PHASE 2 (GROUP 2 QUESTIONS) OF THE REPORTING INSTRUMENT UNDER THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

1. ORIGIN OF THE REPORT

1.1	NAME OF CONTRACTING PARTY	New South Wales
1.2	Information on national contact respons	sible for preparation of the report:
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	Full name of institution	
	Mailing address	
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	Web page	
1.4	Period of reporting	
1.5	Date the report was submitted	

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

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

2.1	PREVALENCE (OF TOBACCO USE				
2.1.1	Smoking prevalence in the adult population (all)					
	(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see 2.1.1.2)					
		Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most- consumed smoking tobacco product used per day			
	MALES					
	Current smokers	%				
	Daily smokers	%				
	Occasional smokers	%				
	Former smokers	%				
	Never smokers	%				
	FEMALES					
	Current smokers	%				
	Daily smokers	%				
	Occasional smokers	%				
	Former smokers	%	_			
	Never smokers	%				
	TOTAL (males and f	females)				
	Current smokers	%				
	Daily smokers	%				
	Occasional smokers	%				
	Former smokers	%				
	Never smokers	%				

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:
2.1.1.3	Please indicate the year and source of the data used to answer question 2.1.1:
2.1.1.4	Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report.
2.1.1.5	Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past three years or since submission of your last report.

2.1.2	(If data are avail	able, please prov	population (by age groups) ide prevalence data by age group, and identify the age 0-year categories, e.g. 25-34, 35-44 years)
		Age group (adults)	Prevalence (%) (please include all smoking tobacco products in prevalence data)
	MALES		
	Current smokers ¹		%
	_		%
	Add age group		%
			%
			%
	FEMALES		
	Current smokers ¹		%
	-		%
	Add age group		%
	Add ago group		%
			%
	TOTAL (male	s and females)	
	Current smokers ¹		%
	SHORUS		%
			%
	Add age group		%
			%

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

2.1.2.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.2:
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:
2.1.2.3	Please provide a brief explanation of the trend in current smoking prevalence by age group in the past three years or since submission of your last report, if data are available.

Prevalence of smol	keless tobacco use in the adult population (all)
	revalence data for total adult population, and identify the age 2, e.g. 15 years old and over, 18–64 years; see 2.1.3.2)
	Prevalence (%) (please include all smokeless tobacco products in prevalence data)
MALES	(pieuse include dii smokeless lobacco products in prevalence dala)
Current users	%
Daily users	%
Occasional users	%
Former users	%
Never users	%
FEMALES	
Current users	%
Daily users	%
Occasional users	%
Former users	%
Never users	%
TOTAL (males and	females)
Current users	%
Daily users	%
Occasional users	%
Former users	%
Never users	%

2.1.3.1	Please indicate the smokeless tobacco products included in calculating prevalence for question 2.1.3:
2.1.3.2	Please indicate the age range to which the data used to answer question 2.1.3 refer:
2.1.3.3	Please indicate the year and source of the data used to answer question 2.1.3:
2.1.3.4	Please provide the definitions of "current user", "daily user", "occasional user", "former user" and "never user" (of smokeless tobacco products) used in this report in the space below.
2.1.3.5	Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past three years or since submission of your last report.

2.1.4	Prevalence of sm group	okeless tobacco use in th	e adult population (current users) by age
			tence data by age group, and identify the age tegories, e.g. 25-34, 35-44 years)
		Age group (adults)	Prevalence (%) (please include all smokeless tobacco products in prevalence data)
	MALES		
	Current users ²		%
	Add age group		%
			%
			%
			%
	FEMALES		
	Current users ²		%
	Add age group		%
			%
			%
			%
	TOTAL (males	and females)	
	Current users ²		%
	Add age group		%
			%
			%
			%

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

2.1.4.1	Please indicate the smokeless tobacco products included in the answer to question 2.1.4:
2.1.4.2	Please indicate the year and source of the data used to answer question 2.1.4:
2.1.4.3	Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past three years or since submission of your last report.

2.1.5	Tobacco use	by ethnic group	(s)		
		Ethnic group(s)	Prevalence (%) (please include all smoking or smokeless tobacco products in prevalence data)		
			Males	Females	Total (males and females)
	Current users ³		%	%	%
			%	%	%
	Add ethnic group		%	%	%
			%	%	%
			%	%	%
2.1.5.1	Please in	dicate the tobacc	co products included	in the answer to qu	uestion 2.1.5:
2.1.5.2	Please in	dicate the age rar	nge to which the data	used to answer qu	estion 2.1.5 refer:
2.1.5.3	Please in	dicate the year a	nd source of the data	used to answer qu	estion 2.1.5:

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

		Age range	Prevalence (%) (please include all smoking or smokeless tobacco products in prevalence data)		
			Smoking tobacco	Smokeless tobacco	Other tobacco (e.g. water pipe
	Boys				
	Current users ⁴		%	%	%
	Add youth		%	%	%
	group		%	%	%
			%	%	%
			%	%	%
	Girls				
	Current users ⁴		%	%	%
	Add youth		%	%	%
	group		%	%	%
			%	%	%
			%	%	%
	TOTAL (b	oys and girls)			
	Current users ⁴		%	%	%
	Add youth		%	%	%
	group		%	%	%
			%	%	%
			%	%	%
1.6.1	Please i		acco products included	in calculating pre	evalence for

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

2.1.6.2	Please indicate the year and source of the data used to answer question 2.1.6:
2.1.6.3	Please provide the definition of "current smoking/tobacco use" used to answer question 2.1.6 in the space below.
2.1.6.4	Please provide a brief explanation of the trend in tobacco use by young persons in the past three years or since submission of your last report.

2.2	EXPOSURE TO TOBACCO SMOKE
2.2.1	Do you have any data on exposure to tobacco smoke in your population? ⊠Yes ☐No
2.2.2	If you answered "Yes" to question 2.2.1, please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).
	Data on persons living in smoke-free households and smoke-free cars in NSW are available by age, location, socioeconomic disadvantage and cultural background. Data are produced by the NSW Department of Health.
	Adult smoke-free homes data - 2008
	Just under 9 in 10 adults (16 years and over) live in smoke-free homes. Generally, the proportion of adults who live in smoke-free homes increases with age and decreases with socioeconomic disadvantage. There is no significant difference between rural and urban health areas. Since 1997, there has been a significant increase in the proportion of adults who live in smoke-free homes (69.7 per cent to 89.5 per cent). The increase has been significant in all age groups, quintiles of socioeconomic disadvantage, and urban and rural health areas. Since 2007, there has been no significant change in the proportion of adults who live in smoke-free homes; however, there was a significant increase in the first or least disadvantaged quintile.
	Child smoke-free homes data - 2006
	90.9 per cent of children (15 years and under) live in smoke-free homes. A significantly lower proportion of children aged 9-15 years (88.2 per cent) live in smoke-free homes, compared with children aged 0-8 years (93.3 per cent). A significantly higher proportion of children in the 3 least disadvantaged quintiles (96.7 per cent and 94.1 per cent and 93.1 per cent), and a significantly lower proportion of children in the 2 most disadvantaged quintiles (88.0 per cent and 81.8 per cent), live in smoke-free homes. There is no significant variation between urban areas and rural areas. The proportion of children aged 0-15 years living in smoke-free homes increased significantly between 2001-2002 (84.8 per cent) and 2005-2006 (90.9 per cent).
	Child smoke-free cars data - 2006
	Overall, 91.5 per cent of parents or carers of children 0-15 years have smoke-free cars. A significantly lower proportion of parents or carers of

