

2020 - CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC

A. ORIGIN OF THE REPORT

Name of contracting Party:

Singapore

Information on national contact responsible for preparation of the report:

Title

Mr

Family name

Chan

First name

Lit Fai

Full name of institution

Health Promotion Board

Mailing address

Mailing address 1 3 Second Hospital Avenue

Mailing address 2

Post code 168937

Post box

City Singapore

Country

Singapore

E-mail

chan_lit_fai@hpb.gov.sg

Alternative email address

chan_lit_fai@hpb.gov.sg

Telephone number

64353394

Fax number

64383609

Signature of government official submitting the report:

Title

Mr

Family name

Lee

First name

Benjamin

Full name of institution

Ministry of Health

Mailing address

Mailing address 1	College of Medicine Building
Mailing address 2	16 college Road
Post code	169854
Post box	
City	Singapore

Country

Singapore

E-mail

benjamin_Lee@moh.gov.sg

Alternative email address

Telephone number

+65 6325 9036

Fax number
+65 6221 7554

Web page
www.moh.gov.sg

Period of reporting:

	Month	Year
Start date	March (3)	2018 (19)
End date	March (3)	2020 (21)

B1. TOBACCO CONSUMPTION

Prevalence of tobacco use

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 B112)

Current smokers

Prevalence (%)
(please include all smoking tobacco products in prevalence data)

Average number of the most-consumed smoking tobacco product used per day

Daily smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most-consumed smoking tobacco product used per day
MALE	21.1	
FEMALE	3.4	
TOTAL (males and females)	12.0	

Occasional smokers

Prevalence (%)
(please include all smoking tobacco products in prevalence data)

Former smokers

Prevalence (%)
(please include all smoking tobacco products in prevalence data)

Never smokers

Prevalence (%)
(please include all smoking tobacco products in prevalence data)

Please indicate the smoking tobacco products included in calculating prevalence for question B11:

Cigarettes only

Please indicate the age range to which the data used to answer question B11 refer:

	From	To
Age range	18	69

Please indicate the year of the data used to answer question B11:

2017

Please indicate the source of the data used to answer question B11:

National Population Health Survey 2017

Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report.

Current smoker	Daily and occasional smokers
Daily smoker	Smokes at least once a day
Occasional smoker	Smokes but not every day
Former smoker	formerly a daily smoker but currently does not smoke at all
Never smoker	Never smoked before or smoked too little in the past to be regarded as a former smoker

Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past two years or since submission of your last report.

The prevalence of daily cigarette smoking among Singapore residents aged 18 to 69 years declined from 13.3% in 2013 to 12% in 2017. The smoking rates have been fluctuating between 12% and 14% in the last 10 years

Smoking prevalence in the adult population (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

	Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALES - current smokers ¹	18	29	19
MALES - current smokers ¹	30	39	25
MALES - current smokers ¹	40	49	28
MALES - current smokers ¹	50	59	24
MALES - current smokers ¹	60	69	17
FEMALES - current smokers ¹	18	29	7
FEMALES - current smokers ¹	30	39	5
FEMALES - current smokers ¹	40	49	4
FEMALES - current smokers ¹	50	59	2
FEMALES - current smokers ¹	60	69	1
TOTAL (males and females) - current smokers ¹	18	29	13
TOTAL (males and females) - current smokers ¹	30	39	15
TOTAL (males and females) - current smokers ¹	40	49	16
TOTAL (males and females) - current smokers ¹	50	59	13
TOTAL (males and females) - current smokers ¹	60	69	9

Please indicate the smoking tobacco products included in calculating prevalence for question B12:

Data indicated is for daily smokers defined as smoked at least once a day

Please indicate the year of the data used to answer question B12:

2013

Please indicate the source of the data used to answer question B12:

National Health Surveillance Survey 2013

Please provide a brief explanation of the trend in current smoking prevalence by age group in the past two years or since submission of your last report, if data are available.

A decline in the prevalence of daily cigarette smoking was observed in the younger adults aged 18 to 39 years and the older adults aged 60 to 69 years.

Prevalence of smokeless tobacco use in the adult population (all)

(Please provide prevalence data for total adult population, and identify the age considered in B132, e.g. 15 years old and over, 18–64 years; see B132)

Males

Prevalence (%)

(please include all smokeless tobacco products in prevalence data)

Females

Prevalence (%)

(please include all smokeless tobacco products in prevalence data)

TOTAL (males and females)

Prevalence (%)

(please include all smokeless tobacco products in prevalence data)

Please indicate the smokeless tobacco products included in calculating prevalence for question B13:

Please indicate the age range to which the data used to answer question B13 refer:

From To

Please indicate the year of the data used to answer question B13:

Please indicate the source of the data used to answer question B13:

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.

Current user
 Daily user
 Occasional user
 Former user
 Never user

Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past two years or since submission of your last report.

Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
-------------------	-----------------	--

Please indicate the smokeless tobacco products included in the answer to question B14:

Please indicate the year of the data used to answer question B14:

Please indicate the source of the data used to answer question B14:

Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.

Tobacco use by ethnic group(s)

(please include all smoking or smokeless tobacco products in prevalence data)

	Ethnic group(s)	MALES - Prevalence (%)	FEMALES - Prevalence (%)	TOTAL (males and females) - Prevalence (%)
Current users ³	Chinese	20.4	3.3	11.6
Current users ³	Malay	42.3	8.6	25.3
Current users ³	Indian	18.7	1.4	10.5

Please indicate the tobacco products included in the answer to question B15:

Cigarettes

Please indicate the age range to which the data used to answer question B15 refer:

	From	To
Age range	18	69

Please indicate the year of the data used to answer question B15:

2013

Please indicate the source of the data used to answer question B15:

National Health Surveillance Survey 2013

Tobacco use by young persons

(please include all smoking or smokeless tobacco products in prevalence data)

	Age range	SMOKING TOBACCO - Prevalence (%)	SMOKELESS TOBACCO - Prevalence (%)	WATER PIPE - Prevalence (%)
TOTAL (boys and girls) - Current users 4	13-20	4.3		

Please indicate the tobacco products included in calculating prevalence for question B16:

Cigarettes. Defined as smoked once in the last 30 days

Please indicate the year of the data used to answer question B16:

2016

Please indicate the source of the data used to answer question B16:

The figure provided is the consolidated smoking prevalence based upon the Students Health Survey 2014-16

Please provide the definition of "current smoking/tobacco use" used to answer question B16 in the space below.

Current users - Proportion of boys and girls who smoked at least 1 day in the last 30 days

Please provide a brief explanation of the trend in tobacco use by young persons in the past two years or since submission of your last report.

