

2020 - CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC

A. ORIGIN OF THE REPORT

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Period of reporting:

	Month	Year
Start date	2009 (10)	2017 (18)
End date	September (9)	2019 (20)

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
MALE	37.72	10.16
FEMALE	1.67	6.91
TOTAL (males and females)	19.08	10.01

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	33.40	10.81
FEMALE	1.38	7.67
TOTAL (males and females)	16.85	10.69

Occasional smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	4.32
FEMALE	0.29
TOTAL (males and females)	2.24

Former smokers

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

MALE	16.51
FEMALE	1.03
TOTAL (males and females)	8.51

Never smokers

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

MALE	45.77
FEMALE	97.30
TOTAL (males and females)	72.40

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

Manufactured Cigarettes, Hand-rolled Cigarettes, Cigars, Pipe full of tobacco, Number of water pipe sessions e.g. Baraku/ Hookah / Shisha, Electronic Cigarette/ Electronic Baraku

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

	From	To
Age range	15	100

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:

The smoking and drinking behaviour survey, 2017 (NSO, 2017), National Statistical Office

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

Current smoker	adults who currently daily and occasionally smoke tobacco.
Daily smoker	adults who currently smoke regularly or daily smoke.
Occasional smoker	adults who currently occasionally (less than daily) smoke tobacco.
Former smoker	adults who were daily or occasional tobacco smokers and currently do not smoke tobacco.
Never smoker	adults who never smoked any smoked tobacco products in their life.

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 smoking trend of population aged 15 years and over slightly went up and down but dropped down from 20.7% in 2014 to 19.9% in 2015 and 19.1% in 2017. There was more reduction in male smokers than female ones by decreasing from 40.5% in 2014 to 39.3% in 2015, and 37.7% in 2017 while female smokers falling from 2.2% in 2014 to 1.8% in 2015, and 1.7% in 2017 (Refer to : Executive summary, THE SMOKING AND DRINKING BEHAVIOUR SURVEY 2017, National Statistical Office)

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	15	19	18
MALES - current smokers ¹	20	24	18
MALES - current smokers ¹	25	44	52
MALES - current smokers ¹	45	59	42
MALES - current smokers ¹	60	100	17
FEMALES - current smokers ¹	15	19	3
FEMALES - current smokers ¹	20	24	1
FEMALES - current smokers ¹	25	44	1
FEMALES - current smokers ¹	45	59	17
FEMALES - current smokers ¹	60	100	17
TOTAL (males and females) - current smokers ¹	15	19	10
TOTAL (males and females) - current smokers ¹	20	24	21
TOTAL (males and females) - current smokers ¹	25	44	22
TOTAL (males and females) - current smokers ¹	45	59	21
TOTAL (males and females) - current smokers ¹	60	100	14

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

Manufactured Cigarettes, Hand-rolled Cigarettes, Cigars, Pipe full of tobacco, Number of water pipe sessions e.g. Baraku/ Hookah / Shisha, Electronic Cigarette/ Electronic Baraku

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

2017

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

15 years and over ** Please kindly noted that THE SMOKING AND DRINKING BEHAVIOUR SURVEY, 2017 by National Statistical Office had categorized target population into 5 groups: 15-19, 20-24, 25-44, 45-59 and 60 years old above, when using these data for analysis please consider the limitation above.

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.

The results showed that of 55.9 million population aged 15 years and over, 10.7 million people (19.1%) were 2 types of smokers: 9.4 million regular smokers (16.8%) and 1.3 million rarely smokers (2.2%). Age group 25-44 years displayed the highest smoking rate (21.9%), followed by age group 45-59 years (19.1%), age group 20-24 years (20.7%), and elderly group 60 years and over (14.4%). Youth group showed the lowest rate of smoking (9.7%). (Refer to : Executive summary, THE SMOKING AND DRINKING BEHAVIOUR SURVEY 2017, National Statistical Office)

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)

Current users	1.51
Daily users	1.20
Occasional users	0.31
Former users	0.69
Never users	97.80

Females

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

Current users	2.73
Daily users	2.29
Occasional users	0.44
Former users	0.40
Never users	96.87

TOTAL (males and females)

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

Current users	2.14
Daily users	1.76
Occasional users	0.38
Former users	0.54
Never users	97.32

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

Snuff/ Chewing Tobacco

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

	From	To
Age range	15	100

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

2017

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

Smoking and drinking behaviour survey 2017 of National Statistical Office (NSO)

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	adults who currently use smokeless tobacco daily and occasionally.
Daily user	adults who currently use smokeless tobacco daily.
Occasional user	adults who currently use smokeless tobacco occasionally (less than daily).
Former user	adults who have used daily smokeless tobacco before and currently do not use any smokeless tobacco products.
Never user	adults who currently do not use and have never used any smokeless tobacco products in their life.

