



WHO FRAMEWORK CONVENTION  
ON TOBACCO CONTROL

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

In order to use the interactive features of the reporting instrument, please follow the instructions below. **It is essential to complete the reporting instrument by providing information/data in the required format to ensure consistency and for ease of data processing and analysis.**

### **If you use a version of Microsoft Word of before 2010:**

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

### **If you use a newer version of Microsoft Word:**

1. When receiving the security warning "Some active content has been disabled", click "Enable content".
2. When receiving another security warning "Macros have been disabled", click "Enable content".

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

## 1. ORIGIN OF THE REPORT

<b>1.1</b>	<b>NAME OF CONTRACTING PARTY</b>	<b>United Kingdom of Great Britain and Northern Ireland (UK)</b>
<b>1.2</b>	<b>Information on national contact responsible for preparation of the report:</b>	
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<b>1.3</b>	<b>Signature of government official submitting the report:</b>	
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<b>1.4</b>	<b>Period of reporting</b>	2013-2014
<b>1.5</b>	<b>Date the report was submitted</b>	1 April 2014

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

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

2.1	PREVALENCE OF TOBACCO USE		
2.1.1	<b>Smoking prevalence in the adult population (all)</b> <i>(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see 2.1.1.2)</i>		
		Prevalence (%) <i>(please include all smoking tobacco products in prevalence data)</i>	Average number of the most-consumed smoking tobacco product used per day
	<b>MALES</b>		
	Current smokers	22.83 %	13.25
	Daily smokers	98.34 %	13.86
	Occasional smokers	1.66 %	
	Former smokers	35.82 %	
	Never smokers	41.90 %	
	<b>FEMALES</b>		
	Current smokers	17.41 %	12.29
	Daily smokers	98.74 %	12.58
	Occasional smokers	1.26 %	
	Former smokers	29.68 %	
	Never smokers	52.91 %	
	<b>TOTAL (males and females)</b>		
	Current smokers	19.79 %	12.77
	Daily smokers	98.54 %	13.21
	Occasional smokers	1.46 %	
	Former smokers	32.68 %	
	Never smokers	47.53 %	

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:
	Prevalence of current smokers relates to cigarettes, but prevalence of former smokers relates to those who have ever smoked a cigarette, a cigar or a pipe, but do not smoke cigarettes at all nowadays.
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:
	18 years and over.
2.1.1.3	Please indicate the year and source of the data used to answer question 2.1.1:
	<p>Data from the Integrated Household Survey (IHS) (January to December 2012) was used to answer the smoking prevalence questions as this survey has the largest sample size and the most reliable estimates of smoking prevalence. 2012 is the latest calendar year for which data from the IHS are available. The General Household Survey (GHS) 2011 was used to calculate the percentages of occasional and daily smokers, and to answer questions about the average number of cigarettes smoked per day, as this information was not available from the IHS.</p> <p>The IHS covers the UK for the 18 and over age group, whereas the General Household Survey covers Great Britain for the 16 and over age group.</p>
2.1.1.4	Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report.
	<p>Current smoker: defined as someone who answered 'yes' to the question 'do you smoke cigarettes at all nowadays?'</p> <p>Former smoker: defined as someone who has ever smoked a cigarette, a cigar or a pipe but does not smoke cigarettes at all nowadays.</p> <p>Never smoker: defined as someone who has never smoked a cigarette, or a cigar, or a pipe.</p> <p>Occasional smoker: defined as someone who smokes an average of less than one cigarette a day, calculated from the General Household Survey 2009, based on those aged 16 years and older.</p> <p>Daily smoker: defined as someone who smokes an average of one or more cigarettes per day, calculated from the General Household Survey 2009, based on those aged 16 years and older.</p>
2.1.1.5	Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past two years or since submission of your last report.
	Data from the IHS show a decrease in prevalence of current smokers in England from 21.05% in the period January 2010 to December 2010, to 19.79% in the period January 2012 to December 2012.

2.1.2	<b>Smoking prevalence in the adult population (by age groups)</b>		
	<i>(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)</i>		
		Age group (adults)	Prevalence (%) <i>(please include all smoking tobacco products in prevalence data)</i>
<b>MALES</b>			
	Current smokers <sup>1</sup>	18-24	27.19 %
		25-34	28.53 %
	<b>Add age group</b>	35-44	26.42 %
		45-54	23.22 %
		55-64	19.47 %
		65-74	13.49 %
		75+	7.61 %
<b>FEMALES</b>			
	Current smokers <sup>1</sup>	18-24	22.10 %
		25-34	20.33 %
	<b>Add age group</b>	35-44	19.78 %
		45-54	19.57 %
		55-64	16.98 %
		65-74	12.22 %
		75+	6.86 %
<b>TOTAL (males and females)</b>			
	Current smokers <sup>1</sup>	18-24	24.69 %
		25-34	24.48 %
	<b>Add age group</b>	35-44	23.08 %
		45-54	21.37 %

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

		55-64	18.19 %
		65-74	12.83 %
		75+	7.18 %

2.1.2.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.2:
	Cigarettes
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:
	Integrated Household Survey (IHS) - January to December 2012
2.1.2.3	Please provide a brief explanation of the trend in current smoking prevalence by age group in the past two years or since submission of your last report, if data are available.
	Smoking prevalence has fallen across all age groups and both sexes.



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

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

<b>2.1.4</b>	<b>Prevalence of smokeless tobacco use in the adult population (current users) by age group</b>	
	<i>(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)</i>	
	Age group (adults)	Prevalence (%) <i>(please include all smokeless tobacco products in prevalence data)</i>
<b>MALES</b>		
Current users <sup>2</sup>		%
<b>Add age group</b>		%
		%
		%
		%
<b>FEMALES</b>		
Current users <sup>2</sup>		%
<b>Add age group</b>		%
		%
		%
		%
<b>TOTAL (males and females)</b>		
Current users <sup>2</sup>		%
<b>Add age group</b>		%
		%
		%
		%

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

2.1.4.1	Please indicate the smokeless tobacco products included in the answer to question 2.1.4:
2.1.4.2	Please indicate the year and source of the data used to answer question 2.1.4:
2.1.4.3	Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.

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 <sup>3</sup>  <b>Add ethnic group</b>	White	22.52 %	18.57 %	20.50 %	
	Mixed / multiple ethnic background	27.89 %	24.96 %	25.87 %	
	Indian	13.92 %	3.34 %	12.76 %	
	Pakistani	22.36 %	3.53 %	12.76%	
	Bangladeshi	26.83 %	4.93 %	16.02 %	
	Chinese	19.43%	3.92%	11.12%	
	Other Asian background	18.96%	12.72%	11.12%	
	Black / African / Caribbean background	19.29%	7.93%	13.21%	
	Other ethnic groups	24.60%	12.72%	18.85%	
2.1.5.1	Please indicate the tobacco products included in the answer to question 2.1.5:				
	Cigarettes				

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

2.1.5.2	Please indicate the age range to which the data used to answer question 2.1.5 refer: 18 and over
2.1.5.3	Please indicate the year and source of the data used to answer question 2.1.5: Integrated Household Survey (IHS) 2012