Tobacco use has dropped from 8.1% in 2011-2013 to 4.3% in 2014-16

Please attach the relevant documentation.

Use of novel and emerging tobacco and nicotine products

Age range	Heated tobacco products (HTPs) - Prevalence (%)	Electronic Nicotine Delivery Systems (ENDS) - Prevalence (%)	Electronic Non-Nicotine Delivery Systems (ENNDS) - Prevalence (%)	Other products - Prevalence (%)
-----------	---	--	---	---------------------------------

B2-B9. HEALTH, SOCIAL AND ECONOMIC INDICATORS

Exposure to tobacco smoke

Do you have any data on exposure to tobacco smoke in your population?

No ✘

Please indicate the year of the data used to answer question B21:

Please indicate the source of the data used to answer question B21:

Please attach the relevant documentation.

Tobacco-related mortality

Do you have information on tobacco-related mortality in your population?

Yes ✔

What is the estimated total number of deaths attributable to tobacco use in your population?

If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.

Lung cancer =766, Cardiovascular disease=698, COPD=184, Others remaining deaths attributable to tobacco use=947

Please indicate the year of the data used to answer question B32 and 33:

2017

Please indicate the source of the data used to answer questions B32 and B33:

Global Burden of Disease 2017

Please submit a copy of the study you refer to:

Tobacco-related costs

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 ✓

Please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).

Social cost of smoking: \$US479.8 million. Made up of i) Direct healthcare cost: US\$14.9 million; and ii) Indirect costs (productivity losses): US\$464.9 million.

Method: A prevalence-based, disease-specific approach was undertaken to estimate the smoking-attributable costs. These include direct and indirect costs of inpatient treatment, premature mortality, loss of productivity due to medical leaves and smoking breaks

Please indicate the year of the data used to answer question B42:

2014

Please indicate the source of the data used to answer question B42:

Cher BP, Chen C, Yoong J. Prevalence-based, disease-specific estimate of the social cost of smoking in Singapore. *BMJ Open*. 2017; 8:e014377

Please submit a copy of the study you refer to:

No comment

File type "pdf"

Supply of tobacco and tobacco products

(with reference to Articles 6.2(b), 20.4(c), and 15.5)

Licit supply of tobacco products

	Product	Unit (e.g. pieces, tonnes)	Domestic production	Retail sales	Exports	Imports
Smoking tobacco products	Ang Hoon	KG		24,598		
Smoking tobacco products	Beedies	KG		8,218		
Smoking tobacco products	Cigarettes	KG		2,751,007		
Smoking tobacco products	Cigars, Cheroots & Cigarillos	KG		3,956		
Smoking tobacco products	Smoking tobacco	KG		15,423		
Other tobacco products	Unmanufactured tobacco and tobacco refuse	KG		494		

Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.

Please indicate the year of the data used to answer question B51 and 52:

2019

Please indicate the source of the data used to answer questions B51 and B52:

CY2019, Revenue Statistics - Duty Paid Releases of Tobacco (Kilograms):

<http://www.customs.gov.sg/news-and-media/publications/statistics>

Please attach the relevant documentation.

Seizures of illicit tobacco products

(with reference to Article 15.5)

Seizures of illicit tobacco

	Year	Product	Unit (e.g. pieces, tonnes)	Quantity seized
Smoking tobacco products	2018	Cigarettes	Million packets	2.4

Do you have any information on the percentage of illicit tobacco products on the national tobacco market?

No

Please provide any further information on illicit tobacco products.

Please indicate the source of the data used to answer questions in section B6:
CY2018, Enforcement Statistics - Quantity of cigarettes seized / involved (million packets):
<http://www.customs.gov.sg/news-and-media/publications/statistics>

Please attach the relevant documentation.

Tobacco-growing

Is there any tobacco-growing in your jurisdiction?

No

Please indicate the year of the data used to answer questions in section B7:

Please indicate the source of the data used to answer questions in section B7:

Please attach the relevant documentation.

Taxation of tobacco products

(with reference to Articles 6.2(a) and 6.3)

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))?

68

How are the excise taxes levied (what types of taxes are levied)?

Specific tax only	Yes
Ad valorem tax only	No
Combination of specific and ad valorem taxes	No
More complex structure (please explain below)	No

If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)

	Product	Type of tax	Rate or amount	Base of tax⁵
Smoking tobacco products	Ang Hoon	Specific	SGD 329	KG
Smoking tobacco products	Beedies	Specific	SGD 329	KG
Smoking tobacco products	Cigarettes	Specific	SGD42.7 cents	Every gm or part thereof of each stick of cigarette
Smoking tobacco products	Cigars, cheroots & cigarillos	Specific	SGD 427	KG
Smoking tobacco products	Other smoking tobacco	Specific	SGD 427	KG
Other tobacco products	Other manufactured tobacco for cigarette making	Specific	SGD 388	KG
Other tobacco products	Homogenised or reconstituted tobacco, manufactured tobacco substitutes, tobacco extracts and essences, other manufactured tobacco	Specific	SGD 427	KG
Other tobacco products	Unmanufactured tobacco and tobacco refuse	Specific	SGD 388	KG

Please briefly describe the trends in taxation for tobacco products in the past two years or since submission of your last report in your jurisdiction.

On 19 Feb 2018, the excise duties on tobacco products were raised by 10%.

The excise duties for Ang Hoon, and beedies were raised to \$329/KG from \$299/KG. Similarly, the excise duties on unmanufactured tobacco, tobacco refuse and other manufactured tobacco for cigarette making were raised to \$388/KG from \$352/KG. The previous duty hike for this group of tobacco products was on 25 Feb 2013.

The excise duties on cigarettes, cigars, cheroots & cigarillos, homogenised or reconstituted tobacco, other smoking tobacco and other manufactured tobacco were raised to \$427/KG from \$388/KG. The previous duty hike for this group of tobacco products was on 21 Feb 2014.

<https://www.customs.gov.sg/~media/cus/files/circulars/corp/2018/circular%20no%20012018%20ver%201.pdf>

Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?

No

Please indicate the year of the data used to answer questions B81 to B86:

2020

Please indicate the source of the data used to answer questions B81 to B86:

Singapore Trade Classification, Customs and Excise Duties 2018, Chapter 24,

[https://www.customs.gov.sg/~media/cus/files/business/harmonized-system-classification-of-goods/resources/stcced/stcced-2018-march-2019-version/index.html?](https://www.customs.gov.sg/~media/cus/files/business/harmonized-system-classification-of-goods/resources/stcced/stcced-2018-march-2019-version/index.html?la=en&hash=460B859CC1D2AE214F132997B9AD922A34CC68A2)

[la=en&hash=460B859CC1D2AE214F132997B9AD922A34CC68A2](https://www.customs.gov.sg/~media/cus/files/business/harmonized-system-classification-of-goods/resources/stcced/stcced-2018-march-2019-version/index.html?la=en&hash=460B859CC1D2AE214F132997B9AD922A34CC68A2)

Please attach the relevant documentation.