children aged 9-15 years (90.3 per cent) have smoke-free cars, compared with parents or carers of children aged 0-8 years (92.7 per cent). A significantly higher proportion of parents or carers in the least disadvantaged quintile (94.2 per cent), and a significantly lower proportion in the second most disadvantaged quintile (88.5 per cent), have smoke-free cars. A significantly higher proportion of mothers from a non English speaking background (93.5 per cent) compared with mothers from an English speaking background (91.0 per cent), have smoke-free cars. There is no significant variation between urban areas and rural areas. The proportion of parents or carers with smoke-free cars has not varied significantly between 2003-2004 and 2005-2006. Smoking during pregnancy data - 2006 Overall, 12.1 per cent of mothers of infants 0-11 months smoked during pregnancy. There is no significant variation by socioeconomic status, between rural areas and urban areas, among health areas, or mothers' characteristics. Of those mothers who smoked during pregnancy, 53.1 per cent reduced the amount of tobacco they smoked, 19.4 per cent tried to give up smoking but were unsuccessful, and 27.5 per cent successfully gave up smoking. The proportion of mothers of infants 0-11 months who smoked during pregnancy has not varied significantly between 2001-2002 and 2005-2006; however, it has decreased significantly in rural areas (from 21.1 per cent to 11.7 per cent). 2.2.3 Please indicate the year and source of the data used to answer question 2.2.1: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health. http://www.health.nsw.gov.au/publichealth/surveys/hsa/08summary.asp New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health. http://www.health.nsw.gov.au/publichealth/surveys/hsc/0506.asp

2.3	TOBACCO-RELATED MORTALITY
2.3.1	Do you have information on tobacco-related mortality in your population? Yes No
2.3.2	If you answered "Yes" to question 2.3.1, what is the estimated total number of deaths attributable to tobacco use in your population?
2.3.3	If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.
2.3.4	Please indicate the year and source of the data used to answer questions 2.3.2 and 2.3.3, and please submit a copy of the study you refer to:

2.4	TOBACCO-RELATED COSTS
2.4.1	Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society? Yes No
2.4.2	If you answered "Yes" to question 2.4.1, please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).
2.4.3	Please indicate the year and source of the data used to answer question 2.4.2, and please submit a copy of the study you refer to:

2.5	SUPPLY OF TOBACCO AND TOBACCO PRODUCTS					
	(with reference to Articles 6.2(b), 20.4(c), and 15.5)					
2.5.1	.1 Licit supply of tobacco products					
		Product	Unit (e.g. pieces, tonnes)	Domestic production	Exports	Imports
	Smoking tobacco products Add product					
	Smokeless tobacco products Add product					
	Other tobacco products Add product	•	8		8	
	Tobacco	Leaves				
2.5.2	Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.				uct, unit,	
2.5.3	Please indicate the year and source of the data used to answer questions 2. 2.5.2:			2.5.1 and		

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS					
	(with r	eference to Arti	cle 15.5)			
2.6.1		Year	Product	Unit (e.g. millions of pieces)	Quantity seized	
	Smoking tobacco					
	products Add row					
	Smoking tobacco products					
	Add row					
	Smoking tobacco					
	products					
	Add row					
2.6.2	Do you have any information on the percentage of smuggled tobacco products on the national tobacco market? Yes No					
2.6.3	If you answered "Yes" to question 2.6.2, what percentage of the national tobacco market do smuggled tobacco products constitute?					
2.6.4	is the percer	If you answered "Yes" to question 2.6.3 and you have information available, what is the trend over the past three years or since submission of your last report in the percentage of smuggled tobacco products in relation to the national tobacco market?				
2.6.5	Please provide any further information on illicit or smuggled tobacco products.					
2.6.6	Please indicate the source of the data used to answer questions in section 2.6:					
				<u>-</u>		
2.7		CCO-GROWI				
2.7.1	Is there any tobacco-growing in your jurisdiction? Yes No					
2.7.2	If you answered "Yes" to question 2.7.1, please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.					
2.7.3	Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.					

2.7.4	Please indicate the year and source of the data used to answer questions in section 2.7:

2.8	TAXATION OF TOBACCO PRODUCTS				
	(with reference to	Articles 6.2(a)	and 6.3)		
2.8.1	What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))?				
2.8.2	How are the excis	se taxes levied (w	hat types of taxe	s are levied)?	
	• Specif	ic tax only		Yes	☐ No
	Ad val	lorem tax only		Yes	☐ No
	• Comb	ination of specific	c and ad valorem	taxes Yes	☐ No
	• More	complex structure	e (please explain	:)	
2.8.3	If available, please provide details on the rates of taxation for tobacco products a all levels of Government and be as specific as possible (specify the type of tax, e VAT, sales, import duties)				
		Product	Type of tax	Rate or amount	Base of tax ⁵
	Smoking tobacco products				
	Add product				
	Smokless tobacco products				
	Add product				
	Other tobacco products				
	Add product				
2.8.4				 	
	three years or since submission of your last report in your jurisdiction.				

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

2.8.5	Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction? Yes No (In reference to Article 26)
2.8.6	If you answered "Yes" to question 2.8.5, please provide details in the space below.
2.8.7	Please indicate the year and source of the data used to answer questions 2.8.1 to 2.8.6:

2.9	PRIC	CE OF TOBACC	O PRODUCT	S		
	(with	reference to Arti	cle 6.2(a))			
2.9.1		se provide the retail prices of the three most widely sold brands of domestic mported tobacco products at the most widely used point of sale in your capital				
		Most Smoking tobacco products	widely sold bra Smokeless tobacco products	Other tobacco products	Number of units or amount per package	Retail price
	Domestic					
	Imported					

2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.
2.9.3	Please provide the currency used to complete the "Rate or amount" section of question 2.8.3 and the "Retail price" section of question 2.9.1. If known, please provide the exchange rate of this currency to US dollars as well as the date of this exchange rate.
2.9.4	Please briefly describe the trend in the prices of tobacco products in the past three years or since submission of your last report in your jurisdiction.

3. LEGISLATION, REGULATION AND POLICIES

3.1	Article	e GENERAL OBLIGATIONS			
		(with reference to Article 5)			
3.1.1	5	General obligations			
3.1.1.1	5.1	Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?	Yes	□ No	
3.1.1.2	5.1	If you answered "No" to question 3.1.1.1, have you partially developed and implemented tobacco control strategies by including tobacco control in national health, public health or health promotion strategies, plans and programmes?	Yes	□ No	
3.1.1.3	5.1	If you answered "No" to question 3.1.1.2, is any aspect of tobacco control that is referred to in the Convention included in any national strategy, plan or programme?	Yes	□ No	
3.1.1.4	5.2(a)	Have you established or reinforced and finance	ed		
		a focal point for tobacco control	Yes	☐ No	
		a tobacco control unit	Yes	☐ No	
		 a national coordinating mechanism for tobacco control 	Yes	☐ No	
3.1.1.5	If you answered "Yes" to any of the questions under 3.1.1.4, please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).				
3.1.1.6	Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (<i>General obligations</i>) in the past three years or since submission of your last report.				
3.1.1.7		u have any relevant information pertaining to but note provide details in the space below.	ot covered in	this section,	

