

**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

1.1	NAME OF CONTRACTING PARTY	Thailand
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1.3	Signature of government official submitting the report:	
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1.4	Period of reporting	8 years
1.5	Date the report was submitted	30 April 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	Smoking prevalence in the adult population (all) <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
	MALES		
	Current smokers	41.70 %	10.50
	Daily smokers	36.10 %	10.80
	Occasional smokers	5.60 %	
	Former smokers	12.70 %	
	Never smokers	44.60 %	
	FEMALES		
	Current smokers	2.10 %	8.50
	Daily smokers	1.70 %	9.20
	Occasional smokers	0.40 %	
	Former smokers	0.90 %	
	Never smokers	96.88 %	
	TOTAL (males and females)		
	Current smokers	21.40 %	10.20
	Daily smokers	18.40 %	10.70
	Occasional smokers	2.90 %	
	Former smokers	6.70 %	
	Never smokers	71.50 %	

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:
	Manufactured cigarettes, hand-rolled cigarettes, pipes, cigars and water pipes.
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:
	15 years and over
2.1.1.3	Please indicate the year and source of the data used to answer question 2.1.1:
	Prevalence of smoking all tobacco products are obtained from the Cigarette Smoking and Alcohol Drinking Behavior Survey conducted by National Statistical Office (NSO), 2011
2.1.1.4	Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report.
	<ul style="list-style-type: none"> - Current smokers: adults who currently daily and occasionally smoke tobacco. - Daily smokers: adults who currently daily smoke tobacco. - Occasional smokers: adults who currently occasionally (less than daily) smoke tobacco - Former smoker: adults who are ever daily and occasional tobacco smokers and currently do not smoke tobacco. - Never smokers: adults who are never smoked any smoked tobacco products in their life time.
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.
	The current and daily smoking rates in adults aged 15 years and above slightly increased over the last two years as comparison between 2009 and 2011.

2.1.2	Smoking prevalence in the adult population (by age groups)		
	<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>
	MALES		
	Current smokers ¹	15-18	17.90 %
		19-24	41.84 %
	Add age group	25-40	47.46 %
		41-59	45.82 %
		>=60+	32.61 %
	FEMALES		
	Current smokers ¹	15-18	0.32 %
		19-24	1.10 %
	Add age group	25-40	1.55 %
		41-59	2.82 %
>=60+		3.42 %	
TOTAL (males and females)			
Current smokers ¹	15-18	9.21 %	
	19-24	22.07 %	
Add age group	25-40	24.46 %	
	41-59	23.44 %	
	>=60+	16.29 %	

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

2.1.2.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.2:
	Manufactured cigarettes, hand-rolled cigarettes, pipes, cigars and water pipes.
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:
	The Cigarette Smoking and Alcohol Drinking Behaviour Survey, 2011
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.
	3 in 5 age groups (male and female), 15 - 18 years, 25 - 40 years and 41 - 59 years have continuously increased over the last two years.

2.1.3	Prevalence of smokeless tobacco use in the adult population (all) <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>
	MALES	
	Current users	1.10 %
	Daily users	0.70 %
	Occasional users	0.40 %
	Former users	0.50 %
	Never users	98.40 %
	FEMALES	
	Current users	5.20 %
	Daily users	5.00 %
	Occasional users	0.30 %
	Former users	0.70 %
	Never users	94.10 %
	TOTAL (males and females)	
	Current users	3.20 %
	Daily users	2.90 %
	Occasional users	0.30 %
	Former users	0.60 %
	Never users	96.20 %

2.1.3.1	Please indicate the smokeless tobacco products included in calculating prevalence for question 2.1.3:
	Snuff by keeping in mouth, snuff by nose, chewing tobacco, betel quid with tobacco (which had component of raw tobacco), and others.
2.1.3.2	Please indicate the age range to which the data used to answer question 2.1.3 refer:
	15 years and over
2.1.3.3	Please indicate the year and source of the data used to answer question 2.1.3:
	Global Adult Tobacco Survey: GATS Thailand, 2011
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.
	<ul style="list-style-type: none"> - Current smokeless tobacco users: adults who currently use smokeless tobacco daily and occasionally. - Daily smokeless tobacco users: adults who currently use smokeless tobacco daily. - Occasional Smokeless tobacco users: adults who currently use smokeless tobacco occasionally (less than daily). - Former smokeless tobacco users: adults who have used daily smokeless tobacco before and currently do not use any smokeless tobacco products. - Never smokers: adults who currently do not use and have never used any smokeless tobacco products in their life time.
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.
	In the past 2 years (2009 - 2011), the prevalence of the current smokeless tobacco use among adults aged 15 years and over significant decreased.

2.1.4	Prevalence of smokeless tobacco use in the adult population (current users) by age group	
	<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>
	MALES	
	Current users ²	15-18
	Add age group	19-24
		25-40
		41-59
		60 and above
	FEMALES	
	Current users ²	15-18
Add age group	19-24	
	25-40	
	41-59	
	60 and above	
TOTAL (males and females)		
Current users ²	15-18	
Add age group	19-24	
	25-40	
	41-59	
	60 and above	

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

2.1.4.1	Please indicate the smokeless tobacco products included in the answer to question 2.1.4:
	Snuff by keeping in mouth, snuff by nose, chewing tobacco, betel quid with tobacco (which had component of shredded tobacco), and others.
2.1.4.2	Please indicate the year and source of the data used to answer question 2.1.4:
	Global Adult Tobacco Survey: GATS Thailand, 2011
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.
	The prevalence rate of current smokeless tobacco use between 2009 and 2011 was a significant reduction among overall (male and female) and only female.

2.1.5		Tobacco use by ethnic group(s)			
	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 ³ Add ethnic group	Bangkok	30.40 %	1.50 %	14.70 %	
	Central	35.00 %	2.10 %	18.00 %	
	North	34.70 %	4.40 %	19.30 %	
	Northeast	43.00 %	1.00 %	21.80 %	
	South	46.70 %	1.40 %	23.70 %	
2.1.5.1	Please indicate the tobacco products included in the answer to question 2.1.5:				
	<p>Smoked tobacco products included manufactured cigarettes, hand-rolled cigarettes, pipes, cigars and water pipes.</p> <p>The results show the prevalence of current tobacco smokers by region, i.e., Bangkok metropolis (capital city), central, north, northeast, south. Thailand has several ethnic groups such as the Chinese, Malays (in the southern border), hill tribes (in the north). However, Thailand's population is relatively homogeneous. Thus, most national surveys did not identify the smoking rate by ethnic groups.</p>				
2.1.5.2	Please indicate the age range to which the data used to answer question 2.1.5 refer:				
	15 years and above				
2.1.5.3	Please indicate the year and source of the data used to answer question 2.1.5:				
	The Cigarette Smoking and Alcohol Drinking Behaviour Survey, 2011				

³ 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)
	Boys				
	Current users ⁴	13-15	20.10 %	0.00 %	7.30 %
	Add youth group		%	%	%
			%	%	%
			%	%	%
	Girls				
	Current users ⁴	13-15	3.80 %	0.00 %	4.10 %
	Add youth group		%	%	%
			%	%	%
			%	%	%
	TOTAL (boys and girls)				
	Current users ⁴	13-15	11.70 %	0.00 %	5.70 %
	Add youth group		%	%	%
			%	%	%
			%	%	%
	2.1.6.1	Please indicate the tobacco products included in calculating prevalence for question 2.1.6:			
		Prevalence of smoking tobacco included manufactured cigarettes and hand - rolled cigarettes while prevalence of other tobacco included cigars, waterpipes, cigarillos, litter cigars, and pipe.			

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

2.1.6.2	Please indicate the year and source of the data used to answer question 2.1.6:
	Global Youth Tobacco Survey (GYTS Thailand) Report, 2009. The survey conducted by Center of Behavioral Risk Factor Surveillance Information, Bureau of Noncommunicable Disease, Department of Disease Control.MoPH.
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 smoking/ tobacco use: young person who currently smoke cigarette (during 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.
	Comparing with survey results of GYTS in 2005, prevalence of current users (boys and girls) does not change. The current smoking rate for young boys increases from 17.4% in 2005 to 20.1% in 2009, a 15.52% increase. Meanwhile, the rate for young girls decreases from 4.8% in 2005 to 3.8% in 2009, a 20.83% decrease.

2.2	EXPOSURE TO TOBACCO SMOKE
2.2.1	Do you have any data on exposure to tobacco smoke in your population? <input checked="" type="checkbox"/> Yes <input 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).
	Results of the 2011 GATS shows that 36.0% of adults aged 15 years and above are exposed to tobacco smoke at home, 30.5% of workers are exposed to tobacco smoke at the indoor workplace. Moreover, the survey reveals that outside markets are the most common sites for the highest exposure to tobacco smoke at 68.8%.
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:
	Global Adult Tobacco Survey (GATS Thailand), 2011.

2.3	TOBACCO-RELATED MORTALITY
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? Based on the Thai SimSmoke simulation model using a relative risk for total mortality of 1.55, it is estimated 54,553 individuals to have died in 2006 from smoking compared to 60,282 individuals that would have died in the absence of policies and interventions, or a difference of nearly 5,729 lives in that year.
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.
	According to the Global report on mortality attributable to tobacco in 2012, the report indicated that the three leading causes of death due to tobacco use were cancers of the trachea, bronchus and lung (32 per 100,000 adults aged 30 years and above), COPD (44 per 100,000 adults aged 30 years and

	above) and respiratory disease (51 per 100,000 adults aged 30 years and above).
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:
	<p>(2.3.2) Lavy D.T., Benjakul, S., Ross, H., and Ritthiphakdee, B. The role of tobacco control policies in reducing smoking and deaths in middle income nation: results from the Thailand SimSmoke simulation model. Tobacco Control. 2008; 17: 53-59.</p> <p>(2.3.3) World Health Organization. Global report on mortality attributable to tobacco. Geneva, WHO, 2012.</p>

2.4	TOBACCO-RELATED COSTS
2.4.1	Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.4.2	If you answered “Yes” to question 2.4.1, please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).
	<p>The direct out-of-expenditures for treatment cost were 368.49 million baht for lung cancer (69,539.54 baht per capita), 7,714.88 million baht for COPD (12,357.47 bath per capita), and 1,773.65 million baht for CHD. Total smoking-attributable out-of-pocket expenditure amounted to 9857.02 million baht (0.48% of GDP in 2006).</p> <p>Remark: exchange rates as of 2006 = 39.20 Baht/ US Dollar</p>
2.4.3	Please indicate the year and source of the data used to answer question 2.4.2, and please submit a copy of the study you refer to:
	(2.4.2) Leartsakulpanitch, J., Nganthavee, W and Salole, E. The economic burden of smoking – related disease in Thailand: A prevalence – based analysis. J Med Assoc Thai. 2007 Sep; 90(9): 1925-9.

2.5	SUPPLY OF TOBACCO AND TOBACCO PRODUCTS <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	cigarettes	million pieces	32710.92	18.89
	Add product	cigar	kilograms	0.00	77.00
		shredded tobacco	kilograms	0.00	9339.00
	Smokeless tobacco products				
	Add product				
	Other tobacco products	other tobacco product	kilograms	0.00	46.00
	Add product				
	Tobacco	Leaves	million of kilograms	59.58	25.07
					3.53
2.5.2	Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.				
	<p>The volumes of duty-free sales as detailed follows;</p> <ul style="list-style-type: none"> - Cigaretts 53,989 cartons or 37,976,612.88 Bath in 2010 and 83,480 cartons or 52,074,853 Bath in 2011. - Cigars 575 boxes or 795,630 Bath in 2010 and 465 boxes or 7892930 Bath. 				
2.5.3	Please indicate the year and source of the data used to answer questions 2.5.1 and 2.5.2:				
	<p>Sources of data used to answer question 2.5.1 are as follows:</p> <p>(1) The domestic production data can be found in the annual report of Thailand Tobacco Monopoly (TTM) in 2012.</p> <p>(2) Data on domestice, exports and imports of tobacco products in 2011 is available from the Excise Department, Ministry of Finance.</p> <p>The Source of the data used to answer Question 2.5.2 from the primary source of the 1st bound warehouse service and free zone, Customs Department, Ministry of Finance in 2012</p>				

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	2007	cigarettes	packs	625432.00
	Add row	2008	cigarettes	packs	1386192.00
		2009	cigarettes	packs	1065047.00
		2011	cigarettes	Kilograms	34035.00
		2011	cigar	Kilograms	4681.00
	Smokeless tobacco products	2007	shredded tobacco	Kilogram	6476.00
	Add row	2008	shredded tobacco	Kilogram	16226.00
		2009	shredded tobacco	Kilogram	321251.00
		2010	shredded tobacco	Kilograms	797.00
		2011	shredded tobacco	Kilograms	19526.00
	Other tobacco products	2011	tobacco leaves	kilograms	413.00
	Add row	2010	other tobacco product	Kilograms	22588.00
		2011	other tobacco product	Kilograms	1368294.00
	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. Results of 2009 GATS and 2011 GATS revealed percentage of current manufactured cigarette smokers aged 15 years and above whose last purchased cigarette package did not have a health warning increased from 2.6% to 4.8%. The cigarettes packs without health warning signs is one of indicators using to detect and observe of the presence of smuggled cigarettes being sold in the market.				
2.6.6	Please indicate the source of the data used to answer questions in section 2.6:				

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS <i>(with reference to Article 15.5)</i>
	<p>(1) Data to answer question 6.1 on cigarettes, cigars, shredded tobacco and other tobacco product are from Bureau of Investigation and Suppression, Customs Department and Excise Department, Ministry of Finance, 2012.</p> <p>(2) information in 2.6.5 is base on Global Adult Tobacco Survey Report, 2011.</p>
2.7	TOBACCO-GROWING
2.7.1	Is there any tobacco-growing in your jurisdiction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.7.2	<p>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.</p> <p>According to the report of Excise Department , Ministry of Finance, the number of tobacco farmers is 64,150 persons in 2009/2010 which slightly increases from the pervious year (60,671 persons in 2008/2009). Data by gender is not available.</p>
2.7.3	Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product. According to the report of Excise Department in 2011, tobacco leaf production, which includes dried leaves of burley, virginia and turkish in 2006, 2007, 2008, 2009, 2010 and 2011 is 83.98, 73.8, 58.6, 51.9, 62.5 and 68.5 million kilograms respectively. According to Notification of the excise department on May 20, 2011, the lowest tobacco leaf price is 40.49 baht per kilogram for burley, 55.94 baht per kilogram for turkish and 66.15 baht per kilogram for virginia. In 2011, the national GDP is 10,540.4 million baht. The approximately value of tobacco leaf production in terms of national GDP is 0.03%
2.7.4	<p>Please indicate the year and source of the data used to answer questions in section 2.7:</p> <p>(1) Excise Department, Ministry of Finance, 2011</p> <p>(2) Data on GDP available from http://www.worldbank.org/en/country/thailand - accessed 28 April 2012.</p> <p>(3) Exchange rates as of 2011 = 30.4944 Baht/ USD which available from http://www2.bot.or.th/statistics/ReportPage.aspx?reportID=123&language=th - accessed 28 April 2012.</p>
2.8	TAXATION OF TOBACCO PRODUCTS <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))? 68% of retail price
2.8.2	How are the excise taxes levied (what types of taxes are levied)?
	<ul style="list-style-type: none"> • Specific tax only <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Ad valorem tax only <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Combination of specific and ad valorem taxes <input checked="" type="checkbox"/> Yes <input 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 ⁵
	Smoking tobacco products Add product	Manufactured cigarette	Ad valorem tax	85%	ex-factory price
		Cigar	Specific rate	0.5 THB	per 1 grams
		Blended shredded tobacco	Specific rate	0.5 THB per 1 grams (or 500 THB per 1 kilograms)	per 1 grams
		Shredded tobacco	Specific rate	0.01 THB per 10 grams (or 1 THB per 1 kilograms)	per 1 grams
	Smokeless tobacco products Add product				
	Other tobacco products Add product				
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.				
	Taxation for tobacco products, particularly manufactured cigarettes has gradually increased from 79% (2006) to 80% (2007) and finally to 85% of ex-factory price for domestic cigarette and 85% of CIF plus custom tax for imported cigarette (May 15, 2009).				
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (In reference to Article 26)				
2.8.6	If you answered “Yes” to question 2.8.5, please provide details in the space below.				
	2% of tobacco and alcohol tax, from the excise department has been allocated to Thai Health Promotion Foundation since 2001. In the past two year (2010 - 2011), 4.5% and 4.6% of ThaiHealth fund (176.0/3,919.0 and 157.0/3,424 million baht) is allocated for tobacco control.				
2.8.7	Please indicate the year and source of the data used to answer questions 2.8.1 to 2.8.6:				

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

	<p>(1) the data of Q 2.8.1 to 2.8.4 available from primary source, the excise officer of Excise Department, Ministry of Finance, 2010.</p> <p>(2) the data of Q 2.8.5 to 2.8.6 available "Termsirikulchai L, Benjakul S, Kengganpanich M, Theskayan N, Nakju, S. Thailand Tobacco Control Country Profile. Bangkok: World Health Organization, Country Office for Thailand, 2008".</p> <p>(3) the data of Q 2.8.6 especially ThaiHealth fund available from "ThaiHealth Foundation annual report 2011".</p>
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2.9	PRICE OF TOBACCO PRODUCTS <i>(with reference to Article 6.2(a))</i>
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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	Krongthip 90			20 sticks	54 Baht
		Wonder			20 sticks	48 Baht
		SMS			20 sticks	35 Baht
					any brand	1 pack (10 grams/package)
	Imported	L&M			20 sticks	58 Baht
		Marboro			20 sticks	80 Baht
		Break			20 sticks	36 Baht

2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.
	<p>1) The most widely sold of domestic and imported brand are available from the GATS, 2011.</p> <p>(2) Retail price of domestic brand is available on the webpage of Thailand Tobacco Monopoly (TTM) - http://www.thaitobacco.or.th/</p> <p>(3) Retail price of import brand is available on the Notification of the Excise Department, enacting in February 5, 2010.</p>
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.
	Both domestic and imported manufactured cigarettes are sold in Thailand contained 20 cigarettes per pack. Meanwhile, one unit (or pack) of the shredded tobacco contained 10 grams. The currency used for retail price is Thai Baht, exchange rates as of 2011 = 30.4944 Baht/ US Dollar
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.
	Cigarette taxation gradually increased from 79% (2006) to 80% (2007) and finally to 85% of ex-factory price (May 15, 2009 to present - April, 2011) so the retail price of cigarettes rose constantly. Meanwhile, taxation rate for shredded tobacco is extremely low and has not been raised over the last submission report in 2010.

3. LEGISLATION, REGULATION AND POLICIES

3.1	<i>Article</i>	GENERAL OBLIGATIONS <i>(with reference to Article 5)</i>		
3.1.1	5	General obligations		
3.1.1.1	5.1	Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?	<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>The Department of Disease Control (DDC) is one of eight Departments for central administration of the Ministry of Public Health (MoPH). DDC operates a tobacco control through the Bureau of Tobacco Control (BTC) and 12 regional offices locating in each administrative region. Therefore, BTC is a national program for tobacco control.</p> <p>BTC is mainly responsible for the process of tobacco control policy cycle composed of policy agenda, policy formulation (including development of new legislation and revision of existing laws and regulations), policy decision, policy implementation, and policy evaluation. In addition, BTC has focused on assessment and capacity building of health personnel and law enforcers for strengthen and monitoring mechanism for effective law implementation and enforcement. In addition, BTC is assigned to be secretary general of the National Committee for the Control of Tobacco Use (NCCTU) as well as other sub-committee implementing the National Strategic Plan for Tobacco Control, B.E. 2553–2557.</p>			

3.1.1.6	<p data-bbox="445 170 1433 271">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 data-bbox="445 309 1442 636">For article 5.1 (financial resources and mechanisms of assistance), apart from the annual government budget for implementing various tobacco control projects, Thailand has the Thai Health Promotion Foundation (ThaiHealth). ThaiHealth is an autonomous state agency which outside the formal structure of government. ThaiHealth is funded by sin taxes - 2% surcharge of excise tax on cigarettes and alcohol beverages. The fund is used as monetary support for various activities related health promotion including tobacco control for government, non-government and civil society since 2001.</p> <p data-bbox="445 674 1426 819">Moreover, the international granting agency such as the Bloomberg Philanthropies and WHO has strongly supported tobacco control projects in Thailand in the past two years, e.g. GATS 2011 and the Towards 100% Smoke-Free Environment Thailand Project in 2008 - 2011 etc.</p> <p data-bbox="445 857 1442 1003">For article 5.2 (reporting and exchange of information), in the past two years Thailand has exchanged information related to tobacco control internationally through international conferences, working group meeting for drafting the WHO FCTC guidelines, etc.</p>
3.1.1.7	<p data-bbox="445 1034 1410 1106">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>Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry</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		<p>– protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.2.2		<p>– 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?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.2.3	<p>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>			
		<p>According to principle 2 (accountable and transparent) under Article 5.3 guidelines, the Bureau of Tobacco Control, which is the National focal point, under Department of Disease Control, MoPH collaborated with various partners for drafting the regulations on the protection of public health policies of tobacco control, from commercial and other vested interests of the tobacco control industry. Moreover, government and non-government organizations implementing tobacco control have consistently provided information on TI's activities to the public, which is in accordance to Article 12(c), through a variety of activities such as 1) national conference on tobacco or health, September 2009 under the theme, "new threats from tobacco industry" and other seminars, 2) printing and distribution of books, to provide knowledge on tobacco industry tactics, 3) community campaigns for countering the violations of Article 8 of the Tobacco Product Control Act, 1992, which prohibits the advertisement of tobacco products directly and indirectly through media or any other methods and 4) research-based messages on CSR etc.</p>		
3.1.2.4	<p>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.</p>			
		<p>In the past two years, Thailand has consistently provided information on tobacco industries to the public, by conducting a variety of activities (mentioned above in detail), and delivering the message through powerful media such as television, radio, and newspapers.</p>		
3.1.2.5	<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	Article	MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO <i>(with reference to Articles 6–14)</i>		
3.2.1	6	Price and tax measures to reduce the demand for tobacco <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 checked="" type="checkbox"/> Yes	<input 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.			
		Since the latest increase the excise cigarette taxation in May 15, 2009, to present (April 2012), the price of manufactured cigarettes remained the same.		
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>Protection from exposure to tobacco smoke</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"> • national law 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • subnational law(s) 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> • administrative and executive orders 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> • voluntary agreements 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> • other measures (<i>please specify:</i>) 	<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>The Non-Smokers' Health Protection Act 1992 was drafted with the principal purpose of protecting non-smokers' health by prohibiting smoking in public places, and included a decree of punishment for violators. Presently, the Notification of the Ministry of Public Health No. 19, 2010 under the acts has enacted on June 28, 2010. Regarding to the notifications, most partial smoke free areas were upgraded to totally smoke free areas such as; smoking did not allow smoking in private room at government buildings, health care facilities, indoor workplaces, etc.</p> <p>The indoor workplaces and public places according to the new notifications have been divided into 2 groups</p> <ul style="list-style-type: none"> o Totally smoke-free areas; these are divided into 5 sub - groups as follows; 1) Health service and health promotion facilities, 2) Education institutes, 3) Public places both indoor and outdoor area where used by the general public or serving as a place of working 4) Public vehicles and stations and 5) Religious places or places for performing religious 		

	<p>rites of various all religions and sects.</p> <p>o Totally smoke-free in indoor workplaces; a smoking area may be specifically provided apart from the built-up or structured areas; 1) higher educational institutes, 2) Petrol or gas service stations, and 3) workplaces of state agencies, state enterprises or any other governmental agencies.</p> <p>Meanwhile, international airports may have designated smoking areas which based on the Notification of the Ministry of Public Health (No.9) 1997, Subject: Condition and appearance of smoking areas according to the Non-Smoker's Health Protection Act 1992.</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>Thailand has a system to strengthen human resources, especially law enforcers through various activities and effective enforcement as follows; 1) provide the exactly role and responsibility for inspection and coordination among enforcement-related agencies and civil society networks at national level, regional level as well as provincial & district level, 2) organize the regular training among law enforcers and key stateholders, especially the existing civil society networks for gaining the knowledge and skill of inspection and monitoring the violation issues of tobacco control law, 3) establish the complaint center by telephone and website, and 4) regular raise people's awareness of the tobacco control law, especially the new law where it applies as well as penalties for non-compliance.</p>			
3.2.2.6	<p>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.</p>	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 ¹	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• universities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ except universities

	<ul style="list-style-type: none"> • private workplaces 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • other (<i>please specify:</i>) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Public transport:			
	<ul style="list-style-type: none"> • airplanes 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • trains 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • ferries 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • ground public transport (buses, trolleybuses, trams) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • motor vehicles used as places of work (taxis, ambulances, delivery vehicles) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • private vehicles 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<ul style="list-style-type: none"> • other (<i>please specify:</i> motorcycles transport, school buses, cars owned by government and organizations, taxi, etc.) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Indoor public places:			
	• cultural facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• shopping malls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• pubs and bars	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• nightclubs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• restaurants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• other (<i>please specify</i> : theatres, libraries, massage centers, indoor (sports) facilities/ stadiums, meeting rooms, drug stores buildings, outpatient clinics hospitals, places providing computer internet game karaoke services, food and beverage selling places etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.2.7	Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented.			
	• Banning tobacco smoking in indoor workplaces			
	The Notification of Ministerial of Public Health No.19 B.E.2553 (A.D.2010) states that all public building and indoor workplace shall be designated as non-smoking areas.			
	• Banning tobacco smoking in public transport			
	The Notification of Ministerial of Public Health No.19 B.E.2553 (A.D.2010) states that all public transports shall be designated as non-smoking areas.			
	• Banning tobacco smoking in indoor public places			
	The Notification of Ministerial of Public Health No.19 B.E.2553 (A.D.2010) states that all indoor public place shall be designated as non-smoking areas.			
3.2.2.8	Please provide a brief description of the progress made in implementing Article 8 (<i>Protection from exposure to tobacco smoke</i>) in the past two years or since submission of your last report.			
	The Ministry of Public Health Notification, No.19 B.E. 2553 (A.D.2010), designates all indoor workplaces and public places to be 100% smoke-free. Only international airport is allowed to designate smoking room in the building.			
	In the past two years, apart from Action on Smoking and Health (ASH Thailand), the Teachers Alliance Against Tobacco (TAAT) also focuses on preventing initiation of smoking in public places, especially among youth in schools as well as smoke-free home through several campaigns.			
3.2.2.9	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			

3.2.3	9	Regulation of the contents of tobacco products <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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.3.3		– regulating the contents of tobacco products?	<input checked="" type="checkbox"/> Yes	<input 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.			
	Since 2007, Thailand has the Notification of the Ministry of Public Health No.10, the regulation of the contents of tobacco products. This was issued under the Tobacco Products Control Act in 1992, and was enacted in Jan 2007.			
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>Regulation of tobacco product disclosures</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 checked="" type="checkbox"/> Yes</p>	<p><input 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 type="checkbox"/> Yes</p>	<p><input checked="" 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>			
		<p>According to Article 2 of the Notification No. 10 of the Ministry of Public Health issued in 2006 and enacted in January 2007, under the Tobacco Products Control Act B.E.2535, states that the manufacturer or importer of cigarettes shall print labels displaying the names of toxic substances and carcinogenic substances emitted on both sides of the cigarette pack.</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	Packaging and labelling of tobacco products		
		<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 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 3.2.5.10, 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 checked="" type="checkbox"/> Yes	<input 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	<p>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.</p> <p>Since March 29, 2010, the revised notification under the Tobacco Products Control Act, B.E. 2535 requires as follows; 1) change the amount of PHWs on cigarette packs from 9 to 10 pictures, 2) increase the size of PHWs from 50% to 55% on both sides of cigarette packs and cartons, and 3) include the quitline number 1600 on the cigarette packs.</p> <p>Refer to the notification No.15 issued on December 21, 2011, this says that producers shall not include words or statements on packages, boxes, containers or covers of cigarettes, cigars, shredded tobacco, or blended shredded tobacco to persuade the consumer. The prohibited words cover words or statements indicating less dangerous or less toxin, scent or flavour, and quality of tobacco products.</p> <p>Refer to the notification No.16 issued on January 26, 2012, this says that producers shall display statement about toxic or carcinogenic substances on cigarette labels on the both sides of the cigarette pack, box, carton or paper wrap. The printed area has been increased from less than 50% to 60% of the area of each side.</p>			
3.2.5.16	<p>If you have any relevant information pertaining to or not covered in this section, please provide details in the space below.</p>			

3.2.6	12	Education, communication, training and public awareness <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 type="checkbox"/> Yes	<input checked="" 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 checked="" 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	• socioeconomic status	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	• other <i>(please specify:)</i>	<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> Yes	<input 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: public agencies and non-governmental organization, civil society groups</i>)?	<input checked="" 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: Youths/ Students, law enforcement officers</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>During 2010 and 2011, apart from ASH Foundation, several other organizations have regularly implemented communication and public awareness programmes, e.g. the Thai Health Professional Alliance Against Tobacco (THPAAT), the Tobacco Control Research and Knowledge Management Center (TRC), Mahidol University, Teacher Network Against Tobacco (TNT) and Thai Health Promotion Institute (THPI) etc.</p> <p>ECT activities include 1) regular campaigning of World No Tobacco Day, smoke-free home, smoke-free public places and workplaces, tobacco industries interference and WHO FCTC etc., 2) delivering the message through a variety of mass media and printed media such as television, radio, newspapers, strickers, posters, electronic media, websites and press conference, 4) tranining programs for various groups of populations around the country and in school, universities curriculums. 5) Establish, expanding and strengthen to tobacco control network such as law enforcement officer, civil society network.</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>

3.2.7	13	Tobacco advertising, promotion and sponsorship		
		<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 checked="" type="checkbox"/> Yes	<input 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

	13.7	<ul style="list-style-type: none"> the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply? 	<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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• television?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• print media?	<input checked="" type="checkbox"/> Yes	<input 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
		• other media (<i>please specify:</i>)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.7.11	13.4(f)	– restricting tobacco sponsorship of:		
		• international events and activities?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• participants therein?	<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> Yes	<input 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.			
	<p>According to section 6 - 9 under the Tobacco Products Control Act B.E.2535, there is a ban on all forms of direct and indirect tobacco advertisement, sales promotion, and any forms of tobacco promotion, including gifts, discounts, and the distribution of coupons and free items by tobacco companies. Prohibition of the display of cigarette packets or logos of tobacco brands at the points of sale was also banned in 2005. Since such rigorous legislation, both the Thailand Tobacco Monopoly (TTM) and the transnational tobacco companies in the country/ have been shifting their strategy to promoting Corporate Social Responsibility (CSR) activities.</p> <p>However, results from the 2011 GATS survey indicate that 18.2% of Thai adults have noticed cigarette marketing in stores where cigarettes are sold (point of sale: POS) and 25.7% have noticed any cigarette marketing.</p>			

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

3.2.8	14	Demand reduction measures concerning tobacco dependence and cessation <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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		○ women	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		○ pregnant women	<input type="checkbox"/> Yes	<input checked="" 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: communities</i>)?	<input checked="" 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">• other (<i>please specify:</i> communities)?	<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> Thanyarak Institute, under Department of Medical Service, MoPH)	<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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		• other (<i>please specify:</i>)	<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		• secondary and tertiary health care	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		• specialist health-care systems (<i>please specify:</i> Thanyarak Institute, under Department of Medical Services, MoPH)	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None

		<ul style="list-style-type: none"> specialized centres for cessation counselling and treatment of tobacco dependence 	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> rehabilitation centres 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input checked="" type="checkbox"/> None
		<ul style="list-style-type: none"> other (<i>please specify:</i>) 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input checked="" 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"> physicians 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> dentists 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> family doctors 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> practitioners of traditional medicine 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> other medical professionals (<i>please specify:</i> medical Technician) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> nurses 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> midwives 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> pharmacists 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Community workers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Social workers	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		Others (<i>please specify:</i>)	<input type="checkbox"/> Yes	<input checked="" 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"> medical? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> dental? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> nursing? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> pharmacy? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> other (<i>please specify:</i>)? 	<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?			
		Prescribed medications by medical doctors at public health facilities.			
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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		• other (<i>please specify:</i> Nortriptyline)?	<input checked="" 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 type="checkbox"/> Partially	<input checked="" 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> Nortriptyline)?	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
3.2.8.14	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>In the past two years, various public health services under MoPH set up and support smoking cessation clinics in OPD (outpatient department) and some provide counselling through telephone.</p> <p>The range of pharmacotherapy used for smoking cessation services include: 1) Nicotine Replacement Therapy (NRT), such as nicotine chewing gum or polacrilex, and the nicotine patch, both of which are restricted to be sold only under a pharmacist’s supervision, especially at drug stores, 2) non-nicotine tablets, nortriptyline have recently been included to the National Essential Drug List so that people under universal health-care insurance can obtain it for free of charge.</p> <p>Presently, the quit-line number 1600 is a national quitline center established in June 2009 supporting by ThaiHealth.</p>				

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

3.3	Article	MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO <i>(with reference to Articles 15–17)</i>		
3.3.1	15	Illicit trade in tobacco products <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 checked="" type="checkbox"/> Yes	<input 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 checked="" type="checkbox"/> Yes	<input 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 checked="" type="checkbox"/> Yes	<input 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 checked="" type="checkbox"/> Yes	<input 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>The customs department and the excise department are actively working to prevent and suppress these illegal activities as follows;</p> <p>1) In 2010 and 2011, the customs department report that they arrested 556 and 476 cases of illicit trade in tobacco product which estimated to 20.5 and 28.5 million baht, respectively.</p> <p>2) In the same period as above (2010 and 2011), the excise department report that they arrested 9,483 cases and 9554 cases which estimated to 197.1 and 192.6 million baht, respectively.</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	Sales to and by minors <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	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.			
	Tobacco Product Control Act B.E.2535 (1992), Section 4 indicates that no person shall be allowed to dispose, sell, exchange or give out tobacco products to a person, who is the buyer or reciever that is known to be under fully 18 years of age.			
3.3.2.13	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			

3.3.3	17	Provision of support for economically viable alternative activities <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 checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• tobacco workers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input 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.				
	In the past 2 years, through progressing in the implementations of the Article 17, the country focus on researches related cost-effective analysis on tobacco farming as compared to other alternative crops as well as exchange the results among tobacco control partners.				
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>	OTHER MEASURES AND POLICIES (with reference to Articles 18–21)			
3.4.1	18	Protection of the environment and the health of persons <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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• the health of persons in relation to the environment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• the health of persons in relation to the environment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input 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.				
	Thailand Tobacco Monopoly (TTM), a state enterprise operating under supervision of the Excise Department, Ministry of Finance adopted good agricultural practice (GAP) for cultivation and production of tobacco by aiming at reducing chemical residues to not exceed standard level as well as prohibits to use pesticides. Nevertheless, the practice are adopted to grow the three types of tobacco plants by the supervision of TTM, i.e., virginia, burley, and tursky.				
3.4.1.4	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				

3.4.2	19	Liability <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	Research, surveillance and exchange of information <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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• consequences of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• social and economic indicators related to tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• tobacco use among women, with special regard to pregnant women?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• the determinants and consequences of exposure to tobacco smoke?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• identification of effective programmes for the treatment of tobacco dependence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• identification of alternative livelihoods?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other (<i>please specify:</i>)	<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
• other relevant information (<i>please specify:</i>)	<input type="checkbox"/> Yes	<input checked="" 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.		
		<p>1) The Behavioral Risk Factor Surveillance System (BRFSS). The survey was conducted by Bureau of noncommunicable disease, DDC, MoPH in 2010.</p> <p>2) The Cigarette Smoking and Alcohol Drinking Behavior Survey conducting by National Statistical Office (NSO) in 2011.</p> <p>3) The Global Adult Tobacco Survey (GATS) conducting by DDC, MoPH and partners including NSO, Faculty of Public Health, Mahidol University and ASH Thailand in 2011.</p> <p>4) The Global Health Professional Students Survey (GHPSS) conducting by TRC, 2011.</p>		
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.		
		<p>1) The Health and Welfare Survey (HWS) in 2013. The survey will contain the core question of smoking behaviour.</p> <p>2) The cigarette Smoking and Alcohol Drinking Behavior Survey in 2014</p> <p>3) The national health exam survey in 2013/ 2014. The survey will conduct by National Health Examination Survey Office (NHESO), HSRI, MoPH.</p>		
3.4.3.6	20.4	– regional and global exchange of publicly available national:		
		• scientific, technical, socioeconomic, commercial and legal information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• information on the practices of the tobacco industry?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• information on the cultivation of tobacco?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.3.7	20.4(a)	– an updated database of:		
		• laws and regulations on tobacco control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• information about the enforcement of laws on tobacco control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• pertinent jurisprudence?	<input checked="" type="checkbox"/> Yes	<input 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			

	<p>submission of your last report.</p> <p>In the past 2 years, there have been consistent research on tobacco control in all perspectives in accordance with WHO FCTC, e.g. monitoring on tobacco use, exposure to secondhand smoke, smoking cessation, economic of tobacco use, media awareness-related tobacco use, health impacts from tobacco consumption, political economy etc. The finds are the crucial input to develop or improve the tobacco control policies.</p> <p>Since 2010 the Bureau of Tobacco Control, DDC, MoPH is responsibility as a national focal point of tobacco control surveillance system. Regarding to the exchanges of information, the information related tobacco control have been exchanged continuously both national and international level. The exchanges have also been conducted in the form of meetings among policy makers, technical officers, and personnels working on tobacco control, and in the form of documents or research reports such as Global Adult Tobacco Survey: Thailand Report, 2011 as well as oral and poster presentation through the international conferences.</p>
3.4.3.9	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

4. INTERNATIONAL COOPERATION AND ASSISTANCE

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

	Article	Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:	Assistance provided	Assistance received
4.1	22.1(a)	– development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.3	22.1(c)	– appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.5	22.1(e)	– identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.6	22.1(f)	– promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input 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.			
	<p>Assistance provided: tobacco control experts from various parties such as BTC, DDC, Ministry of Public Health, Action on Smoking and Health (ASH), Thai Health Professional Alliance Against Tobacco (THPAAT), Faculty of Public Health, Mahidol University etc.</p> <p>Assistance received: WHO representative to Thailand (WCO), WHO SEARO, US CDC, the Bloomberg Philanthropies, the International Union</p>			

	Against Tuberculosis and Lung Disease, and South East Asia Tobacco Control Alliance (SEATCA) etc.
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4.8	Please provide information about any assistance provided or received in the space below.
	<p>Assistance provided: to share experience and knowlege on tobacco control in accordance with WHO FCTC. For example, article 6, 9&10, 12, 14, 15, 17&18 and 21.</p> <p>Assistance received: to received the technical and partial budget supports on various activities related to Global Tobacco Surviellance System (GTSS).</p>
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	<p>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</p> <p><i>(Please refer to Article 26.4.)</i></p>
4.11	If you answered “Yes” to question 4.10, please provide details in the space below.

5. PRIORITIES AND COMMENTS

5.1	What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?
	Article 5.3, 6, 8, 13, 14, 15, 16
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.3	If you answered “Yes” to question 5.2, please provide details in the space below.
	<p>1) The lack of manpower focus on tobacco control activities especially at local level. These is a causes of limitation to implementing the Convention effectively.</p> <p>2) Even the country have several innovation way to eliminate of secondhand smoke, the finding from the latest survey revealed that the exposure rate still high. That might be the reason of the less recognition on the impact of exposure to secondhand smoke on health, budget constraint to raise social awareness through regular mass media and various campaign activities.</p> <p>3) Most current smokers are not interested in quitting. Even cessation services available on the health care facilities, those did not visite in any health care facilities and then did not receive the cessation service.</p>
5.4	What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?

	<p><i>(Please refer to Article 21.1(b).)</i></p> <p>Article 5.3: (1) Inconsistent campaign activities which supposed to be done continuously to educate the public and (2) even though ministerial notification in preventing the interference on tobacco control policy has been enacted, it still covers government officers.</p> <p>Article 6: an estimated 50% of tobacco consumed in Thailand is "rolled-your own (RYO), which is taxed at a very low level as compared to manufactured cigarette.</p> <p>Article 8: Ineffective law enforcement.</p> <p>Article 13: the Tobacco Control Product Act, 1992 does not coverage on tobacco advertising, especially CSR and live broadcasts and internet from aboard. So, the country are on the process of amendment the act to ensure comprehensive tobacco control legislation.</p> <p>Article 15: illicit tobacco product still found at street vendor and flea market.</p> <p>Article 14 : most currest smokers did not visit to health care facilities for receive cessation advice.</p> <p>Article 16: Ineffective law enforcement about the sell to minor because current smoker aged 15 - 17 years can purchase manufactured cigarette for themselves at store where cigarette are sold.</p>
5.5	<p>Please provide any relevant information not covered elsewhere that you consider important.</p>
5.6	<p>Your suggestions for further development and revision of the reporting instrument:</p> <ul style="list-style-type: none"> - Can not typing the text in question 2.5. - The format of text can not be changed or manipulated at all, often causing answers be arranged improperly.

End of reporting instrument