

**REPORTING INSTRUMENT  
OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL**

**PLEASE READ THIS NOTE BEFORE COMPLETING THE QUESTIONNAIRE**

In order to use the interactive features of the reporting instrument, please follow the instructions below.

1. Save the Microsoft Word-based document (WHO FCTC reporting instrument) to a folder on the computer that will be used to complete the questionnaire.
2. Ensure your Microsoft Word security settings allow you to run macros in this document:
  - (i) Under the "Tools" menu, select "Macro".
  - (ii) In the "Macro" menu, select "Security".
  - (iii) In the "Security" pop up menu, please ensure that you have selected "Medium".
3. Close and re-open the WHO FCTC reporting instrument (Microsoft Word-based document which you saved to your computer under step 1).
4. As the document is opening, a box will appear asking if you want to enable macros. The answer is yes. Click "Enable macros".
5. Once you have clicked "Enable macros", the buttons indicating that you can add new rows or new categories to the tables provided will be functional.

**It is essential to complete the reporting instrument by providing information/data in the required format to ensure consistency and for ease of data processing and analysis.**

**I confirm that I read the note and followed the instructions therein**

## 1. ORIGIN OF THE REPORT

<b>1.1</b>	<b>NAME OF CONTRACTING PARTY</b>	Singapore
<b>1.2</b>	<b>Information on national contact responsible for preparation of the report:</b>	
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<b>1.3</b>	<b>Signature of government official submitting the report:</b>	
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<b>1.4</b>	<b>Period of reporting</b>	Phase 3 2012
<b>1.5</b>	<b>Date the report was submitted</b>	May 2012

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

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

2.1	PREVALENCE OF TOBACCO USE		
2.1.1	<b>Smoking prevalence in the adult population (all)</b> <i>(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see 2.1.1.2)</i>		
		Prevalence (%) <i>(please include all smoking tobacco products in prevalence data)</i>	Average number of the most-consumed smoking tobacco product used per day
	<b>MALES</b>		
	Current smokers	24.70 %	
	Daily smokers	24.70 %	
	Occasional smokers	3.20 %	
	Former smokers	13.10 %	
	Never smokers	59.00 %	
	<b>FEMALES</b>		
	Current smokers	4.20 %	
	Daily smokers	4.20 %	
	Occasional smokers	2.50 %	
	Former smokers	2.50 %	
	Never smokers	92.60 %	
	<b>TOTAL (males and females)</b>		
	Current smokers	14.30 %	
	Daily smokers	14.30 %	
	Occasional smokers	0.80 %	
	Former smokers	7.70 %	
	Never smokers	76.00 %	

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:
	Cigarettes
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:
	18-69
2.1.1.3	Please indicate the year and source of the data used to answer question 2.1.1:
	National Health Survey 2010, which can be accessed at : <a href="http://www.moh.gov.sg/content/dam/moh_web/Publications/Reports/2011/NHS2010%20-%20low%20res.pdf">http://www.moh.gov.sg/content/dam/moh_web/Publications/Reports/2011/NHS2010%20-%20low%20res.pdf</a>
2.1.1.4	Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report.
	<p>Current Smoker - Smokes at least once a day</p> <p>Daily Smoker - Smokes at least once a day</p> <p>Occasional Smoker - Smokes cigarette but not everyday</p> <p>Former Smoker - Formerly a daily smoker, but currently does not smoke at all</p> <p>Never Smoker - Never smoked before or smoked too little in the past to be regarded as an ex-smoker</p>
2.1.1.5	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.
	<p>The National Health Survey (NHS) is a 6-yearly survey, which was last conducted in 2010. The survey instrument uses actual survey questions for self-reporting to determine the smoking status.</p> <p>The prevalence of daily smoking among Singapore residents aged 18 to 69 years dipped from 13.8% in 2001 to 12.6% in 2004. However, it increased to 13.6% in 2007 and then increased slightly to 14.3% in 2010. Between the genders, the prevalence has increased in both males and females. Among ethnic groups, the prevalence has decreased in Indians but increased in Chinese and Malays.</p>

2.1.2	<b>Smoking prevalence in the adult population (by age groups)</b>		
	<i>(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)</i>		
		Age group (adults)	Prevalence (%) <i>(please include all smoking tobacco products in prevalence data)</i>
	<b>MALES</b>		
	Current smokers <sup>1</sup>	18-29	25.30 %
		30-39	29.30 %
	Add age group	40-49	24.20 %
		50-59	21.20 %
		60-69	22.10 %
	<b>FEMALES</b>		
	Current smokers <sup>1</sup>	18-29	7.30 %
		30-39	4.30 %
Add age group	40-49	4.80 %	
	50-59	1.50 %	
	60-69	1.20 %	
<b>TOTAL (males and females)</b>			
Current smokers <sup>1</sup>	18-29	16.30 %	
	30-39	16.40 %	
Add age group	40-49	14.50 %	
	50-59	11.40 %	
	60-69	11.40 %	

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

2.1.2.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.2:
	Cigarettes
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:
	National Health Survey 2010 which can be accessed at : <a href="http://www.moh.gov.sg/content/dam/moh_web/Publications/Reports/2011/NHS2010%20-%20low%20res.pdf">http://www.moh.gov.sg/content/dam/moh_web/Publications/Reports/2011/NHS2010%20-%20low%20res.pdf</a>
2.1.2.3	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.
	Males in all age groups had consistently higher daily smoking prevalence than females. Among males, the proportions of daily smokers were fairly similar across the age groups (22.10% to 25.30%). On the other hand, the daily smoking prevalence in females ranged from 7.3% among those aged 18 to 29 years to 1.2%, the lowest, in the 60 to 69 age group. Overall, daily smoking was most prevalent in the 30 to 39 age group and least prevalent among those aged 60 to 69 years.

