

# 2020 - CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC

## A. ORIGIN OF THE REPORT

### Name of contracting Party:

Brunei Darussalam

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### Information on national contact responsible for preparation of the report:

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## Period of reporting:

|            | Month       | Year      |
|------------|-------------|-----------|
| Start date | January (1) | 2018 (19) |
| End date   | 2011 (12)   | 2019 (20) |

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## B1. TOBACCO CONSUMPTION

### Prevalence of tobacco use

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#### **Smoking prevalence in the adult population (all)**

*(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see B112)*

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## Current smokers

|                           | <b>Prevalence (%)</b><br><b>(please include all smoking tobacco products in prevalence data)</b> | <b>Average number of the most-consumed smoking tobacco product used per day</b> |
|---------------------------|--|---|
| MALE                      | 36.3   |   |
| FEMALE                    | 3.7  |   |
| TOTAL (males and females) | 19.9   |   |

## Daily smokers

|                           | <b>Prevalence (%)</b><br><b>(please include all smoking tobacco products in prevalence data)</b> | <b>Average number of the most-consumed smoking tobacco product used per day</b> |
|---------------------------|--|---|
| MALE                      | 24.8   | 9.1   |
| FEMALE                    | 1.8  | 10.0  |
| TOTAL (males and females) | 13.3   | 9.1   |

## Occasional smokers

| <b>Prevalence (%)</b><br><b>(please include all smoking tobacco products in prevalence data)</b> |
|--|
|  |

## Former smokers

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

|                           |      |
|---------------------------|------|
| MALE                      | 20.7 |
| FEMALE                    | 6.8  |
| TOTAL (males and females) | 13.7 |

## Never smokers

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

|                           |      |
|---------------------------|------|
| MALE                      | 43.0 |
| FEMALE                    | 89.5 |
| TOTAL (males and females) | 66.3 |

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

Any forms of tobacco (including cigarettes, cigars and pipes).

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

|           | From | To |
|-----------|------|----|
| Age range | 18   | 69 |

Please indicate the year of the data used to answer question B11:

2016

Please indicate the source of the data used to answer question B11:

The STEPS Survey of Non-Communicable Disease (NCD) risk factors in Brunei Darussalam

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

|                   |   |
|-------------------|---|
| Current smoker    | Currently smokes any tobacco products                       |
| Daily smoker      | Smokes tobacco products daily                               |
| Occasional smoker |   |
| Former smoker     | People who have stopped smoking, regardless of when stopped |
| Never smoker      | Never tried to smoke  |

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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.

Trend in male

smokers – slight increase. Trend in female smokers – decrease slightly.

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## Smoking prevalence in the adult population (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

|  | Range -<br>start age | Range -<br>end age | Prevalence (%)<br>(please include all smoking to-<br>bacco products in prevalence<br>data) |
|--|----------------------|--------------------|--|
| MALES - current smokers <sup>1</sup>                     | 18                   | 29                 | 35   |
| MALES - current smokers <sup>1</sup>                     | 30                   | 44                 | 47   |
| MALES - current smokers <sup>1</sup>                     | 45                   | 59                 | 31   |
| MALES - current smokers <sup>1</sup>                     | 60                   | 69                 | 13   |
| FEMALES - current smokers <sup>1</sup>                   | 18                   | 29                 | 4  |
| FEMALES - current smokers <sup>1</sup>                   | 30                   | 44                 | 5  |
| FEMALES - current smokers <sup>1</sup>                   | 45                   | 59                 | 2  |
| FEMALES - current smokers <sup>1</sup>                   | 60                   | 69                 | 0  |
| TOTAL (males and females) - current smokers <sup>1</sup> | 18                   | 29                 | 20   |
| TOTAL (males and females) - current smokers <sup>1</sup> | 30                   | 44                 | 26   |
| TOTAL (males and females) - current smokers <sup>1</sup> | 45                   | 59                 | 16   |
| TOTAL (males and females) - current smokers <sup>1</sup> | 60                   | 69                 | 6  |

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

Any forms of tobacco products.

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

2016

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

The STEPS Survey of Non-Communicable Disease (NCD) risk factors in Brunei Darussalam

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Please provide a brief explanation of the trend in current smoking prevalence by age group in the past two years or since submission of your last report, if data are available.