3.1.2	5.3	Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry				
		(Please check "Yes" or "No". For affirmativ summary in the space provided at the end of relevant documentation. Please provide docu the six official languages.)	the section and att	ction and attach the		
	Have you adopted and implemented, where appropriate, legislative, execut administrative or other measures or have you implemented, where appropriate, programmes on any of the following:					
3.1.2.1		 protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry? 	Yes	□ No		
3.1.2.2		 ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository? 	☐ Yes	□ No		
3.1.2.3		If you answered "Yes" to any of the questions under 3.1.2.1 or 3.1.2.2, please provide details in the space below.				
3.1.2.4		Please provide a brief description of the progress made in implementing Article 5.3 in the past three years or since submission of your last report.				
3.1.2.5		If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				

3.2	Article	MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO (with reference to Articles 6–14)			
3.2.1	6	Price and tax measures to reduce the den (Please check "Yes" or "No". For affirmate brief summary in the space provided at the relevant documentation. Please provide doc of the six official languages.)	ive answers, please end of the section	se provide a and attach the	
		Have you adopted and implemented, where executive, administrative or other measures where appropriate, programmes on any of the	s or have you implemented,		
3.2.1.1	6.2(a)	 tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption? 	Yes	□ No	
3.2.1.2	6.2(b)	 prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products? 	Yes	□ No	
3.2.1.3		 prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products? 	Yes	□ No	
3.2.1.4	Please provide a brief description of the progress made in implementing Article 6 (<i>Price and tax measures to reduce the demand for tobacco</i>) in the past three years or since submission of your last report.				
3.2.1.5	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				

3.2.2	2.2 Protection from exposure to tobacco smoke				
	(Please check "Yes" or "No". For affirmative answers, please provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, the six official languages.)				
		Have you adopted and implemented, what administrative or other measures or have appropriate, programmes on any of the	e you implement		executive,
3.2.2.1		 protection from exposure to tobacco smoke in indoor workplaces? 	X Yes		☐ No
3.2.2.2		If you answered "Yes" to question 3.2.2.1, how comprehensive is the protection from exposure to tobacco smoke in the following indoor workplaces:	Complete	Partial	None
		government buildings	\boxtimes		
		health-care facilities	\boxtimes		
		educational facilities	\boxtimes		
		private workplaces			
		motor vehicles used as places of work (e.g., ambulances, delivery vehicles)		\boxtimes	
		• other (please specify:)			
3.2.2.3		 protection from exposure to tobacco smoke in public transport? 	⊠ Yes		☐ No
3.2.2.4		If you answered "Yes" to question 3.2.2.3, how comprehensive is the protection from exposure to tobacco smoke in the following types of public transport:	Complete	Partial	None
		• airplanes			
		• trains	\boxtimes		
		 ground public transport (buses, trolleybuses, trams) 			
		• taxis	\boxtimes		
		• other (please specify:)			

3.2.2.5	 protection from exposure to tobacco smoke in indoor public places? 	⊠ Yes		☐ No	
3.2.2.6	If you answered "Yes" to question 3.2.2.5, how comprehensive is the protection from exposure to tobacco smoke in the following indoor public places:	Complete	Partial	None	
	cultural facilities				
	• bars		\boxtimes		
	• nightclubs		\boxtimes		
	• restaurants				
	• other (please specify:)				
3.2.2.7	Please provide a brief summary of comp specific details of the partial measures the				
	Protection from exposure to tobacc	o smoke in indo	or workpl	aces	
	Under the Smoke-free Environmer prohibited in all enclosed public public place' may be partly outden nightclubs and the casino (with area) have been smoke-free since Environment Act 2000 defines at that is open to or being used by public, whether on payment of a club or other body, or otherwise Clause 6 of the Smoke-free Environment Free Enviro	e places in NSW oor and partly in the exception of the 2 July 2007. In a public place at the public or a money, by virtuese.	V (note ar indoor). For the prival of the pr	Pubs, clubs, ate gaming ke-free or vehicle f the abership of	
	smoking is permitted, such as getthe Smoke-free Environment Actake reasonable steps to prevent places, for example balconies areas.	ct 2000 also required smoke drifting	quires pro	prietors to enclosed	

In areas where smoking is not prohibited under the Smoke-free Environment Act 2000, employers are not discharged from their other legal obligations to employees, including obligations under the Occupational Health and Safety Act 2000. This Act is

http://www.health.nsw.gov.au/publichealth/healthpromotion/tobac co/legislation.asp.

The '1999 NSW Health Smoke Free Workplace Policy' aims to prohibit smoking in all buildings, vehicles and property controlled by NSW Health by mandating that all hospital campuses under the control of NSW Health be totally smoke-free. All NSW Health campuses are in the process of implementing the 'NSW Health Smoke Free Workplace Policy'. A link to the Policy can be found on the NSW Health website:

 $http://www.health.nsw.gov.au/policies/PD/2005/PD2005_375.html$

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In 2009, additional guidance for Area Health Services wishing to facilitate the implementation of the 'NSW Health Smoke Free Workplace Policy' in NSW public hospital and residential mental healthcare facilities and drug and alcohol facilities utilised by mental healthcare consumers was released. The '2009 Guidance for Implementing Smoke-free Mental Health Facilities in NSW' draws on the current evidence base around implementing smoke-free policies for mental healthcare facilities and promotes the active engagement of consumers, their families and carers and all staff of mental healthcare facilities and services in the implementation process. A link to the Guidance document can be found on the NSW Health website:

http://www.health.nsw.gov.au/policies/gl/2009/GL2009_014.html.

Surveys have been undertaken to assess the uptake and barriers to implementation of the' NSW Health Smoke Free Workplace Policy' and the 'Guidance for Implementing Smoke-free Mental Health Facilities in NSW' across NSW public hospitals and mental health care facilities.

All Federal and State Government offices in NSW have been smoke-free since 1988.

NSW Government schools have been smoke-free since 1988 (by policy).

Enclosed public places in colleges and universities are smoke-free (under the Smoke-free Environment Act 2000).

• Protection from exposure to tobacco smoke in public transport

Under the Smoke-free Environment Act 2000, smoking is prohibited in all enclosed public places in NSW. Schedule 1 of the Act provides examples of places that are smoke-free if they are enclosed public places, these include: trains, buses, trams, aeroplanes, taxis and hire cars, and ferries and other vessels.

Protection from exposure to tobacco smoke in indoor public places

Under the Smoke-free Environment Act 2000, smoking is prohibited in all enclosed public places in NSW. The legislation

	also requires occupiers to take reasonable steps to prevent smoke caused by smoking in outdoor areas from drifting into smoke-free areas.	
	Under the Smoke-free Environment Act 2000 all enclosed areas of pubs, clubs, nightclubs and the casino (with the exception of the private gaming area) have been smoke-free since 2 July 2007. Smoking is permitted in the private gaming areas at Star City Casino, not including areas used substantially for gaming machines. This exception is reviewed every 12 months to maintain parity with interstate casinos and is reported to the NSW Parliament.	
3.2.2.8	Please provide a brief description of the progress made in implementing Article 8 (<i>Protection from exposure to tobacco smoke</i>) in the past three years or since submission of your last report.	
	In addition to the progress described above, since 1 July 2007 enclosed public places within licensed premises including pubs, cubs and hotels have been required to comply with the Smoke-free Environment Act 2000, resulting in a significant improvement in protection from exposure to tobacco smoke in these premises since 2007.	
	Further, from 1 July 2009, smoking in a car with a child under 16 years of age present became an offence under the Public Health (Tobacco) Act 2008. A \$250 on the spot fine applies to the driver and any passenger who breaks the law and this is enforced by NSW Police. A link to the Public Health (Tobacco) Act 2008 can be found on the NSW Health website http://www.health.nsw.gov.au/publichealth/healthpromotion/tobacco/legislat ion.asp.	
3.2.2.9	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.	