<b>2.1.3</b>	<b>Prevalence of smokeless tobacco use in the adult population (all)</b> <i>(Please provide prevalence data for total adult population, and identify the age considered in 2.1.3.2, e.g. 15 years old and over, 18–64 years; see 2.1.3.2)</i>	
		Prevalence (%) <i>(please include all smokeless tobacco products in prevalence data)</i>
	<b>MALES</b>	
	Current users	%
	Daily users	%
	Occasional users	%
	Former users	%
	Never users	%
	<b>FEMALES</b>	
	Current users	%
	Daily users	%
	Occasional users	%
	Former users	%
	Never users	%
	<b>TOTAL (males and females)</b>	
	Current users	%
	Daily users	%
	Occasional users	%
	Former users	%
	Never users	%

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



<b>2.1.4</b>	<b>Prevalence of smokeless tobacco use in the adult population (current users) by age group</b>	
	<i>(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)</i>	
		Age group (adults)
		Prevalence (%) <i>(please include all smokeless tobacco products in prevalence data)</i>
	<b>MALES</b>	
	Current users <sup>2</sup>	%
	<b>Add age group</b>	%
		%
		%
		%
	<b>FEMALES</b>	
	Current users <sup>2</sup>	%
	<b>Add age group</b>	%
		%
	%	
<b>TOTAL (males and females)</b>		
Current users <sup>2</sup>	%	
<b>Add age group</b>	%	
	%	
	%	
	%	

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

2.1.4.1	Please indicate the smokeless tobacco products included in the answer to question 2.1.4:
2.1.4.2	Please indicate the year and source of the data used to answer question 2.1.4:
2.1.4.3	Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.
	There is smokeless tobacco use in Singapore, but smoked tobacco remains the prevalent tobacco of choice. However, we do not currently have the prevalence for use of smokeless tobacco in Singapore.

<b>2.1.5</b>	<b>Tobacco use by ethnic group(s)</b>				
		Ethnic group(s)	Prevalence (%) <i>(please include all smoking or smokeless tobacco products in prevalence data)</i>		
			Males	Females	Total (males and females)
	Current users <sup>3</sup>	Chinese	22.10 %	3.80 %	12.80 %
	Add ethnic group	Malay	45.50 %	8.10 %	26.50 %
		Indian	17.30 %	2.30 %	10.10 %
			%	%	%
			%	%	%
2.1.5.1	Please indicate the tobacco products included in the answer to question 2.1.5:				
	Cigarettes				
2.1.5.2	Please indicate the age range to which the data used to answer question 2.1.5 refer:				
	18-69 years				
2.1.5.3	Please indicate the year and source of the data used to answer question 2.1.5:				
	National Health Survey 2010 which can be accessed at : <a href="http://www.moh.gov.sg/content/dam/moh_web/Publications/Reports/2011/NHS2010%20-%20low%20res.pdf">http://www.moh.gov.sg/content/dam/moh_web/Publications/Reports/2011/NHS2010%20-%20low%20res.pdf</a>				

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

2.1.6	Tobacco use by young persons				
		Age range	Prevalence (%) <i>(please include all smoking or smokeless tobacco products in prevalence data)</i>		
			Smoking tobacco	Smokeless tobacco	Other tobacco (e.g. water pipe)
<b>Boys</b>					
	Current users <sup>4</sup>	13 - 16 yrs	8.00 %	%	%
	<b>Add youth group</b>		%	%	%
			%	%	%
			%	%	%
			%	%	%
<b>Girls</b>					
	Current users <sup>4</sup>	13 - 16 yrs	5.00 %	%	%
	<b>Add youth group</b>		%	%	%
			%	%	%
			%	%	%
			%	%	%
<b>TOTAL (boys and girls)</b>					
	Current users <sup>4</sup>	13 - 16 yrs	6.00 %	%	%
	<b>Add youth group</b>		%	%	%
			%	%	%
			%	%	%
2.1.6.1	Please indicate the tobacco products included in calculating prevalence for question 2.1.6:				
	Cigarettes				

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

2.1.6.2	Please indicate the year and source of the data used to answer question 2.1.6:
	Students' Health Survey 2009
2.1.6.3	Please provide the definition of "current smoking/tobacco use" used to answer question 2.1.6 in the space below.
	Current Users - Smokes at least one day in the past 30 days
2.1.6.4	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.
	The SHS, which surveyed about 4,000 Secondary one to four students in Singapore between April to August 2009, also recorded a decline in the percentage of youths who had smoked at least one day in the last 30 days from 9% in 2006 to 6% in 2009.

<b>2.2</b>	<b>EXPOSURE TO TOBACCO SMOKE</b>
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2.2.1	Do you have any data on exposure to tobacco smoke in your population? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.2.2	If you answered "Yes" to question 2.2.1, please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).
	In the GYTS 2008 report which utilized data from 2000, 35.1% of school children (13-15 years of age) surveyed were exposed to smoke in their home during the week preceding the survey which is the lowest in the Western Pacific region. For public places, 65.1% of children survey were exposed to smoke in the week preceding the survey which is comparable to other countries in the Western Pacific region.
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:
	GYTS 2008 ( <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5701a1.htm">http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5701a1.htm</a> )

<b>2.3</b>	<b>TOBACCO-RELATED MORTALITY</b>
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2.3.1	Do you have information on tobacco-related mortality in your population? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.3.2	If you answered "Yes" to question 2.3.1, what is the estimated total number of deaths attributable to tobacco use in your population? 2100
2.3.3	If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.
	Lung cancer = 920, Cardiovascular diseases (i.e. IHD, Stroke) = 480, COPD = 260, Others = 440
2.3.4	Please indicate the year and source of the data used to answer questions 2.3.2 and 2.3.3, and please submit a copy of the study you refer to:
	Singapore Comparative Risk Assessment 2007

<b>2.4</b>	<b>TOBACCO-RELATED COSTS</b>
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2.4.1	Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.4.2	<p>If you answered “Yes” to question 2.4.1, please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).</p> <p>Direct Cost range from S\$73.8m to S\$74.5m for the 5 diseases considered (ie. malignant neoplasm of oesophagus, larynx, trachea, bronchus and lungs, ischaemic heart disease and cerebrovascular disease over a one year period in 1997.</p> <p>Morbidity cost of smoking ranges from S\$3.317m to S\$3.351m while mortality cost ranges from S\$596.48m to S\$761.349m in 1997.</p> <p>Method: Prevalence-based approach was used to estimate the direct and indirect cost of smoking incurred in 1997 as a result of diseases and deaths.</p> <p>Direct costs of smoking include the amount spent on hospital care for the five main diseases associated with smoking, using the average inpatient bill size for "Class A" patients in public sector hospitals. Physician and nursing care costs are omitted due to unavailable data, thus contributing to the underestimated costs.</p> <p>Morbidity cost is the lost compensation derived from the multiplication of work loss days (calculated from the length of stay in hospitals) with the average income of a worker in his age group.</p> <p>Mortality cost of smoking is obtained by multiplying the number of deaths at each age group attributable to smoking-related diseases by the lost income per capita till the age of 79 (ie. the last cut off age in labour force participation rate).</p>
2.4.3	<p>Please indicate the year and source of the data used to answer question 2.4.2, and please submit a copy of the study you refer to:</p> <p>Data year: 1997, Source: E Quah et al, "The Social Cost of Smoking in Singapore", Singapore Med J 2002 Vol 43(7):340-344 (2002)</p>