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.

Smokeless users (nose-/mouth-intake snuff tobacco, chewing tobacco, betel) constituted 2.1% of total population, with 3% living in rural area and 1.2% living in urban area. In regional, highest smokeless users were found in north-east region (3.6%) followed by the south, central and north (2.3, 1.9 and 1.5 respectively) and Bangkok was found to have the least smokeless users (0.4%).

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)
TOTAL (males and females) - current smokers ²	15	19	0
TOTAL (males and females) - current smokers ²	20	24	0
TOTAL (males and females) - current smokers ²	25	44	0
TOTAL (males and females) - current smokers ²	45	59	1
TOTAL (males and females) - current smokers ²	60	100	7

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

Snuff/ Chewing Tobacco

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

2017

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

Smoking and drinking behavior survey 2017 of National Statistical Office (NSO)

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.

Prevalence of smokeless tobacco use in the adult population (all) by age groups (Total)
the results showed that Prevalence of smokeless use has continuously decreased in all age groups in 2017 compare to 2014.

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

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

From To

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

2014

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

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 (%)
BOYS - Current users ⁴	13-15	17.2	4.1	4.7
GIRLS - Current users ⁴	13-15	5.2	1.3	1.9
TOTAL (boys and girls) - Current users ⁴	13-15	11.3	2.7	3.3

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

Prevalence of smoking tobacco included manufactured cigarettes , hookah , pipe , hand -rolled cigarettes and others.

Smokeless tobacco product included chewing tobacco , snuff , betel quid with tobacco and others.
And electronic cigarettes.

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

2015

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

Global Youth Tobacco Survey :Thailand ,2015 , Department of Disease Control and WHO SEARO

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

Current smoking/ tobacco use: young person who currently smoke cigarette (during the past 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.

In the past 2 years (2017 - 2019) Thailand has been no survey of prevalence on tobacco use in young persons. but Thailand has Global Youth Tobacco Survey, Thailand Report on 2015

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?

Yes ✓

Please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).

Results of NSO in 2017 shows that 32.7% of adults aged 15 years and above are exposed to tobacco smoke at home, 68.2 % of adults aged 15 years and above are exposed to tobacco smoke at transportation service. Moreover, the survey reveals that markets are the most common sites for the highest exposure to tobacco smoke at 74.5%

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

2017

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

Smoking and drinking behavior survey 2017 of National Statistical Office (NSO)

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?

55000

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

Cause of Death of Strategy and Planning Division, Mistry of Public Health 2017 reveal that top 5 tobacco death by cause are cardiovascular diseases, lung cancer, COPD, Lung infection and Tuberculosis diseases.

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:

Thailand burden of diseases attributable to risk factors 2014 of Burden of diseases Thailand (BOD)/ Cause of Death of Strategy and Planning Division, Ministry of Public Health

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).

The economic loss to Thailand from smoking-related diseases was 220,461 million baht in 2019. This economic loss is due to: Medical expenses (77,626 million baht), Productivity loss caused by absence for sickness of employees (11,762 million baht) and Productivity loss caused by premature deaths (131,073 million baht)

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

2019

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

Patanavanich Roengrudee. How much did we lose to smoking. Retrieved from <https://www.thaihealth.or.th>. On 14 February 2020

Please submit a copy of the study you refer to:

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	cigarettes	Packs (in million)		1,745		
Smoking tobacco products	Flavoured shredded tobacco	Kilogram		1,170		
Smoking tobacco products	shreded tobacco	Kilogram (in million)		23		
Tobacco leaves	tobacco leaves	million kg	41.324	N/A	9.694	-

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

N/A

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:

Fiscal year of 2019 / Excise department

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	2019	cigarettes	packs	527,321

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

Yes ✓

What percentage of the national tobacco market do illicit tobacco products constitute? (%)
0.03

What is the trend over the past two years or since submission of your last report in the percentage of illicit tobacco products in relation to the national tobacco market?