9	Regulation of the contents of tobacco prod	ucts	
	(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)		
	administrative or other measures or have you	implemented, wh	
	 testing and measuring the contents of tobacco products? 	☐ Yes	☐ No
	 testing and measuring the emissions of tobacco products? 	Yes	☐ No
	 regulating the contents of tobacco products? 	Yes	☐ No
	 regulating the emissions of tobacco products? 	Yes	☐ No
Please provide a brief description of the progress made in implementing Article 9 (Regulation of the contents of tobacco products) in the past three years or since submission of your last report.			
	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.		
	F (d. s.	(Please check "Yes" or "No". For affirmative summary in the space provided at the end of relevant documentation. Please provide and implemented, where a administrative or other measures or have you appropriate, programmes on any of the following appropriate, programmes on any of the following the contents of tobacco products? - testing and measuring the emissions of tobacco products? - regulating the contents of tobacco products? - regulating the emissions of tobacco products? Please provide a brief description of the progress in (Regulation of the contents of tobacco products) in submission of your last report.	(Please check "Yes" or "No". For affirmative answers, please summary in the space provided at the end of the section and at relevant documentation. Please provide documentation, if available six official languages.) Have you adopted and implemented, where appropriate, legisla administrative or other measures or have you implemented, where appropriate, programmes on any of the following: - testing and measuring the contents of tobacco products? - testing and measuring the emissions of tobacco products? - regulating the contents of tobacco Yes products? - regulating the emissions of tobacco Yes products? Please provide a brief description of the progress made in implement (Regulation of the contents of tobacco products) in the past three yes submission of your last report.

3.2.4	10	Regulation of tobacco product disclosures			
	(Please check "Yes" or "No". For affirmative answers, please provided at the end of the section and attach to relevant documentation. Please provide documentation, if available the six official languages.)				
	tive, executive, ere				
3.2.4.1		 requiring manufacturers or importers of Government authorities information abo 		to disclose to	
		• contents of tobacco products?	Yes	☐ No	
		emissions of tobacco products?	Yes	☐ No	
3.2.4.2	3.2.4.2 – requiring public disclosure of information about the:				
		• contents of tobacco products?	Yes	☐ No	
		emissions of tobacco products?	Yes	☐ No	
3.2.4.3	(.	Please provide a brief description of the progress made in implementing Article 10 (<i>Regulation of tobacco product disclosures</i>) in the past three years or since submission of your last report.			
3.2.4.4	.4 If you have any relevant information pertaining to but not covered in this section please provide details in the space below.				

3.2.5	11	Packaging and labelling of tobacco prod	ucts	
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)		
		Have you adopted and implemented, where executive, administrative or other measures where appropriate, programmes on any of	s or have you in	
3.2.5.1	11	requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?	Yes	☐ No
3.2.5.2	11.1(a)	 requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions? 	Yes	□ No
3.2.5.3	11.1(b)	 requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use? 	Yes	□ No
3.2.5.4	11.1(b)(i)	ensuring that the health warnings are approved by the competent national authority?	Yes	☐ No
3.2.5.5	11.1(b)(ii)	ensuring that the health warnings are rotated?	Yes	☐ No
3.2.5.6	11.1(b)(iii)	ensuring that the health warnings are clear, visible and legible?	Yes	☐ No
3.2.5.7	11.1(b)(iv)	ensuring that the health warnings occupy no less than 30% of the principal display areas?	Yes	☐ No
3.2.5.8		ensuring that the health warnings occupy 50% or more of the principal display areas?	Yes	☐ No
3.2.5.9	11.1(b)(v)	ensuring that health warnings are in the form of, or include, pictures or pictograms?	Yes	□ No

3.2.5.10		If you answered "Yes" to question 3.2.5.9, does the Government own the copyright to these pictures and pictograms?	☐ Yes	☐ No
3.2.5.11		If you answered "Yes" to question 3.2.5.10, would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?	Yes	□ No
3.2.5.12	11.2	 requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant constituents and emissions of tobacco products? 	Yes	□ No
3.2.5.13	11.3	 requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country? 	Yes	□ No
3.2.5.14	(Pac	the provide a brief description of the progress may kaging and labelling of tobacco products) in the hission of your last report.	-	_
3.2.5.15	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			

3.2.6	12	Education, communication, training an	d public awaren	ess	
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)			
		Have you adopted and implemented, whe executive, administrative or other measure where appropriate, programmes on any of	es or have you im		
3.2.6.1	12(a)	- educational and public awareness programmes? (Please refer to programmes implemented since submission of your two-year report.)	⊠ Yes	☐ No	
3.2.6.2		If you answered "Yes" to question 3.2.6.1 targeted?	, to whom are the	se programmes	
		adults or the general public	⊠ Yes	☐ No	
		children and young people	⊠ Yes	☐ No	
		• men	⊠ Yes	☐ No	
		• women	Yes Yes	☐ No	
		• pregnant women	⊠ Yes	☐ No	
		• ethnic groups	⊠ Yes	☐ No	
		• other (please specify:)	Yes	☐ No	
3.2.6.3		If you answered "Yes" to question 3.2.6.1, do you reflect the following key differences among targeted population groups in educational and public awareness programmes?			
		• age	⊠ Yes	☐ No	
		• gender	⊠ Yes	☐ No	
		educational background	Yes Yes	☐ No	
		cultural background	X Yes	☐ No	
		socioeconomic status	X Yes	☐ No	
		• other (please specify:)	Yes	☐ No	
3.2.6.4	12(b)	If you answered "Yes" to question 3.2.6.1, do these educational and public awareness programmes cover:			
		 health risks of tobacco consumption? 	Yes	☐ No	
		 health risks of exposure to tobacco smoke? 	⊠ Yes	☐ No	
		 benefits of the cessation of tobacco use and tobacco-free lifestyles? 	⊠ Yes	☐ No	

	12(f)	adverse economic consequences of				
		- tobacco production?	Yes	No No		
		- tobacco consumption?	Yes	☐ No		
		adverse environmental consequences	of			
		- tobacco production?	Yes	⊠ No		
		- tobacco consumption?	X Yes	☐ No		
3.2.6.5	12(e)	 awareness and participation of the follow in development and implementation of in strategies for tobacco control: 		•		
		• public agencies?	⊠ Yes	☐ No		
		 nongovernmental organizations not affiliated with the tobacco industry? 	⊠ Yes	☐ No		
		• private organizations?	Yes	⊠ No		
		• other (<i>please specify:</i>)?	Yes	☐ No		
3.2.6.6	12	Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?	⊠ Yes	□ No		
3.2.6.7	12(d)	Are appropriate and special training or ser programmes on tobacco control addressed		areness		
		• health workers?	⊠ Yes	☐ No		
		• community workers?	⊠ Yes	☐ No		
		• social workers?	X Yes	☐ No		
		• media professionals?	Yes	⊠ No		
		• educators?	X Yes	☐ No		
		• decision-makers?	⊠ Yes	☐ No		
		• administrators?	X Yes	☐ No		
		• other (<i>please specify:</i>)?	Yes	☐ No		

3.2.6.8

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

The NSW Department of Health develops and implements public information, awareness and education campaigns to improve the health of the community and to respond to emerging community information needs and developing issues in tobacco control.