2.5	<b>SUPPLY OF TOBACCO AND TOBACCO PRODUCTS</b> <i>(with reference to Articles 6.2(b), 20.4(c), and 15.5)</i>					
2.5.1	Licit supply of tobacco products					
		Product	Unit (e.g. pieces, tonnes)	Domestic production	Exports	Imports
	Smoking tobacco products <b>Add product</b>	Ang Hoon	Kg			64828.00
		Beedies	Kg			37518.00
		Cigarettes	Kg			2605290.00
		Smoking tobacco	Kg			26099.00
		Cigars, cheroots & cigarillos	Kg			5219.00
	Smokeless tobacco products <b>Add product</b>	Other smokeless tobacco, including chewing & sucking tobacco	Kg			15545.00
		Snuff	Kg			90.00
	Other tobacco products <b>Add product</b>	Others				6063.00
		Unmanufactured tobacco & tobacco refuse				63.00
	Tobacco	Leaves				
2.5.2	Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.					
2.5.3	Please indicate the year and source of the data used to answer questions 2.5.1 and 2.5.2:					
	Jan 2011 - Dec 2011, duty paid releases of Tobacco <a href="http://www.customs.gov.sg/topNav/pub/Statistics.htm">http://www.customs.gov.sg/topNav/pub/Statistics.htm</a>					

2.6		SEIZURES OF ILLICIT TOBACCO PRODUCTS (with reference to Article 15.5)			
2.6.1		Year	Product	Unit (e.g. millions of pieces)	Quantity seized
	Smoking tobacco products	2011	Cigarettes	Million Packets	1.90
	<b>Add row</b>				
	Smokeless tobacco products				
	<b>Add row</b>				
	Other tobacco products				
	<b>Add row</b>				
	2.6.2	Do you have any information on the percentage of smuggled tobacco products on the national tobacco market? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2.6.3	If you answered “Yes” to question 2.6.2, what percentage of the national tobacco market do smuggled tobacco products constitute? %				
2.6.4	If you answered “Yes” to question 2.6.3 and you have information available, what is the trend over the past two years or since submission of your last report in the percentage of smuggled tobacco products in relation to the national tobacco market?				
2.6.5	Please provide any further information on illicit or smuggled tobacco products.				
2.6.6	Please indicate the source of the data used to answer questions in section 2.6:  Quantity of duty unpaid cigarettes seized in 2011 <a href="http://www.customs.gov.sg/NR/rdonlyres/0267A0EF-CE41-4453-8D1C-082277D9C6CD/0/MediaRelease_2011EnforcementResults_Finalforweb.pdf">http://www.customs.gov.sg/NR/rdonlyres/0267A0EF-CE41-4453-8D1C-082277D9C6CD/0/MediaRelease_2011EnforcementResults_Finalforweb.p df</a>  Please note that the unit amount stated in 2.6.1 is in million packets whereas the 2010 phase 2 submission is indicated in units of million sticks				
2.7		TOBACCO-GROWING			
2.7.1	Is there any tobacco-growing in your jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
2.7.2	If you answered “Yes” to question 2.7.1, please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.				

2.7.3	Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.
2.7.4	Please indicate the year and source of the data used to answer questions in section 2.7:

<b>2.8</b>	<b>TAXATION OF TOBACCO PRODUCTS</b> <i>(with reference to Articles 6.2(a) and 6.3)</i>				
2.8.1	What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))? Approximately 69% (inclusive of 7% GST as well as excise tax)				
2.8.2	How are the excise taxes levied (what types of taxes are levied)?				
	• Specific tax only	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	• Ad valorem tax only	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	• Combination of specific and ad valorem taxes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	• More complex structure ( <i>please explain:</i> )				
2.8.3	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 tax <sup>5</sup>
	Smoking tobacco products  <b>Add product</b>	Ang Hoon	Specific	SGD \$239	Kg
		Beedies	Specific	SGD \$239	Kg
		Cigarettes	Specific	SGD 35.2cents	every gm or part thereof of each stick of cigarette
		Cigars, cheroots & cigarillos	Specific	SGD \$352	Kg
		Piped Tobacco	Specific	SGD \$352	Kg
	Smokeless tobacco products  <b>Add product</b>	Other smokeless tobacco, including chewing & sucking tobacco	Specific	SGD \$239	Kg

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



		Snuff	Specific	SGD \$352	Kg
	Other tobacco products <b>Add product</b>	Other manufactured tobacco for cigarette making	Specific	SGD \$347	Kg
		Homogenised or reconstituted tobacco, manufactured tobacco substitutes, tobacco extracts and essences, other manufactured tobacco	Specific	SGD \$352	Kg
		Unmanufactured tobacco and tobacco refuse	Specific	SGD \$347	Kg
2.8.4	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.				
	Tax for ang hoon (self-rolled cigarettes), beedies, other smokeless tobacco, tobacco others and unmanufactured tobacco categories were raised in 2011 by 5% and 10% respectively. Then in 2012, Beedies and ang hoon, other smokeless tobacco was raised by 20% and unmanufactured tobacco by 10%				
2.8.5	Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(In reference to Article 26)</i>				
2.8.6	If you answered “Yes” to question 2.8.5, please provide details in the space below.				
2.8.7	Please indicate the year and source of the data used to answer questions 2.8.1 to 2.8.6:				
	2011, Singapore trade classification, customs and excise duties 2012, <a href="http://www.customs.gov.sg/leftNav/trad/val/List+of+Dutiable+Goods.htm">http://www.customs.gov.sg/leftNav/trad/val/List+of+Dutiable+Goods.htm</a>				

<b>2.9</b>	<b>PRICE OF TOBACCO PRODUCTS</b> <i>(with reference to Article 6.2(a))</i>					
2.9.1	Please provide the retail prices of the three most widely sold brands of domestic and imported tobacco products at the most widely used point of sale in your capital city.					
		Most widely sold brand			Number of units or amount per package	Retail price
		Smoking tobacco products	Smokeless tobacco products	Other tobacco products		