Please provide any further information on illicit tobacco products.

Fiscal year 2019, there are 10054 cases, Total fine 228.90 million baht

Please indicate the source of the data used to answer questions in section B6:
Fiscal year of 2019 / Excise department

Please attach the relevant documentation.

Tobacco-growing

Is there any tobacco-growing in your jurisdiction?

Yes ✓

Please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.

The number of shredded tobacco grower : 10,450 Person

The number of tobacco growers: 15,056 Person

Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.

N/A

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

2019

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

Excise department

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))?

58.68

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

Specific tax only	No
Ad valorem tax only	No
Combination of specific and ad valorem taxes	Yes
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	Cigarette	Ad valorem	40% of retail price	Retail price > 60 BAHT
Smoking tobacco products	Cigarette	Ad valorem	20% of retail price	Retail price < 60 BAHT
Smoking tobacco products	Cigar	Ad valorem	10% ,	Retail price
Smoking tobacco products	Cigar	Specific	1.2 baht/gram	Weight
Smoking tobacco products	Other Cigarette	Ad valorem	40% of retail price	Retail price
Smoking tobacco products	Flavoured Shredded Tobacco	Ad valorem/Specific	10%/ 1.2 baht/gram	Retail price/Weight
Smoking tobacco products	Shredded Tobacco	Specific	0.025 baht/gram	Manufacture less than 12000 Kg/year
Smoking tobacco products		Specific	0.10 baht/gram	Manufacture more than 12000 Kg/year
Smokeless tobacco products	Chewing Tobacco	Specific rate	0.1 baht/gram	Retail price

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 16th September 2017, Excise Tax Act has been fully enforced in the purpose to readjust base of tax calculation in accordance with the law. Tax collection totaled 67,410.24 million baht; a decrease of 1,137.93 million baht or 1.66%, which is lower than the amount defined in the estimate documentation for 4,589.76 million or 6.37%.

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

Yes ✓

Please provide details in the space below.

2 percent of taxation income is earmarked to ThaiHealth Foundation for funding tobacco control national plan.

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

2019

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

Fiscal year of 2019 / Excise department

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
Smoking tobacco products	SMS	20	60	bath
Smoking tobacco products	Wonder S	20	60	bath
Smoking tobacco products	Krongthip	20	95	bath

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	L&M 7.1	20	60	bath
Smoking tobacco products	iSCORE	20	58	bath
Smoking tobacco products	Marlboro	20	145	bath

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

2019

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

Fiscal year of 2019 / Excise department

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.

After enforcing Excise Tax Act 2017, Thailand started to use combination of specific and ad valorem taxes causing a price fluctuation in both domestic and import cigarette, which result in losing market share of domestic cigarette to import cigarette.

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).

Office of Tobacco Products Control Committee (OTPC) or previously called Bureau of Tobacco Products Control is established under the Department of Disease Control, Ministry of Public Health acts as the national focal point for prevention and control of tobacco products. Currently, Thailand has the Tobacco Products Control Act (TPCA) 2017 (B.E.2560), which was published in the Royal Gazette on April 5, 2017 and came into force on July 4, 2017. The main responsible is to process of tobacco products control policy cycle composed of policy agenda, policy formulation (including development of new legislation and revision of existing laws and regulations), policy decision, policy implementation, and policy evaluation. In addition, OTPC is assigned to be secretary general of the National Tobacco Products Control Committee (NTPCC) as well as other sub-committee implementing the Second National Strategic Plan for Tobacco Control, 2016–2019 (B.E.2559-2562).