Males: the trend is

decreasing in the younger age group (18-29 years) and is increasing in the older age group (30-44, 45-59 and 60-69 years). Females: the trend is decreasing in the 18-29 and 60-69 years age group, and increasing in the 30-44 and 45-59 years age group.

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## Prevalence of smokeless tobacco use in the adult population (all)

*(Please provide prevalence data for total adult population, and identify the age considered in B132, e.g. 15 years old and over, 18–64 years; see B132)*

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### Males

|  | Prevalence (%) |
|--|----------------|
| (please include all smokeless tobacco products in prevalence data) |                |
| Current users  | 1.7            |
| Daily users  | 0.3            |
| Former users   | 2.4            |
| Never users  | 95.9           |

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## Females

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

|               |      |
|---------------|------|
| Current users | 2.1  |
| Daily users   | 0.0  |
| Former users  | 2.1  |
| Never users   | 95.8 |

## TOTAL (males and females)

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

|               |      |
|---------------|------|
| Current users | 1.9  |
| Daily users   | 0.2  |
| Former users  | 2.2  |
| Never users   | 95.9 |

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

Any smokeless tobacco such as snuff, chewing tobacco, betel.

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

|           | <b>From</b> | <b>To</b> |
|-----------|-------------|-----------|
| Age range | 18          | 69        |

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

2016

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

The STEPS Survey of Non-Communicable Disease (NCD) risk factors in Brunei Darussalam

Please provide the definitions of “current user”, “daily user”, “occasional user”, “former user” and “never user” (of smokeless tobacco products) used in this report in the space below.

|                 |   |
|-----------------|---|
| Current user    | Currently uses any smokeless tobacco                      |
| Daily user      | Uses smokeless tobacco products daily                     |
| Occasional user |   |
| Former user     | People who have stopped using, regardless of when stopped |
| Never user      | Never tried   |

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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.

The trend is  
decreasing in both males and females.

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## Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

|  | Range -<br>start age | Range -<br>end age | Prevalence (%)<br>(please include all smoking to-<br>bacco products in prevalence<br>data) |
|--|----------------------|--------------------|--|
| MALES - current smokers <sup>2</sup>                     | 18                   | 29                 | 2  |
| MALES - current smokers <sup>2</sup>                     | 30                   | 44                 | 1  |
| MALES - current smokers <sup>2</sup>                     | 45                   | 59                 | 1  |
| MALES - current smokers <sup>2</sup>                     | 60                   | 69                 | 3  |
| FEMALES - current smokers <sup>2</sup>                   | 18                   | 29                 | 1  |
| FEMALES - current smokers <sup>2</sup>                   | 30                   | 44                 | 3  |
| FEMALES - current smokers <sup>2</sup>                   | 45                   | 59                 | 4  |
| FEMALES - current smokers <sup>2</sup>                   | 60                   | 69                 | 4  |
| TOTAL (males and females) - current smokers <sup>2</sup> | 18                   | 29                 | 1  |
| TOTAL (males and females) - current smokers <sup>2</sup> | 30                   | 44                 | 2  |
| TOTAL (males and females) - current smokers <sup>2</sup> | 45                   | 59                 | 3  |
| TOTAL (males and females) - current smokers <sup>2</sup> | 60                   | 69                 | 4  |

Please indicate the smokeless tobacco products included in the answer to question B14:  
Any smokeless tobacco such as  
snuff, chewing tobacco, betel.

Please indicate the year of the data used to answer question B14:  
2016

Please indicate the source of the data used to answer question B14:  
The STEPS Survey of Non-Communicable Disease (NCD) risk factors in Brunei Darusalam

Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.  
The trend is decreasing in both males and females across all age groups.

## Tobacco use by ethnic group(s)

(please include all smoking or smokeless tobacco products in prevalence data)

|                            | <b>Ethnic group(s)</b> | <b>MALES - Prevalence (%)</b> | <b>FEMALES - Prevalence (%)</b> | <b>TOTAL (males and females) - Prevalence (%)</b> |
|----------------------------|------------------------|-------------------------------|---------------------------------|---|
| Current users <sup>3</sup> | Malay                  | 36.3                          | 3.8                             | 20.0  |
| Current users <sup>3</sup> | Chinese                | 28.1                          | 3.2                             | 16.1  |
| Current users <sup>3</sup> | Indian                 | 90.0                          | 0                               | 68.1  |
| Current users <sup>3</sup> | Others                 | 58.1                          | 2.9                             | 22.2  |

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

All forms of tobacco products.