	Domestic					
	Imported	Marlboro			20 sticks	11.80
		Next			20 sticks	10.40
		Viceroy			20 sticks	10.40

2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.
	2011, retail price of cigarettes at food outlets
2.9.3	Please provide the currency used to complete the “Rate or amount” section of question 2.8.3 and the “Retail price” section of question 2.9.1. If known, please provide the exchange rate of this currency to US dollars as well as the date of this exchange rate.
	<p>Singapore Dollars</p> <p>1 Singapore Dollar = 0.78 USD (28 May 2012)</p>
2.9.4	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.
	Similar, no increases in taxes have been implemented on cigarettes since 2005 therefore cigarette prices have been relatively stable. For alternative

	<p>tobacco products, there were tax increases in 2011 and 2012, however, variations in the unit packets which these are sold in make it difficult to ascertain trends in prices as they are not sold like cigarettes as in packets of 20 sticks.</p>
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### 3. LEGISLATION, REGULATION AND POLICIES

3.1	Article	GENERAL OBLIGATIONS (with reference to Article 5)		
3.1.1	5	<b>General obligations</b>		
3.1.1.1	5.1	Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.2	5.1	If you answered “No” to question 3.1.1.1, have you partially developed and implemented tobacco control strategies by including tobacco control in national health, public health or health promotion strategies, plans and programmes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.3	5.1	If you answered “No” to question 3.1.1.2, is any aspect of tobacco control that is referred to in the Convention included in any national strategy, plan or programme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.4	5.2(a)	Have you established or reinforced and financed		
		• a focal point for tobacco control	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• a tobacco control unit	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• a national coordinating mechanism for tobacco control	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.5	If you answered “Yes” to any of the questions under 3.1.1.4, please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).			
	<p>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 NSCP's multi-pronged approach that includes legislation, taxation, public education, partnerships that aims to prevent the initiation of smoking, especially by youths, and encourage smokers to quit the habit of smoking. The NSCP has now been re-named the National Tobacco Control Programme (NTCP).</p> <p>Health Promotion Board 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.</p> <p>Health Promotion Board (HPB) is the national focal point for tobacco control in Singapore and manages the NTCP</p>			

3.1.1.6	<p>Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (<i>General obligations</i>) in the past two years or since submission of your last report.</p>
	<p>The multi-pronged approach employed by the National Tobacco Control Programme (NTCP) targets at reducing 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.</p> <p>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; National Environment Agency, which enforces ban of smoking in certain places and with Singapore Customs, which enforces licensing of trade in tobacco and regulates border control of any tobacco products in an whole-of –government approach to tobacco control.</p> <p>Amendments to existing legislation has been passed and this includes the introduction of new graphic and text health warnings, a ban on misleading descriptors and the lowering of maximum tar and nicotine limits. This will be implemented in 2013.</p> <p>Singapore has played an active role at a regional and international level on guidelines for Article 14 and as part of the drafting group for Articles 9 and 10.</p>
3.1.1.7	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.1.2	5.3	<p><b>Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry</b></p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>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:</p>		
3.1.2.1		– protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.2.2		– ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.1.2.3	If you answered “Yes” to any of the questions under 3.1.2.1 or 3.1.2.2, please provide details in the space below.			
	<p>HPB has put in place guidelines governing interaction with tobacco industry. Meetings are minuted and discussions follow agreed Agenda closely.</p> <p>As the national coordinator, HPB facilitates understanding of FCTC obligations through bilateral engagement.</p>			
3.1.2.4	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.			
	Implementation is in the initial phase.			
3.1.2.5	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			

<b>3.2</b>	<b>Article</b>	<b>MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO</b> <i>(with reference to Articles 6–14)</i>		
3.2.1	6	<b>Price and tax measures to reduce the demand for tobacco</b> <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.2.1.1	6.2(a)	– tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.1.2	6.2(b)	– prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.1.3		– prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.1.4	Please provide a brief description of the progress made in implementing Article 6 ( <i>Price and tax measures to reduce the demand for tobacco</i> ) in the past two years or since submission of your last report.			
		Singapore had utilized tobacco taxation strategy successfully since the early 1990s to reduce the smoking prevalence. Aggressive tobacco tax increases from 2001 to 2005, signalled Singapore's commitment to strong tobacco control policies as one of the key factors in further reducing an already low smoking prevalence.		
		In 2011 and 2012, increases in the excise rates for alternative tobacco products such as beedies, ang hoon and unmanufactured tobacco have been raised. This is part of an ongoing process to harmonise the tax rates in all tobacco products so that an uniform rate is achieved.		
		Duty-free imports of tobacco products is not allowed in Singapore.		
3.2.1.5	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			

3.2.2	8.2	<p><b>Protection from exposure to tobacco smoke</b></p> <p><i>(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>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:</p>		
3.2.2.1		<p>– banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.2.2		<p>If you answered "Yes" to question 3.2.2.1, what is the type/nature of the measure providing for the ban?</p>		
		<ul style="list-style-type: none"> <li>• national law</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> <li>• subnational law(s)</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> <li>• administrative and executive orders</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> <li>• voluntary agreements</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> <li>• other measures (<i>please specify:</i> )</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.2.3		<p>Please provide a brief explanation of the type/nature and content of the measures providing for the ban.</p>		
		<p>Smoking is prohibited under the Smoking (Prohibition in Certain Places) Act administered by the National Environment Agency (NEA). In addition, voluntary smoking restrictions in indoor places (house-rules) of hotels, private clubs, places of worship, casinos, are also administrative implemented and enforced by premise owners.</p>		
3.2.2.4		<p>If you answered "Yes" to any options in 3.2.2.2, do any of these measures provide for a mechanism/ infrastructure for enforcement?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.2.5		<p>If you answered "Yes" to question 3.2.2.4 please provide details of this system.</p>		
		<p>Under the Act, any person caught smoking at prohibited places is liable on conviction (in Court) to a fine not exceeding \$1,000. Premise manager or operator caught for not performing their duties (i.e. inform person who smoke at prohibited to cease smoking, or request the person to leave the premise should the person not cease smoking) shall be</p>		



		liable on conviction (in Court) to a fine not exceeding \$1,000 for the 1 <sup>st</sup> offence and not exceeding \$2,000 for the 2 <sup>nd</sup> and subsequent offence. NEA officers carry out enforcement round at prohibited places on a daily basis.			
3.2.2.6		If you answered “Yes” to question 3.2.2.1, please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.	Complete	Partial	None
	Indoor workplaces:				
	• government buildings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• health-care facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• educational facilities <sup>1</sup>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• universities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• private workplaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• other ( <i>please specify:</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Public transport:				
	• airplanes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• trains	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• ferries	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	• ground public transport (buses, trolleybuses, trams)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	• private vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
• other ( <i>please specify:</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<sup>1</sup> except universities