The Second National Strategic Plan for Tobacco Control, 2016- 2019 (B.E.2559-2562) that will be extending to 2022 was developed through collaborative efforts from all sectors including government and NGOs and aimed to achieve smoke-free Thai society. This National Strategic Plan is multidisciplinary plan and was approved by the Cabinet on April 19, 2016. This National Strategic Plan consists of 6 strategies which are

Strategy 1: Strengthening and developing national capacity in tobacco control operations,

Strategy 2: Prevention of the initiation of new tobacco consumers and control of tobacco industry interference target to adolescent and new smokers,

Strategy 3: Provide help to quit smoke,

Strategy 4: Regulation of tobacco product contents and disclosure,

Strategy 5: Non-smoker protection through smoke-free environments, and

Strategy 6: Tax measure and control of illicit trade on tobacco products.

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.

Tobacco products control in Thailand has been financially supported by various organizations, such as ThaiHealth Promotion Foundation, World Health Organization (WHO), Tobacco Control Research and Knowledge Management Center (TRC). ThaiHealth Promotion Foundation is an autonomous state agency which outside the formal structure of government. ThaiHealth Promotion Foundation is funded by sin taxes - 2% surcharge of excise tax on cigarettes and alcohol beverages. The fund is used as monetary support for various activities related health promotion including tobacco control for government, non-government and civil society since 2001.

The strategic national control plan has extended for 2 more years (from originally 2015 -2019) to further achieve smoking prevalence at 16.7% and exposure from second hand smoke at 25%.

In 2019, standardized packaging for cigarette was introduced and in 2020 standardized packaging for shredded tobacco was introduced.

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?

Yes ✓

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.).

According to principle 2 (accountable and transparent) code of conduct in interacting with the TI has been enacted for the officials of Ministry of Public Health. The conduct does not include other government officials.

According to Article 12(c), a variety of activities have been conducted

1) public education on tobacco industry tactics, 2) community campaigns for countering, which prohibits the advertisement of tobacco products directly and indirectly through media or any other methods and 3) CSR monitoring and urge educational institutes to decline any sponsoring activities from tobacco industries 4) Tobacco state enterprise is treated the same way as any other tobacco industries

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.

To protect tobacco control policies from commercial and other vested interests of the tobacco industry in accordance with national law. Regulation of Ministry of Public Health (code of conduct in interacting with the TI) was improved and is already signed by Permanent Secretary of the Ministry of Public Health which is provided material in accordance of Article 5.3 as part of WHO-FCTC. This regulation must be carried out by officials in Ministry of Public Health.

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=is4pes9ntbr3kst&lang=en>

(<https://extranet.who.int/dataform/655321?token=is4pes9ntbr3kst&lang=en>)

According to principle 1 Deliberation of Article 5.3 at National Committee on Tobacco Control meeting: prepare implementation plan to be submitted to Cabinet for further directives. Working closely with many organizations to raise awareness about tobacco industry interference with tobacco control policies
According to principle 2 (accountable and transparent) the Bureau of Tobacco Control OPTC, which is the National focal point, under Department of Disease Control, MOPH has Regulation for officials in interacting with the TI (No dialogue with the TI in policy development on tobacco control. No meeting between TI representative and the Minister or officials of the Ministry of Public Health, except for implementation of Tobacco Control Law)

According to principle 3 There is clear policy on exclusion of TI-affiliated organizations involvement in all tobacco control processes

According to principle 4 No policy on the disclosure and management of conflicts of interest but adopt and implement a code of conduct for public officials by Promulgation the Regulation of Department of Disease Control on Interacting with Tobacco Entrepreneurs and Related Persons 2016 (B.E.2559), however there are no guidelines for other government officials

According to principle 5 TPCA 2017 requires disclosure of TI activities to government or public under Notification of the Ministry of Public Health Re: Criteria, Methods and Conditions for Information Submission by Manufacturers or Importers Engaging in Sale of Cigarette Tobacco Products in the Kingdom 2019 (B.E. 2562).

According to principle 6 Prohibit government organizations from accept donation from TI and Ban CSR publicity; Ban announcement or make publicity of sponsorship or other activities by tobacco company, including using company name, logo in electronic media.

According to principle 7 Tobacco industry is entitled to receive tax privilege in the duty free-zone similar to other industries.

According to principle 8 Tobacco authority of Thailand (TOAT), the tobacco state enterprise , Tobacco is treated in the same way as other tobacco industries. All TC policy apply to both Transnational Tobacco Company (TTCs) and TOAT

Those run TOAT is not involved in TC policy development

No TOAT in MOPH meeting

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?