Price of tobacco products

(with reference to Articles 6.2(a))

Domestic

Please provide the retail prices of the three most widely sold brands of domestic tobacco products at the most widely used point of sale in your capital city.

Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency

Imported

Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city.

	Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
Smoking tobacco products	Marlboro	20 Sticks	14.10	SGD
Smoking tobacco products	LD	20 Sticks	12.00	SGD
Smoking tobacco products	Next	20 Sticks	12.00	SGD

Please indicate the year of the data used to answer question B91:

2020

Please indicate the source of the data used to answer question B91:
retail price of cigarettes at retail outlets

Please briefly describe the trend in the prices of tobacco products in the past two years or since submission of your last report in your jurisdiction.

On 19 Feb 2018, tax on cigarettes and other manufactured tobacco was raised by 10% to \$427/KG. This increased the average retail price for a packet by approximately SGD1 from SGD12 in 2017 to SGD13 in 2018. This is a similar increase in price that was seen after the previous 10% tax increase in 2014 where retail prices also increased by approximately SGD1. As of Feb 2020, the average retail price for a packet of cigarettes is still approximately SGD13

Please attach the relevant documentation.

C1. GENERAL OBLIGATIONS

With reference to Article 5

Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?

Yes ✓

Have you established or reinforced and financed:

a focal point for tobacco control?	Yes
a tobacco control unit?	Yes
a national coordinating mechanism for tobacco control?	Yes

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).

Tobacco control efforts in Singapore started in the early 1970s, when legislations were enacted to ban smoking in public places and prohibit tobacco advertising and promotion. The National Smoking Control Programme (NSCP) was launched in 1986 to develop and implement initiatives to reduce smoking rates in Singapore. The NSCPs multi-pronged approach includes legislation, taxation, public education, partnerships to prevent the initiation of smoking especially by youths, and encourage smokers to quit the habit of smoking. The NSCP has now been renamed the National Tobacco Control Programme (NTCP).

The Health Promotion Board (HPB) is a statutory board under the Ministry of Health, which formulates national policies, develops evidence-based strategies and innovative programmes for health promotion, disease prevention and patient education. HPB is the national focal point for tobacco control in Singapore and manages the NTCP.

In addition, the National Coordinating Committee on Tobacco Control (NCCTC) provides strategic coordination and facilitates the formulation of whole-of-government on tobacco control policies.

Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (*General obligations*) in the past two years or since submission of your last report.

The multi-pronged approach employed by the National Tobacco Control Programme (NTCP) strives to reduce both the demand and supply of tobacco. This includes taxation, tobacco control legislation, public education and the provision of smoking cessation services. Many of these efforts are through collaborative partnerships with governmental and non-governmental agencies, at both regional and international levels. In addition, the NTCP is moving towards a more ground-up approach, encompassing new media strategies and advocacy in delivering programmes to reach target populations in recognition of the fact that the buy-in and the participation of our target population is key to an effective programme.

HPB, which is the national focal point for tobacco control, works together with partner agencies such as the Health Sciences Authority, which enforces licensing regime of tobacco sellers; the National Environment Agency, which enforces ban of smoking in certain places and the Singapore Customs, which enforces licensing of trade in tobacco and regulates border control of any tobacco products.

A ban on shisha came into effect on 28 Nov 2014. As a transitional measure, existing licensed tobacco importers and retailers who imported or sold shisha tobacco were allowed to continue importing and retailing shisha until 31 July 2016. This was to allow them ample time to deplete their stock and restructure their businesses away from shisha. From 1 Aug 2016, no importers or retailers were allowed to import or retail shisha.

In addition, a two-phased ban came into force to prohibit the sale, distribution and offer for sale of emerging tobacco products. The first phase that was implemented on 15 Dec 2015 covered products which were not available in Singapore (e.g. dissolvable tobacco). The second phase was implemented on 1 Aug 2016 to include products that were already sold in Singapore (e.g. gutkha).

In 2016, MOH amended the Tobacco (Control of Advertisements and Sales) Act (TCASA) to ban the Point-of-Sale Display (POSD) of tobacco products at retail outlets. This came into effect on 1st August 2017.

In Nov 2017, the TCASA was amended to increase the minimum legal age (MLA) for the purchase, use and possession of tobacco products from 18 to 21. This change will take place in a stepwise fashion, whereby the MLA will be increased yearly from 2019 to 2021 (i.e. MLA will be 19 from 1 Jan 2019, 20 from 1 Jan 2020 and finally 21 from 1 Jan 2021). The TCASA was also amended to prohibit the purchase, use and possession of imitation and emerging tobacco products, in addition to their sale, distribution and offer for sale, on 1st Feb 2018.

On the 7th March 2019, the TCASA was amended to empower Minister to introduce Regulations on the appearance, packaging and labelling of tobacco products (standardised packaging). On the 1st July 2019 Regulations for the appearance, packaging and labelling of tobacco products (standardised packaging) were gazetted and will be in force on the 1st July 2020.

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

Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry

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:

protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?

Yes ✓

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?

No ✗

If you answered "Yes" to any of the questions under C121 or C122, please provide details in the space below (specifically, please refer, if relevant, to whether your government or any of its departments 1) have raised awareness on tobacco industry tactics and the need to prevent interference by the tobacco industry with decision making; 2) have avoided entering into any partnerships or voluntary agreements with the tobacco industry; 3) have established any measures to limit interaction of public officials with the tobacco industry, including in the form of a code of conduct; 4) have not granted any incentives, privileges, benefits or preferential tax exemptions to the tobacco industry to establish or run their business; etc.).

Government wide Code of Conduct and internal guidelines for relevant agencies govern interaction with the tobacco industry.

Please provide a brief description of the progress made in implementing Article 5.3 in the past two years or since submission of your last report.

Have you utilized the "Guidelines for implementation of Article 5.3 of the WHO FCTC" when developing or implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section I of the additional questionnaire. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=~ONp49wA01tndSG&lang=en> (<https://extranet.who.int/dataform/655321?token=~ONp49wA01tndSG&lang=en>)

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

Please attach the relevant documentation.

C2. MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO

With reference to Articles 6–14

Price and tax measures to reduce the demand for tobacco

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:

tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?