	Indoor public places:
	<ul style="list-style-type: none"> <li>cultural facilities <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>shopping malls <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>pubs and bars <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></li> <li>nightclubs <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></li> <li>restaurants <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>other (<i>please specify:</i> ) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> </ul>
3.2.2.7	<p>Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented.</p> <ul style="list-style-type: none"> <li>Banning tobacco smoking in indoor workplaces</li> </ul> <p>Places where smoking is prohibited under the Smoking (Prohibition in Certain Places) Act is given in the website:  <a href="http://app2.nea.gov.sg/faq_smoking_ban_in_public_places.aspx">http://app2.nea.gov.sg/faq_smoking_ban_in_public_places.aspx</a>  Note: All government offices are smoke-free through administrative means.</p> <ul style="list-style-type: none"> <li>Banning tobacco smoking in public transport</li> </ul> <p>Please refer to the above link for places covered under NEA's Smoking (Prohibition in Certain Places) Act.</p> <p>In addition, under the Air Navigation Act (Chapter 6, section 3) administered by the Civil Aviation Authority of Singapore (CAAS), smoking is prohibited in any compartment of a Singapore aircraft at a time when smoking is prohibited in that compartment by a notice to that effect exhibited by or on behalf of the pilot-in-command of the aircraft. [Source:  <a href="http://www.caas.gov.sg/caasWeb2010/export/sites/caas/en/PDF_Documents/Legislation/ANO_inclusive_of_S570-2011_effective_4_October_2011.pdf">http://www.caas.gov.sg/caasWeb2010/export/sites/caas/en/PDF_Documents/Legislation/ANO_inclusive_of_S570-2011_effective_4_October_2011.pdf</a>]</p> <p>For trains, the Rapid Transit Systems Regulations administered by SMRT prohibits smoking in any part of the railway premises where smoking is expressly prohibited by notice. [Source:  <a href="http://www.smrt.com.sg/trains/documents/rts-regulation.pdf">http://www.smrt.com.sg/trains/documents/rts-regulation.pdf</a>]</p> <ul style="list-style-type: none"> <li>Banning tobacco smoking in indoor public places</li> </ul> <p>Please refer to NEA's website:  <a href="http://app2.nea.gov.sg/faq_smoking_ban_in_public_places.aspx">http://app2.nea.gov.sg/faq_smoking_ban_in_public_places.aspx</a>  for the list of smoke-free public places.</p>
3.2.2.8	<p>Please provide a brief description of the progress made in implementing Article 8 (<i>Protection from exposure to tobacco smoke</i>) in the past two years or since submission of your last report.</p> <p>No further amendments to the Smoking (Prohibition in Certain Places) Act in the past two years.</p> <p>The smoking prohibition law is being reviewed and smoking will be prohibited in more public places in the coming year to include:</p>

	<p>Common areas in residential buildings, including void decks, common corridors and staircases.</p> <p>Sheltered walkways, linkways and overhead bridges</p> <p>Outdoor hospital compounds</p> <p>A 5 metre buffer zone around bus shelters</p>
3.2.2.9	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.2.3	9	<b>Regulation of the contents of tobacco products</b> <i>(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.2.3.1		– testing and measuring the contents of tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.3.2		– testing and measuring the emissions of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.3		– regulating the contents of tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.3.4		– regulating the emissions of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.5	Please provide a brief description of the progress made in implementing Article 9 ( <i>Regulation of the contents of tobacco products</i> ) in the past two years or since submission of your last report.			
	Amendments have been passed to subsidiary legislation on the limits of tar and nicotine in cigarettes. These have been lowered from 15 to 10 milligrammes for nicotine and from 1.3 to 1.0 milligrammes for tar. This will be implemented in 2013			
3.2.3.6	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			

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

3.2.5	11	<b>Packaging and labelling of tobacco products</b>		
		<i>(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.2.5.1	11	– requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.2	11.1(a)	– requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.3	11.1(b)	– requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.4	11.1(b)(i)	– ensuring that the health warnings are approved by the competent national authority?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.5	11.1(b)(ii)	– ensuring that the health warnings are rotated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.6	11.1(b)(iii)	– ensuring that the health warnings are clear, visible and legible?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.7	11.1(b)(iii)	If you answered "Yes" to question 3.2.5.6, does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.8	11.1(b)(iv)	– ensuring that the health warnings occupy no less than 30% of the principal display areas?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.9		– ensuring that the health warnings occupy 50% or more of the principal display areas?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.10	11.1(b)(v)	– ensuring that health warnings are in the form of, or include, pictures or pictograms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.2.5.11		If you answered “Yes” to question 3.2.5.9, does the Government own the copyright to these pictures and pictograms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.12		If you answered “Yes” to question 3.2.5.10, would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.13	11.2	– requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant constituents and emissions of tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.5.14	11.3	– requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.15	Please provide a brief description of the progress made in implementing Article 11 ( <i>Packaging and labelling of tobacco products</i> ) in the past two years or since submission of your last report.			
	Health warning labelling requirements are specified in the Smoking (Control of Advertisements and Sale of Tobacco) Act and Regulations.			
3.2.5.16	If you have any relevant information pertaining to or not covered in this section, please provide details in the space below.			
	HPB have tabled measures to ban misleading labelling and limits regulation as well as new graphic and text health warnings which have been passed by Parliament. The implementation date will be in 2013			

3.2.6	12	<b>Education, communication, training and public awareness</b> <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.2.6.1	12(a)	– educational and public awareness programmes? <i>(Please refer to programmes implemented since submission of your two-year report.)</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.2		If you answered “Yes” to question 3.2.6.1, to whom are these programmes targeted?		
		• adults or the general public	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• children and young people	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• men	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• pregnant women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• ethnic groups	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
• other <i>(please specify: )</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3.2.6.3	If you answered “Yes” to question 3.2.6.1, do you reflect the following key differences among targeted population groups in educational and public awareness programmes?			
	• age	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• gender	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• educational background	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• cultural background	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• socioeconomic status	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• other <i>(please specify: )</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.6.4	12(b)	If you answered “Yes” to question 3.2.6.1, do these educational and public awareness programmes cover:		
		• health risks of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• health risks of exposure to tobacco smoke?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• benefits of the cessation of tobacco use and tobacco-free lifestyles?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	12(f)	• adverse economic consequences of		