Yes ✓

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.

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=is4pes9ntbr3kst&lang=en> (<https://extranet.who.int/dataform/655321?token=is4pes9ntbr3kst&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.

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)	Yes
administrative and executive orders	Yes
voluntary agreements	No
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.

TPCA 2017 (B.E. 2560), which was published in the Royal Gazette on April 5, 2017 and came into force on July 4, 2017 contained important measures related to the implementation of smoking-free public spaces that can be categorized into 3 types:

1. The law requires public places to be non-smoking. In order to, protect the health of non-smokers.
2. Assign the duty to the owner of a public place legally designated as a non-smoking area. It is obligatory to operate a non-smoking facility. According to, the conditions and characteristics as required by law.
3. In addition to those who own a public place, the owner of the place must also be obliged to advertise or notify the place that it is a non-smoking area and control, prohibit, or take any other action to avoid smoking in the non-smoking area.

The Minister of Public Health has issued two sets of regulations under the TPCA 2017. As a part of designated as public places with the purpose of health protection for non-smokers.

1. Ministry of Public Health Notification Re: Identification of Types or Names of Public Places, Work Places and Vehicles, Entirely or in Part, as Non-Smoking Areas or Smoking Areas in Non-Smoking Areas 2018 (B.E.2561) identifies different categories of smoke free places. Important measures related to the implementation of smoking-free public spaces are categorized into 4 groups:

- 1.1. Public health service and health promotion facilities, educational institutions or places for learning and training which has a clear entrance-exit, measurement of the 5 metre distance shall start from the edge of both sides of the entrance-exit, and moving away 5 metres, whether enclosed or not, including spaces within 5 metres from the entrances-exits to these places, shall be identified as non-smoking areas.
 - 1.2. Health businesses (Thai massage or traditional massage businesses), public parks, zoos, fun parks, and water parks shall be identified as 100% non-smoking areas.
 - 1.3. Tertiary educational institutions, government offices, state enterprises, or other government agencies and airports shall be identified as non-smoking areas. However, specific smoking areas can be arranged outside the buildings, structures or edifices.
 - 1.4. Only the identified areas, including all areas measured 5 metres from the identified areas, or from the doors, windows, entrances-exits, air ducts or passages are designated as non-smoking areas such as shopping malls or shopping centres, areas that sell or serve food, beverage, or food and beverage of a place that sells food, beverage, or food and beverage, with no air-conditioning.
2. Notification of the Ministry of Public Health Subject: Appearance and methods for displaying non-smoking signs and smoking area signs 2018 (B.E. 2561)

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

Yes ✓

Please provide details of this system.

OTPC serves as the legal center for consultation, practice guidelines, development and training on knowledge and skills in law enforcement of tobacco control for law enforcement officers in regional areas.

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	Complete
other (please specify below)	Complete

Please provide a brief explanation of any "other" policies in the space 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	None
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	Complete
nightclubs	Complete
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

Notification of the Ministry of Public Health 2018 (B.E. 2561) identified indoor workplaces as non-smoking areas.

Banning tobacco smoking in public transport

Notification of the Ministry of Public Health 2018 (B.E. 2561) identified public transport in service with or without passengers as non-smoking areas.

Banning tobacco smoking in indoor public places

Notification of the Ministry of Public Health 2018 (B.E. 2561) identified indoor public places as non-smoking areas.

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.

Notification of the Ministry of Public Health RE: Identification of types or names of public places, work places and vehicles, entirely or in part, as non-smoking areas or smoking areas in non-smoking areas 2018 (B.E. 2561) designated indoor public places, private places and public vehicle as non-smoking area. This regulation makes 100% smoke-free indoor public areas. Owners of private place must also be obliged to advertise or notify that the place is a non-smoking area. They must control, prohibit, or take any other action in order to avoid smoking in the non-smoking area. However he can arrange smoking places outside the building as prescribed by the law.

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=is4pes9ntbr3kst&lang=en> (<https://extranet.who.int/dataform/655321?token=is4pes9ntbr3kst&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.

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?

Yes ✓

testing and measuring the emissions of tobacco products?

Yes ✓

regulating the contents of tobacco products?