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

|           | <b>From</b> | <b>To</b> |
|-----------|-------------|-----------|
| Age range | 18          | 69        |

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

2016

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

The STEPS Survey of Non-Communicable Disease (NCD) risk factors in Brunei Darussalam

## Tobacco use by young persons

(please include all smoking or smokeless tobacco products in prevalence data)

|   | Age range | SMOKING TO-BACCO - Prevalence (%) | SMOKELESS TO-BACCO - Prevalence (%) | WATER PIPE - Prevalence (%) |
|---|-----------|-----------------------------------|-------------------------------------|-----------------------------|
| BOYS - Current users <sup>4</sup>                   | 13-15     | 13.9                              |                                     |                             |
| BOYS - Current users <sup>4</sup>                   | 16-17     | 26.5                              |                                     |                             |
| BOYS - Current users <sup>4</sup>                   | 13-17     | 17.8                              |                                     |                             |
| GIRLS - Current users <sup>4</sup>                  | 13-15     | 4.3                               |                                     |                             |
| GIRLS - Current users <sup>4</sup>                  | 16-17     | 6.3                               |                                     |                             |
| GIRLS - Current users <sup>4</sup>                  | 13-17     | 4.8                               |                                     |                             |
| TOTAL (boys and girls) - Current users <sup>4</sup> | 13-15     | 8.9                               |                                     |                             |
| TOTAL (boys and girls) - Current users <sup>4</sup> | 16-17     | 17.6                              |                                     |                             |
| TOTAL (boys and girls) - Current users <sup>4</sup> | 13-17     | 11.4                              |                                     |                             |

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

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Please indicate the year of the data used to answer question B16:  
2014

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Please indicate the source of the data used to answer question B16:  
Global School-Based Student Health Survey Brunei Darussalam 2014

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

Current smoker – smoked cigarettes on one or more days during the past 30 days.

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Please provide a brief explanation of the trend in tobacco use by young persons in the past two years or since submission of your last report.

The trend is decreasing in the 13-15 years age group in both males in females.

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Please attach the relevant documentation.

|  |            |                    |
|--|------------|--------------------|
| <b>Brunei Darussalam STEPS Survey 2015/16 Fact Sheet</b>   | No comment | File type<br>"pdf" |
| <b>Cross-sectional STEPwise Approach to Surveillance (STEPS) Population Survey of Noncommunicable Diseases (NCDs) and Risk Factors in Brunei Darussalam 2016</b> | No comment | File type<br>"pdf" |
| <b>Global School-Based Student Health Survey Brunei Darussalam 2014 Fact Sheet</b>   | No comment | File type<br>"pdf" |

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## Use of novel and emerging tobacco and nicotine products

|  | Age range | Heated tobacco products (HTPs) - Prevalence (%) | Electronic Nicotine Delivery Systems (ENDS) - Prevalence (%) | Electronic Non-Nicotine Delivery Systems (ENNDS) - Prevalence (%) | Other products - Prevalence (%) |
|--|-----------|---|--|---|---------------------------------|
| ADULT POPULATION - Males                     | 18-69     |   | 29.5   |   |                                 |
| ADULT POPULATION - Females                   | 18-69     |   | 4.3  |   |                                 |
| ADULT POPULATION - Total (males and females) | 18-69     |   | 16.7   |   |                                 |

## B2-B9. HEALTH, SOCIAL AND ECONOMIC INDICATORS

### Exposure to tobacco smoke

Do you have any data on exposure to tobacco smoke in your population?

Yes ✓

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

Exposure to smoke (% who reported people smoked in their presence):  
total: 41.1%; by gender: males 47.3% & females 34.9%.

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

2014

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

GSHS – Brunei Darussalam 2014 (13-17 years old).

Please attach the relevant documentation.

No comment

File type  
"pdf"

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## Tobacco-related mortality

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Do you have information on tobacco-related mortality in your population?

No ✘

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

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Please indicate the year of the data used to answer question B32 and 33:

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Please indicate the source of the data used to answer questions B32 and B33:

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Please submit a copy of the study you refer to:

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## Tobacco-related costs

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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?