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

3.2.6.8	<p>Please provide a brief description of the progress made in implementing Article 12 (<i>Education, communication, training and public awareness</i>) in the past two years or since submission of your last report.</p>
	<p>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 groups, healthcare professionals, youth organisations, community and religious groups, and parents, to promote a smoke-free lifestyle. Partnership is often in the form of training and consultative service to provide knowledge and skills pertaining to tobacco control, as well as providing assistance in the organisation of appropriate tobacco control programmes for various target audiences.</p> <p><b>Healthcare Professionals</b></p> <p>HPB engages with and partners healthcare professionals in many aspects of tobacco control and smoking cessation. General practitioners, nurses, dentists and allied health professionals are trained to provide opportunistic smoking cessation advice to patients. Additionally, HPB works in collaboration with 6 restructured hospitals in funding inpatient smoking cessation programmes at these hospitals, as well as a pregnancy outpatient programme at KK Women’s and Children’s Hospital.</p> <p>Smoking cessation services are also available at different touchpoints in the community such as at retail pharmacies and polyclinics. Through a structured training programme in Smoking Cessation developed by HPB, nurses, pharmacists and other healthcare professionals are equipped with the skills and knowledge to provide quality smoking cessation advice at these touchpoints.</p> <p><b>Workplaces</b></p> <p>The workplace is a natural opportunistic setting to reach smokers since 2 out of every 3 Singaporeans work. Thus HPB is working with workplaces to provide a supportive social environment conducive for quitting smoking through the development of smoke-free policies and initiatives. This includes implementing a structured 3-month Workplace Smoking Control Programme (WSCP) that aims to help employees who smoke quit the habit successfully to achieve better health, finances and productivity at work.</p> <p>HPB are working in collaboration with various uniformed groups such as the police and armed forces to develop and implement smoking cessation programmes specifically tailored to their needs and setting. This includes programmes to provide smoking cessation mentors, access to smoking cessation services and capacity building.</p> <p><b>Youth Programmes</b></p> <p>Recognising that the long-term health effects of smoking do not always resonate with young people, HPB launched the “Live it up without lighting up” (LIUWLU) initiative in 2009 targeted youth aged 13 – 23 years. The initiative highlights the benefits of being tobacco-free,</p>

focussing on 4 areas that resonate with youth, namely appearance, fitness, spending power and the environment. Several programmes and activities have been rolled out under LIUWLU. For example, the programmes and media initiatives of the National Tobacco Control Campaigns 2009 and 2010 revolved around the LIUWLU theme.

In 2011, HPB stepped up its partner engagements using the LIUWLU theme. The LIUWLU messages were included in publicity and collateral materials (eg music CDs, magazines, online platforms, and ambient displays), emcee pointers, and poster displays were put up at the event. Besides the messages, HPB also had tobacco-free rovers distributing educational collaterals and encouraged smokers to stub out at the partner events. It is estimated that about 380,000 youth were reached out to via the various LIUWLU partner initiatives.

As the LIUWLU campaign theme is favourably received among youth, LIUWLU will be the mainstay for youth-targeted tobacco control efforts till 2013. In order to better reach out to youth, HPB will be actively seeking partners where LIUWLU key messages will be creatively infused into appropriate youth-targeted initiatives.

#### Community

Aside from preventing smoking initiation among the youth, we also need to focus on encouraging existing smokers to quit smoking. This is especially important among the adult smokers 18-39 years old and the low-income smokers, which has the highest smoking prevalence among the different age groups and household income respectively. With this in mind, HPB launched the I Quit Movement in June 2011 which aims to inspire people through real-life testimonials and role models and get smokers to make a quit attempt by establishing and tapping on support networks. Advocacy is an important focus of the I Quit Movement and HPB has also been working with various partners, such as grassroots organisations and VWOs to create a culture of advocacy on tobacco control issues through training and consultations. Furthermore, the I Quit Movement has also leveraged on new media to create a network of online citizens that provide support to smokers who are trying to quit. This was done through the testimonies of netizens who have stopped smoking as studies have shown that smokers relate better to people who have gone through the same quit journey. These smokers are further supported by partnering pharmacies, polyclinics and hospitals in the community which provides cessation counselling services by certified quit consultants trained by HPB. Since the launch of the I Quit movement, there has been a three-fold increase in the numbers of smokers who sought help to quit.

Leveraging on the momentum built up over the past year, the next phase of the I Quit Movement will continue to encourage smokers to tap on the support networks to make a quit attempt and at the same time, reach out to non-smokers to empower them to play a key role as supporters. This is complemented by the Blue Ribbon Smoke-Free Movement, which is part of the larger smoke-free movement that the World Health Organisation (WHO) Western Pacific Region (WPRO) has embarked on. HPB's Blue Ribbon smoke-free movement, launched in March 2012, focused on

	<p>prevention of second-hand smoke through a smoke-free environment and recognises businesses and communities for voluntarily declaring themselves smoke-free and advocating for smoke-free living.</p>
3.2.6.9	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p> <p>Recognising that the long-term health effects of smoking do not always resonate with young people, HPB launched the “Live it up without lighting up” (LIUWLU) initiative in 2009 targeted youth aged 13 – 23 years. The initiative highlights the benefits of being tobacco-free, focussing on 4 areas that resonate with youth, namely appearance, fitness, spending power and the environment. Several programmes and activities have been rolled out under LIUWLU. For example, the programmes and media initiatives of the National Tobacco Control Campaigns 2009 and 2010 revolved around the LIUWLU theme.</p> <p>In 2011, HPB stepped up its partner engagements using the LIUWLU theme. The LIUWLU messages were included in publicity and collateral materials (eg music CDs, magazines, online platforms, and ambient displays), emcee pointers, and poster displays were put up at the event. Besides the messages, HPB also had tobacco-free rovers distributing educational collaterals and encouraged smokers to stub out at the partner events. It is estimated that about 380,000 youth were reached out to via the various LIUWLU partner initiatives.</p> <p>As the LIUWLU campaign theme is favourably received among youth, LIUWLU will be the mainstay for youth-targeted tobacco control efforts till 2013. In order to better reach out to youth, HPB will be actively seeking partners where LIUWLU key messages will be creatively infused into appropriate youth-targeted initiatives.</p>