Health risks - tobacco consumption

The Cancer Institute NSW is responsible for ongoing mass media campaigns as outlined in the 'NSW Tobacco Action Plan 2005-2009' to educate people about the health consequences of smoking and motivate people to quit smoking.

The Cancer Institute NSW also provides funding for the Quitline, which is a confidential telephone information and advice service, available throughout Australia. For the cost of a local call, professional telephone advisors provide encouragement and support to help smokers quit. The Quitline offers a free call-back service, expert help in planning a quit attempt and advice on the use of nicotine replacement products. The Quitline is available in languages other than English.

NSW Health has published a range of resources which provide information on the health consequences of smoking, and assistance in quitting smoking. These resources are available on the NSW Health website at www.health.nsw.gov.au and through a Resource Distribution Centre. Resources are also developed to address specific at-risk populations, for example, the health risks associated with consumption of water pipe tobacco, common in Middle Eastern communities, have been communicated through translated factsheets.

Health risks - tobacco smoke exposure

The Public Health (Tobacco) Act 2008 introduced a new offence of smoking in a car with a child under the age of 16 years, effective from 1 July 2009. The Smoke-free Cars campaign has been broadcast on radio, billboard and digital media, and through major newspapers. To help ensure a high level of parent and wider community awareness of the new smoking in cars offence, correspondence with government agencies such as the NSW Department of Education and with non-government organisations such as the Cancer Council NSW enabled information to be distributed through a variety of channels.

Under the Smoke-free Environment Act 2000 all enclosed areas of pubs, clubs, nightclubs and the casino (with the exception of the private gaming area) have been smoke-free since 2 July 2007. Section 10 of the Act also requires occupiers to take reasonable steps to prevent smoke drifting from unenclosed places into non-smoking areas. Resources, such as Frequently Asked Questions and factsheets, containing information for different types of premises, such as licensed premises, cafes and strata schemes, to help to

ensure compliance with the Smoke-free Environment Act across a range of settings are available on the NSW Health website at www.health.nsw.gov.au.

The Car and Home Smoke Free Zone campaign encouraged parents and carers of young children to make cars and homes smoke-free and to minimise childrens' exposure to environmental tobacco smoke in the homes and cars of NSW. This campaign involved collaboration between the NSW Government and a range of non-government organisations.

Resources, including factsheets, on the effects of passive smoking are available on the NSW Health website (www.health.nsw.gov.au) and through a Resource Distribution Centre. Passive smoking factsheets have been translated into five languages, including Arabic, Chinese, Korean, Turkish and Vietnamese.

Adverse economic and environmental consequences of tobacco use

The NSW Department of Health is undertaking a project to update estimates from a 2005 study of the tangible and intangible social costs resulting from tobacco use in NSW. A replication study is required to provide the most up to date information on the social costs resulting from tobacco use to feed into the evidence base supporting the development of tobacco control policies.

Research and evaluation

Information and statistics on tobacco are available through the 'Report of the Chief Health Officer', the 'NSW Population Health Survey' and the 'NSW School Students Health Behaviours Survey', produced by the NSW Department of Health. Information about tobacco that can be obtained from these sources includes adult smoking rates; school student smoking rates; death and illness attributable to smoking; intention to quit smoking; smoke-free households and cars; and attitudes to smoking in hotels, bars and pubs. Links to these publications can be found on the NSW Health website: http://www.health.nsw.gov.au/reports/index.asp.

The Cancer Institute NSW conducts the 'Smoking and Health Survey' annually, in order to gain understanding of patterns of tobacco use, quit attempts and barriers to quitting among NSW smokers. The Institute also conducts formative research and evaluation surveys related to their massmedia campaign activity.

The NSW Quitline is currently being independently evaluated for caller satisfaction, relevance and efficacy in terms of quitting outcomes.

The NSW Department of Health regularly reviews the effectiveness of its communication and education campaigns through the use of qualitative and quantitative research methods.

Training on tobacco control

The NSW Department of Health provides tobacco cessation training to a range of healthcare workers targeting a range of population groups, especially those with high smoking prevalence and at risk population

groups, such as pregnant women, Aboriginal people, and young people.

NSW SmokeCheck was implemented in 2007-2008, focusing on providing an evidence-based best practice brief smoking cessation intervention training workshops for Aboriginal Health Workers and other health professionals working with Aboriginal communities. An initial evaluation indicated significant increases in AHWs' level of confidence in talking to clients about smoking and its harmful health effects, advising and offering advice to support clients to quit and assessing clients' stage of change for smoking cessation. In 2009-2010, implementation of Stage 2 SmokeCheck has involved integration of smoking cessation support into routine service delivery to Aboriginal clients through the use of educational outreach visits to health practitioners; provision of the SmokeCheck training program including training and support for staff who work with pregnant Aboriginal women; smoking cessation support for AHWs who have participated in the SmokeCheck training; and developing a communication network to support AHWs.

Under the National Partnership Agreement 'Closing the Gap', the NSW Government has provided support for a smoking cessation project targeting pregnant Aboriginal mothers and providing training for Aboriginal Health Workers. The project will be undertaken in partnership with the Aboriginal Maternal and Infant Health Strategy (AMIHS) to provide support for pregnant Aboriginal women who are smokers to quit.

The NSW Department of Health funds the Secondary School-based Smoking Prevention Program, which is designed to support secondary schools in implementing quality multi-component tobacco programs as part of the Personal, Development, Health, Physical Education (PDHPE) curriculum. The Program focuses on increasing the capacity of teachers in NSW Government schools in understanding and implementing whole-school strategies to address tobacco use in young people. This partnership program between NSW Health and NSW Department of Education and Training will offer professional learning development to PDHPE teachers of years 7 - 10 in promoting innovative strategies for planning, programming and teaching about tobacco use.

The NSW Department of Health's Smoking Cessation Training for Community Staff Project focuses on the development and implementation of training for staff from health and community service organisations who routinely work with disadvantaged populations with high smoking rates, especially those in low socio economic status areas. The project emphasis is on developing the capacity of organisations to deliver quit smoking support as part of routine delivery service. Strategies implemented in the project include: seminars to raise awareness about the impacts of tobacco smoking on disadvantaged populations; provision of smoking cessation training for staff from health and community organisations; and development of tailored training modules and resources for specific target groups.

In order to help ensure staff are skilled in delivering smoking cessation programs, a state-wide smoking cessation trainer provides training to

health professionals around NSW.

The NSW Department of Health also conducts regular education sessions for Environmental Health Officers on monitoring and compliance with NSW tobacco control legislation.

Awareness and participation of government and non-government organisations in tobacco control measures

Tobacco control activities in NSW require strong partnerships and ongoing commitment among stakeholders. The NSW Department of Health works collaboratively with local Area Health Services, other government agencies such as the Cancer Institute NSW, non-government organisations such as the Cancer Council NSW, professional health associations, local community based agencies, university academics and consumers on tobacco control measures.