No ✘

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Please submit a copy of the study you refer to:

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## Supply of tobacco and tobacco products

*(with reference to Articles 6.2(b), 20.4(c), and 15.5)*

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## Licit supply of tobacco products

| Product                  | Unit (e.g. pieces, tonnes) | Domestic production | Retail sales | Exports | Imports |
|--------------------------|----------------------------|---------------------|--------------|---------|---------|
| Smoking tobacco products |                            |                     |              |         | -       |
| Smoking tobacco products |                            |                     |              |         | -       |

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

There are no

longer any licit sales of tobacco products in Brunei Darussalam since May 2014.

Please indicate the year of the data used to answer question B51 and 52:

2019

Please indicate the source of the data used to answer questions B51 and B52:

Royal Customs & Excise Department, Brunei Darussalam

Please attach the relevant documentation.

## Seizures of illicit tobacco products

*(with reference to Article 15.5)*

## Seizures of illicit tobacco

|                          | Year       | Product             | Unit (e.g. pieces, tonnes) | Quantity seized |
|--------------------------|------------|---------------------|----------------------------|-----------------|
| Smoking tobacco products | 2017       | Cigarettes          | Million of sticks          | 906,535         |
| Smoking tobacco products | 2017       | Tobacco for smoking | Kg                         | 2.03            |
| Smoking tobacco products | 2018       | Cigarettes          | Million of sticks          | 1,047,817       |
| Smoking tobacco products | 2019 (Jan) | Cigarettes          | Million of sticks          | 2,517,816       |
| Smoking tobacco products | 2019 (Jan) | Tobacco products    | Kg                         | 30.44           |
| Smoking tobacco products | 2019 (Jan) | e-cigarettes        | pieces                     | 99              |

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

No ✘

Please provide any further information on illicit tobacco products.

Pursuant to Section 31 of

Brunei Customs Order Law 2006, tobacco products are prescribed under Prohibited and Restricted Goods on import and export which stated the Minister can prohibit any importation and exportation of any goods or class of goods. In case of goods that are object of Criminal Proceedings, Section 140 in Customs Order 2006 prescribes the penalty of an offence which accumulated in the criminal act, which in this case is smuggling of tobacco products. Excise Order, 2006 - [http://www.agc.gov.bn/AGC%20Images/LAWS/Gazette\\_PDF/2006/EN/s040.pdf](http://www.agc.gov.bn/AGC%20Images/LAWS/Gazette_PDF/2006/EN/s040.pdf) Excise Duties (Amendment) Order, 2017 -

[http://www.agc.gov.bn/AGC%20Images/LAWS/Gazette\\_PDF/2017/EN/S026.pdf](http://www.agc.gov.bn/AGC%20Images/LAWS/Gazette_PDF/2017/EN/S026.pdf)

Please indicate the source of the data used to answer questions in section B6:  
Department of Royal Customs and Excise, Brunei Darussalam

Please attach the relevant documentation.

## Tobacco-growing

Is there any tobacco-growing in your jurisdiction?

No

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

2019

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

Please attach the relevant documentation.

## Taxation of tobacco products

*(with reference to Articles 6.2(a) and 6.3)*

What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))?

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

|   |     |
|---|-----|
| Specific tax only                             | Yes |
| Ad valorem tax only                           | No  |
| Combination of specific and ad valorem taxes  | No  |
| More complex structure (please explain below) | Yes |

If a more complex structure of taxes *(please explain)*:

Tax based on per kilogram.

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)

|                            | <b>Product</b>         | <b>Type of tax</b> | <b>Rate or amount</b> | <b>Base of tax<sup>5</sup></b> |
|----------------------------|------------------------|--------------------|-----------------------|--------------------------------|
| Smoking tobacco products   | Cigarettes             | Excise tax         | BND\$0.50             | Per stick                      |
| Smoking tobacco products   | Cigarettes             | Custom duty        | Nil                   | Nil                            |
| Smoking tobacco products   | Tobacco for smoking    | Excise duty        | BND\$120.00           | Per Kg                         |
| Smoking tobacco products   | Cigars                 | Excise duty        | BND\$400.00           | Per Kg                         |
| Smoking tobacco products   | Beedies                | Excise duty        | BND\$120.00           | Per Kg                         |
| Smoking tobacco products   | Waterpipe Tobacco      | Excise duty        | BND\$240.00           | Per Kg                         |
| Smokeless tobacco products | Snuff                  | Excise duty        | BND\$240.00           | Per Kg                         |
| Smokeless tobacco products | Chewing and sucking    | Excise duty        | BND\$240.00           | Per Kg                         |
| Other tobacco products     | Unmanufactured tobacco | Excise duty        | BND\$120.00           | Per Kg                         |

Please briefly describe the trends in taxation for tobacco products in the past two years or since submission of your last report in your jurisdiction.

Tax amendment on tobacco and tobacco products in excise duty rate shows no licit importation of tobacco related products.

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

No

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

2019

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

Excise Duties Order 2006 and relevant domestic laws

Please attach the relevant documentation.

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## Price of tobacco products

*(with reference to Articles 6.2(a))*

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### Domestic

Please provide the retail prices of the three most widely sold brands of domestic tobacco products at the most widely used point of sale in your capital city.

| <b>Name of the most widely sold brands</b> | <b>Number of units or amount per package</b> | <b>Retail price</b> | <b>Currency</b> |
|--|--|---------------------|-----------------|
|--|--|---------------------|-----------------|

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### Imported

Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city.

| <b>Name of the most widely sold brands</b> | <b>Number of units or amount per package</b> | <b>Retail price</b> | <b>Currency</b> |
|--|--|---------------------|-----------------|
|--|--|---------------------|-----------------|

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

2019

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

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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.

There are no cigarettes being sold by retailers in Brunei as there is no more licensed tobacco importer since May 2014.

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Please attach the relevant documentation.

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## C1. GENERAL OBLIGATIONS

*With reference to Article 5*


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Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?

Yes ✓

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Have you established or reinforced and financed:

|  |     |
|--|-----|
| a focal point for tobacco control?                     | Yes |
| a tobacco control unit?                                | No  |
| a national coordinating mechanism for tobacco control? | Yes |

---

Please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).

Multi-sectoral Taskforce for Health (reducing tobacco use) includes the various agencies and ministries relevant to tobacco control and is chaired by the Minister of Health; technical officers for the various Cross-Functional Teams including tobacco are from the Health Promotion Centre (HPC), Ministry of Health. HPC oversees the national tobacco prevention programme. The focal points for tobacco control are also from HPC, Ministry of Health. Prior to 2012, a specific tobacco control unit was in existence. However, with the enforcement of a very stringent tobacco control laws and supported by strong tobacco taxation laws, the focus is currently on enforcing smoke-free areas, smoking cessation, health promotion and illicit trade. These activities are under the purview of Health Enforcement Unit, Health Promotion Centre and Department of Royal Customs and Excise. The responsibilities of the tobacco control unit has since been absorbed under the Department of Environmental Health Services.

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Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (*General obligations*) in the past two years or since submission of your last report.

The Tobacco Order 2005 and its regulations is currently being reviewed.

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

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## Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

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protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?

Yes ✓

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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?

No ✗

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If you answered "Yes" to any of the questions under C121 or C122, please provide details in the space below (specifically, please refer, if relevant, to whether your government or any of its departments 1) have raised awareness on tobacco industry tactics and the need to prevent interference by the tobacco industry with decision making; 2) have avoided entering into any partnerships or voluntary agreements with the tobacco industry; 3) have established any measures to limit interaction of public officials with the tobacco industry, including in the form of a code of conduct; 4) have not granted any incentives, privileges, benefits or preferential tax exemptions to the tobacco industry to establish or run their business; etc.).

Code of Conduct (in the form of circular) on protection of tobacco control policies from tobacco industry interference for civil servants has been developed and endorsed.

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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.

The Code of Conduct has been finalised and circulated to all civil servants in December 2019.

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Have you utilized the "Guidelines for implementation of Article 5.3 of the WHO FCTC" when developing or implementing policies in this area?

Yes ✓

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Please provide details in the space below or refer to section I of the additional questionnaire. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=pi7vrd4kxbtaa6e&lang=en> (<https://extranet.who.int/dataform/655321?token=pi7vrd4kxbtaa6e&lang=en>)

The code of conduct

prohibits involvement and interaction with tobacco industry, which applies to all civil servants. The prohibition includes: - Providing special treatment to the tobacco industry; - Accepting any gifts, sponsors, donations, helps or special treatments from tobacco industry; - Accepting any funds from tobacco industry, whether financially, expertise or technical assistance, even in the basis of corporate social responsibility; - Attending or supporting any events that is organized or sponsored by tobacco industry; - Involve in promoting and advertising of any tobacco products; - Engaging in any tobacco-related business activities; and - Working or recommending any individuals to work with any company associated with tobacco industry. Also stated in the code of conduct is any interactions with tobacco industry where such interactions are strictly necessary for regulation, it has to be conducted in transparent manner in order to avoid any negative impressions and conflict of interest. Furthermore, the code of conduct prohibits civil servants from smoking in government premises.

---

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

---

Please attach the relevant documentation.

**Circular - Inter-action with Tobacco Industry**

The document is in Malay

File type  
"pdf"

---

## C2. MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO

*With reference to Articles 6–14*

---

### **Price and tax measures to reduce the demand for tobacco**

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:



tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?

Yes ✓

---

prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?

Yes ✓

---

prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?

Yes ✓

---

Please provide a brief description of the progress made in implementing Article 6 (*Price and tax measures to reduce the demand for tobacco*) in the past two years or since submission of your last report.

No change since 1st April 2017.

---

Have you utilized the “Guidelines for implementation of Article 6 of the WHO FCTC” when developing or implementing policies in this area?

No ✘

---

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

---

Please attach the relevant documentation.

---

## Protection from exposure to tobacco smoke

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?

Yes ✓

---

What is the type/nature of the measure providing for the ban?

|   |     |
|---|-----|
| national law                                  | Yes |
| subnational law(s)                            | No  |
| administrative and executive orders           | No  |
| voluntary agreements                          | No  |
| other measures (please specify in C223 below) |     |

Please provide a brief explanation of the type/nature and content of the measures providing for the ban.

Smoking is

prohibited in almost all public places – 28 types of public places have been designated as smoke-free under the law.

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

Yes ✓

Please provide details of this system.

The national laws contain provisions for penalties and compounding (issuance of fines). Enforcement is conducted by the Health Enforcement Unit, Ministry of Health.

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

### Indoor workplaces:

|                                     |          |
|-------------------------------------|----------|
| government buildings                | Complete |
| health-care facilities              | Complete |
| educational facilities <sup>6</sup> | Complete |
| universities                        | Complete |
| private workplaces                  | Complete |
| other (please specify below)        |          |

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

### Public transport:

|  |  |          |
|--|--|----------|
|  | airplanes  | Complete |
|  | trains   |          |
|  | ferries  | Complete |
|  | ground public transport (buses, trolleybuses, trams) | Complete |
| motor vehicles used as places of work (taxis, ambulances, delivery vehicles) |  | Complete |
|  | private vehicles                                     | None     |
|  | other (please specify below)                         |          |

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

### Indoor public places:

|  |                              |          |
|--|------------------------------|----------|
|  | cultural facilities          | Complete |
|  | shopping malls               | Complete |
|  | pubs and bars                |          |
|  | nightclubs                   |          |
|  | restaurants                  | Complete |
|  | other (please specify below) |          |

### Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented:

#### Banning tobacco smoking in indoor workplaces

Complete ban – according to the Tobacco (Prohibition in Certain Places) (Amendment) Notification 2012. It is an offence under Section 14 (2) Tobacco Order 2005 and liable to a fine not exceeding BND\$1,000, or a compound of BND\$300 for first offence, and BND\$500 for subsequent offences.

#### Banning tobacco smoking in public transport

Complete ban – according to the Tobacco (Prohibition in Certain Places) (Amendment) Notification 2012. It is an offence under Section 14 (2) Tobacco Order 2005 and liable to a fine not exceeding BND\$1,000, or a compound of BND\$300 for first offence, and BND\$500 for subsequent offences. Brunei does not have trains.

### Banning tobacco smoking in indoor public places

Complete ban – according to the Tobacco (Prohibition in Certain Places) (Amendment) Notification 2012. It is an offence under Section 14 (2) Tobacco Order 2005 and liable to a fine not exceeding BND\$1,000, or a compound of BND\$300 for first offence, and BND\$500 for subsequent offences. Brunei does not have pubs, bars and nightclubs.

Please provide a brief description of the progress made in implementing Article 8 (*Protection from exposure to tobacco smoke*) in the past two years or since submission of your last report.

Currently, the regulations on prohibition in certain places are being reviewed to include more public places.

Have you utilized the “Guidelines for implementation of Article 8 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C229 please provide details in the space below or refer to section B of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/data-form/655321?token=pi7vrd4kxbtaa6e&lang=en> (<https://extranet.who.int/data-form/655321?token=pi7vrd4kxbtaa6e&lang=en>)

The guideline was used as a guiding document when the amendment to Tobacco Order Regulation, Tobacco (Prohibition in Certain Places)(Amendment) Notification, 2012 was made.

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

Please attach the relevant documentation.

|   |            |                    |
|---|------------|--------------------|
| <b>Tobacco Order 2005</b>   | No comment | File type<br>"pdf" |
| <b>Tobacco Regulations Amendment - Prohibition in Certain Places 2012</b> | No comment | File type<br>"pdf" |

## Regulation of the contents of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

testing and measuring the contents of tobacco products?

No ✘

---

testing and measuring the emissions of tobacco products?

No ✘

---

regulating the contents of tobacco products?

Yes ✔

---

regulating the emissions of tobacco products?

No ✘

---

Please provide a brief description of the progress made in implementing Article 9 (*Regulation of the contents of tobacco products*) in the past two years or since submission of your last report.

There has been no change in regulation of the contents of tobacco products. Random testing was conducted once in 2015 on illicit tobacco products available in Brunei, where samples were sent to Singapore. No testing has been done since. Laboratory service for testing of tobacco products is currently not available in Brunei.

---

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

No ✘

---

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g., whether your country 1) has incorporated product regulation in the national tobacco control legislation; 2) has access to either governmental or independent – not owned or controlled by the tobacco industry – laboratories for testing contents and/or emissions of tobacco products; 3) has regulated ingredients, such as flavours (e.g. menthol); 4) has regulated product characteristics, such as design features (e.g., cigarette ventilation); etc.).

1) It is stated in the Tobacco Order 2005 that the cigarette being imported, sold or offered for sale in Brunei must not contain: - a yield of more than 1.3 mg nicotine per cigarette; or - a yield of more than 15 mg of tar per cigarette. 2) Not available locally. Brunei has to send samples to Singapore for testing which Ministry of Health, Brunei has to pay. 3) No. 4) No.

---

Please attach the relevant documentation.

---

## Regulation of tobacco product disclosures

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:

|                                |     |
|--------------------------------|-----|
| contents of tobacco products?  | Yes |
| emissions of tobacco products? | No  |

---

requiring public disclosure of information about the:

|                                |     |
|--------------------------------|-----|
| contents of tobacco products?  | Yes |
| emissions of tobacco products? | No  |

---

Please provide a brief description of the progress made in implementing Article 10 (*Regulation of tobacco product disclosures*) in the past two years or since submission of your last report.

No change.

---

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

---

If you answered “Yes” to question C244 please provide details in the space below or refer to section C of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=pi7vrd4kxbtaa6e&lang=en> (<https://extranet.who.int/dataform/655321?token=pi7vrd4kxbtaa6e&lang=en>)

The guideline was used as a guiding document for the amendment of Tobacco Order 2005, which is currently in the process. However, the guideline is incomplete since it is only partial guideline.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether your country has incorporated tobacco product disclosures in the national tobacco control legislation; has regulated the public disclosure of toxic constituents and emissions of tobacco products, aiming to raise public awareness and advance tobacco control policy; etc.).

The only tobacco product disclosure under Bruneis legislation (Tobacco Order, 2005 - Tobacco (Labelling) (amendment) Regulations, 2012) is to include this warning: This product contains nicotine and tar which cause addiction and is dangerous to health.

Please attach the relevant documentation.

## Packaging and labelling of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?

No ✘

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?

No ✘

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use?

Yes ✔

ensuring that the health warnings are approved by the competent national authority?

Yes ✓

---

ensuring that the health warnings are rotated?

Yes ✓

---

ensuring that the health warnings are clear, visible and legible?

Yes ✓

---

Does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?

Yes ✓

---

ensuring that the health warnings occupy no less than 30% of the principal display areas?

Yes ✓

---

ensuring that the health warnings occupy 50% or more of the principal display areas?

Yes ✓

---

ensuring that health warnings are in the form of, or include, pictures or pictograms?

Yes ✓

---

Does the Government own the copyright to these pictures and pictograms?

Yes ✓

---

Would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?

Yes ✓

---

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant:

- constituents of tobacco products? Yes
  - emissions of tobacco products? No
- 

requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?

Yes ✓

---



Please provide a brief description of the progress made in implementing Article 11 (*Packaging and labelling of tobacco products*) in the past two years or since submission of your last report.

There has been no change since 2012 when amendment to Tobacco Order, 2005 - Tobacco (Labelling) Regulations was done.