Yes ✓

prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?

No ✘

prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?

Yes ✓

Please provide a brief description of the progress made in implementing Article 6 (*Price and tax measures to reduce the demand for tobacco*) in the past two years or since submission of your last report.

In 2018, tobacco excise levels were increased by 10% for cigarettes and other manufactured tobacco products to 42.7 cents per stick and SGD 427 per kg respectively.

There are no Duty free concessions of tobacco allowed in Singapore

Have you utilized the “Guidelines for implementation of Article 6 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C215 please provide details in the space below or refer to section H of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=~ONp49wA01tndSG&lang=en> (<https://extranet.who.int/dataform/655321?token=~ONp49wA01tndSG&lang=en>)

Nil.

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

Nil.

Please attach the relevant documentation.

Protection from exposure to tobacco smoke

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:

banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?

Yes ✓

What is the type/nature of the measure providing for the ban?

national law	Yes
subnational law(s)	No
administrative and executive orders	No
voluntary agreements	Yes
other measures (please specify in C223 below)	

Please provide a brief explanation of the type/nature and content of the measures providing for the ban.

Smoking is prohibited under the Smoking (Prohibition in Certain Places) Act administered by the National Environment Agency (NEA). In addition, there are voluntary smoking restrictions (house-rules) in indoor places such as hotel rooms, places of worship, casinos, which are administratively implemented and enforced by the respective premise's owners

Do any of these measures provide for a mechanism/ infrastructure for enforcement?

Yes ✓

Please provide details of this system.

Under the Act, any person caught smoking at prohibited places is liable on conviction (in Court) to a fine not exceeding \$1,000. Premises manager or operator caught for not performing their duties (i.e. inform person who smoke at prohibited places to cease smoking, or request the person to leave the premises should the person refuse to cease smoking) shall be liable on conviction (in Court) to a fine not exceeding \$1,000 for the 1st offence and not exceeding \$2,000 for the 2nd and subsequent offences. NEA officers carry out enforcement rounds at prohibited places on a daily basis.

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor workplaces:

government buildings	Complete
health-care facilities	Complete
educational facilities ⁶	Complete
universities	Complete
private workplaces	Partial
other (please specify below)	

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Public transport:

airplanes	Complete
trains	Complete
ferries	Complete
ground public transport (buses, trolleybuses, trams)	Complete
motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	Complete
private vehicles	Partial
other (please specify below)	

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor public places:

cultural facilities	Complete
shopping malls	Complete
pubs and bars	Partial
nightclubs	Partial
restaurants	Complete
other (please specify below)	

Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented:

Banning tobacco smoking in indoor workplaces

Places where smoking is prohibited under the Smoking (Prohibition in Certain Places) Act is given in the website: <http://www.nea.gov.sg/public-health/smoking>.

Banning tobacco smoking in public transport

Please refer to the above link for types of public transport covered under NEAs Smoking (Prohibition in Certain Places) Act.

In addition, under the Air Navigation Act (Division 5, Section 8B (4) (b) administered by the Civil Aviation Authority of Singapore (CAAS), smoking is prohibited in any compartment of a Singapore aircraft.

[Source: <https://sso.agc.gov.sg/Act/ANA1966>

For trains, the Rapid Transit Systems Regulations (Part III, Section 6(a)) prohibits smoking in any part of the railway premises where smoking is expressly prohibited by notice. [Source:

[https://sso.agc.gov.sg/SL/RTSA1995-RG1?](https://sso.agc.gov.sg/SL/RTSA1995-RG1?DocDate=20100913&ValidDate=20140330&TransactionDate=20140330)

[DocDate=20100913&ValidDate=20140330&TransactionDate=20140330](https://sso.agc.gov.sg/SL/RTSA1995-RG1?DocDate=20100913&ValidDate=20140330&TransactionDate=20140330)

For board vessels such as ships, ferries etc. smoking in or near any part of a vessel is prohibited unless permitted to do so by the master or person-in-charge – under the Maritime and Port Authority of Singapore (Port) Regulations (Part II, Section 15 (1)). [Source: <https://sso.agc.gov.sg/SL/MPASA1996-RG7?DocDate=20120502>

Banning tobacco smoking in indoor public places

Please refer to: <http://www.nea.gov.sg/public-health/smoking> for the list of smoke-free public places

Please provide a brief description of the progress made in implementing Article 8 (*Protection from exposure to tobacco smoke*) in the past two years or since submission of your last report.

NEA regularly reviews the smoking prohibition policy taking into consideration inputs from the public and other Ministries/Agencies to extend the smoking prohibition to other parts of Singapore, to protect the public from second-hand tobacco smoke.

Since 1 January 2019, public areas within the Orchard Road precinct have been designated as a No Smoking Zone. Smoking is only allowed in Designated Smoking Areas (DSAs) within the No Smoking Zone

Have you utilized the “Guidelines for implementation of Article 8 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered "Yes" to question C229 please provide details in the space below or refer to section B of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=~ONp49wA01tndSG&lang=en> (<https://extranet.who.int/dataform/655321?token=~ONp49wA01tndSG&lang=en>)

Nil.

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

Nil.

Please attach the relevant documentation.

Regulation of the contents of tobacco products

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:

testing and measuring the contents of tobacco products?

No ✘

testing and measuring the emissions of tobacco products?

Yes ✔

regulating the contents of tobacco products?

No ✘

regulating the emissions of tobacco products?

Yes ✔

Please provide a brief description of the progress made in implementing Article 9 (*Regulation of the contents of tobacco products*) in the past two years or since submission of your last report.

Tar and Nicotine limits have been lowered to from 15 to 10mg for nicotine and 1.3 to 1.0 mg for tar in 2013

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C236 please provide details in the space below or refer to section C of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=~ONp49wA01tndSG&lang=en> (https://extranet.who.int/dataform/655321?token=~ONp49wA01tndSG&lang=en)

<https://extranet.who.int/dataform/655321?token=~ONp49wA01tndSG&lang=en>

Nil

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g., whether your country 1) has incorporated product regulation in the national tobacco control legislation; 2) has access to either governmental or independent – not owned or controlled by the tobacco industry – laboratories for testing contents and/or emissions of tobacco products; 3) has regulated ingredients, such as flavours (e.g. menthol); 4) has regulated product characteristics, such as design features (e.g., cigarette ventilation); etc.).

Nil.

Please attach the relevant documentation.

Regulation of tobacco product disclosures

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:

requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:

contents of tobacco products?	No
emissions of tobacco products?	Yes

requiring public disclosure of information about the:

contents of tobacco products?	No
emissions of tobacco products?	Yes

Please provide a brief description of the progress made in implementing Article 10 (*Regulation of tobacco product disclosures*) in the past two years or since submission of your last report.