3.2.6.9

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

The Public Health (Tobacco) Act 2008 commenced on 1 July 2009, introducing a range of new requirements affecting the sale, display and advertising of tobacco and smoking products in NSW in a staged way to 1 July 2013. A significant state-wide communications campaign using print, radio, outdoor and digital media is being conducted to inform the community and tobacco retailers about the new requirements to enhance compliance with the legislation. The key new requirements include: a ban on smoking in a car with a child less than 16 years present; notifying the Department of Health of tobacco retailing via the online Government Licensing Service; a ban on the display of tobacco and smoking products in retail outlets; and limiting the sale of tobacco and smoking products to a single point of sale in retail outlets.

Resources for retailers and the community are available on the NSW Health website at www.health.nsw.gov.au and a 24 hour toll-free Tobacco Information Line provides information about tobacco laws and tobacco related matters.

3.2.7	13	Tobacco advertising, promotion and sponsorship			
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)			
Have you adopted and implemented, where appropriate, any legislati executive, administrative or other measures or have you implemented where appropriate, programmes:					
3.2.7.1	13.2	 instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship? 	Yes	☐ No	
If	you answe	red "No" to question 3.2.7.1, please proceed to	question 3.2.7.3.		
3.2.7.2		If you answered "Yes" to question 3.2.7.1,	does your ban cov	/er:	
		display and visibility of tobacco products at points of sales?	Yes	☐ No	
		• the domestic Internet?	Yes	☐ No	
		• the global Internet?	Yes	☐ No	
		 brand stretching and/or brand sharing? 	☐ Yes	☐ No	
		 product placement as a means of advertising or promotion? 	Yes	☐ No	
		 the depiction of tobacco or tobacco use in entertainment media products? 	Yes	☐ No	
		 tobacco sponsorship of international events or activities and/or participants therein? 	Yes	☐ No	
		contributions from tobacco companies to any other entity for "socially responsible causes" and/or any other activities implemented under the umbrella of "corporate social responsibility" by the tobacco industry?	Yes	□ No	
		cross-border advertising, promotion and sponsorship originating from your territory?	Yes	☐ No	

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

3.2.7.10	13.4(e)	 restricting tobacco advertising, promot 	ion and sponsorsh	nip on:	
		• radio?	Yes	☐ No	
		• television?	Yes	☐ No	
		• print media?	Yes	☐ No	
		• the domestic Internet?	Yes	☐ No	
		• the global Internet?	Yes	☐ No	
		• other media (please specify:)?	Yes	☐ No	
3.2.7.11	13.4(f)	 restricting tobacco sponsorship of: 			
		international events and activities?	Yes	☐ No	
		• participants therein?	Yes	☐ No	
	W	nether you answered "Yes" or "No" to question ?	3.2.7.1, are you:		
3.2.7.12	13.6	 cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising? 	Yes	□ No	
3.2.7.13	13.7	 imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law? 	Yes	□ No	
3.2.7.14	Please provide a brief description of the progress made in implementing Article 13 (<i>Tobacco advertising, promotion and sponsorship</i>) in the past three years or since submission of your last report.				
3.2.7.15	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				

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

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

		 specialized centres for cessation counselling and treatment of tobacco dependence 	☐ Fully ☐ Partia	ally None
		rehabilitation centres	Fully Partia	ally None
		• other (please specify:)	Fully Partia	ally None
3.2.8.8	14.2(b)	If you answered "Yes" to question 3.2.8. professionals are involved in programme dependence and counselling services?		
		Health professionals including:		
		• physicians	⊠ Yes	☐ No
		• dentists	⊠ Yes	☐ No
		family doctors	⊠ Yes	☐ No
		 practitioners of traditional medicine 	Yes	No No
		• other medical professionals (please specify:	Yes	☐ No
		• nurses	⊠ Yes	☐ No
		• midwives	⊠ Yes	☐ No
		• pharmacists	⊠ Yes	☐ No
		Community workers	∑ Yes	☐ No
		Social workers	⊠ Yes	☐ No
		Others (please specify:	Yes	☐ No
3.2.8.9	14.2(c)	training on tobacco dependence treacurricula of health professional train levels at the following schools:		
		• medical?	Yes	⊠ No
		• dental?	Yes	⊠ No
		• nursing?	Yes	⊠ No
		• pharmacy?	Yes	⊠ No
		• other (<i>please specify</i> : Smoking Cessation standards for National Population Health Certificate IV	⊠ Yes	☐ No

			qualification)?						
3.2.8.10	14.2(d)	_	facilitating acce affordability of products for the tobacco depend	pharmaceu treatment	tical	\ <u>\</u>	Yes		□ No
3.2.8.11	14.2(d)	proc	ou answered "Ye ducts are availab sdiction?						
		•	nicotine replace	ement thera	ру		Yes		☐ No
		•	bupropion				Yes		☐ No
		•	varenicline				Yes		☐ No
		•	other (please sp	pecify:)?		Yes		☐ No
3.2.8.12	14.2(d)		ou answered "Yee e products cover						ment with
		•	nicotine replace	ement thera	ру	Fully	⊠ Parti	ally	☐ None
		•	bupropion			Fully	⊠ Parti	ally	☐ None
		•	varenicline			☐ Fully	⊠ Parti	ally	☐ None
		•	other (please sp	pecify:)?	Fully	☐ Parti	ally	☐ None
3.2.8.13	Art	icle 14 (Demand reduction	on measure	s concerr	s made in implementing aing tobacco dependence and sision of your last report.			e and
	cessation) in the past three years or since submission of your last report. The '1999 NSW Health Smoke Free Workplace Policy' aims to reduce the number of patients, staff and visitors exposed to environmental tobacco smoke when in contact with NSW Health's facilities by mandating that all hospital campuses under the control of NSW Health be totally smoke-free. All NSW Health campuses are in the process of implementing the NSW Health Smoke Free Workplace Policy. Area Health Services who are moving to Phase 4, completely smoke-free healthcare facilities, provide employees who wish to quit smoking with four weeks' supply of nicotine replacement therapy free, with the cost borne by the Area Health Service. NSW has also recently issued the Guideline '2009 Guidance for Implementing Smoke-free Mental Health Facilities in NSW'. The purpose of the Guideline is to provide practical guidance to Chief Executives and designated personnel in NSW Area Health Services who are planning to facilitate the implementation of the 'NSW Health Smoke Free Workplace Policy in NSW' in public hospital and residential mental health care facilities and drug and alcohol facilities (including step-down units) utilised by mental healthcare consumers.					pacco g that all oke-free. NSW are ovide icotine Service. purpose res and ing to rkplace			

Guidelines have been developed to assist health professionals in NSW to provide evidence-based brief advice to clients who smoke, as part of rotine clinical practice. The guidelines include the 'Guide for the Management of Nicotine Dependent Inpatients' and 'Let's take a moment - Quit smoking brief intervention - a guide for all health professionals' and are available on the NSW Health website www.health.nsw.gov.au.

Since its introduction, the Smoke-free Environment Act has progressively banned smoking in enclosed public places. Under the Smoke-free Environment Act 2000 enclosed areas of pubs, clubs, nightclubs and the casino (with the exception of the private gaming area) have been smoke-free since 2 July 2007. Section 10 of the Act also requires occupiers to take reasonable steps to prevent smoke drifting from unenclosed places into non-smoking areas.

