cessation services, 2014-2022



These recent data underline the need to further strengthen tobacco control efforts in the Cook Islands. The COVID-19 stalled much of the activities in the NCD arena. In the meantime, tobacco epidemic has evolved over the years, with an emergence and rapid uptake of e-cigarettes and other forms of highly engineered tobacco and nicotine products. With strategic actions outlined in this action plan, the Cook Islands aims to strengthen collaboration across stakeholders and further accelerate the reduction in tobacco.

Tobacco Control Action Plan

Purpose

The purpose of this action plan is to outline Te Marae Ora Ministry of Health Cook Islands strategies and actions and guide actions by other sectors to protect the population from tobacco use – a key preventable risk factor to NCDs. This action plan aims to complement the implementation of the Cook Islands Strategic Action Plan to Prevent and Control Non-Communicable diseases 2021-2025.

Goal

The goal of this action plan is:

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

The Tobacco Control Action Plan is expected to facilitate progress towards the goal by creating an enabling environment to reduce demand and supply of tobacco products. Successful implementation of the Action Plan will lead to reduction in tobacco use prevalence which eventually results in reduced mortality and morbidity as well as other costs associated with tobacco use.

Overall target

To reduce prevalence of current tobacco use among adults and youths by 30% by 2031 from the baseline of 2021.

Objectives

1. To strengthen coordination of and enforcement capacity for tobacco control
2. To increase awareness and empower the community to discourage tobacco use and encourage protection from exposure to second-hand smoke
3. To reduce the accessibility and availability of, and demand for tobacco products and related products
4. To strengthen monitoring and evaluation of tobacco control interventions and surveillance of tobacco-related knowledge, attitudes, and behavior

Term

This action plan will span from 2023 to 2031. A mid-term review will be undertaken in 2026 to assess the progress of implementation and to ensure alignment with the next Cook Islands National Health Strategy and the *Ngaki'anga Kapiti Ora'anga Meitaki - The Cook Islands Strategic and Action plan to prevent and control non-communicable diseases*. An end-of-term review will be undertaken by 2031 to inform the development of the next Tobacco Control Action Plan.

Oversight

The National Multisectoral Tobacco Control Committee, as established through the Cook Islands Tobacco Control Action Plan 2012-2016, will provide oversight to the implementation of this action plan.

The Committee is comprised of representatives from:

1. Director of Public Health
2. Ministry of Finance and Economic Management
3. Ministry of Education
4. Religious Advisory Council
5. National Youth Council
6. Tourism
7. Two Non- Government Agency
8. Tobacco free island Atiu⁵
9. Ex-officio members: Four representatives of Te Marae Ora Ministry of Health Cook Islands (Secretary of Health; Manager Health Promotion; Manager Health Protection; Supervisor Health Information Systems).

Building onto its contributions to date, the Committee will continue to be secretariat supported by TMO to:

- Oversee and guide the implementation of this action plan
- Undertake an end-of-term review of this action plan in 2025
- Advise the development of the next action plan.

⁵ Thereafter any Pa Enea island where the Smokefree island initiative is established

Objective 1: To strengthen coordination of and enforcement capacity for tobacco control

Action	Indicator	Baseline	Target	Timeframe	Output	Outcome	Responsible
Develop standard operating procedures (SOP) for tobacco control enforcement	SOP published	0	1	2024	SOP on enforcement activities	Clearer understanding of enforcement protocols among authorized officers	Health Protection Manager
Participate in south-south collaboration with another Pacific Island country	Information exchange through workshop/site visit	0	1	2024	Plan of actions on how to apply lessons learnt from another Pacific Island country to the Cook Islands context	Enforcement mechanism strengthened	Health Protection Manager
Conduct training of authorized officers <ul style="list-style-type: none"> Develop a training package based on the tobacco control enforcement SOP Convene annual trainings 	Number of training	0	8	2023	Appointment of authorized officers for tobacco control enforcement	Increased capacity for tobacco control enforcement	Health Protection Manager and Health Promotion Manager
Establish Agreement of Cooperation (AoC) with the Customs to strengthen tobacco control enforcement <ul style="list-style-type: none"> Conduct cross training between health and customs on border control and tobacco control 	AoC signed	0	1	2023	Coordination mechanisms between TMO and the Customs established	Improved coordination and effective enforcement activities between TMO and Customs	Policy and Planning Manager
	Number of cross training	0	4				Health Protection Manager
	Number of meetings	0	14				