Nil.

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C244 please provide details in the space below or refer to section C of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=~ONp49wA01tndSG&lang=en> (<https://extranet.who.int/dataform/655321?token=~ONp49wA01tndSG&lang=en>)

Nil.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether your country has incorporated tobacco product disclosures in the national tobacco control legislation; has regulated the public disclosure of toxic constituents and emissions of tobacco products, aiming to raise public awareness and advance tobacco control policy; etc.).

Nil.

Please attach the relevant documentation.

Packaging and labelling of tobacco products

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:

requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?

Yes ✓

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 ✓

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 ✓

ensuring that the health warnings are approved by the competent national authority?

Yes ✓

ensuring that the health warnings are rotated?

Yes ✓

ensuring that the health warnings are clear, visible and legible?

Yes ✓

Does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?

Yes ✓

ensuring that the health warnings occupy no less than 30% of the principal display areas?

Yes ✓

ensuring that the health warnings occupy 50% or more of the principal display areas?

Yes ✓

ensuring that health warnings are in the form of, or include, pictures or pictograms?

Yes ✓

Does the Government own the copyright to these pictures and pictograms?

Yes ✓

Would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?

Yes ✓

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant:

constituents of tobacco products? Yes

emissions of tobacco products? Yes

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 ✓

Please provide a brief description of the progress made in implementing Article 11 (*Packaging and labelling of tobacco products*) in the past two years or since submission of your last report.

In March 2019, the TCASA was amended to empower Minister to introduce Regulations on the appearance, packaging and labelling of tobacco products (standardised packaging). On the 1st July 2019 Regulations for the appearance, packaging and labelling of tobacco products (standardised packaging) was gazetted and will be in force on the 1st July 2020. As part of these Regulations there will also be a new set of graphic health warnings and the size of the health warnings will increase to at least 75% of the principal display area

Have you utilized the “Guidelines for implementation of Article 11 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C2516 please provide details in the space below or refer to section D of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=~ONp49wA01tndSG&lang=en> (<https://extranet.who.int/dataform/655321?token=~ONp49wA01tndSG&lang=en>)

Nil

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

Nil

Please attach the relevant documentation.

Education, communication, training and public awareness

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:

educational and public awareness programmes? (*Please refer to programmes implemented since submission of your two-year report.*)

Yes ✓

To whom are these programmes targeted?

- adults or the general public
 - children and young people
 - men
 - women
 - pregnant women
 - ethnic groups
 - other (please specify)
- uniformed services Other

Do you reflect the following key differences among targeted population groups in educational and public awareness programmes?

- age
- gender
- educational background
- cultural background
- socioeconomic status
- other (please specify)
- Other

Do these educational and public awareness programmes cover:

- health risks of tobacco consumption?
- health risks of exposure to tobacco smoke?
- benefits of the cessation of tobacco use and tobacco-free lifestyles?
- adverse economic consequences of tobacco production?
- adverse economic consequences of tobacco consumption?
- adverse environmental consequences of tobacco production?
- adverse environmental consequences of tobacco consumption?

awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control:

- public agencies?
- nongovernmental organizations not affiliated with the tobacco industry?
- private organizations?
- other (please specify)?
- Other

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 ✓

Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:

- health workers?
 - community workers?
 - social workers?
 - media professionals?
 - educators?
 - decision-makers?
 - administrators?
 - other (please specify)
 - Other
-

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

Identifying, developing and sustaining partnerships is key to the implementation and effectiveness of programmes. The Health Promotion Board actively engages educational institutions, private workplaces, the uniformed services, health professionals, youth organisations, community and religious groups, and parents, to promote a smoke-free lifestyle. Partnership is often in the form of capacity building and consultative service to improve knowledge and skills pertaining to tobacco control, as well as providing assistance in the organisation of implementing appropriate tobacco control programmes for various target audiences.

Healthcare Institutions

Healthcare professionals are equipped with the skills and knowledge to provide opportunistic smoking cessation advice to patients through a structured smoking cessation training programme, known as the Certification for Quit Smoking Consultants (CQSC).

HPB works in collaboration with restructured hospitals (owned by the Government and receives a government subsidy, but is run as a private company) to fund their inpatient smoking cessation programme. As smoking could aggravate or induce many health conditions, the inpatient smoking cessation program aims to nudge smokers kick start their quitting journey during their stay in the hospital.

Smoking cessation support is also available at more than 630 touch points island-wide, which include retail pharmacies, primary care institutions, and roadshows in community and corporate settings, where people can find out about smoking cessation services and register for interventions.

Workplaces

HPB works with workplaces to develop corporate smoking control programmes that help employees who smoke quit the habit, and achieve better health, finances and productivity at work.

These programmes fall into three two broad categories: awareness and cessation. For awareness, HPB conducts motivational talks that encourage smokers to contemplate quitting and non-smokers to maintain a smoke-free lifestyle. HPB also distributes support resources such as posters, campaign videos and pamphlets to workplaces. These help to de-stigmatize smoking and foster a supportive work environment for smokers to quit. For cessation, HPB conducts group counselling sessions for smokers in their workplaces over a period of 6 weeks. Smokers are also encouraged to sign up for the I Quit 28-Day Countdown challenge to complement their participation in the counselling programme.

HPB also works with the Uniformed Services, including both recruits and management personnel, to develop and implement smoking cessation programmes specifically tailored to their needs and setting. These includes holistic health seminars, where smoking is introduced as a negative coping mechanism, and group coaching and counselling programmes with interactive activities HPB tries to build capacity of interested personnel through training workshops, which equip them to provide opportunistic counselling to their peers who smoke. Since 2014, HPB has been working with the Singapore Armed Forces to expand the suite of smoking control programmes to more units.

Youth Programmes

Education and awareness, with appropriate interventions, are critical in preventing tobacco use and initiation among youths. HPB works closely with the Ministry of Education (MOE) and Institutes of Higher

Learning (IHLs) to incorporate anti-tobacco messages into the curriculum. These initiatives aim to raise awareness about the benefits of leading a tobacco-free lifestyle, dispel common misconceptions about smoking, and equip youth with life skills to refuse cigarette offers.

HPB also adopts a targeted approach by offering smoking cessation interventions to youth smokers in schools and community organisations. These cessation programmes for youth are underpinned by a strengths-based approach that seeks to harness positive aspects of the youth to bring about behaviour change. This approach is based on the understanding that youth will be more ready to address their problems when they feel empowered and more confident about their own abilities.