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

	13.7	<ul style="list-style-type: none"> <li>the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply?</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Please proceed to question 3.2.7.12.				
3.2.7.3	13.2	If you answered "No" to question 3.2.7.1. are you precluded by your constitution or constitutional principles from undertaking a comprehensive ban on tobacco advertising, promotion and sponsorship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.4	13.3	– applying restrictions on all tobacco advertising, promotion and sponsorship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.5	13.3	– applying restrictions on cross-border advertising, promotion and sponsorship originating from your territory with cross-border effects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.6	13.4(a)	– prohibiting those forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.7	13.4(b)	– requiring that health or other appropriate warnings or messages accompany all tobacco advertising, promotion and sponsorship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.8	13.4(c)	– restricting the use of direct or indirect incentives that encourage the purchase of tobacco products by the public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.9	13.4(d)	– requiring the disclosure to relevant Government authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.2.7.10	13.4(e)	– restricting tobacco advertising, promotion and sponsorship on:		
		• radio?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• television?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• print media?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• the domestic Internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• the global Internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• other media ( <i>please specify:</i> )?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.11	13.4(f)	– restricting tobacco sponsorship of:		
		• international events and activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• participants therein?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Whether you answered “Yes” or “No” to question 3.2.7.1, are you:				
3.2.7.12	13.6	– cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.7.13	13.7	– imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.7.14	Please provide a brief description of the progress made in implementing Article 13 ( <i>Tobacco advertising, promotion and sponsorship</i> ) in the past two years or since submission of your last report.			
	Singapore had enacted the Smoking (Control of Advertisements and Sale of Tobacco) which prohibits advertising and promotions relating to tobacco.			
3.2.7.15	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			

3.2.8	14	<b>Demand reduction measures concerning tobacco dependence and cessation</b> <i>(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.2.8.1	14.1	– developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.8.2	14.1	– programmes to promote cessation of tobacco use, including:		
		• media campaigns emphasizing the importance of quitting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• programmes specially designed for:		
		○ underage girls and young women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		○ women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		○ pregnant women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• telephone quitlines	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other ( <i>please specify:</i> )?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.8.3	14.2(a)	– design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:		
		• educational institutions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• health-care facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• workplaces?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• sporting environments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



		<ul style="list-style-type: none"><li>• other (<i>please specify:</i> Smoking cessation have been introduced in cultural, religious, workplace settings. It has also been developed to address gender and lower-income populations)?</li></ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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3.2.8.4	14.2(b)	– 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• health?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• education?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.5		– inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.6	14.2(b)	If you answered “Yes” to question 3.2.8.5, which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?			
		• primary health care	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• secondary and tertiary health care	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• specialist health-care systems ( <i>please specify:</i> Gynaecology clinics & public healthcare obstetrician)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• specialized centres for cessation counselling and treatment of tobacco dependence	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• rehabilitation centres	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• other ( <i>please specify:</i> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.7	14.2(b)	If you answered “Yes” to question 3.2.8.5, are the services provided in these settings covered by public funding or reimbursement schemes?			
		• primary health care	<input type="checkbox"/> Fully	<input checked="" type="checkbox"/> Partially	<input type="checkbox"/> None
		• secondary and tertiary health care	<input type="checkbox"/> Fully	<input checked="" type="checkbox"/> Partially	<input type="checkbox"/> None
		• specialist health-care systems ( <i>please specify:</i> )	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None

		<ul style="list-style-type: none"> <li>specialized centres for cessation counselling and treatment of tobacco dependence</li> </ul>	<input type="checkbox"/> Fully	<input checked="" type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> <li>rehabilitation centres</li> </ul>	<input type="checkbox"/> Fully	<input checked="" type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> <li>other (<i>please specify:</i>            )</li> </ul>	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
3.2.8.8	14.2(b)	If you answered “Yes” to question 3.2.8.5, which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services?			
		Health professionals including:			
		<ul style="list-style-type: none"> <li>physicians</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>dentists</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>family doctors</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>practitioners of traditional medicine</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>other medical professionals (<i>please specify:</i> psychologists, ophthalmologists, opticians)</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>nurses</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>midwives</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>pharmacists</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Community workers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Social workers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Others ( <i>please specify:</i> school education counsellors)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.9	14.2(c)	– training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:			
		<ul style="list-style-type: none"> <li>medical?</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>dental?</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>nursing?</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>pharmacy?</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>other (<i>please specify:</i>            )?</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

3.2.8.10	14.2(d)	– facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.11	14.2(d)	If you answered “Yes” to question 3.2.8.10, where and how can these products be legally purchased in your country?			
3.2.8.12	14.2(d)	If you answered “Yes” to question 3.2.8.10, which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction?			
		• nicotine replacement therapy	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• bupropion	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• varenicline	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• other ( <i>please specify:</i> )?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.13	14.2(d)	If you answered “Yes” to question 3.2.8.10, are the costs of these products covered by public funding or reimbursement?			
		• nicotine replacement therapy	<input type="checkbox"/> Fully	<input checked="" type="checkbox"/> Partially	<input type="checkbox"/> None
		• bupropion	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input checked="" type="checkbox"/> None
		• varenicline	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input checked="" type="checkbox"/> None
		• other ( <i>please specify:</i> )?	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
3.2.8.14	<p>Please provide a brief description of the progress made in implementing Article 14 (<i>Demand reduction measures concerning tobacco dependence and cessation</i>) in the past two years or since submission of your last report.</p> <p>Since the last update, HPB has implemented a targeted holistic tobacco control programme in schools with a high reported number of underage smokers. Guidelines were provided to the schools to help them enhance their tobacco control, and they were also encouraged to implement a comprehensive tobacco control programme, focusing on both prevention and cessation – both for youth and parents who smoke.</p> <p>Smoking cessation efforts are being channelled into developing holistic programmes for institutions such as rehabilitative homes and self-help groups.</p> <p>HPB is working with Adolescence Clinics at restructured hospitals - National University Hospital and KK Hospital - to provide on-site, smoking cessation counselling to youth smokers. Youths and young adult smokers can also take advantage of smoking cessation programmes offered at Polyclinics and at community-based pharmacies.</p> <p>In 2011, HPB piloted a health promotion programme with the Singapore</p>				