<ul style="list-style-type: none"> ○ Biannual information exchange meetings 							
<ul style="list-style-type: none"> ○ Establish AoC with the Cook Islands Tourism Corporation to promote tobacco-free tourism ○ Workshop between health and tourism on tourism and tobacco control ○ Annual information exchange meetings 	<p>AoC signed</p> <p>Number of workshop</p> <p>Number of meetings</p>	<p>0</p> <p>0</p> <p>0</p>	<p>1</p> <p>1</p> <p>8</p>	2024	Coordination mechanisms between TMO and the Cook Islands Tourism Corporation established	<p>Improved coordination and effective enforcement and promotional activities between TMO and tourism</p>	<p>Policy and Planning Manager</p> <p>Health Protection Manager</p>
<ul style="list-style-type: none"> ○ Engage civil society and community representatives, including those from Pa Enuā in tobacco control ○ Extend smoke-free island to one island. When successful extend to other islands ○ Outreach events and collaborative implementation workshops 	<p>Number of new smoke-free village/island</p> <p>Number of civil society and community representative engaged</p>	<p>0</p> <p>0</p>	<p>1</p> <p>2</p>	2023 -2030	<p>Smoke-free village/island declaration</p> <p>Outreach events and workshops where civil society and community representative are engaged</p>	<p>Smoke-free settings expanded</p> <p>Inclusive decision making in tobacco control</p> <p>Stronger collaboration with and support from civil society and community stakeholders</p>	Health Promotion Manager
<ul style="list-style-type: none"> ○ Prevent tobacco industry interference. ○ Establish conflict of interest registers for NCD taskforce and Vaka committees 	Conflict of interest registered for NCD taskforce	0	1	2023	Conflict of interest register	<p>Effective management of tobacco industry interference</p> <p>Increased awareness of tobacco industry</p>	Policy and Planning Manager

<ul style="list-style-type: none"> ○ Propose inclusion of prevention of tobacco industry interference in the public service manual (code of conduct and other relevant sections) ○ Monitor tobacco industry interference using WHO's Pacific Tobacco Industry Interference Index 	<p>and Vaka committees.</p> <p>Prevention of tobacco industry interference included in the public service manual</p> <p>The Pacific Tobacco Industry Interference Index completed</p>	<p>0</p> <p>0</p>	<p>1</p> <p>1</p>	<p>2025</p> <p>2023</p>	<p>Public service manual addressing tobacco industry interference</p> <p>Existing tobacco industry interference identified</p>	<p>interference among public servants</p>	
<p>Enhance collaboration with multi sectoral partners</p> <ul style="list-style-type: none"> ○ Hold biannual meetings of the Multi sectoral Tobacco Control Committee 	<p>Number of the Multi sectoral Tobacco Control Committee meetings</p>	<p>0</p>	<p>16</p>	<p>2023</p>	<p>Multi sectoral Tobacco Control Committee</p>	<p>Improved understanding of tobacco control plans, needs and issues and collaboration among stakeholders</p>	<p>Health Promotion Manager</p>

Objective 2: To increase awareness and empower the community to discourage tobacco use and ensure protection from exposure to second-hand smoke

Action	Indicator	Baseline	Target	Timeframe	Output	Outcome	Responsible
<p>Develop a communication plan to address priority issues on tobacco control</p> <p>Develop information packages (example information package on e-cigarettes, policy brief on tobacco taxes. Topics and needs may be identified through the multi-sectoral committee meetings. tailored to target audience to address tobacco control issues)</p> <ul style="list-style-type: none"> ○ Hold a stakeholder workshop to formulate the communication plan as well as capacity building training on a communication for Health approach 	Communication plan adopted	0	1	2024	Communication plan	Communication activities are streamlined and impact-oriented	Communications and Health Promotion Manager
<p>Develop and implement a biennial advocacy campaign(s) in line with the communication plan to:</p> <ul style="list-style-type: none"> ○ Raise awareness about the tobacco control measures 	Number of communication campaigns	0	8	2024	Tailored communication campaigns	<p>Improved awareness on the harms of tobacco use and tobacco control measures</p> <p>Increased support for tobacco control</p>	Policy and Planning Manager, Health Promotion Manager