2.1.6	Tobacco use by young persons				
	Age range	Prevalence (%) <i>(please include all smoking or smokeless tobacco products in prevalence data)</i>			
		Smoking tobacco	Smokeless tobacco	Other tobacco (e.g. water pipe)	
<b>Boys</b>					
Current users <sup>4</sup>  Add youth group	11	0.18 %	%	%	
	12	0.13 %	%	%	
	13	1.41 %	%	%	
	14	4.06 %	%	%	
	15	10.45 %	%	%	
<b>Girls</b>					
Current users <sup>4</sup>  Add youth group	11	0.00 %	%	%	
	12	0.42 %	%	%	
	13	1.93 %	%	%	
	14	6.04 %	%	%	
	15	9.97 %	%	%	
<b>TOTAL (boys and girls)</b>					
Current users <sup>4</sup>  Add youth group	11	0.09 %	%	%	
	12	0.27 %	%	%	
	13	1.66 %	%	%	
	14	5.06 %	%	%	
	15	10.21 %	%	%	
2.1.6.1	Please indicate the tobacco products included in calculating prevalence for question 2.1.6:				

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

2.1.6.2	Please indicate the year and source of the data used to answer question 2.1.6:
	Smoking, Drinking and Drug Use Among Young People in England 2012
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 smokers: Pupils aged 11-15 years of age in England who report smoking at least once a week.
2.1.6.4	Please provide a brief explanation of the trend in tobacco use by young persons in the past two years or since submission of your last report.
	Downwards trend. Over the 2010 to 2012 period, the prevalence of regular smoking by pupils aged 11-15 years of age in England declined from 4.95% in 2010 to 3.97 in 2012

<b>2.2</b>	<b>EXPOSURE TO TOBACCO SMOKE</b>
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).
	Respondents to the Health Survey for England are classified as non-smokers if they reported not smoking and their cotinine level (measured through a saliva sample) was below 15ng/ml.  Self-reported mean hours of exposure to smoke per week in non-smokers has slightly declined from 3.1 hours for men and 2.8 for women in 2010 to 2.7 for men and 2.5 for women in 2011.
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:
	Health Survey for England 2011

<b>2.3</b>	<b>TOBACCO-RELATED MORTALITY</b>
2.3.1	Do you have information on tobacco-related mortality in your population? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.3.2	If you answered “Yes” to question 2.3.1, what is the estimated total number of deaths attributable to tobacco use in your population?
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.
	In England in 2011 there were 79,100 estimated smoking attributable deaths compared with an estimated 82,580 smoking attributable deaths in 2008. These death estimates are for adults aged 35 and over.
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:

	Source: Mortality Statistics The Office for National Statistics (ONS): <a href="http://www.hscic.gov.uk/catalogue/PUB11454">http://www.hscic.gov.uk/catalogue/PUB11454</a>
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<b>2.4</b>	<b>TOBACCO-RELATED COSTS</b>
2.4.1	Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.4.2	<p>If you answered “Yes” to question 2.4.1, please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).</p> <p>Research carried out by Oxford University estimated that smoking cost the National Health Service in the UK (NHS) £5.2 billion in 2005/06, approximately 5.5 per cent of total healthcare costs. In 2011/12, some 1.6 million hospital admissions in England among adults aged 35 years of age and over were attributable to smoking. Illnesses among children caused by exposure to secondhand smoke lead to an estimated 300,000 general practice consultations and about 9,500 hospital admissions in the UK each year.</p> <p>According to the Policy Exchange, the costs of tobacco use are much greater than just costs to the NHS, with the overall economic burden of tobacco use to society estimated at £13.74 billion a year. These costs comprise not only treatment of smoking-related illness by the NHS but also the loss in productivity from smoking breaks and increased absenteeism, the cost of cleaning up cigarette butts, the cost of smoking-related house fires and the loss in economic output from people who die from diseases related to smoking or exposure to secondhand smoke.</p>
2.4.3	<p>Please indicate the year and source of the data used to answer question 2.4.2, and please submit a copy of the study you refer to:</p> <p>Allende, S, Balakrishnan, R, Scarborough, P, Webster, P and Rayner, M (2009). The burden of smoking-related ill health in the United Kingdom. <i>Tobacco Control</i> 18: 252-255</p> <p>Nash, R. and Featherstone, H. (2010). “Cough Up: Balancing the tobacco income and costs in society”. Policy Exchange, London.</p> <p>Statistics on Smoking : England 2013 <a href="http://www.hscic.gov.uk/catalogue/PUB11454/smok-eng-2013-rep.pdf">http://www.hscic.gov.uk/catalogue/PUB11454/smok-eng-2013-rep.pdf</a></p>

<b>2.5</b>	<b>SUPPLY OF TOBACCO AND TOBACCO PRODUCTS</b> <i>(with reference to Articles 6.2(b), 20.4(c), and 15.5)</i>					
2.5.1	Licit supply of tobacco products					
	Product	Unit (e.g. pieces, tonnes)	Domestic production	Retail sales	Exports	Imports



	Smoking tobacco products	Cigarettes	Million sticks	33176	35856		2680	
	<b>Add product</b>	Hand-rolling tobacco	Thousand kilograms		6314			
		Cigars	Thousand kilograms		379			
		Pipe tobacco	Thousand kilograms		291			
	Smokeless tobacco products							
	<b>Add product</b>							
	Other tobacco products							
	<b>Add product</b>							
	Tobacco	Leaves						
	2.5.2	Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.						
2.5.3	Please indicate the year and source of the data used to answer questions 2.5.1 and 2.5.2:							

2.6		SEIZURES OF ILLICIT TOBACCO PRODUCTS (with reference to Article 15.5)			
2.6.1		Year	Product	Unit (e.g. millions of pieces)	Quantity seized
	Smoking tobacco products  <input type="button" value="Add row"/>				
	Smokeless tobacco products  <input type="button" value="Add row"/>				
	Other tobacco products  <input type="button" value="Add row"/>				
	2.6.2	Do you have any information on the percentage of illicit 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 illicit tobacco products constitute? %			
2.6.4	If you answered "Yes" to question 2.6.3 and you have information available, what is the trend over the past two years or since submission of your last report in the percentage of illicit tobacco products in relation to the national tobacco market?				
	The longer term trend for the illicit tobacco is decreasing although from 2011/12 to 2012/13 there was a small increase.				
2.6.5	Please provide any further information on illicit tobacco products.				
	<p>The Government's Tobacco tax gap estimates for 2012-13 shows the latest estimates of the illicit market share for the cigarette market. The mid-point estimate shows an increase in the level of the illicit market in 2012-13, with an illicit market share of 9% and associated revenue losses of £1.1 billion.</p> <p>The figures at question 2.6.3 refers to the percentage of the cigarette market in the UK that illicit cigarettes are estimated to represent.</p>				
2.6.6	Please indicate the source of the data used to answer questions in section 2.6:				
	<a href="https://www.gov.uk/government/publications/tobacco-tax-gap-estimates">https://www.gov.uk/government/publications/tobacco-tax-gap-estimates</a>				

2.7		TOBACCO-GROWING	
2.7.1	Is there any tobacco-growing in your jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2.7.2	If you answered “Yes” to question 2.7.1, please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.
2.7.3	Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.
2.7.4	Please indicate the year and source of the data used to answer questions in section 2.7:

<b>2.8</b>	<b>TAXATION OF TOBACCO PRODUCTS</b> <i>(with reference to Articles 6.2(a) and 6.3)</i>				
2.8.1	What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))? 82.6%				
2.8.2	How are the excise taxes levied (what types of taxes are levied)?				
	• 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 <sup>5</sup>
	Smoking tobacco products <input type="button" value="Add product"/>	Cigarettes	Specific	1000 sticks	£176.22
		Hand-rolling Tobacco	Specific	Per kg	£172.74
		Cigars	Specific	Per kg	£219.82
		Other smoking such as pipe tobacco	Specific	Per kg	£96.64
	Smokeless tobacco products	Chewing tobacco	Specific	Per kg	£100.96

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

	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Add product</div>				
	Other tobacco products				
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Add product</div>				
2.8.4	<p>Please briefly describe the trends in taxation for tobacco products in the past two years or since submission of your last report in your jurisdiction.</p> <p>In the 2013 Budget, the UK Government announced that duty on all tobacco will increase by 2 per cent above the Retail Price Index (RPI) with effect from 20 March 2013. In the 2014 Budget, the UK Government again announced that duty on all tobacco will increase by 2 per cent above RPI-measured inflation every year until the end of Parliament. The latest increase came into effect on 19 March 2014.</p>				
2.8.5	<p>Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p><i>(In reference to Article 26)</i></p>				
2.8.6	<p>If you answered “Yes” to question 2.8.5, please provide details in the space below.</p>				
2.8.7	<p>Please indicate the year and source of the data used to answer questions 2.8.1 to 2.8.6:</p> <p>The latest duty rates came into effect in 19 March 2014, and can be found at <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/294190/OOTLAR_19_March_2014__1_.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/294190/OOTLAR_19_March_2014__1_.pdf</a></p>				

<b>2.9</b>	<b>PRICE OF TOBACCO PRODUCTS</b>					
	<i>(with reference to Article 6.2(a))</i>					
2.9.1	<p>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.</p>					
		Most widely sold brand			Number of units or amount per package	Retail price
		Smoking tobacco products	Smokeless tobacco products	Other tobacco products		
	Domestic	Lambert & Butler			20	£7.70
		Dun Player Special King Size Blue			20	£6.86
		Mayfair			20	£7.33

	Imported	Marlboro Gold Kingsize			20	£8.27
		Marlboro Red Kingsize			20	£8.27
		Chesterfield Red Kingsize			19	£6.25
2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.					
	Data based on 2013 for clearances as a whole. Data source is TP7 returns from manufactures provided to HM Revenue & Customs.					
2.9.3	Please provide the currency used to complete the “Rate or amount” section of question 2.8.3 and the “Retail price” section of question 2.9.1. If known, please provide the exchange rate of this currency to US dollars as well as the date of this exchange rate.					
	Price is given in pounds sterling (GBP)					
2.9.4	Please briefly describe the trend in the prices of tobacco products in the past two years or since submission of your last report in your jurisdiction.					
	In the 2013 Budget, the UK Government announced that duty on all tobacco will increase by 2 per cent above the Retail Price Index (RPI) with effect from 20 March 2013. In the 2014 Budget, the UK Government again announced that duty on all tobacco will increase by 2 per cent above RPI-measured inflation every year until the end of Parliament. As a result prices have increased.					



### 3. LEGISLATION, REGULATION AND POLICIES

3.1	Article	GENERAL OBLIGATIONS (with reference to Article 5)		
3.1.1	5	<b>General obligations</b>		
3.1.1.1	5.1	Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.2		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		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)	<p>Have you established or reinforced and financed</p> <ul style="list-style-type: none"> <li>• a focal point for tobacco control</li> <li>• a tobacco control unit</li> <li>• a national coordinating mechanism for tobacco control</li> </ul>	<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>The Tobacco Programme at the Department of Health (DH) is the national coordinating mechanism for the United Kingdom for non-devolved aspects of tobacco control policy. There are separate health departments in England, Scotland, Wales and Northern Ireland, all of which have tobacco control programmes.</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 two years or since submission of your last report.		

	<p>In 1998, DH published a White Paper on tobacco titled "Smoking Kills". This was followed in 2010 by publication of a new comprehensive tobacco control strategy for England titled "A Smokefree Future". Following the change of Government in the United Kingdom in 2010, a new Public Health White Paper for England was published. On 9 March 2011 the Government published a follow on document to the Public Health White Paper titled "Healthy Lives, Healthy People: A tobacco control plan for England" which sets out action to reduce the impact on public health of tobacco use. Tobacco control strategies have been published in other parts of the UK.</p>
3.1.1.7	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p> <p>For England and non-devolved elements of tobacco control policy: "Healthy Lives, Healthy People: A tobacco control plan for England" is available at:  <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124917">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124917</a></p> <p>For Scotland: "Tobacco Control Strategy - Creating a Tobacco-Free Generation":  <a href="http://www.scotland.gov.uk/Publications/2013/03/3766">http://www.scotland.gov.uk/Publications/2013/03/3766</a></p>



3.1.2	5.3	<p><b>Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry</b></p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:</p>		
3.1.2.1		<p>– protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.2.2		<p>– ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.2.3	<p>If you answered “Yes” to any of the questions under 3.1.2.1 or 3.1.2.2, please provide details in the space below.</p>			
3.1.2.4	<p>Please provide a brief description of the progress made in implementing Article 5.3 in the past two years or since submission of your last report.</p> <p>In May 2009, the then Secretary of State for Health wrote to the Prime Minister and Cabinet colleagues bringing their attention to article 5.3 of the FCTC, attaching the guidelines.</p> <p>"Healthy Lives, Healthy People: A tobacco control plan for England" includes a chapter titled ‘protecting tobacco control from vested interests’. The plan sets out that to ensure further transparency, the Government commits to publishing the details of all policy-related meetings between the tobacco industry and government departments. This excludes meetings to discuss operational matters to reduce the illicit trade in tobacco and bilateral meetings between tobacco manufacturers and HM Revenue and Customs. In the future, organisations engaging with the Department of Health on tobacco control, for example by responding to consultation exercises, will be asked to disclose any links with, or funding received from, the tobacco industry. Local authorities are encouraged to follow the Government’s lead in this area, and to take necessary action to protect their tobacco control strategies from vested interests.</p> <p>In March 2014, the Government published revised guidance on interactions with the tobacco industry for the United Kingdom’s overseas posts, in line with Article 5.3 of the WHO Framework Convention on Tobacco Control (WHO FCTC). The document is to provide overseas posts with greater clarity on the type of support that may be provided to the tobacco industry:</p> <p><a href="https://www.gov.uk/government/publications/tobacco-industry-guidance-for-uk-overseas-posts">https://www.gov.uk/government/publications/tobacco-industry-guidance-for-uk-overseas-posts</a></p>			

3.1.2.5	<p><b>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</b></p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 5.3 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 5.3 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is <b>voluntary</b>.</p>
3.1.2.6	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

<b>3.2</b>	<b>Article</b>	<b>MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO</b> (with reference to Articles 6–14)		
3.2.1	6	<b>Price and tax measures to reduce the demand for tobacco</b> (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.)		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.2.1.1	6.2(a)	– tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.1.2	6.2(b)	– prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.1.3		– prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.1.4	Please provide a brief description of the progress made in implementing Article 6 ( <i>Price and tax measures to reduce the demand for tobacco</i> ) in the past two years or since submission of your last report.			
	In the 2013 Budget, the UK Government announced that duty on all tobacco products will increase by 2 per cent above the Retail Price Index (RPI) with effect from 20 March 2013.			
3.2.1.5	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.			