	<p>Police Force (SPF) to promote a tobacco free lifestyle among National Servicemen (full-time) (NSF). These include health awareness talks for new recruits, exhibitions, edutainment skits, and smoking cessation counselling for those who express an intention to quit smoking. Capacity building sessions are also conducted for identified uniformed personnel and in-house counsellors to equip them with the knowledge and skills to support colleagues who are trying to quit smoking. Presently, HPB is in discussion on extending a similar programme to the other Uniformed Groups.</p>
3.2.8.15	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

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

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

3.3.1.14	<p>Please provide a brief description of the progress made in implementing Article 15 (<i>Illicit trade in tobacco products</i>) in the past two years or since submission of your last report.</p>
	<p>All duty-paid cigarettes imported or manufactured to be sold in Singapore is legally required to be marked with the letters “SDPC”, since 1 Jan 2009.</p> <p>Singapore Customs have continually increased enforcement efforts against smuggling, peddling and buying of duty-unpaid cigarettes.</p>
3.3.1.15	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>



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

3.3.2.9	16.3	– prohibiting the sale of cigarettes individually or in small packets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.10	16.6	– providing for penalties against sellers and distributors in order to ensure compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.11	16.7	– prohibiting the sales of tobacco products by minors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.12	<p>Please provide a brief description of the progress made in implementing Article 16 (<i>Sales to and by minors</i>) in the past two years or since submission of your last report.</p> <p>Since the last update, we have introduced 2 new administrative requirements to discourage sales of tobacco products to minors. These are:</p> <p>(1) 1st time errant licensees or employees will be prosecuted and errant licensees will have their tobacco retail licences revoked if they were found to sell tobacco products to youth in school uniforms and to those who are obviously underage.</p> <p>(2) Tobacco sales at premises whose primary business is the sale of health related products as well as those that offer youth-centric products or services have been prohibited since April 2011. These include Chinese medical halls, health supplement shops as well as game arcades, confectionaries, candy, comic and toy stores. HSA has set up a consultative panel comprising healthcare professionals and civil representatives to help in the review of grey area businesses which do not fall cleanly into one of these prohibited categories.</p> <p>In addition, the composition fines for underage smoking offender was increased from S\$30 to S\$80 to further deter underage smoking and prosecution is initiated at the 5th and subsequent offences, to reduce the number of offenders prosecuted in the Juvenile Court. First time underage smoking offenders are also given the option of undergoing an online smoking cessation ‘counselling’ which seeks to discourage them from continuing to use tobacco products.</p>			
3.3.2.13	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>			

3.3.3	17	<b>Provision of support for economically viable alternative activities</b> <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>			
		Have you adopted and implemented, where appropriate, measures or programmes on any of the following:			
3.3.3.1	17	– promoting economically viable and sustainable alternatives for:			
		• tobacco growers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not applicable
		• tobacco workers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not applicable
		• tobacco individual sellers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.3.3.2	Please provide a brief description of the progress made in implementing Article 17 ( <i>Provision of support for economically viable alternative activities</i> ) in the past two years or since submission of your last report.				
3.3.3.3	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				

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

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

3.4.3	20	<b>Research, surveillance and exchange of information</b> <i>(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.4.3.1	20.1(a)	– developing and/or promoting research that addresses:		
		• determinants of tobacco consumption?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• consequences of tobacco consumption?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• social and economic indicators related to tobacco consumption?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• tobacco use among women, with special regard to pregnant women?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• the determinants and consequences of exposure to tobacco smoke?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• identification of effective programmes for the treatment of tobacco dependence?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• identification of alternative livelihoods?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• other ( <i>please specify:</i> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.3.2	20.1(b)	– training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.3.3	20.3(a)	– a national system for epidemiological surveillance of:		
		• patterns of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• determinants of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• consequences of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• social, economic and health indicators related to tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• exposure to tobacco smoke?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
• other relevant information ( <i>please specify:</i> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

3.4.3.4	20.3(a)	If you answered "Yes" to any question under 3.4.3.3, please list all surveys, including the year of the survey, that you have undertaken in the past.		
		Student Health Surveys (conducted once in 3 years, last was in 2009), National Health Surveys 2004/10 and the National Health Surveillance Survey 2001/07		
3.4.3.5	20.3(a)	In reference to any question under 3.4.3.3, 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 next National Health Surveillance Survey will be conducted in 2012		
3.4.3.6	20.4	– regional and global exchange of publicly available national:		
		• scientific, technical, socioeconomic, commercial and legal information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• information on the practices of the tobacco industry?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• information on the cultivation of tobacco?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.4.3.7	20.4(a)	– an updated database of:		
		• laws and regulations on tobacco control?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• information about the enforcement of laws on tobacco control?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• pertinent jurisprudence?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.4.3.8	Please provide a brief description of the progress made in implementing Article 20 ( <i>Research, surveillance and exchange of information</i> ) in the past two years or since submission of your last report.			
3.4.3.9	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			

#### 4. INTERNATIONAL COOPERATION AND ASSISTANCE

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

	<b>Article</b>	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:	<b>Assistance provided</b>	<b>Assistance received</b>
4.1	22.1(a)	– development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.2	22.1(b)	– provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.3	22.1(c)	– appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.4	22.1(d)	– provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.5	22.1(e)	– identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.6	22.1(f)	– promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.7	If you answered “Yes” to any of questions 4.1–4.6, please identify the Party or Parties from which assistance was received or to which assistance was provided.			



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

**5. PRIORITIES AND COMMENTS**

5.1	<p>What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?</p> <p>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. One key area of focus for Singapore is to counter tobacco interference and we will be looking at developing guidelines in accordance with Article 5.3. 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-smoking messages. Implementation of Articles 6-14 on demand control, particularly on Articles 6, 8 and 11, Singapore is in its advanced stage of implementation, with constant reviews for further strengthening or to address any gaps in the implementation. 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.</p> <p>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.</p> <p>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.</p>
5.2	Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco

	Control? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.3	If you answered “Yes” to question 5.2, please provide details in the space below.
5.4	What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?  <i>(Please refer to Article 21.1(b).)</i>
5.5	Please provide any relevant information not covered elsewhere that you consider important.
5.6	Your suggestions for further development and revision of the reporting instrument:

**End of reporting instrument**