HPB's cessation programme helps youth channel their attention away from smoking and other risky behaviours by engaging in healthy activities aligned with their strengths. It also equips youth with the knowledge and skills to kick the habit and learn coping strategies to better deal with stress, anger, frustration or boredom.

Student Health Advisors (SHAs) provide tailored smoking cessation counselling to youth smokers in schools. Counselling sessions are conducted on an individual and/or group basis, depending on the youth's specific needs and preferences.

Counselling support is also provided via HPB's Quitline (Tel: 1800 438 2000) services.

Community

Besides preventing smoking initiation among youth, HPB also focuses on smoking cessation to encourage quitting among the general population. To this end, HPB launched the I Quit Movement in June 2011 to inspire smokers to quit with the use of encouraging testimonials and role models, coupled with a strong support network, which smokers can tap on.

As part of its 2013 I Quit campaign, HPB introduced the Let's Quit: The 28-Day Countdown. The 28-Day Countdown is based on findings that smokers who stay smoke-free for 28 days are five times more likely to succeed for good. The 28-Day Countdown helps smokers quit smoking by breaking down the quit journey into daily, small actionable steps, and equipping them with the knowledge and support to remain smoke-free through the crucial period of 28 days.

HPB has increased outreach to smokers from 3,400 in 2013 to about 20,000 in 2018, and data has shown that 10% of the participants stayed smoke-free for 28 days.

Have you utilized the "Guidelines for implementation of Article 12 of the WHO FCTC" when developing and implementing policies in this area?

Yes ✓

If you answered "Yes" to question C269 please provide details in the space below or refer to section E of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=~ONp49wA01tndSG&lang=en> (<https://extranet.who.int/dataform/655321?token=~ONp49wA01tndSG&lang=en>)

Nil.

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

Nil.

Please attach the relevant documentation.

National	Campaign poster with QR code	File type "pdf"
Tobacco Control Campaign 2019	links to the stories of quitters	

Tobacco advertising, promotion and sponsorship

Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:

instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?

Yes ✓

Does your ban cover:

- display and visibility of tobacco products at points of sales?
- the domestic Internet?
- the global Internet?
- brand stretching and/or brand sharing?
- product placement as a means of advertising or promotion?
- the depiction of tobacco or tobacco use in entertainment media products?
- tobacco sponsorship of international events or activities and/or participants therein?
- 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?
- cross-border advertising, promotion and sponsorship originating from your territory?
- the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply?

cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?

No ✘

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 ✔

Please provide a brief description of the progress made in implementing Article 13 (*Tobacco advertising, promotion and sponsorship*) in the past two years or since submission of your last report.

The Tobacco (Control of Advertising and Sale) Act and its Regulations prohibits advertising and promotions of tobacco products

Have you utilized the "Guidelines for implementation of Article 13 of the WHO FCTC" when developing and implementing policies in this area?

Yes ✔

If you answered "Yes" to question C2715 please provide details in the space below or refer to section F of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=~ONp49wA01tndSG&lang=en> (<https://extranet.who.int/dataform/655321?token=~ONp49wA01tndSG&lang=en>)

Nil.

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

Nil.

Please attach the relevant documentation.

Demand reduction measures concerning tobacco dependence and cessation

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:

developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?

Yes ✓

programmes to promote cessation of tobacco use, including:

- media campaigns emphasizing the importance of quitting?
 - programmes specially designed for underage girls and young women?
 - programmes specially designed for women?
 - programmes specially designed for pregnant women?
 - telephone quitlines?
 - local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?
- other (please specify)?
Other
-

design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:

- educational institutions?
- health-care facilities?
- workplaces?
- sporting environments?
- other (please specify)?

Smoking cessation have been introduced in cultural, religious, workplace settings. Programmes are developed taking into account gender and socio-economic statuses

Other

inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for:

- tobacco control?
- health?
- education?

inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?

Yes ✓

Which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?

- primary health care
- secondary and tertiary health care
- specialist health-care systems (please specify below)
- specialized centres for cessation counselling and treatment of tobacco dependence
- rehabilitation centres

Gynaecology Clinics and private healthcare obstetrician

Other

Are the services provided in these settings covered by public funding or reimbursement schemes?

primary health care	Partially
secondary and tertiary health care	Partially
specialist health-care systems (please specify below)	
specialized centres for cessation counselling and treatment of tobacco dependence	Partially
rehabilitation centres	Partially
other (please specify below)	

Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services?

Health professionals including:

- physicians
 - dentists
 - family doctors
 - practitioners of traditional medicine
 - other medical professionals (please specify below)
 - nurses
 - midwives
 - pharmacists
 - Community workers
 - Social workers
 - other (please specify)
 - Psychologists
 - Other
-

training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:

- medical?
 - dental?
 - nursing?
 - pharmacy?
 - social workers
 - Other
-

facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?

Yes ✓

Where and how can these products be legally purchased in your country?

Over the counter at pharmacies for Nicotine Replacement Products. Doctor's prescription for bupropion and varenicline

Which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction?

- nicotine replacement therapy
 - bupropion
 - varenicline
 - other (please specify)
 - Other
-

Are the costs of these products covered by public funding or reimbursement?

nicotine replacement therapy	Partially
bupropion	Partially
varenicline	Partially
other (please specify below)	

Please provide a brief description of the progress made in implementing Article 14 (*Demand reduction measures concerning tobacco dependence and cessation*) in the past two years or since submission of your last report.

Schools are encouraged to implement a comprehensive tobacco control programme, focusing on both preventing initiation and supporting cessation for youth smokers. These cessation programmes for youth are underpinned by a strengths-based approach that seeks to harness positive aspects of the youth to bring about behaviour change. This approach is based on the understanding that youth will be more ready to address their problems when they feel empowered and more confident about their own abilities.

HPB's cessation programme helps youth channel their attention away from smoking and other risky behaviours by engaging in healthy activities aligned with their strengths. It also equips youth with the knowledge and skills to kick the habit and learn coping strategies to better deal with stress, anger, frustration or boredom.

Student Health Advisors (SHAs) also provide tailored smoking cessation counselling to youth smokers in schools. Counselling sessions are conducted on an individual and/or group basis, depending on the youth's specific needs and preferences.

Since 2016, HPB has also intensified and expanded smoking control programmes for young uniformed services personnel. In the units that HPB is currently working with, a holistic health seminar, which covers a comprehensive range of health topics including physical activity, stress, smoking and alcohol use, is conducted for all new recruits upon enlistment. This is followed up by an intensive group counselling programme for selected recruits (after a screening procedure to identify those motivated to quit) who undergo weekly coaching and interactive counselling designed to help them quit or reduce. HPB is working with the Singapore Armed Forces to expand these programmes to more units

Have you utilized the "Guidelines for implementation of Article 14 of the WHO FCTC" when developing and implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section G of the additional questionnaire.