The NSW Department of Health provides funding for smoking cessation programs which aim to reduce the number of people in NSW who smoke. Smoking cessation programs target a range of population groups, especially those with high smoking prevalence and at risk population groups, such as pregnant women, Aboriginal people, and young people.

NSW SmokeCheck was implemented in 2007-2008, focusing on providing an evidence-based best practice brief smoking cessation intervention training workshops for Aboriginal Health Workers and other health professionals working with Aboriginal communities. An initial evaluation indicated significant increases in AHWs' level of confidence in talking to clients about smoking and its harmful health effects, advising and offering advice to support clients to quit and assessing clients' stage of change for smoking cessation. In 2009-2010, implementation of Stage 2 SmokeCheck has involved integration of smoking cessation support into routine service delivery to Aboriginal clients through the use of educational outreach visits to health practitioners; provision of the SmokeCheck training program including training and support for staff who work with pregnant Aboriginal women; smoking cessation support for AHWs who have participated in the SmokeCheck training; and developing a communication network to support AHWs.

Under the National Partnership Agreement 'Closing the Gap', the NSW Government has provided support for a smoking cessation project targeting pregnant Aboriginal mothers and providing training for Aboriginal Health Workers. The project will be undertaken in partnership with the Aboriginal Maternal and Infant Health Strategy (AMIHS) to provide support for pregnant Aboriginal women who are smokers to quit.

The NSW Department of Health funds the Secondary School-based Smoking Prevention Program, which is designed to support secondary schools in implementing quality multi-component tobacco programs as part of the Personal, Development, Health, Physical Education (PDHPE) curriculum. The Program focuses on increasing the capacity of teachers in NSW Government schools in understanding and implementing whole-school strategies to address tobacco use in young people. This partnership program between NSW Health and NSW Department of Education and

Training will offer professional learning development to PDHPE teachers of years 7 - 10 in promoting innovative strategies for planning, programming and teaching about tobacco use.

The NSW Department of Health's Smoking Cessation Training for Community Staff Project focuses on the development and implementation of training for staff from health and community service organisations who routinely work with disadvantaged populations with high smoking rates, especially those in low socio economic status areas. The project emphasis is on developing the capacity of organisations to deliver quit smoking support as part of routine delivery service. Strategies implemented in the project include: seminars to raise awareness about the impacts of tobacco smoking on disadvantaged populations; provision of smoking cessation training for staff from health and community organisations; and development of tailored training modules and resources for specific target groups.

The NSW Department of Health has developed two units of competency standards in tobacco use and treatment of nicotine dependence for the National Vocational Education and Training (VET) Population Health Training Package which have been included in the National Population Health Certificate IV qualification. The Department has conducted competency based smoking cessation training via teleconference across a number of locations in NSW. Training and assessment materials of the units of competency (tobacco use and the treatment of nicotine dependence) are currently being submitted onto the NSW Registered Training Organisation Scope of Delivery to meet the standards required under the Vocational Education and Training Accreditation Board (VETAB). Participants who have completed and submitted assessment materials and tasks will achieve VET Statements of Attainment for the national competency standards.

In order to help ensure staff are skilled in delivering smoking cessation programs, a state-wide smoking cessation trainer provides training to health professionals around NSW.

The NSW Department of Health provides support annually for the World No Tobacco Day (WNTD) on 31st May. Support includes funding and a media kit to assist Area Health Services in attracting media publicity and implementing WNTD activities. Area Health Services implement a variety of WNTD activities and develop culturally appropriate resources to extend the information and reach target populations.

3.2.8.14

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

3.3	Article	MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO			
		(with reference to Articles 15–17)			
3.3.1	15	Illicit trade in tobacco products			
		(Please check "Yes" or "No". For affirmative brief summary in the space provided at the enterprise relevant documentation. Please provide document of the six official languages.)	d of the section	and attach the	
		Have you adopted and implemented, where ap executive, administrative or other measures or where appropriate, programmes on any of the	have you impl		
3.3.1.1	15.2	 requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product? 	Yes	□ No	
3.3.1.2	15.2(a)	 requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market? 	Yes	□ No	
3.3.1.3	15.2(a)	 requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: "Sales only allowed in" or carry any other effective marking indicating the final destination of the product? 	Yes	□ No	
3.3.1.4	15.2(b)	developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?	Yes	□ No	
3.3.1.5	15.3	 requiring that marking is presented in legible form or appears in the principal language and/or languages of the country? 	Yes	☐ No	
3.3.1.6	15.4(a)	 requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade? 	Yes	□ No	

3.3.1.7	15.4(a)	If you answered "Yes" to question 3.3.1.6, do you facilitate the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?	Yes	□ No
3.3.1.8	15.4(b)	 enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes? 	Yes	□ No
3.3.1.9	15.4(c)	 requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment- friendly methods where possible, or disposed of in accordance with national law? 	Yes	□ No
3.3.1.10	15.4(d)	 adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties? 	Yes	□ No
3.3.1.11	15.4(e)	 enabling the confiscation of proceeds derived from illicit trade in tobacco products? 	Yes	☐ No
3.3.1.12	15.6	 promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels? 	Yes	□ No
3.3.1.13	15.7	 licensing or other actions to control or regulate production and distribution in order to prevent illicit trade? 	Yes	☐ No

3.3.1.14	Please provide a brief description of the progress made in implementing Article 15 (<i>Illicit trade in tobacco products</i>) in the past three years or since submission of your last report.
3.3.1.15	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.

3.3.2	16	Sales to and by minors				
	(Please check "Yes" or "No". For affirmative answers, please probrief summary in the space provided at the end of the section and the relevant documentation. Please provide documentation, if avaing one of the six official languages.)					
Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented where appropriate, programmes on any of the following:						
3.3.2.1	16.1	 prohibiting the sales of tobacco products to minors? If "Yes", please specify the legal age: 18 ? 	⊠ Yes	☐ No		
3.3.2.2	16.1(a)	 requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors? 	⊠ Yes	□ No		
3.3.2.3	16.1(a)	 requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age? 	⊠ Yes	□ No		
3.3.2.4	16.1(b)	banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?	⊠ Yes	□ No		
3.3.2.5	16.1(c)	 prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors? 	⊠ Yes	□ No		
3.3.2.6	16.1(d)	 prohibiting the sale of tobacco products from vending machines? 	Yes	No No		
If	you answer	red "Yes" to question 3.3.2.6, please proceed to que	estion 3.3.2.8.			
3.3.2.7	16.1(d)	If you answered "No" to question 3.3.2.6, do you ensure that tobacco vending machines are not accessible to minors and/or do not promote the sale of tobacco products to minors?	⊠ Yes	□ No		
3.3.2.8	16.2	 prohibiting and/or promoting the proh free tobacco products: 	ibition of the d	istribution of		
		• to the public?	⊠ Yes	☐ No		