Yes ✓

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.

The manufacturer or importer of tobacco products have the duty to inform the Ministry of Public Health of the particulars of components of the tobacco products and emission products as informed in accordance with the criteria, procedures and conditions prescribed in the Ministerial Regulations under TPCA 2017.

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=is4pes9ntbr3kst&lang=en> (<https://extranet.who.int/dataform/655321?token=is4pes9ntbr3kst&lang=en>)

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.).

Thailand has incorporated product regulation in TPCA 2017 and in Ministerial Regulation 1997. Currently, Thailand has no access to governmental tobacco laboratories; but TI is required to submit testing report of tobacco products from laboratories that does not owned or controlled by the tobacco industry.

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?	Yes
emissions of tobacco products?	Yes

requiring public disclosure of information about the:

contents of tobacco products?	Yes
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.

The manufacturer or importer of tobacco products have the duty to send the sample of the tobacco products to the Ministry of Public Health for examination and disclosure to the public as informed in accordance with the criteria, procedures and conditions prescribed in the Ministerial Regulations under TPCA 2017.

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=is4pes9ntbr3kst&lang=en> (<https://extranet.who.int/dataform/655321?token=is4pes9ntbr3kst&lang=en>)

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.).

TPCA 2017 stated that manufacturers and importers must disclose products content and emission to government authorities.

Government sectors and NGOs have continuously raised public awareness and conducted public education about toxic constituents in tobacco products on social media platform and in school curriculum.

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.

To compliance with WHO – FCTC Article 11, Thailand has issued two sets of regulation; 1. Notification of the Ministry of Public Health Subject: Criteria, methods and conditions on tobacco product and cigarette packaging 2018 (B.E.2561) and 2. Notification of the Ministry of Public Health Re: Criteria, Methods and Conditions for Packaging of Tobacco or Flavored Tobacco Products 2019 (B.E.2562) to reduce attractiveness of tobacco products, eliminate tobacco packaging as a form of advertising, and increase the noticeability and effectiveness of pictorial health warnings. Notification of the Ministry of Public Health Subject: Criteria, methods and conditions on tobacco product and cigarette packaging 2018 (B.E.2561) came into effect since 10th September 2019. This regulation restricts the use of logos, colors, brand images or promotional information on packaging other than brand names and product names displayed in a standard color and font style. Cigarette products include 85 percent pictorial health warnings on both sides of the pack, pantone cool grey packs and are free of any brands' logos or images. Notification of the Ministry of Public Health Re: Criteria, Methods and Conditions for Packaging of Tobacco or Flavored Tobacco Products 2019 (B.E.2562) which has come into forced on 12th February 2020.

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=is4pes9ntbr3kst&lang=en> (<https://extranet.who.int/dataform/655321?token=is4pes9ntbr3kst&lang=en>)

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

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)
- 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.

In the past two years, through progressing in the implementations of the Article 12, there have been organization regularly implemented education communication training and public awareness activities included.

- Communications through a variety of mass media.
 - Establish , expand and strengthen tobacco control network by Training/workshop programs about health impacts of tobacco, Smoke – free Schools, Promotion of Cessation, Reduction of Tobacco Use, Control tobacco industry’s advertising and marketing and Tobacco Products Control Act 2017.
 - World No Tobacco Day Campaign together with public awareness
 - Launch the smoke-free school reinforcement project by signing the MOU of MOPH , Office of the basic education commission and ASH. Developed guidelines and disseminated to participated schools and related networks.
 - Public relations and campaigns to raise awareness on tobacco harm and tobacco industry strategy .
-

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=is4pes9ntbr3kst&lang=en> (<https://extranet.who.int/dataform/655321?token=is4pes9ntbr3kst&lang=en>)

For the past 2 years, Thailand has driven implementation to communicate and create awareness to the public of harm on using tobacco products and new tobacco products (ENDS and HTP), to help promote behavioral change through activities, public campaign, roadshow, press media and other media channels of all age groups for example:

1. Ministry of Public Health with the Ministry of Educations (primary, secondary, vocation schools and university) has collaborated to develop a mechanism. Policy-driven on TPCA 2017 creates several important implementation are smoke-free environment, participation of trained health volunteer-students to support smoking cessation, screening and referral to health services is a concrete surveillance not to smoke joint activities between schools and community for a smoke-free community, integrate tobacco control (public awareness of effect on health, environment, second hand and third smoke and promote preventive behavior on no-smoking, smoking cessation, and tobacco industry strategy and tactic and tobacco control law) into school curriculum. Support of mass and print media to promote health effect of smoking continuously.