3.2.2	8.2	<p><b>Protection from exposure to tobacco smoke</b></p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:</p>		
3.2.2.1		<p>– banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.2.2		<p>If you answered "Yes" to question 3.2.2.1, what is the type/nature of the measure providing for the ban?</p>		
		<ul style="list-style-type: none"> <li>• national law</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> <li>• subnational law(s)</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> <li>• administrative and executive orders</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> <li>• voluntary agreements</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> <li>• other measures (<i>please specify:</i> )</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.2.3		<p>Please provide a brief explanation of the type/nature and content of the measures providing for the ban.</p>		
		<p>All four UK nations have smoke-free legislation in place prohibiting smoking in virtually all substantially enclosed workplaces and public places.</p>		
3.2.2.4		<p>If you answered “Yes” to any options in 3.2.2.2, do any of these measures provide for a mechanism/ infrastructure for enforcement?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.2.5		<p>If you answered "Yes" to question 3.2.2.4 please provide details of this system.</p>		
		<p>Across the UK, smoke-free legislation is enforced by local authorities. The following guidance for enforcement officers in England has been published - “Implementation of smokefree legislation in England: Guidance for local council regulatory officers”:  <a href="http://www.cieh.org/policy/smokefree_workplaces.html">http://www.cieh.org/policy/smokefree_workplaces.html</a></p>		

3.2.2.6	If you answered “Yes” to question 3.2.2.1, please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.	Complete	Partial	None
Indoor workplaces:				
• government buildings		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• health-care facilities		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• educational facilities <sup>1</sup>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• universities		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• private workplaces		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• other ( <i>please specify:</i> )		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transport:				
• airplanes		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• trains		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ferries		<input 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"/>
• motor vehicles used as places of work (taxis, ambulances, delivery vehicles)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• private vehicles		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• other ( <i>please specify:</i> )		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> except universities

	<p>Indoor public places:</p> <table border="1"> <tr> <td data-bbox="461 210 986 277">• cultural facilities</td> <td data-bbox="986 210 1179 277"><input checked="" type="checkbox"/></td> <td data-bbox="1179 210 1318 277"><input type="checkbox"/></td> <td data-bbox="1318 210 1453 277"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="461 277 986 344">• shopping malls</td> <td data-bbox="986 277 1179 344"><input checked="" type="checkbox"/></td> <td data-bbox="1179 277 1318 344"><input type="checkbox"/></td> <td data-bbox="1318 277 1453 344"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="461 344 986 412">• pubs and bars</td> <td data-bbox="986 344 1179 412"><input checked="" type="checkbox"/></td> <td data-bbox="1179 344 1318 412"><input type="checkbox"/></td> <td data-bbox="1318 344 1453 412"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="461 412 986 479">• nightclubs</td> <td data-bbox="986 412 1179 479"><input checked="" type="checkbox"/></td> <td data-bbox="1179 412 1318 479"><input type="checkbox"/></td> <td data-bbox="1318 412 1453 479"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="461 479 986 546">• restaurants</td> <td data-bbox="986 479 1179 546"><input checked="" type="checkbox"/></td> <td data-bbox="1179 479 1318 546"><input type="checkbox"/></td> <td data-bbox="1318 479 1453 546"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="461 546 986 607">• other (<i>please specify:</i> )</td> <td data-bbox="986 546 1179 607"><input type="checkbox"/></td> <td data-bbox="1179 546 1318 607"><input type="checkbox"/></td> <td data-bbox="1318 546 1453 607"><input type="checkbox"/></td> </tr> </table>	• cultural facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• shopping malls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• pubs and bars	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• nightclubs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• restaurants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• other ( <i>please specify:</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• cultural facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
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• restaurants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
• other ( <i>please specify:</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
3.2.2.7	<p>Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented.</p> <ul style="list-style-type: none"> <li>• Banning tobacco smoking in indoor workplaces</li> </ul> <p>Legislation is in place throughout the United Kingdom prohibiting smoking in enclosed parts of workplaces and public places.</p> <p>Throughout the United Kingdom, virtually all enclosed public places and workplaces must be smoke-free, including all pubs, members clubs, cafes and restaurants, as of 1 July 2007.</p> <p>In England, the relevant legislation is within the Health Act 2006, the Smoke-free (Premises and Enforcement) Regulations (set out what is meant by enclosed and substantially enclosed and bodies responsible for enforcing smoke-free), the Smoke-free (Penalties and Discounted Amounts) Regulations (set out the levels of penalties for offences under smoke-free legislation, and the Smoke-free (Signs) Regulations (set out the requirements for no-smoking signs required under smoke-free legislation).</p> <ul style="list-style-type: none"> <li>• Banning tobacco smoking in public transport</li> </ul> <p>For England, the Smoke-free (Exemptions and Vehicles) Regulations set out the vehicles required to be smoke-free including those used by member of the public. The Smoke-free (Vehicle Operators and penalty Notices) Regulations set out the responsibility on vehicle operators to prevent smoking in smoke-free vehicles and the form for fixed penalty notices.</p> <ul style="list-style-type: none"> <li>• Banning tobacco smoking in indoor public places</li> </ul> <p>See ‘indoor workplaces’ section above.</p>																								
3.2.2.8	<p>Please provide a brief description of the progress made in implementing Article 8 (<i>Protection from exposure to tobacco smoke</i>) in the past two years or since submission of your last report.</p> <p>Across the United Kingdom, comprehensive smoke-free legislation has been in place since at least July 2007. In England, compliance rates are very high according to the final compliance data report received in mid-2010. More than three-quarters</p>																								

	of people say they support smoke-free laws.
3.2.2.9	<p><b>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</b></p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 8 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 8 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is <b>voluntary</b>.</p>
3.2.2.10	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p> <p>Health Act 2006 available online at:</p> <p><a href="http://www.legislation.gov.uk/ukpga/2006/28/contents">http://www.legislation.gov.uk/ukpga/2006/28/contents</a></p> <p>The "Smokefree England: One Year On" report presents a review of the legislation covering compliance, public opinion, the views of businesses and academic research into the health benefits of a smokefree England. Available online at: <a href="http://www.smokefreeengland.co.uk/thefacts/latest-research.html">http://www.smokefreeengland.co.uk/thefacts/latest-research.html</a></p> <p>Summary of the findings of the smokefree legislation compliance data collection from local authorities in England from July 2007 to July 2010 available online at: <a href="http://www.smokefreeengland.co.uk/files/83840-coi-smokefree-compliance_period_tagged-13.pdf">http://www.smokefreeengland.co.uk/files/83840-coi-smokefree-compliance_period_tagged-13.pdf</a></p> <p>In 2011, an academic review of the evidence of the impact of the smokefree legislation that was implemented in England in 2007 was published. The evidence is clear that smokefree legislation has had beneficial effects on health. The report is available at:</p> <p><a href="http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124959.pdf">http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124959.pdf</a></p> <p>Further information, guidance and resources (including signage) for smokefree legislation in England is available online at:</p> <p><a href="http://www.smokefreeengland.co.uk/">http://www.smokefreeengland.co.uk/</a></p> <p>Further information, guidance and resources (including signage) for smokefree legislation in Scotland is available online at:</p> <p><a href="http://www.clearingtheairscotland.com/">http://www.clearingtheairscotland.com/</a></p> <p>Further information, guidance and resources (including signage) for smokefree legislation in Wales is available online at:</p> <p><a href="http://wales.gov.uk/smokingbanwalessub/home/?lang=en">http://wales.gov.uk/smokingbanwalessub/home/?lang=en</a></p> <p>Further information, guidance and resources (including signage) for smokefree legislation in Northern Ireland is available online at:</p>