		• to minors?	⊠ Yes	☐ No		
3.3.2.9	16.3	 prohibiting the sale of cigarettes individually or in small packets? 	⊠ Yes	☐ No		
3.3.2.10	16.6	 providing for penalties against sellers and distributors in order to ensure compliance? 	⊠ Yes	□ No		
3.3.2.11	16.7	 prohibiting the sales of tobacco products by minors? 	Yes	⊠ No		
3.3.2.12		se provide a brief description of the progress mades to and by minors) in the past three years or sincert.	-	•		
	new smo rang smo non-	Public Health (Tobacco) Act 2008 brought in requirements for the sale, display and advert king products. The Act also introduced toughte of offences, including for selling tobacco pking products to minors. The penalty for selling tobacco smoking products to minors representable.	ising of tobace new penaltie roducts and ne ing tobacco pr	co and s across a on-tobacco oducts and		
	The Act also restricts the placement of tobacco vending machines to prevent them from being accessed by minors. Tobacco vending machines are now only allowed in licensed premises restricted to over 18s - in bar areas and gaming machine areas of hotels, clubs and the casino - and only one vending machine is allowed per licensed premises. To further protect minors, from 1 July 2010, tobacco vending machines can only be operated by staff intervention.					
	Amendments in 2007 to the Public Health Act 1991 further strengthened measures to protect young people from taking up smoking, including banning the sale of sweet, fruit or confectionary flavoured tobacco products that may encourage children to smoke, and banning the sale of tobacco products from mobile or temporary premises including at events targeted at young people, such as music festivals. These reforms are reflected in the Public Health (Tobacco) Act 2008.					
	NSW continues to operate a comprehensive compliance program for tobacc control, which includes sales to minors.					
3.3.2.13	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.					

3.3.3	17	Provision of support for econ	omically viabl	e alternativ	e activities	
	(Please check "Yes" or "No". For affirmative answers, please pr summary in the space provided at the end of the section and attac relevant documentation. Please provide documentation, if availab the six official languages.)					
		Have you adopted and impleme programmes on any of the following the foll	ou adopted and implemented, where appropriate, measures or nmes on any of the following:			
3.3.3.1	3.1 17 – promoting economically viable and sustainable alternatives for:				es for:	
		• tobacco growers?	Yes	☐ No	☐ Not applicable	
		• tobacco workers?	Yes	☐ No	☐ Not applicable	
		 tobacco individual sellers? 	Yes	☐ No	☐ Not applicable	
3.3.3.2	Please provide a brief description of the progress made in implementing Article 17 (<i>Provision of support for economically viable alternative activities</i>) in the past three years or since submission of your last report.					
3.3.3.3		If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				

3.4	Article	OTHER MEASURES AND POLICIES				
		(with reference to Articles 18–21)				
3.4.1	18	Protection of the environment an	d the healt	h of perso	ons	
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)				
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:				
3.4.1.1	18	 implementing measures in respect of tobacco cultivation within your territory, which take into consideration: 				
		• the protection of the environment?	Yes	☐ No	☐ Not applicable	
		• the health of persons in relation to the environment?	Yes	☐ No	☐ Not applicable	
3.4.1.2	18	implementing measures in respect territory, which take into considerate.		manufactı	uring within your	
		• the protection of the environment?	Yes	☐ No	☐ Not applicable	
		• the health of persons in relation to the environment?	Yes	☐ No	☐ Not applicable	
3.4.1.3	Please provide a brief description of the progress made in implementing Article 18 (<i>Protection of the environment and the health of persons</i>) in the past three years or since submission of your last report.					
3.4.1.4	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.					

3.4.2	19	Liability			
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)		and attach the	
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:			
3.4.2.1	19.1	dealing with criminal and civil liability, including compensation where appropriate?	Yes	☐ No	
3.4.2.2	19.1	Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?	Yes	□ No	
3.4.2.3	19.1	Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?	Yes	□No	
3.4.2.4	Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (<i>Liability</i>) in the past three years or since submission of your last report.				
3.4.2.5	If you have any relevant information pertaining to but not covered in this section please provide details in the space below.				
	Da	ata not available			

3.4.3 Research, surveillance and exchange of information				
		(Please check "Yes" or "No". For affirmative brief summary in the space provided at the end relevant documentation. Please provide docum of the six official languages.)	of the section	and attach the
		Have you adopted and implemented, where appeared executive, administrative or other measures or where appropriate, programmes on any of the f	have you impl	
3.4.3.1 20.1(a) — developing and/or promoting research that addresses:				
		determinants of tobacco consumption?	Yes	☐ No
		consequences of tobacco consumption?	Yes	☐ No
		social and economic indicators related to tobacco consumption?	Yes	☐ No
		• tobacco use among women, with special regard to pregnant women?	Yes	☐ No
		the determinants and consequences of exposure to tobacco smoke?	Yes	☐ No
		• identification of effective programmes for the treatment of tobacco dependence?	Yes	☐ No
		identification of alternative livelihoods?	Yes	☐ No
		• other (please specify:)	Yes	☐ No
3.4.3.2	20.1(b)	training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?	Yes	☐ No
3.4.3.3 20.3(a) – a national system for epidemiological surveillance of:		ance of:		
		• patterns of tobacco consumption?	Yes	☐ No
		determinants of tobacco consumption?	Yes	☐ No
		consequences of tobacco consumption?	Yes	☐ No
		social, economic and health indicators related to tobacco consumption?	Yes	☐ No
		exposure to tobacco smoke?	Yes	☐ No
		• other relevant information (please specify:)	Yes	☐ No

3.4.3.4	20.4	 regional and global exchange of publicly available national: 		
		scientific, technical, socioeconomic, commercial and legal information?	Yes	☐ No
		• information on the practices of the tobacco industry?	Yes	☐ No
		 information on the cultivation of tobacco? 	Yes	☐ No
3.4.3.5	.4.3.5 $20.4(a)$ – an updated database of:			
		laws and regulations on tobacco control?	Yes	☐ No
		• information about the enforcement of laws on tobacco control?	Yes	☐ No
		• pertinent jurisprudence?	Yes	☐ No
3.4.3.6	Please provide a brief description of the progress made in implementing Article 20 (<i>Research, surveillance and exchange of information</i>) in the past three years or since submission of your last report.			
3.4.3.7		If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.		

4. INTERNATIONAL COOPERATION AND ASSISTANCE

Note: The goal of this section is to assist the Convention Secretariat in matching available skills and resources with identified needs at national, subregional, regional and international levels.

	Article	Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:	Assistance provided	Assistance received
4.1	22.1(a)	 development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control? 	Yes No	Yes No
4.2	22.1(b)	 provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes? 	Yes No	Yes No
4.3	22.1(c)	 appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12? 	Yes No	Yes No
4.4	22.1(d)	 provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes? 	☐ Yes ☐ No	☐ Yes ☐ No
4.5	22.1(e)	 identification of methods for tobacco control, including comprehensive treatment of nicotine addiction? 	Yes No	Yes No
4.6	22.1(f)	 promotion of research to increase the affordability of comprehensive treatment of nicotine addiction? 	Yes No	Yes No
4.7		If you answered "Yes" to any of questions 4.1–4.6 Parties from which assistance was received or to v		

4.8	Please provide information about any assistance provided or received in the space below.
4.9	If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.
4.10	Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention? Yes No
	(Please refer to Article 26.4.)
4.11	If you answered "Yes" to question 4.10, please provide details in the space below.

5. PRIORITIES AND COMMENTS

5.1	What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?
5.2	Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control? Yes No
5.3	If you answered "Yes" to question 5.2, please provide details in the space below.
5.4	What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?
	(Please refer to Article 21.1(b).)
5.5	Please provide any relevant information not covered elsewhere that you consider important.
5.6	Your suggestions for further development and revision of the reporting instrument: