

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

1. ORIGIN OF THE REPORT

1.1	NAME OF CONTRACTING PARTY	Thailand
1.2	Information on national contact responsible for preparation of the report:	
	Name and title of contact officer	Dr Sarunya Benjakul
	Full name of institution	Bureau of Tobacco Control
	Mailing address	Bureau of Tobacco Control Department of Disease Control, Ministry of Public Health, Thivanonth road, Nonthaburi, Thailand 11000
	Telephone number	662 580 9237
	Fax number	662 580 9237
	E-mail	bsarunya@yahoo.com
1.3	Signature of government official submitting the report:	
	Name and title of officer	Mr Churit Tengtrisorn, MD Director
	Full name of institution	Bureau of Tobacco Control Department of Disease Control
	Mailing address	Beuou of Tobacco Control Department of Disease Control, Ministry of Public Health, Thivanonth road, Nonthaburi, Thailand 11000
	Telephone number	662 580 9237
	Fax number	662 580 9237
	E-mail	t.churit@gmail.com
	Web page	-
1.4	Period of reporting	5 years
1.5	Date the report was submitted	29 March 2010

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	40.47 %	9.65
	Daily smokers	35.49 %	10.36
	Occasional smokers	4.98 %	
	Former smokers	11.50 %	
	Never smokers	42.18 %	
FEMALES			
	Current smokers	2.01 %	7.47
	Daily smokers	1.70 %	8.31
	Occasional smokers	0.31 %	
	Former smokers	0.78 %	
	Never smokers	96.87 %	
TOTAL (males and females)			
	Current smokers	20.70 %	9.55
	Daily smokers	18.13 %	10.27
	Occasional smokers	2.58 %	
	Former smokers	6.00 %	
	Never smokers	70.26 %	

2.1.1.1	<p>Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:</p> <p>Manufactured cigarettes, hand-rolled cigarettes, pipes, cigars and water pipes.</p>
2.1.1.2	<p>Please indicate the age range to which the data used to answer question 2.1.1 refer:</p> <p>15 years and over</p>
2.1.1.3	<p>Please indicate the year and source of the data used to answer question 2.1.1:</p> <p>(1) prevalence of smoking all tobacco products are obtained from the Health and Welfare Survey (HWS) conducted by National Statistical Office (NSO), 2009</p> <p>(2) average number of the most consumed smoking tobacco product (per day) are obtained from the survey of smoking and alcohol consumption in 2007. These data were not available in the lastest survey (HWS 2009) because the survey provided only the core indicators.</p>
2.1.1.4	<p>Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report.</p> <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 or former daily tobacco smokers: adults who are ever daily tobacco smokers and currently do not smoke tobacco. - Never smokers: adults who are currently do not smoke tobacco and never smoked any smoked tobacco products in their life time.
2.1.1.5	<p>Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past three years or since submission of your last report.</p> <p>The current and daily smoking rates in adults aged 15 years and above and in male slightly declined over this three years period. Meanwhile, the current and daily smoking rates in female decreased during from 2006 - 2007 but slightly increased 1.94% in 2007 to 2.01% in 2009 and the daily smoking rates increased from 1.59% in 2007 to 1.7% in 2009.</p>

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	15-24	30.67 %	
	25-34	45.24 %	
Add age group	35-44	46.00 %	
	45-54	45.10 %	
	55-64	39.76 %	
FEMALES			
Current smokers ¹	15-24	0.51 %	
	25-34	1.13 %	
Add age group	35-44	1.64 %	
	45-54	2.84 %	
	55-64	3.82 %	
TOTAL (males and females)			
Current smokers ¹	15-24	15.91 %	
	25-34	23.28 %	
Add age group	35-44	23.10 %	
	45-54	23.22 %	
	55-64	20.91 %	

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:
	Health and welfare survey conducted by National Statistical Office (NSO), 2009.
2.1.2.3	Please provide a brief explanation of the trend in current smoking prevalence by age group in the past three years or since submission of your last report, if data are available.
	Prevalence of current smokers in four age groups (male and female) has continuously decreased during 2007 - 2009 (35-44 years, 45-54 years, 55-64 years and 65 years and above). Meanwhile, the rates in the first two groups, 15-24 years and 25-34 years, slightly increased from 15.23% in 2007 to 15.91% in 2009 for 15-24 years age group and 22.54% to 23.28% for 19-24 years age group.

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	1.30 %
	Daily users	0.90 %
	Occasional users	0.40 %
	Former users	0.40 %
	Never users	97.50 %
	FEMALES	
	Current users	6.30 %
	Daily users	5.80 %
	Occasional users	0.50 %
	Former users	0.70 %
	Never users	92.70 %
	TOTAL (males and females)	
	Current users	3.90 %
	Daily users	3.40 %
	Occasional users	0.50 %
	Former users	0.60 %
	Never users	95.00 %

2.1.3.1	<p>Please indicate the smokeless tobacco products included in calculating prevalence for question 2.1.3:</p> <p>Snuff by keeping in mouth, snuff by nose, chewing tobacco, betel quid with tobacco (which had component of raw tobacco), and others.</p>
2.1.3.2	<p>Please indicate the age range to which the data used to answer question 2.1.3 refer:</p> <p>15 years and over</p>
2.1.3.3	<p>Please indicate the year and source of the data used to answer question 2.1.3:</p> <p>Global Adult Tobacco Survey: GATS Thailand, 2009</p>
2.1.3.4	<p>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.</p> <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 or former daily smokeless tobacco users: adults who have used 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	<p>Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past three years or since submission of your last report.</p> <p>In the past 20 years, 1991 - 2010, all national surveys related to tobacco use in Thailand focused only on smoked tobacco product. Data on smokeless tobacco product was not available. GATS is the first database providing data of smokeless tobacco products so trend cannot be demonstrated.</p>

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) <table border="1" data-bbox="919 394 1421 491"> <tr> <td colspan="2" data-bbox="919 394 1421 491"> Prevalence (%) <i>(please include all smokeless tobacco products in prevalence data)</i> </td> </tr> </table>	Prevalence (%) <i>(please include all smokeless tobacco products in prevalence data)</i>	
Prevalence (%) <i>(please include all smokeless tobacco products in prevalence data)</i>				
	MALES			
Current users ² Add age group	15-24	0.11 %		
	25-34	0.27 %		
	35-44	0.72 %		
	45-54	1.14 %		
	55-64	2.13 %		
	FEMALES			
Current users ² Add age group	15-24	0.00 %		
	25-34	0.53 %		
	35-44	0.74 %		
	45-54	3.91 %		
	55-64	15.04 %		
	TOTAL (males and females)			
Current users ² Add age group	15-24	0.06 %		
	25-34	0.40 %		
	35-44	0.73 %		
	45-54	2.59 %		
	55-64	8.81 %		

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 raw 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, 2009
2.1.4.3	Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past three years or since submission of your last report.
	GATS is the first database providing data on smokeless tobacco products. Trend can not be demonstrated because this is only first survey providing smokeless tobacco data.

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	24.82 %	1.25 %	12.03 %
		Central	36.89 %	2.25 %	18.96 %
		North	36.18 %	4.13 %	19.83 %
		Northeast	47.15 %	1.02 %	23.79 %
		South	47.61 %	1.72 %	24.25 %
2.1.5.1	Please indicate the tobacco products included in the answer to question 2.1.5: Smoked tobacco products included manufactured cigarettes, hand-rolled cigarettes, pipes, cigars and water pipes. 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.				
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:				
	Health and welfare survey conducted by National Statistical Office (NSO), 2009.				

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 %
	Add youth group		%	%
			%	%
			%	%
			%	%
	Girls			
	Current users ⁴	13-15	3.80 %	0.00 %
	Add youth group		%	%
			%	%
			%	%
			%	%
	TOTAL (boys and girls)			
	Current users ⁴	13-15	11.70 %	0.00 %
	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.

1

2.1.6.2	Please indicate the year and source of the data used to answer question 2.1.6:
	CDC and Center of Behavioral Risk Factor Surveillance Information, Bureau of Non-communicable Disease, Department of Disease Control. Global Youth Tobacco Survey (GYTS Thailand) Report, 2009.
2.1.6.3	Please provide the definition of “current smoking/tobacco use” used to answer question 2.1.6 in the space below.
	Current 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 three 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).
	GATS 2009 results shows that 39.1% of adults aged 15 years and above are exposed to tobacco smoke at home, 27.2% 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 53.5%, followed by 9.0% at restaurants, 6.3% on public transport, 3.9% at government building, and 2.0% at health care facilities.
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), 2009.

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	<p>If you answered “Yes” to question 2.3.1, what is the estimated total number of deaths attributable to tobacco use in your population?</p> <p>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</p> <p>that year.</p>

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.
	The number of mortality attributable to smoking in 2006 was 5,299 for lung cancer, 624,309 for chronic obstructive pulmonary disease (COPD) and 52,605 for coronary heart disease (CHD).
2.3.4	Please indicate the year and source of the data used to answer questions 2.3.2 and 2.3.3, and please submit a copy of the study you refer to:
	(2.3.2) 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. (2.3.3) 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.

2.4	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).
	The direct out-of-expenditures for treatment cost were 368.49 million bath for lung cancer (69,539.54 bath 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). Remark: exchange rates as of 2006 = 39.20 Baht/ US Dollar
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 (<i>e.g. pieces, tonnes</i>)	Domestic production	Exports	Imports
	Smoking tobacco products Add product	cigarettes	million pieces for domestics production/ million kilograms for exports and imports	30.02	1.30	11.73
		cigar	kilograms for exports and imports	0.00	15.00	33470.00
		shredded tobacco	kilograms for domestic production, exports and imports	1905875.00	53631.00	36297.00
	Smokeless tobacco products Add product	-	-			
		-	-			
		-	-			
	Other tobacco products Add product	-	-			
		-	-			
		-	-			
	Tobacco	Leaves	million kilograms for exports and imports	23.26	34.55	3.85
2.5.2	Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.					
	NA					
2.5.3	Please indicate the year and source of the data used to answer questions 2.5.1 and 2.5.2:					

Source of the data used to answer questions 2.5.1 as followings;

(1) The domestic production data can be found in the annual report of Thailand Tobacco Monopoly (TTM) in 2008.

(2) Data on exports and imports of tobacco products is available from primary source of Information Processing and Data Warehouse Devision, Information and Communication Bureau, Customs Department, Ministry of Finance, in 2008.

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS <i>(with reference to Article 15.5)</i>					
2.6.1		Year	Product	Unit (<i>e.g. millions of pieces</i>)	Quantity seized	
	Smoking tobacco products	2007	cigarettes	packs	625432.00	
	Add row	2008	cigarettes	packs	1386192.00	
	Add row	2009	cigarettes	packs	1065047.00	
	Smoking tobacco products	2007	shredded tobacco	Kilogram	6476.00	
	Add row	2008	shredded tobacco	Kilogram	16226.00	
	Add row	2009	shredded tobacco	Kilogram	321251.00	
	Smoking tobacco products	2007				
	Add row	2008				
	Add row	2009				
	2.6.2	Do you have any information on the percentage of smuggled tobacco products on the national tobacco market? <input checked="" type="checkbox"/> Yes <input 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 three years or since submission of your last report in the percentage of smuggled tobacco products in relation to the national tobacco market?					
	Even the answered "Yes" to question 2.6.2, the exact percentage of smuggled tobacco products on the national tobacco market is not available.					
2.6.5	Please provide any further information on illicit or smuggled tobacco products.					
	Results of GATS 2009 found that 2.6% of current manufactured cigarettes smokers did not see a pictorial health warning. The cigarettes packs without health warning signs is one of tools 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:					
	(1) Data on cigarettes are from Bureau of Investigation and Suppression, Customs Department and Excise Department, Ministry of Finance, 2010. (2) Data on shredded tobacco are from Bureau of Investigation and Suppression, Excise Department, Ministry of Finance, 2010. (3) information in 2.6.5 is base on Global Adult Tobacco Survey Report, 2009.					

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 Thailand Tobacco Monopoly (TTM), Ministry of Finance, the number of tobacco farmers is 21,816 persons in 2009 which slightly decreases from the pervious year (23,451 person in 2008). Data by gender is not available.</p>
2.7.3	<p>Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.</p> <p>According to the report of TTM in 2010, tobacco leaf production, which includes dried leaves of burley, virginia and turkish in 2006, 2007, 2008, and 2009 is 27.59 million kgs, 22.78, 22.67, and are 23.70 respectively. According to Notification of the excise department on October 16, 2006, the lowest tobacco leaf price is 21.90 baht per kilogram for virginia, 20.60 baht per kilogram for burley and 19.90 baht per kilogram for turkish. Moreover, the national GDP in 2006, 2007, 2008 and 2009 is 7.85 million baht, 8.53 million baht, 9.07 million baht and 9.05 million baht, respectively. So, the approximately value of tobacco leaf production in each year, in terms of national GDP is 0.007%, 0.006%, 0.005% and 0.006%.</p>
2.7.4	<p>Please indicate the year and source of the data used to answer questions in section 2.7:</p> <p>(1) Thailand Tobacco Monopoly, 2010 (primary sources from a responsible TTM officer)</p> <p>(2) The lowest tobacco leaf price is based on Nortification of Excise Department, Ministry of Finance, 2006</p> <p>(3) Data on GDP from available from Office of The National Economic and Social Development Board. http://www.nesdb.go.th - accessed 20 March 2010.</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%
2.8.2	<p>How are the excise taxes levied (what types of taxes are levied)?</p> <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				
	Smokless 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 three 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 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. 8.1% of ThaiHealth fund budget (15,658.9 million baht) is allocated for tobacco control from 2001 to 2008.				
2.8.7	Please indicate the year and source of the data used to answer questions 2.8.1 to 2.8.6:				
	(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. (2) the data of Q 2.8.5 to 2.8.6 available from this suggest citation: Termsirikulchai L, Benjakul S, Kengganpanich M, Theskayan N, Nakju, S. Thailand Tobacco Control Country Profile. Bangkok: World Health Organization, Country Office for Thailand, 2008. (3) the data of Q 2.8.6 especially ThaiHealth fund budget available from				

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>"the final report: evaluation of the implementation of ThaiHealth Promotion Foundation on Tobacco Control" by Institute of Research and Development, Sukhothai Thammathirat Open University, March 2010.</p>
--	---

2.9	PRICE OF TOBACCO PRODUCTS <i>(with reference to Article 6.2(a))</i>				
2.9.1	Please provide the retail prices of the three most widely sold brands of domestic and imported tobacco products at the most widely used point of sale in your capital city.				
	Most widely sold brand			Number of units or amount per package	Retail price
Domestic	Smoking tobacco products	Smokeless tobacco products	Other tobacco products		
	Krongthip 90			20	58
	Wonder			20	42
	Saifon			20	58
		any brands		1 unit	5
Imported	L&M			20	58
	Marboro			20	78
	Dunhill			20	90

2.9.2	<p>Please indicate the year and source of the data used to answer question 2.9.1.</p> <p>(1) The most widely sold of domestic and imported brand are available from the GATS, 2009.</p> <p>(2) Retail price of domestic brand is available on the webpage of TTM as of Dec 14, 2009 (http://www.thaitobacco.or.th/page/infor_view.php?gid=117, accessed Feb 1, 2010). Meanwhile, the retail price of imported brand is available from the rapid suvey as of Feb, 2010.</p> <p>Even GATS provided the average price of each cigarette brand, GATS was implemented during Feb - April 2009 which the cigarette tax was 80%. Since May 15, 2009, cigarettes tax increased to 85%.</p>
2.9.3	<p>Please provide the currency used to complete the “Rate or amount” section of question 2.8.3 and the “Retail price” section of question 2.9.1. If known, please provide the exchange rate of this currency to US dollars as well as the date of this exchange rate.</p> <p>Both domestic and imported manufactured cigarettes of both domestic and imported sold in Thailand contained 20 cigarettes per pack. Meanwhile, one unit of the raw tobacco pack contained 20 grams. The currency used for retail price is Thai Baht, exchange rates as of 2009 = 34.33 Baht/ US Dollar</p>
2.9.4	<p>Please briefly describe the trend in the prices of tobacco products in the past three years or since submission of your last report in your jurisdiction.</p> <p>Cigarette taxation gradually increased from 79% (2006) to 80% (2007) and finally to 85% of ex-factory price (May 2009) so the retail price of cigarettes rose constantly over the past three years. Meanwhile, taxation rate for shredded tobacco is extremely low and has not been raised over the past three years.</p>

3. LEGISLATION, REGULATION AND POLICIES

3.1	Article	GENERAL OBLIGATIONS (with reference to Article 5)		
3.1.1	5	General obligations		
3.1.1.1	5.1	Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?	<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	<p>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> <p>Bureau of Tobacco Control, Department of Disease Control (DDC), Ministry of Public Health is the national focal point and unit for tobacco control. The Bureau is responsible for developing a national tobacco control policy and infrastructure supporting effective tobacco control, establish systematic monitoring and tracking of key tobacco control indicators in line with WHO-FCTC, law development, law enforcement (the Non-Smoker's Health Protection Act, 1992 and the Tobacco Product Control Act, 1992). The Bureau also is responsible for strengthening tobacco control capacity of both government and non-government network. Moreover, DDC has 12 Disease Control Regional Offices which are also responsible for tobacco and alcohol consumption control at regional level, coordinating and monitoring the implementation of tobacco and alcohol consumption control plan of Province in the regions.</p>			
3.1.1.6	Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (<i>General obligations</i>) in the past three years or since submission of your last report.			

	<p>For article 5.1 (financial resources and mechanisms of assistance), Thailand has the Thai Health Promotion Foundation (ThaiHealth), a governmental autonomous organization. ThaiHealth fund comes from 2% surcharge of excise tax on cigarettes and alcohol beverages. This fund is used as monetary support for health promotion including tobacco control for government, non-government and civil society over the past three years. In addition, governmental organizations working on tobacco control also have allocated annual government budget.</p> <p>Moreover, the international granting agency such as the Bloomberg Philanthropies has strongly supported various projects for tobacco control in Thailand in the past three years, i.e. GYTS/GSPS in 2005 and 2009, GHPS in 2007, GATS 2009, ITC Project during 2005 - 2009 and the Towards 100% Smoke-Free Environment Thailand Project in 2008 to present.</p> <p>For article 5.2 (reporting and exchange of information), in the past three years Thailand has exchanged various information related to tobacco control internationally e.g., GTCRII in 2008, report of Thailand Tobacco Control Country Profile to WHO in 2008, the FCA shadow report for COPII in 2007, etc.</p>
3.1.1.7	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p> <p>-</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		– protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.2.2		– ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository?	<input 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 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 the preparation of drafted regulations on the protection of public health policies of tobacco control, from commercial and other vested interests of the tobacco control industry.</p> <p>Moreover, government and non-government organizations implementing tobacco control have consistently provided information on 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, " news 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 three years or since submission of your last report.</p> <p>In the past three 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	<i>Article</i>	MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO (with reference to Articles 6–14)		
3.2.1	6	<p>Price and tax measures to reduce the demand for tobacco (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.)</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>		
3.2.1.1	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	<p>Please provide a brief description of the progress made in implementing Article 6 (<i>Price and tax measures to reduce the demand for tobacco</i>) in the past three years or since submission of your last report.</p> <p>The price of manufactured cigarettes rose constantly over the past three years. Specifically, this is due to the gradual increase in cigarette taxation, as it increased from 79% in 2006 to 80% in 2007, and finally to 85% of ex-factory price in May 2009.</p>			
3.2.1.5	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p> <p>-</p>			

3.2.2	8.2	Protection from exposure to tobacco smoke <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:			
3.2.2.1		– protection from exposure to tobacco smoke in indoor workplaces?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.2.2		If you answered “Yes” to question 3.2.2.1, how comprehensive is the protection from exposure to tobacco smoke in the following indoor workplaces:	Complete	Partial	None
		• government buildings	<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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• private workplaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• motor vehicles used as places of work (e.g., ambulances, delivery vehicles)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• other (<i>please specify:</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2.2.3		– protection from exposure to tobacco smoke in public transport?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.2.4		If you answered “Yes” to question 3.2.2.3, how comprehensive is the protection from exposure to tobacco smoke in the following types of public transport:	Complete	Partial	None
		• airplanes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• trains	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• ground public transport (buses, trolleybuses, trams)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• taxis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• other (<i>please specify:</i> motorcycles, school buses, and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		cars owned by government and organizations)			
--	--	---	--	--	--

3.2.2.5	– protection from exposure to tobacco smoke in indoor public places?	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No
3.2.2.6	<p>If you answered “Yes” to question 3.2.2.5, how comprehensive is the protection from exposure to tobacco smoke in the following indoor public places:</p> <ul style="list-style-type: none"> • cultural facilities • bars • nightclubs • restaurants • other (<i>please specify</i>: public indoor places having air-conditioned system: 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.) 	Complete	Partial	None
	• cultural facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• 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> : public indoor places having air-conditioned system: 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.			
	• Protection from exposure to tobacco smoke in indoor workplaces			
	The recent 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.			
	• Protection from exposure to tobacco smoke 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.			
	• Protection from exposure to tobacco smoke 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 three years or since submission of your last report.			
	<p>The recent 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.</p> <p>Since 2006 to present, Action on Smoking and Health (ASH Thailand) has</p>			

	strongly committed itself to promoting smoke-free home policies 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	<p>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></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>		
3.2.3.1		– 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	<p>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 three years or since submission of your last report.</p> <p>In the past three years, Thailand has updated the Notification of the Ministry of Public Health No.10, which is on the regulation of the contents of tobacco products (restricting the marketing of any products made to imitate tobacco products). This was issued under the Tobacco Products Control Act in 1992, and was enacted in Jan 2007.</p>			
3.2.3.6	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p> <p>-</p>			

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 three 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>			
		<p>-</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)(iv)	– ensuring that the health warnings occupy no less than 30% of the principal display areas?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.8		– ensuring that the health warnings occupy 50% or more of the principal display areas?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.9	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

3.2.5.10		If you answered “Yes” to question 3.2.5.9, does the Government own the copyright to these pictures and pictograms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.11		If you answered “Yes” to question 3.2.5.10, would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.12	11.2	– requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant constituents and emissions of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.13	11.3	– requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.14	<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 three years or since submission of your last report.</p> <p>The Ministry of Public Health Notification No. 11 (2006) under the Tobacco Products Control Act, B.E. 2535, enacted in March 2007, requires an increase in health warning pictures to 9 pictures. According to the Ministry of Public Health Notification (2009) that is expected to be enacted in March 2010, the requirements are to increase the number of health warning pictures from 9 to 10 pictures. The pictures must be in color, and cover 55% of the total area of both sides on the cigarette pack.</p> <p>The Ministry of Public Health Notification No. 10 (2006) under the Tobacco Products Control Act, B.E. 2535, enacted in 2007, states that tobacco products which are domestically manufactured or imported into the Thai Kingdom have to be declared, in its toxic substances and carcinogenic substances and emission are printed on both sides of the cigarettes pack.</p> <p>The Ministry of Public Health Notification No. 12 (2006), under the Tobacco Products Control Act, B.E. 2535, enacted in 2007, prohibits the placement of “Mild”, “Medium-light”, “Ultra-light”, or “Low tar” or other words of similar meaning on cigarette packages, cigar packages or shredded tobacco packages sold in the Thai Kingdom.</p>			
3.2.5.15	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p> <p>-</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?				
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
	• adults or the general public	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	• children and young people	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	• men	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	• women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	• pregnant women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	• ethnic groups	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	• other <i>(please specify:)</i>	<input type="checkbox"/> Yes	<input 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?				
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
	• age	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	• gender	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	• educational background	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	• cultural background	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	• socioeconomic status	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	• other <i>(please specify:)</i>	<input type="checkbox"/> Yes	<input 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</i> : public agencies and non-governmental organization, civil society groups)?	<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</i> : Youths/ Students, law enforcement officers)?	<input checked="" 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 three years or since submission of your last report.</p>
	<p>Over 20 years, ASH Foundation have regularly implemented communication and public awareness. Since 2007, several organization does not only government organization but also non-government organizations which are active members of the network for tobacco control have implemented much more activities related Article 12, ECT, such as 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, 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, 3) production Youth-SMART journals, and 4) tranining programs for various groups of populations around the country and in school curriculums.</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 <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, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:		
3.2.7.1	13.2	– instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?	<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 type="checkbox"/> Yes	<input type="checkbox"/> No
		• television?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• print media?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• the domestic Internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• the global Internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• other media (<i>please specify:</i>)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.11	13.4(f)	– restricting tobacco sponsorship of:		
		• international events and activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• participants therein?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Whether you answered “Yes” or “No” to question 3.2.7.1, are you:				
3.2.7.12	13.6	– cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?	<input 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 three 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. However, results from GATS survey in 2009 indicate that 6.7% of Thai adults have noticed cigarette marketing in stores where cigarettes are sold (point of sale: POS) and 15.9% have noticed advertisement sponsorships or</p>			

	promotions.
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 women and/or pregnant women?	<input type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• other (<i>please specify: communities</i>)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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> Healthy Setting Programme)	<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, dealing with drug abuse, 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 type="checkbox"/> Yes	<input checked="" 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, which pharmaceutical products are 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: Nortriptyline</i>)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.12	14.2(d)	If you answered “Yes” to question 3.2.8.10, are the costs of treatment with 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: Nortriptyline</i>)?	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
3.2.8.13	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 three years or since submission of your last report.				
<p>Thailand has a particular tobacco control policy in place, which supports smoking cessation clinics in various health service settings and supports the provision of counseling through national quit-lines all around the country.</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, 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>Quit-lines have been initiated by Action on Smoke or Health (ASH) Thailand since 1993. The phone number 1600 is currently the quit-line number for the National Quit-line Center established in June 2009.</p>					
3.2.8.14	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				

	-
--	---

3.3	Article	MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO <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	Please provide a brief description of the progress made in implementing Article 15
----------	--

	<p><i>(Illicit trade in tobacco products)</i> in the past three years or since submission of your last report.</p>
	<p>The excise department in cooperation with the customs department are actively working to prevent and suppress these illegal activities over the past three years.</p> <p>On November 27, 2009, the Prime Minister of Thailand had signed in the order under the Office of Prime Minister No. 273/2552, to designate committee of prevention and suppression of illicit tobacco in the nation. Specifically, it orders for 2 committees, which are 1) committee for policies of prevention and suppression of illicit tobacco in the nation and 2) committee for management of prevention and suppression of illicit tobacco. These are national strategies for the prevention and suppression of illicit tobacco, introduced from the cooperation and coordination between related organizational partners, to prevent and solve the country's problem of illicit tobacco effectively.</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

		<ul style="list-style-type: none"> • to minors? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.9	16.3	– prohibiting the sale of cigarettes individually or in small packets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.10	16.6	– providing for penalties against sellers and distributors in order to ensure compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.11	16.7	– prohibiting the sales of tobacco products by minors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.12	<p>Please provide a brief description of the progress made in implementing Article 16 (<i>Sales to and by minors</i>) in the past three years or since submission of your last report.</p> <p>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.</p>			
3.3.2.13	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>			
	-			

3.3.3	17	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 three years or since submission of your last report.				
	In the past three years, through progressing in the implementations of the Article 17, there have been much focus towards researches and exchange of research results with related partners. This includes the study on feasibility and impact of growing other plants to substitute tobacco in the northern region in 2006, the revenue cost ratio of tobacco and other crop farmings in 2007, and the mapping of tobacco leaf and shredded tobacco (hand-rolled cigarette) in 2008-2009, etc.				
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 <i>(with reference to Articles 18–21)</i>		
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:		
<ul style="list-style-type: none"> • the protection of the environment? 		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
<ul style="list-style-type: none"> • 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:		
<ul style="list-style-type: none"> • the protection of the environment? 		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
<ul style="list-style-type: none"> • 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 three years or since submission of your last report.			
<p>Growing tobacco plants in Thailand must be allowed by the Excise Department of the Ministry of Finance, especially growth of Virginia, Burley, and Turkish types. The quota for growing tobacco plants is under the supervision of Thailand Tobacco Monopoly (TTM) and private firms. Thus, the amount and practices of tobacco farming are controlled by the domestic tobacco manufacturer in Thailand. In order to practice environmental safety, the manufacturers have to implement Good Agricultural Practice (GAP), which restricts a safety level of the amount of chemical substances applied to plants, or prohibits the use of insecticides pesticides. Nevertheless, this particular practice is not totally comprehensible for all tobacco farming. As for domestic types of tobacco plants, these are not covered by the supervision of TTM and private firms, and so there are still usage of chemical substances for growing of these plants, which can cause residues of these substances in the environment and may be harmful to farmers.</p>				

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	<p>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></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>		
3.4.2.1	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 three years or since submission of your last report.			
	<p>In 2009, there was detection of violations against Article 8 of the Tobacco Product Control Act B.E.2535, which prohibits the advertisement of tobacco products. Specifically, officials reported the violation of exhibiting tobacco products to associated law enforcement officials, for them to convey the charges, collect evidences, and invite the violators to testify to the Pakkred Police Station, Nonthaburi Province. Following from that, the case was passed on to Nonthaburi’s Court of Justice, in which the court gave initial verdict for the defendant to be guilty by the accusations, and the punishment was a fine of no more than 200,000 baht. However, the defendant pleaded guilty and did not hand in an appeal, so the court reduced the punishment to a fine of 40,000 Baht, and reduced the fine again to 20,000 Baht (for pleading guilty), which is the end to this case.</p>			
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	20.4	– 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
3.4.3.5	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
3.4.3.6	Please provide a brief description of the progress made in implementing Article 20 (<i>Research, surveillance and exchange of information</i>) in the past three years or since submission of your last report.			
	<p>In the past 3 years, there have been consistent research on tobacco control in all perspectives, including the monitors of tobacco consumption, health impacts from tobacco consumption, political economy, health economics, and communications. The information provided by the results of the research have in many ways been useful for the development, improvement, and enforcement of tobacco control policies, such as the increase in excise tax of tobacco products, and developing smoking cessation services, through national telephone lines for example.</p> <p>Regarding surveillance system for TC, Thai tobacco use surveys have been regularly conducted for 30 years by the National Statistical Office (NSO). In addition, Thailand has several national surveys related tobacco use conducted by other organizations. Most are different in definition of tobacco use, survey methods, and sampling designs so the tobacco use findings have some limitation, especially for national and international comparison.</p> <p>Regarding exchanges of information, information related to tobacco control have been exchanged continuously both within the country and between other countries. The exchanges have also been conducted in the form of meetings, where the information are exchanged between policy makers, technical officers, and personnels working for tobacco control, and in the form of research reports on progress of tobacco control, such as, Two Years Report for WHO-FCTC (2007), FCA Shadow Report (2007), GTCR-I (2007), GTCR-II (2008-2009), Thailand Tobacco Control Country Profile (2008), and 5 Years Report for WHO-FCTC (2010).</p>			

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

4. INTERNATIONAL COOPERATION AND ASSISTANCE

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

	<i>Article</i>	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.3	22.1(c)	– appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?	<input 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.7	If you answered “Yes” to any of questions 4.1–4.6, please identify the Party or Parties from which assistance was received or to which assistance was provided.			
	<p>Assistance provided: tobacco control experts from various parties such as Ministry of Public Health, Action on Smoking and Health (ASH), Thai Health Promotion Institute (THPI), Thai Health Professional Alliance Against Tobacco (THPAAT) etc.</p> <p>Assistance received: WHO representative to Thailand, WHO SEARO, CDC, the Bloomberg Philanthropies, and the International Union Against</p>			

	Tuberculosis and Lung Disease etc.
--	------------------------------------

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 and to be a partner of working group on article 9&10, 12, 14, and 17&18 of the WHO FCTC.</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, 11, and 13
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.
	TOBACCO USE IS A PROBLEM IN THE AWEARNNESS FOR ALL. FOR THIS REASON, GOVERNMENT ORGANIZATIONS AS WELL AS NON-GOVERNMENT ORGANIZATIONS AND PROFESSIONAL ORGANIZATION ARE IMPLEMENT SEVERAL ACTIVITIES FOR TOBACCO CONTROL BOTH NATIONAL AND COMMUNITY LEVEL. MEANWHILE, A SHORTAGE OF MANPOWER WHO FULLY RESPONSIBLE IN TOBACCO CONTROL CAUSED DUPLICATE AND LACK OF SYNERGY IN TOBACCO CONTROL EFFORTS. IN ADDITION, THE LIMITATION OF GOVERNMENT BUDGET IS AN OBSTACLES FOR IMPLEMENTATION ON TOBACCO CONTROL ACTIVIITES.
5.4	What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention? <i>(Please refer to Article 21.1(b).)</i>
	Article 5.3: (1) Inconsistent campaign activities which supposed to be done

	<p>continuously to educate the public and (2) even though ministerial notification in preventing the interference on tobacco control policy has already been enacted, it still covers government officers.</p> <p>Article 6: (1) excise tax on cigarettes is calculated based on the ex-factory price, (2) low tax rate in FTA causes imported cigarettes to become cheaper, (3) international tobacco company states ex-factory price lower than actual price and (4) roll-your-own cigarettes (RYO) have very low excise tax rate (1%).</p> <p>Article 8: ineffective law enforcement</p> <p>Article 11: pictorial health warning in RYO is not implemented effectively.</p> <p>Article 13: (1) cigarette advertising and promotion in televised sporting event (cable TV and internet) are still not seriously regulated, (2) ineffective surveillance and reporting system of cigarette advertisement (3) TIs continuously find other ways of cigarette advertisement, particularly through Corporate Social Responsibility activities (CSR), (4) law does not cover advertisement in live broadcasts from aboard.</p>
5.5	<p>Please provide any relevant information not covered elsewhere that you consider important.</p> <p>-</p>
5.6	<p>Your suggestions for further development and revision of the reporting instrument:</p> <p>The reporting instrument is still incomplete in the following 1) We were unable to add further information (not enough space provided) for many subtopics such as 2.1.2, 2.1.4, 2.1.5 etc. 2) The subtopic 2.8.3, particularly in line 3, is unable for specifying answers with words/letters (only numbers) 3) Many questions on WHO-FCTC report are repeating with the questions on GTCR-II report, in which Thailand has recently sent a complete report of in March 2009. 4) The format of text can not be changed or manipulated at all, often causing answers be arranged improperly.</p>

End of reporting instrument