	<a href="http://www.spacetobreathe.org.uk/">http://www.spacetobreathe.org.uk/</a>
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3.2.3	9	<p><b>Regulation of the contents of tobacco products</b></p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:</p>		
3.2.3.1		– testing and measuring the contents of tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.3.2		– testing and measuring the emissions of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.3		– regulating the contents of tobacco products?	<input 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 two years or since submission of your last report.</p> <p>There has been no new regulation, legislation or policy relating to the contents of tobacco products adopted in the past two years. However, the EU Tobacco Products Directive (2001/37/EC), on which the Tobacco Products (Manufacture, Presentation and Sale) (Safety) Regulations 2002 (the UK tobacco legislation) is based, is undergoing revision at EU level. This revised Directive, which is expected to be finalised by April 2014, will bring changes to the regulation of tobacco product contents throughout the EU, following formal adoption of the final text by Member States and the European Parliament and transposition into national legislation. Once adopted, Member States will have two years to transpose the new rules into national law.</p> <p>The Tobacco Products (Manufacture, Presentation and Sale) (Safety) Regulations 2002 are available at:  <a href="http://www.legislation.gov.uk/ukxi/2002/3041/pdfs/ukxi_20023041_en.pdf">http://www.legislation.gov.uk/ukxi/2002/3041/pdfs/ukxi_20023041_en.pdf</a></p> <p>The proposal for the revision of the Tobacco Products Directive is available at:  <a href="http://ec.europa.eu/health/tobacco/docs/com_2012_788_en.pdf">http://ec.europa.eu/health/tobacco/docs/com_2012_788_en.pdf</a></p>			
3.2.3.6	<p><b>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</b></p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 9 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is <b>voluntary</b>.</p> <p>Activities of the WHO working group on Articles 9 and 10, including any guidelines produced by the working group in relation to Article 9, are closely</p>			

	monitored and considered alongside other developments within the EU, as well as at national level.
3.2.3.7	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.
	Following successful completion of the PITOC (aimed at assisting the effective communication of the potential risks associated with tobacco use) and EMTOC (to facilitate the effective reporting of ingredient/emission information) projects, there is a possibility that they will be implemented in the UK in the future.

3.2.4	10	<p><b>Regulation of tobacco product disclosures</b></p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:</p>		
3.2.4.1		<p>– requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:</p>		
		<p>• contents of tobacco products?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<p>• emissions of tobacco products?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.4.2		<p>– requiring public disclosure of information about the:</p>		
		<p>• contents of tobacco products?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<p>• emissions of tobacco products?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.4.3	<p>Please provide a brief description of the progress made in implementing Article 10 (<i>Regulation of tobacco product disclosures</i>) in the past two years or since submission of your last report.</p>			
<p>There has been no new legislation or policy implemented in relation to the emissions of tobacco products in the past two years. Please refer to the comments provided at 3.2.3.5, as those comments are also applicable here.</p>				
3.2.4.4	<p><b>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</b></p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 10 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is <b>voluntary</b>.</p>			
<p>Activities of the WHO working group on Articles 9 and 10, including any guidelines produced by the working group in relation to Article 10, are being monitored and considered alongside other developments within the EU, as well as at national level</p>				
3.2.4.5	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>			
<p>Arrangements to disclose non-confidential information on tobacco emissions to the public are underway and there is a possibility that the electronic system developed at the EU level will form the basis for this disclosure in the future.</p>				



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

3.2.5.11		If you answered “Yes” to question 3.2.5.10, does the Government own the copyright to these pictures and pictograms?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.5.12		If you answered “Yes” to question 3.2.5.10, would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.13	11.2	– requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant:		
		• constituents of tobacco products	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• emissions of tobacco products	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.14	11.3	– requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.15	Please provide a brief description of the progress made in implementing Article 11 ( <i>Packaging and labelling of tobacco products</i> ) in the past two years or since submission of your last report.			
	<p>In the past two years, there has been significant activity in the UK with regard to the regulation of packaging and labelling of tobacco products, following the publication of Directive 2012/9/EU, which all Member States of the EU were originally required to comply with by 28 March 2014. Steps are currently being taken at the EU level to extend the transposition date to 28 March 2016 because the European Commission has yet to publish the new pictorial warnings which will sit alongside the new text warnings.</p> <p>Due consideration was given to the recommendations of the Guidelines for implementation of Article 11 of the WHO FCTC in this Directive, which amends Annex I to Directive 2001/37/EC, the basis for the UK Tobacco Products (Manufacture, Presentation and Sale) (Safety) Regulations 2002 (2002 Regulations), which specifies the requirements for the warnings on tobacco products. Therefore, the UK will put measures in place to bring into force the laws, regulations and administrative provisions necessary to transpose the Directive (2012/9/EU), which prescribes a list of additional health warnings for tobacco products, by the new deadline.</p> <p>Commission Directive 2012/9/EU is available at:  <a href="http://ec.europa.eu/health/tobacco/docs/dir_2012_9_en.pdf">http://ec.europa.eu/health/tobacco/docs/dir_2012_9_en.pdf</a></p> <p>It should be noted that the 28 March 2016 deadline for the new combined</p>			

	warnings may yet change again in light of the revised Tobacco Products Directive.
3.2.5.16	<p><b>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</b></p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 11 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 11 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is <b>voluntary</b>.</p>
3.2.5.17	<p>If you have any other relevant information pertaining to or not covered in this section, please provide details in the space below.</p>

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



3.2.6.4	12(b)	If you answered “Yes” to question 3.2.6.1, do these educational and public awareness programmes cover:			
		• health risks of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• health risks of exposure to tobacco smoke?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
			• benefits of the cessation of tobacco use and tobacco-free lifestyles?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	12(f)	• adverse economic consequences of			
		- tobacco production?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		- tobacco consumption?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
• adverse environmental consequences of					
- tobacco production?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
		- tobacco consumption?	<input type="checkbox"/> Yes	<input checked="" 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: Academics</i> )?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.6.6	12	Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.7	12(d)	Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:			
		• health workers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• community workers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		• social workers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

	<ul style="list-style-type: none"> <li>• media professionals?</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<ul style="list-style-type: none"> <li>• educators?</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<ul style="list-style-type: none"> <li>• decision-makers?</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<ul style="list-style-type: none"> <li>• administrators?</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<ul style="list-style-type: none"> <li>• other (<i>please specify:</i> )?</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.8	<p>Please provide a brief description of the progress made in implementing Article 12 (<i>Education, communication, training and public awareness</i>) in the past two years or since submission of your last report.</p> <p>A new marketing strategy for England was launched in 2012 covering the period 2012-2015. This strategy set out the following marketing objectives:</p> <p>To contribute to reducing smoking prevalence in England, marketing needs to play three roles:</p> <ol style="list-style-type: none"> <li>1. Boost smokers' motivation to quit - by reminding people of the harms of smoking and addressing their low sense of personal risk</li> <li>2. Trigger significant numbers of quit attempts - with a focus on the largest groups of smokers i.e. cold turkey quitters and where prevalence is highest i.e. routine and manual smokers</li> <li>3. Help people quit successfully - by providing products to support them and signposting them to further help and support. The strategy set out three pillars of key activity: <ul style="list-style-type: none"> <li>• Smokefree homes and cars campaign The Smokefree Homes and Cars campaign was first run in 2012, and then again in summer 2013. The campaign achieved the highest campaign awareness since 2005 and successfully changed both attitudes and behaviours around smoking in the home and car, as well as triggering significant numbers of quit attempts. Smokefree Kits further boosted people's chances of quitting successfully.</li> <li>• Stoptober: Stoptober was a ground breaking new campaign in 2012 (that also ran on 2013) – a new 28 day mass participation event to help England's smokers stop. The campaign used a new insight (you're 5 times more likely to stop successfully if you make it to 28 days) and ideas from behavioural economics including 'chunking' and social norming. This was also our first campaign where social media played an integral part. The campaign surpassed expectations in terms of sign ups and caught the public imagination.</li> <li>• A return to health harms (Jan-March 2013 and 2014): Insight research suggested that the key reasons that motivation to quit and quit attempts have declined in recent years are that people have a lower perceived personal risk of the health harms of smoking, and a belief that it is possible to smoke 'responsibly' and not harm others, forgetting that their smoking is harming themselves. A key plank of our 2012-15 Smokefree marketing strategy therefore was to return to health harms advertising. We launched this with our first</li> </ul> </li> </ol>		

	<p>campaign in support of this strategy – ‘mutation’ – which showed a tumour developing on a cigarette, with the line ‘If you could see the damage, you wouldn’t smoke’.</p>
3.2.6.9	<p><b>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</b></p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 12 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 12 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is <b>voluntary</b>.</p>
3.2.6.10	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.2.7	13	<b>Tobacco advertising, promotion and sponsorship</b> <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, 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 checked="" type="checkbox"/> Yes	<input 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 type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> Yes	<input checked="" 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"> <li>the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply?</li> </ul>	<input checked="" type="checkbox"/> Yes	<input 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.14	Please provide a brief description of the progress made in implementing Article 13 ( <i>Tobacco advertising, promotion and sponsorship</i> ) in the past two years or since submission of your last report.			
	<p>The Tobacco Advertising and Promotion Act (TAPA) 2002 prohibits the advertising and promotion of tobacco products, including sponsorship. Separate regulations prohibit "brandsharing" (the promotion of a tobacco product by another product, for example, clothing, perfume etc. or vice versa). Regulations prohibiting tobacco advertising on the internet came into force in September 2006. Local authorities enforce TAPA and compliance with the law has been good, with very few cases of non-compliance identified or enforcement action taken.</p> <p>TAPA is available online at:  <a href="http://legislation.gov.uk/ukpga/2002/36/contents">http://legislation.gov.uk/ukpga/2002/36/contents</a></p>			
3.2.7.15	USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE			

	<p><b>PARTIES</b></p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 13 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 13 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is <b>voluntary</b>.</p>
3.2.7.16	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>
	<p>The UK is guided by European legislation with respect to ending cross border tobacco advertising. Tobacco Advertising Directive (2003/33/EC) has an European Union-wide ban on cross-border tobacco advertising and sponsorship in the media other than television. The ban covers print media, radio, internet and sponsorship of events involving several Member States, such as the Olympic games and Formula One races. Free distribution of tobacco is banned in such events. The ban covers advertising and sponsorship with the aim or direct or indirect effect of promoting a tobacco product.</p> <p>Tobacco advertising and sponsorship on television has been prohibited since 1989 by the Television without Frontiers Directive (89/552/EEC). This Directive was replaced by the Audiovisual Media Services Directive (2007/65/EC) adopted in December 2007, which extends the application of this ban to all forms of audiovisual commercial communications, including product placement.</p>

3.2.8	14	<b>Demand reduction measures concerning tobacco dependence and cessation</b> <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.2.8.1	14.1	– developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.8.2	14.1	– programmes to promote cessation of tobacco use, including:		
		• media campaigns emphasizing the importance of quitting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• programmes specially designed for:		
		○ underage girls and young women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		○ women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		○ pregnant women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• telephone quitlines	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
• other ( <i>please specify: We have developed and delivered Stoptober, a social media campaign aimed at generating population level quit attempts. This campaign is now in its second year and has proved both popular and successful, generating 1.3m website visits, 250,000 registrations, 50,000 new social media followers, Stoptober mentions on</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		



		<i>social, Over 2,000 pieces of PR coverage )?</i>		
3.2.8.3	14.2(a)	– design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:		
		• educational institutions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• health-care facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• workplaces?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• sporting environments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other ( <i>please specify:</i> )?	<input type="checkbox"/> Yes	<input checked="" 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> Prisons and Military settings )	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• specialized centres for cessation counselling and treatment of tobacco dependence	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• rehabilitation centres	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other ( <i>please specify: mental health units</i> )	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.2.8.7	14.2(b)	If you answered “Yes” to question 3.2.8.5, are the services provided in these settings covered by public funding or reimbursement schemes?			
		<ul style="list-style-type: none"> <li>primary health care</li> </ul>	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> <li>secondary and tertiary health care</li> </ul>	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> <li>specialist health-care systems (<i>please specify</i>: Military and Prisons )</li> </ul>	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None

		<ul style="list-style-type: none"> <li>specialized centres for cessation counselling and treatment of tobacco dependence</li> </ul>	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> <li>rehabilitation centres</li> </ul>	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> <li>other (<i>please specify: Mental health units</i> )</li> </ul>	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
3.2.8.8	14.2(b)	<p>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?</p> <p>Health professionals including:</p>			
		<ul style="list-style-type: none"> <li>physicians</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>dentists</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>family doctors</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>practitioners of traditional medicine</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>other medical professionals (<i>please specify:</i> )</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>nurses</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>midwives</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>pharmacists</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Community workers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Social workers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Others ( <i>please specify: A network of British Thoracic Champions has been set up to deliver support specifically to those people affected by respiratory disease.</i> )	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.9	14.2(c)	<p>– training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:</p>			
		<ul style="list-style-type: none"> <li>medical?</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> <li>dental?</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

		<ul style="list-style-type: none"> <li>nursing?</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> <li>pharmacy?</li> </ul>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> <li>other (<i>please specify</i>:Specialist Stop Smoking Practitioners )?</li> </ul>	<input checked="" type="checkbox"/> Yes	<input 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)	<p>If you answered “Yes” to question 3.2.8.10, where and how can these products be legally purchased in your country?</p> <p>In the United Kingdom, nicotine replacement therapy (NRT) is available as a General Sales List medicine (i.e., it can be purchased in pharmacies and any other shop without a prescription, as long as certain conditions are met). NRT products are licensed for the following:</p> <p>"[Name of NRT product] relieves and/or prevents craving and nicotine withdrawal symptoms associated with tobacco dependence. It is indicated to aid smokers wishing to quit or reduce prior to quitting, to assist smokers who are unwilling or unable to smoke, and as a safer alternative to smoking for smokers and those around them."</p> <p>Following a review by the Medicines and Healthcare Products Regulatory Agency (MHRA) in 2005, NRT can now be used by adolescents aged 12 and over, pregnant women and people with cardiovascular disease. Full details of the report can be found on the MHRA website :  <a href="http://www.mhra.gov.uk/home/groups/pla/documents/websiteresources/con2023239.pdf">www.mhra.gov.uk/home/groups/pla/documents/websiteresources/con2023239.pdf</a></p> <p>NRT is widely available, and sales tax has been reduced to the lowest amount permissible to encourage use.</p> <p>The Government has undertaken to work in collaboration with the public health community to consider what more can be done to help tobacco users who cannot quit, or who are unwilling to, to substitute alternative safer sources of nicotine, such as NRT, for tobacco. In support of this, the National Institute for Health and Clinical Excellence has produced public health guidance on the use of harm reduction approaches to smoking cessation. We will also encourage the manufacture of safer sources of nicotine, such as NRT and the development of new types of nicotine products that are more affordable and that have increased acceptability for use in the longer term.</p> <p>Bupropion and varenicline are prescription-only medicines.</p>		
3.2.8.12	14.2(d)	If you answered “Yes” to question 3.2.8.10, which pharmaceutical products are legally available for the treatment of tobacco dependence in		

		your jurisdiction?		
		• nicotine replacement therapy	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• bupropion	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• varenicline	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other ( <i>please specify:</i> )	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.8.13	14.2(d)	If you answered “Yes” to question 3.2.8.10, are the costs of these products covered by public funding or reimbursement?		
		• nicotine replacement therapy	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially <input type="checkbox"/> None
		• bupropion	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially <input type="checkbox"/> None
		• varenicline	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially <input type="checkbox"/> None
		• other ( <i>please specify:</i> )	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially <input type="checkbox"/> None
3.2.8.14	<p>Please provide a brief description of the progress made in implementing Article 14 (<i>Demand reduction measures concerning tobacco dependence and cessation</i>) in the past two years or since submission of your last report.</p> <p>3.2.8.1-3.2.8.7 (14.1 - 14.2b): A number of programmes and activities to reduce demand for tobacco through tobacco dependence treatment and cessation have been undertaken, including programmes and activities outlined briefly below.</p> <p>Since 1999, the National Health Service (NHS) has run Local Stop Smoking Services (LSSS). These services were a mainstream activity of the NHS, located in communities throughout the country. The past two years has seen a shift of the funding and responsibility for delivery of public health to local authorities. This has been to allow a greater level of autonomy for authorities to provide public health interventions in those areas where demand is greatest. One outcome from this localism is that the provision of stop smoking services is no longer mandated, with local authorities responsible for setting their budgets to deliver tobacco control measures which they regard as being effective for their population. As the delivery of stop smoking services is non-mandated, so is the return of the data that supports their delivery. The inevitable outcome of this measure is that there has been an increase in variability of provided services and return of data, however all 152 top tier local authorities have continued to commission stop smoking services and 150 have returned some level of data. The LSSS remit is to provide evidence-based support and treatment for smokers to stop, and includes behavioural support and access to pharmacological aids. Local Authorities have been supported to deliver these services to be effective, evidence-based and high quality through publication of guidance, which supports local commissioners and providers of smoking cessation services.</p> <p>These services are delivered in healthcare facilities, in workplaces, in prisons and in mental health facilities, as well as in wide range of community settings and in higher education institutions.</p>			

In addition, where local populations have a need, a number of LSSS also provide support and treatment to users of non-smoked tobacco products who wish to quit.

In 2009, a new programme for supporting smokers to quit in the secondary care was launched in England. A number of clinical specialities such as cardiac rehabilitation, diabetes care and COPD care have been delivering stop smoking support as part of their health promotion work.

The promotion of tobacco cessation is done both nationally and locally across a wide range of settings, supported by marketing activity.

#### 3.2.8.8 (14.2b)

Health professionals in a range of healthcare settings such as primary and secondary care are encouraged to provide brief advice and referral of smokers to LSSS. The health professionals involved in this include doctors, nurses, midwives, dentists, opticians, pharmacists, mental health workers and community workers. The Local Authority has inherited a workforce of trained stop smoking advisors whose main job is to provide smoking cessation.

The National Institute for Health and Clinical Excellence (NICE) has produced smoking cessation guidelines for a number of specific populations including, those receiving secondary care and for women who are pregnant or following child birth. The LSSS provide services for pregnant women, their partners and for both before conception and after birth.

#### 3.2.8.9 (14.2c)

Although there is some training incorporated in health professional pre and post qualification training at a number professional schools, this tends to be ad hoc and is not systemic across educational institutions.

In England, the National Centre for Smoking Cessation and Training (NCSCT) has been set up to support the delivery of smoking cessation interventions provided by local stop smoking services; support the NHS and Local Authorities to deliver effective evidence-based tobacco control programmes and deliver training and assessment programmes to stop smoking practitioners and other health care professionals. As part of its programme of work, the NCSCT has identified the competences (knowledge and skills) needed to effectively help smokers to stop and to conduct research into behavioural support given to smokers. The NCSCT has developed training, assessment and certification programmes based upon the competences and also provides resources for commissioners, managers and practitioners. More information is available at: [www.ncsct.co.uk](http://www.ncsct.co.uk)

#### 3.2.8.10, 11, 12 (14.2d)

Work to increase the availability of pharmacological aids for smoking cessation has included a range of activities in recent years, including:

- Nicotine replacement therapy bupropion and varenicline is available on NHS prescription to all patients (some people are exempt from paying prescription charges, including those on low incomes; pregnant women and those who have had a baby in the last 12 months; and children under 16 and young people aged

	<p>16, 17 and 18 in full-time education.</p> <ul style="list-style-type: none"> <li>- Widening the licence for NRT to include children aged 12-18, pregnant women, and those with controlled coronary heart disease.</li> <li>- Work with MHRA to widen the licence for NRT to include extended usage of products, including full substitution, resulting in the recently published NICE Harm Reduction Guidance.</li> <li>- Work with industry to improve the variety, dosage and delivery mechanisms for NRT to be suitable for a wider range of patients.</li> <li>- Work with local areas medicines management to amend local formularies to include wider access to effective medications and usage, including varenicline and dual NRT prescribing.</li> </ul>
3.2.8.15	<p><b>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</b></p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 14 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 14 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is <b>voluntary</b>.</p> <p>The National Institute for Health and Clinical Excellence (NICE) has continued to deliver Public Health Guidance on the management and treatment of tobacco dependence. All NICE guidance is available online and is supported by its sponsors, the Department of Health and other ministerial and arms-length non-executive bodies such as Public Health England</p>
3.2.8.16	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p> <p>The document "Local Stop Smoking Services: delivery and monitoring guidance 2012/13" is for England and provides best practice guidance relevant to the provision of all NHS stop smoking interventions and sets out fundamental quality principles for the delivery of services which can be used to inform the development of local commissioning arrangement. It also includes full details of the data reporting requirements for NHS Stop Smoking Services, which is available at:  <a href="https://www.gov.uk/government/publications/stop-smoking-service-monitoring-and-guidance-update-published">https://www.gov.uk/government/publications/stop-smoking-service-monitoring-and-guidance-update-published</a></p> <p>An updated version of this guidance is due for publication in August 2014.</p>