Response to this question or to the additional questionnaire is **voluntary**.

<https://extranet.who.int/dataform/655321?token=~ONp49wA01tndSG&lang=en>

(<https://extranet.who.int/dataform/655321?token=~ONp49wA01tndSG&lang=en>)

Nil.

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

Nil.

Please attach the relevant documentation.

C3. MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO

With reference to Articles 15–17

Illicit trade in tobacco products

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:

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?

No ✘

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?

No ✘

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?

No ✘

developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?

No ✘

requiring that marking is presented in legible form and/or appears in the principal language or languages of the country?

Yes ✔

requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?

Yes ✔

facilitating the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?

Yes ✔

enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?

Yes ✔

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 ✔

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 ✔

enabling the confiscation of proceeds derived from illicit trade in tobacco products?

Yes ✔

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 ✔

licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?

Yes ✔

Please provide a brief description of the progress made in implementing Article 15 (*Illicit trade in tobacco products*) in the past two years or since submission of your last report.

Singapore Customs is a member of World Customs Organisation (WCO) Regional Intelligence Liaison Offices Asia Pacific (RILO AP) and participates in Regional Expert Group (REG) for Regional Illicit Tobacco Enforcement Package (RITEP). This is an extended enforcement package from the existing "Project Crocodile", which is a project that combats cigarette smuggling in the AP region. The RITEP included the formation of a Regional Experts Group (REG) and set-up of the Regional Targeting Unit (RTU), incorporating elements on information exchange, risk analysis and capacity building to identify the sophisticated methodologies used by cigarette smugglers to circumvent border control.

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

Nil.

Please attach the relevant documentation.

Sales to and by minors

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:

prohibiting the sales of tobacco products to minors?

Yes ✓

Please specify the legal age:

21

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 ✓

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 ✓

banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?

Yes ✓

prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?

Yes ✓

prohibiting the sale of tobacco products from vending machines?

Yes ✓

prohibiting and/or promoting the prohibition of the distribution of free tobacco products:

- to the public?
 - to minors?
-

prohibiting the sale of cigarettes individually or in small packets?

Yes ✓

providing for penalties against sellers and distributors in order to ensure compliance?

Yes ✓

prohibiting the sales of tobacco products by minors?

Yes ✓

Please provide a brief description of the progress made in implementing Article 16 (*Sales to and by minors*) in the past two years or since submission of your last report.

In Nov 2017, the Tobacco Act was amended to increase the minimum legal age (MLA) for the purchase, use and possession of tobacco products from 18 to 21 in stepwise fashion from 2019 onwards (i.e. MLA will be 19 from 1 Jan 2019, 20 from 1 Jan 2020 and finally 21 from 1 Jan 2021).

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

Nil.

Please attach the relevant documentation.

Provision of support for economically viable alternative activities

Have you adopted and implemented, where appropriate, measures or programmes on any of the following:

promoting economically viable and sustainable alternatives for:

tobacco growers?	Not applicable
tobacco workers?	Not applicable
tobacco individual sellers?	No

Please provide a brief description of the progress made in implementing Article 17 (*Provision of support for economically viable alternative activities*) in the past two years or since submission of your last report.

NA.

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

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

NA.

Please attach the relevant documentation.

C4. OTHER MEASURES AND POLICIES

With reference to Articles 18–21

Protection of the environment and the health of persons

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:

implementing measures in respect of tobacco cultivation within your territory, which take into consideration:

the protection of the environment?	Not applicable
the health of persons in relation to the environment?	Not applicable

implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:

the protection of the environment?	Not applicable
the health of persons in relation to the environment?	Not applicable

Please provide a brief description of the progress made in implementing Article 18 (*Protection of the environment and the health of persons*) in the past two years or since submission of your last report.

NA

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

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

NA

Please attach the relevant documentation.

Liability

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:

Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?

Yes

Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?

No

Do you have any civil liability measures that are specific to tobacco control?

Not applicable

Do you have any general civil liability provisions that could apply to tobacco control?

Not applicable

Do you have civil or criminal liability provisions that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs?

Not applicable

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?

No

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?

No

Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (*Liability*) in the past two years or since submission of your last report.

Nil

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

Nil.

Please attach the relevant documentation.

Research, surveillance and exchange of information

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:

developing and/or promoting research that addresses:

- determinants of tobacco consumption?
 - consequences of tobacco consumption?
 - social and economic indicators related to tobacco consumption?
 - tobacco use among women, with special regard to pregnant women?
 - the determinants and consequences of exposure to tobacco smoke?
 - identification of effective programmes for the treatment of tobacco dependence?
 - identification of alternative livelihoods?
 - Other
-

training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?

Yes ✓

a national system for epidemiological surveillance of:

- patterns of tobacco consumption?
 - determinants of tobacco consumption?
 - consequences of tobacco consumption?
 - social, economic and health indicators related to tobacco consumption?
 - exposure to tobacco smoke?
 - Other
-

Please list all surveys, including the year of the survey, that you have undertaken in the past.

Student Health Surveys were conducted once every 3 year, the last one was in 2012. National level Health Surveys for adults have been conducted every 3 years since 1992

Does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below.

The National Population Health Surveys which include sections on tobacco use are conducted on an annual basis from 2017

regional and global exchange of publicly available national:

- scientific, technical, socioeconomic, commercial and legal information?
 - information on the practices of the tobacco industry?
 - information on the cultivation of tobacco?
-

an updated database of:

- laws and regulations on tobacco control?
 - information about the enforcement of laws on tobacco control?
 - pertinent jurisprudence?
-

Please provide a brief description of the progress made in implementing Article 20 (*Research, surveillance and exchange of information*) in the past two years or since submission of your last report.

Nil.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether you included information on WHO FCTC implementation in your Voluntary National Review (VNR) on the Sustainable Development Goals (SDGs), related to target 3.a).

Nil.

Please attach the relevant documentation.

D. INTERNATIONAL COOPERATION AND ASSISTANCE

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:

development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?

Assistance provided Yes

Assistance received Yes

provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?

Assistance provided Yes

Assistance received Yes

appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?

Assistance provided Yes

Assistance received No

provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?

Assistance provided Yes

Assistance received No

identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?

Assistance provided Yes

Assistance received No

promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?