○ Raise awareness about the harms of tobacco use and about the services available to help people quit							
---	--	--	--	--	--	--	--

Objective 3: To reduce the accessibility and availability of and demand for tobacco products

Action	Indicator	Baseline	Target	Timeframe	Output	Outcome	Responsible
Amend tobacco control legislation and regulations to further comply with the WHO FCTC ⁶ , by strengthening or introducing the following: <ul style="list-style-type: none"> ○ Smoke-free environments ○ Graphic health warnings ○ Advertising and display at point of sale ○ Complete ban on sponsorship ○ Ban on tobacco manufacture ○ Ban on electronic Nicotine (and Non Nicotine) Delivery Systems (ENDS/ENNDS) ○ Ban on internet sales ○ Minimum age for sale ○ Licensing 	Amendments adopted.	0	1	2024	Amendments	Stronger tobacco control laws in place	Director Public Health
	Accompanying regulations adopted	0	1		Regulations		
Increase excise tax on all tobacco products	Proportion of taxes in retail sale price of most-sold brand of cigarettes.	70%	75+%	2023	Proposal to increase excise tax on tobacco products	Reduced affordability of tobacco Increased funding for health and tobacco control programmes.	Chief Customs Officer

⁶ Please refer to additional recommendations in the mid-term review of the first Tobacco Control Action Plan

Advocate for the reduction of duty free concession	Advocacy activities implemented	0	1	2024	Advocacy activities including meetings, policy brief	Reduced availability of duty-free tobacco	Chief Customs Officer
Expand availability of tobacco cessation services <ul style="list-style-type: none"> ○ Introduce Cook Islands national guidelines on tobacco cessation ○ Convene biennial training for primary healthcare providers and community stakeholders 	Tobacco cessation guidelines in place	0	1	2023	Tobacco cessation guidelines	Tobacco cessation services integrated into primary health care systems and communities supported	Health Promotion Manager
	Number of training conducted	0	4		Trained primary health care providers and community stakeholders		
	Proportion of primary healthcare providers trained	?	?				
	Proportion of patients who use tobacco and received tobacco cessation support (ABC)	?	100%				
Develop a programme to provide tobacco cessation services to civil servants in government agencies	Tobacco cessation pathway specific to civil servants established	0	1	2023	Tobacco cessation pathway for civil servants	Reduced number of tobacco users among civil servants	Health Promotion Manager

Objective 4: To strengthen monitoring and evaluation of tobacco control interventions and surveillance of tobacco-related knowledge, attitudes, and behavior

Action	Indicator	Baseline	Target	Timeframe	Output	Outcome	Responsible
Monitor and evaluate the impact of tobacco control measures, such as: <ul style="list-style-type: none"> ○ expanded smoke free places on patronage ○ tax increase ○ cessation services on quitting ○ campaigns on knowledge, attitudes, and behavior 	Impact assessment/ evaluation conducted	0	1	Annually	Reports Factsheets Communication materials highlighting the outcome	Data to demonstrate achievements and gaps available	Policy and Planning Manager
Strengthen surveillance on tobacco use and tobacco control measures <ul style="list-style-type: none"> ○ Conduct Global School-based Health Survey and/or Global Youth Tobacco Survey at least every five years ○ Convene a data to action workshop ○ Suggest this instead of the STEPS data dissemination. Data to action workshop focuses on reviewing the available data, interpreting them, and strategically plan how those data can be used to enable policy action 	Repeat GSHS/GYTS conducted, and results disseminated.	0 0	2 1	2023	Survey reports Factsheets Communication materials highlighting the results.	Data to demonstrate achievements and gaps available	Policy and Planning Manager and TMO Research Committee

or for a behavior change.							
Report against regional and global targets such as: <ul style="list-style-type: none"> ○ the WHO FCTC ○ the Western Pacific Region's Tobacco Control Regional Action Plan ○ the Monitoring Alliance for NCD Action (MANA) dashboard 	Number of reporting submitted	0	2	2023	Comparable data on tobacco control status	Progress in tobacco control made visible	Policy and Planning Manager
		0	2				
		0	1				

ⁱ Global burden of 87 risk factors in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *Lancet*. 2020;396(10258):1223–1249.

ⁱⁱ Institute for Health Metrics and Evaluation.