2. In government and private places (industry, factory, zoo, amusement park, place of worship, and local administration)

Action on Tobacco Control by the establishment or the process of implementing the tobacco control systems and procedures. The Royal Commission has prepared guidelines for the control of tobacco products to provide a non-smoking establishment of a solid and sustainable. And strengthening the knowledge understanding and public relations campaign. About Tobacco

2.1 Promote the dissemination of knowledge and understanding in order to raise awareness about the penalty. Dangers of tobacco the impact caused the cessation of the economic, household and health. Through various media channels

2.2 Promotion/push personnel/staff/family participation in smoking cessation. To reduce the unemployment rate from diseases caused by smoking. Including risk reduction and reduce the severity of chronic non-communicable diseases (NCDs) and promote cigarette cessation role model

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.

Smokefree chatujak market	People participated in campaign smokefree environment to spread the message of new policy on smokefree environment that was passed.	File type "jpg"
Smokefree home	Youth making a "no smoking sign" surrounded by picture of a house which indicate a smokefree home.	File type "jpg"
Smokefree chatujak market	Dr. Suwannachai Wattanayingcharoenchai, director - general (left) and Dr. Chayanan Sittibusaya, director (right) walked through chatujak market to spread awareness of smokefree environment.	File type "jpg"
Smokefree Taxi	Taxi drivers holding a smokefree sign (meant to stick in their cars) in their hands to emphasis the smokefree environment in public transport.	File type "jpg"
World No Tobacco Day 2019	Organising a campaign of WNTD to spread awarness and to educate public of harm of tobacco use.	File type "jpg"

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?

Yes ✓

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 Products Control Act 2017 (B.E 2560) which came into force on July 4, 2017 has comprehensive ban on tobacco advertising, promotion and sponsorship, including point of sale and display of tobacco products at retail store. Moreover, Thailand has adopted standardized plain packaging to further reduce tobacco advertising and promotion. CSR activities are all banned except in case of donation or humanitarian aid in event of severe disasters.

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=is4pes9ntbr3kst&lang=en> (<https://extranet.who.int/dataform/655321?token=is4pes9ntbr3kst&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.

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)?

communities and health
volunteers

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)?
- all medical schools in Thailand & prison 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
- Other

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

primary health care	Fully
secondary and tertiary health care	Fully
specialist health-care systems (please specify below)	Fully
specialized centres for cessation counselling and treatment of tobacco dependence	Partially
rehabilitation centres	None
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)
 - 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?
 - Physical therapist & medical technologist
 - 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?

1. Pharmacy
 2. Hospital: prescribed by physicians
-

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	None
bupropion	None
varenicline	Partially
other (please specify below)	None

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.

1. Training of Tobacco Control Leadership program for health professional and establish a leadership training center to promote treatment of tobacco addicts. There are Smart Quit Clinics (Fah Sai Clinic), and tobacco cessation clinics in MOPH health facility service for tobacco dependence cessation. 2. Develop integrated tobacco cessation system, drafting and testing the system for tobacco cessation using 1S3C in 3 pilot areas. 3. Support and promote quitline 1600 by coordination with related authorities for exempting call charge from both fixed line and mobile call. 4. Successfully implement tobacco cessation service & smoke-free policy in the prison & correctional institutions nationwide. 5. Successfully made "varenicline" available free-of-charge for smokers under social security funds nationwide.

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**.

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1. To develop national policy in tobacco control & cessation under the same principles of FCTC 14 guidelines.
2. Now Thailand FDA already removed NRT out of "the dangerous chemicals & drugs". NRT is now therefore available widely in all pharmacies. Thailand FDA also has planned to move NRT to be Over the counter (OTC) drugs, in order to have NRT being sold in all stores that have cigarette available.
3. Thailand Clinical Practice Guideline (CPG) in smoking cessation was developed according to & under the same principles of FCTC 14 guidelines.