<b>3.3</b>	<b>Article</b>	<b>MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO</b> <i>(with reference to Articles 15–17)</i>		
3.3.1	15	<b>Illicit trade in tobacco products</b> <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.3.1.1	15.2	– requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product?	<input 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)	– facilitating the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?	<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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.1.10	15.4(d)	– adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.11	15.4(e)	– enabling the confiscation of proceeds derived from illicit trade in tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.1.12	15.6	– promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.13	15.7	– licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.3.1.14	<p>Please provide a brief description of the progress made in implementing Article 15 (<i>Illicit trade in tobacco products</i>) in the past two years or since submission of your last report.</p> <p>Since the launch of the Tackling Tobacco Smuggling strategy in 2000 we have had a significant impact on reducing the illicit trade.</p> <p>Since 2000, HMRC has more than halved the illicit cigarette market in the UK. We have reduced the illicit market for cigarettes from 22% in 2000/01 to 9% in 2012/13 and for HRT from 61% to 36% over the same period.</p> <p>Since 2000, we have:</p> <ul style="list-style-type: none"> <li>• 1 seized over 23.5bn smuggled cigarettes with a value of just over £5.5bn in legitimate lost sales;</li> <li>• 2 seized over 4000 tonnes of HRT;</li> <li>• 3 successfully prosecuted over 3,900 people; and</li> <li>• 4 issued over £53m worth of confiscation orders to recover the proceeds of crime.</li> </ul> <p>HMRC is currently refreshing this strategy; the findings are due to be reported in Summer 2014.</p>
3.3.1.15	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p> <p>A Fiscal Mark is required on all packets of cigarettes and HRT to identify that the product is UK duty paid. HMRC, in conjunction with tobacco manufacturers, currently operates a covert security marking.</p>

3.3.2	16	<b>Sales to and by minors</b> <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.3.2.1	16.1	– prohibiting the sales of tobacco products to minors? If “Yes”, please specify the legal age: 18	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.2	16.1(a)	– requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.3	16.1(a)	– requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.4	16.1(b)	– banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?	<input type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> Yes	<input checked="" 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"> <li>• to minors?</li> </ul>	<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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.2.12	<p>Please provide a brief description of the progress made in implementing Article 16 (<i>Sales to and by minors</i>) in the past two years or since submission of your last report.</p> <p>In 2007, legislation came into force throughout the United Kingdom that raised the age of sale for tobacco from 16 to 18 years. Legislation provides for penalties for those who sell tobacco to people under the age of 18.</p> <p>In 2011, the sale of tobacco from vending machines was prohibited in England. The sale of tobacco from vending machines is now prohibited in all parts of the United Kingdom.</p>			
3.3.2.13	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>			

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

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

3.4.2	19	<b>Liability</b> <i>(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>			
3.4.2.1	19.1	Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.2	19.1	Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.3	19.1	Do you have any civil liability measures that are specific to tobacco control?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.4	19.1	Do you have any general civil liability provisions that could apply to tobacco control?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.5	19.1	Do you have civil or criminal liability provisions that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.6	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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.7	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	<input type="checkbox"/> Not applicable
3.4.2.8		Please provide a brief description of any progress made, as appropriate, in implementing Article 19 ( <i>Liability</i> ) in the past two years or since submission of your last report.			

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



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

		<ul style="list-style-type: none"> <li>other relevant information (<i>please specify:</i> )</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.3.4	20.3(a)	<p>If you answered "Yes" to any question under 3.4.3.3, please list all surveys, including the year of the survey, that you have undertaken in the past.</p> <p>Relevant surveys are described in Chapter 9 of "Healthy Lives, Healthy People: a tobacco control plan for England". On the web at:</p> <p><a href="http://www.dh.gov.uk/en/PublicationsandStatistics/Publications/PublicationsPolicyAndGuidance/DH_124917">http://www.dh.gov.uk/en/PublicationsandStatistics/Publications/PublicationsPolicyAndGuidance/DH_124917</a></p> <p><a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213757/dh_124960.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213757/dh_124960.pdf</a></p>		
3.4.3.5	20.3(a)	<p>In reference to any question under 3.4.3.3, does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below.</p> <p>Surveys are undertaken on a regular basis.</p>		
3.4.3.6	20.4	<p>– regional and global exchange of publicly available national:</p> <ul style="list-style-type: none"> <li>scientific, technical, socioeconomic, commercial and legal information?</li> <li>information on the practices of the tobacco industry?</li> <li>information on the cultivation of tobacco?</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.4.3.7	20.4(a)	<p>– an updated database of:</p> <ul style="list-style-type: none"> <li>laws and regulations on tobacco control?</li> <li>information about the enforcement of laws on tobacco control?</li> <li>pertinent jurisprudence?</li> </ul>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.4.3.8		<p>Please provide a brief description of the progress made in implementing Article 20 (<i>Research, surveillance and exchange of information</i>) in the past two years or since submission of your last report.</p> <p>Research is funded by health departments across the United Kingdom. For example, the Department of Health (DH) in England funds a wide range of tobacco control-related research.</p> <p>Research is promoted through the United Kingdom Centre for Tobacco and Alcohol Studies (UKCTAS), The Centre is one of five UK Centres for Public Health Excellence and is funded by the UK Clinical Research Collaboration. Researchers within the centre come</p>		

	<p>from a range of academic disciplines from clinical medicine to social policy. They conduct work on tobacco and alcohol use throughout the lifecourse with a particular focus on informing policies and interventions to reduce the harms from both these products:</p> <p><a href="http://www.ukctas.ac.uk">http://www.ukctas.ac.uk</a></p> <p>Research is also undertaken by a number of other bodies, including:</p> <p>NHS Health Scotland:</p> <p><a href="http://www.healthscotland.com/topics/health/tobacco/tobacco-research.aspx">http://www.healthscotland.com/topics/health/tobacco/tobacco-research.aspx</a></p> <p>Cancer Research UK:</p> <p><a href="http://info.cancerresearchuk.org/cancerandresearch/ourcurrentresearch/topic/smoking">http://info.cancerresearchuk.org/cancerandresearch/ourcurrentresearch/topic/smoking</a></p> <p><a href="http://www.cancerresearchuk.org/cancer-info/cancerandresearch/progress/">http://www.cancerresearchuk.org/cancer-info/cancerandresearch/progress/</a></p> <p>Medical Research Council:</p> <p><a href="http://www.mrc.ac.uk/Achievementsimpact/Storiesofimpact/Smoking/index.htm">http://www.mrc.ac.uk/Achievementsimpact/Storiesofimpact/Smoking/index.htm</a></p>
3.4.3.9	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

#### 4. INTERNATIONAL COOPERATION AND ASSISTANCE

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

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

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

## 5. PRIORITIES AND COMMENTS

5.1	What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?  Implementation of the Government's comprehensive tobacco control strategy.
5.2	Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.3	If you answered “Yes” to question 5.2, please provide details in the space below.
5.4	What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?  <i>(Please refer to Article 21.1(b).)</i>
5.5	Please provide any other relevant information not covered elsewhere that you consider important.
5.6	Your suggestions for further development and revision of the reporting instrument:

**End of reporting instrument**