Assistance provided No

Assistance received No

Please identify the Party or Parties from which assistance was received or to which assistance was provided.

Knowledge transfer

In March 2019, HPB's CEO Mr Zee Yoong Kang participated as a technical advisor to Victoria's Quit Review Taskforce in Melbourne. In December 2019, Singapore brief Victoria's Minister for Health and the Minister for Ambulance Services Jenny Mikakos on Singapore's Multi-pronged tobacco control strategy in Singapore, including policy measures such as the MLA for tobacco and the ban on e-cigarettes. In the same month, Singapore also hosted the Thailand Youth Institute and shared about Singapore's efforts to prevent the initiation of smoking in youth.

2019

26 to 28 March Workshop on Regulation of Tobacco Product Contents, Emissions and Design to Reduce Product Attractiveness (Articles 9 & 10 of WHO FCTC), which was held in Singapore, organized by HPB and SEATCH (includes visit to Cigarette Testing Laboratory)

20 & 21 August Health officials from Hong Kong Administrative Region Government (HKSARG) to learn about Singapore's enforcement on ENDS (includes a visit to the Cigarette Testing Laboratory)

2 to 6 November Health Official from health department from various cities in China were in Singapore for a Strategic Health Communication course organised by VITAL Strategies and the course includes a visit to Cigarette Testing Laboratory.

7 Nov Officials from Health promotion & Management Department from National Health Insurance Service of the Republic of Korea to learn about Singapore's Tobacco Control Programme, includes a visit to Cigarette Testing Laboratory

25 to 27 November Health officials from Sri Lanka, organised by WHO Western Pacific Regional Office (WPRO) to learn about Singapore's tobacco control measures (includes a visit to the Cigarette Testing Laboratory)

Please provide information about any assistance provided or received in the space below, including any support received from nongovernmental organizations (please, specify).

Technical Support / Capacity Building Programmes for region and involvement in activities organized by Convention Secretariat (period between 1 March 2018 to 31 January 2020)

Singapore through WHO TobLabNet and in collaboration with various WHO platforms, continues to support the work requested by COP in capacity building by providing technical training and consultation on tobacco testing, in line with decision FCTC/COP8(21) of the eight session of the Conference of the Parties (COP8) of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC).

During the period in review, Singapore provided tobacco-testing support to regulatory agencies for countries at southeast asia (SEARO) and western pacific region (WPRO) which help to fulfil their FCTC obligations. Various forms of tobacco product received from Samoa, Solomon Island, Fiji,, Kiribati, Niue, Micronesia-Yap State, Palau, Indonesia, Timor Leste and Tonga were tested and this serve as information and reference to build on product regulatory activities in these countries.

In line with decision FCTC/COP/3/DIV/3; FCTC/COP7(14); FCTC/COP8(21) and FCTC/COP8(22), Singapore was involved in the following:

- Completed the finalization of three Standard Operating Procedures (SOPs) for determination of aldehydes (SOP08) and volatile organics (SOP09) in mainstream cigarette smoke under ISO and intense smoking conditions and determination of nicotine and carbon monoxide in mainstream cigarette smoke under intense smoking condition (SOP10). These SOPs were published at WHO website.
- participated as Chair of WHO TobLabNet at a meeting on tobacco addictiveness reduction measures to discuss current and emerging knowledge on the issue and examined the potential positive and negative individual and societal consequences, as well as conditions and challenges to support successful implementation. The meeting was organized by the Convention Secretariat and WHO and was held from 15 to 16 May 2018 in Berlin, Germany.
- participated as Chair of WHO TobLabNet and presented at the Regional Preparatory Workshop For the Eight Conference of the Parties to the WHO Framework Convention on Tobacco Control (WHO FCTC), hosted by WPRO which was held from 28 to 30 August 2018, at Manila, The Philippines.
- participated as Chair of WHO TobLabNet to be the resource person at the Eight Session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control, held from 1 to 8 October 2018, in Geneva, Switzerland.
- participated as Expert at the meeting to review the latest available scientific evidence on the impact of cigarette ventilation on cigarette use, held from 18 to 19 November 2019 organized by the Convention Secretariat and WHO in Bilthoven, The Netherlands
- participated as Chair of WHO TobLabNet at the Expert Group Meeting on Articles 9 & 10 of the WHO FCTC to examine the reasons for low implementation of Articles 9 and 10 of the Convention, held from 21 to 22 November 2019, organized by the Convention Secretariat.

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.

Nil.

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?

No ✘

E. PRIORITIES AND COMMENTS

What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?

Singapore considers the implementation of the FCTC holistically and in ensuring that all the obligations are met, Singapore had focused on the time-bound implementation as well as targeting measures to control both the supply and demand of tobacco products domestically.

In reducing the demand of tobacco, Singapore places a strong emphasis on the implementation of Article 12 on the education and the creating public awareness as well as capacity building and leveraging on strategic partners to communicate our anti-tobacco messages. Singapore is in its advanced stage of implementation, with constant reviews for further strengthening or to address any gaps in the implementation of Articles 6-14 on demand control, particularly on Articles 6, 8 and 11. With the adoption of Guidelines of Articles 9 and 10, national implementation measures on those provisions may be further addressed. Article 13, will remain a key focal area and Singapore will be closely monitoring international developments in line with our commitments to the FCTC.

Implementation of Articles 15-17 which targets reduction of supply are in the process of implementation. Singapore considers implementation of Article 16 of importance to protect the youth from exposure to smoking.

Singapore constantly reviews our national policies with the various Ministries/ Agencies in Singapore to ensure a whole of government approach in implementing the FCTC obligations.

Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control?

No ✘

What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?

Do you have any of the following products available on your national tobacco market?

- smokeless tobacco products
 - water pipe tobacco
 - Electronic Nicotine Delivery Systems (ENDS)
 - Electronic Non-Nicotine Delivery Systems (ENNDS)
 - heated tobacco products (HTPs)
 - Other
-

Have you adopted and implemented any policy or regulation that is specific to the following tobacco products?

- smokeless tobacco products
 - water pipe tobacco
 - Electronic Nicotine Delivery Systems (ENDS)
 - Electronic Non-Nicotine Delivery Systems (ENNDS)
 - heated tobacco products (HTPs)
 - Other
-

If you have any relevant information related to questions E5 and E6, please provide details in the space below.

The above products are prohibited under the TOBACCO (CONTROL OF ADVERTISEMENTS AND SALE) (PROHIBITED TOBACCO PRODUCTS) regulations 2014

<https://sso.agc.gov.sg/SL/TCASA1993-S769-2014?DocDate=20180131>

Please provide any other relevant information not covered elsewhere that you consider important.

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