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.

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?

Yes ✓

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 ✓

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 ✓

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

Yes ✓

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?

No ✗

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?

No ✗

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.

Under implementing in related issues

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.

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:

20

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.

Currently, Thailand has the Tobacco Control Products Act 2560 (BE 2560), indicates that no person shall be allowed to sell or give tobacco product to a person who does not attain 20 full years of age, No one shall assign, employ, ask or allow the person who is below 18 full years of age to sell or give tobacco product. Prohibiting the sale of cigarettes individually or in small packets, prohibiting the sale of tobacco products by vending machines, prohibiting the sale of tobacco products through electronic media or computer network, prohibiting the sale of tobacco products with the distribution, addition, gift of or exchange of tobacco product with other product, provision of service or other privilege.No person shall advertise or conduct marketing communications of tobacco products and no business operator and related person shall sponsor or support person,group of persons, state agency or private organization to create image of tobacco products, to advertise tobacco products

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.

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?	No
tobacco workers?	No
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.

N/A

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?

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=is4pes9ntbr3kst&lang=en>

(<https://extranet.who.int/dataform/655321?token=is4pes9ntbr3kst&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.

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.

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?

Yes ✓

If you answered “Yes” to question C414 please provide details in the space below or refer to section I 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=is4pes9ntbr3kst&lang=en> (<https://extranet.who.int/dataform/655321?token=is4pes9ntbr3kst&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.

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)?

Yes

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

Yes

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

Yes

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?

No

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.

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.

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.

Smoking and drinking behavior survey 2017 of National Statistical Office (NSO)

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.

National Statistical Office (NSO) will survey Smoking and drinking behavior survey in 2020

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.

OTPC , DDC, MOPH is responsibility as a national focal point of tobacco control surveillance system. Regarding to the exchanges of information, the information related tobacco control have been exchanged continuously both national and international level. The exchanges have also been conducted in the form of meetings among policy makers, technical officers, and personnel working on tobacco control

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).

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 Yes

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 Yes

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

Assistance provided Yes

Assistance received Yes

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

Assistance provided Yes

Assistance received Yes

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

Assistance provided: tobacco control experts from various parties such as OPTC, DDC, Ministry of Public Health, Action on Smoking and Health (ASH), Chulalongkorn University, Mahidol University.

Permission on picture health warnings granted for parties in ASEAN and other countries

Assistance received: WHO representative to Thailand (WCO), WHO SEARO, WHO, SEATCA, ThaiHealth Promotion Foundation, Action on Smoking and Health Foundation Thailand (ASH), Tobacco Control Research and Knowledge Management center (TRC).

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

Assistance received in sharing knowledge WHO FCTC Art.11, 13, ENDS and HTP control.

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.

By sharing experiences to FCTC working group and parties.

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?

Article 5.3, 6, 8,9,10, 11, 13, 14, 15, 16

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

Yes ✔

Please provide details in the space below.

- 1) The lack of manpower focus on tobacco control activities especially at local level. This is a main limitation on implementing the Convention effectively.
 - 2) Most current smokers are not interested in quitting. Even cessation services available on the health care facilities, those did not visit in any health care facilities did not receive the cessation service.
-

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

Article 5.3: (1) Inconsistent campaign activities which supposed to be done continuously to educate the public and

(2) even though ministerial notification in preventing the interference on tobacco control policy has been enacted, it covers only government officers from Ministry of Public Health only.

Article 6: an estimated 50% of tobacco consumed in Thailand is "rolled-your own (RYO), which is taxed at a very low level as compared to manufactured cigarette.

Article 8: Ineffective law enforcement and weak monitoring

Article 13: Ineffective law enforcement; especially sale and promotion on internet

Article 14 : most current smokers do not visit health care facilities for cessation service.

Article 15: illicit tobacco product still found at street vendor and flea market.

Article 16: Ineffective law enforcement on the sale to minor because some smokers aged under 20 years can still purchase manufactured cigarette at retailer store, illegal sale of tobacco in small packets in small shops.

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.

Thailand prohibits import, sale and services of water pipe tobacco, electronic water pipe, ENDS, ENNDS and HTP.

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

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

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