Have you utilized the "Guidelines for implementation of Article 11 of the WHO FCTC" when developing or implementing policies in this area?

No ✘

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

Please attach the relevant documentation.

|  |            |                    |
|--|------------|--------------------|
| <b>Tobacco Regulations Amendment - Labelling</b> | No comment | File type<br>"pdf" |
|--|------------|--------------------|

## Education, communication, training and public awareness

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

educational and public awareness programmes? (*Please refer to programmes implemented since submission of your two-year report.*)

Yes ✔

To whom are these programmes targeted?

- adults or the general public
- children and young people
- men
- women
- pregnant women
- ethnic groups
- other (please specify)
- Other

Do you reflect the following key differences among targeted population groups in educational and public awareness programmes?

- age
  - gender
  - educational background
  - cultural background
  - socioeconomic status
  - other (please specify)
  - Other
- 

Do these educational and public awareness programmes cover:

- health risks of tobacco consumption?
  - health risks of exposure to tobacco smoke?
  - benefits of the cessation of tobacco use and tobacco-free lifestyles?
  - adverse economic consequences of tobacco production?
  - adverse economic consequences of tobacco consumption?
  - adverse environmental consequences of tobacco production?
  - adverse environmental consequences of tobacco consumption?
- 

awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control:

- public agencies?
  - nongovernmental organizations not affiliated with the tobacco industry?
  - private organizations?
  - other (please specify)?
  - Other
- 

Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?

Yes ✓

---

Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:

- health workers?  
 community workers?  
 social workers?  
 media professionals?  
 educators?  
 decision-makers?  
 administrators?
- other (please specify)  
 Other  
 medical and allied health  
 professional undergraduate  
 trainee

Please provide a brief description of the progress made in implementing Article 12 (*Education, communication, training and public awareness*) in the past two years or since submission of your last report.

Progress: EDUCATION: 1. Anti-tobacco

health talk for cardiac rehabilitation patients are conducted throughout the years; and 2. Anti-tobacco health talks for educational institutions (including higher educational institutions), government agencies & private sectors are also being conducted upon request from the organisations. PUBLIC AWARENESS 1. Anti-tobacco roadshows are being conducted at various places (including shopping malls & workplaces) targeting smokers, non-smokers, men & women, as well as children & pregnant mothers with various educational materials and activities throughout the years. TRAINING: 1. Smoking cessation counseling training for 14 doctors, allied health professional and nurses was conducted in May 2018; 2. Smoking cessation counseling training for 17 nurses in Health Promotion Centre, which includes school health nurses was conducted in September 2018; and 3. 5As smoking cessation brief intervention trainings were conducted for 19 doctors and 112 nurses from Maternal & Child Health Services in March until May 2019.

Have you utilized the "Guidelines for implementation of Article 12 of the WHO FCTC" when developing and implementing policies in this area?

No ✘

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

World No Tobacco Day is commemorated every year with various types of activities.

Please attach the relevant documentation.

## Tobacco advertising, promotion and sponsorship

Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:

---

instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?

Yes ✓

---

Does your ban cover:

- display and visibility of tobacco products at points of sales?
  - the domestic Internet?  
the global Internet?
  - brand stretching and/or brand sharing?
  - product placement as a means of advertising or promotion?
  - the depiction of tobacco or tobacco use in entertainment media products?
  - tobacco sponsorship of international events or activities and/or participants therein?
  - contributions from tobacco companies to any other entity for "socially responsible causes" and/or any other activities implemented under the umbrella of "corporate social responsibility" by the tobacco industry?
  - cross-border advertising, promotion and sponsorship originating from your territory?  
the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply?
- 

cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?

No ✗

---

imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law?

Yes ✓

---

Please provide a brief description of the progress made in implementing Article 13 (*Tobacco advertising, promotion and sponsorship*) in the past two years or since submission of your last report.

There has been no change since 2018. Under the Tobacco Order, 2005, any tobacco promotion & sponsorship are prohibited. Therefore, any such activities originating from Brunei, and if found guilty, will be liable to a fine of specified amount.

Have you utilized the “Guidelines for implementation of Article 13 of the WHO FCTC” when developing and implementing policies in this area?

Yes ✓

If you answered “Yes” to question C2715 please provide details in the space below or refer to section F of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/data-form/655321?token=pi7vrd4kxbtaa6e&lang=en> (<https://extranet.who.int/data-form/655321?token=pi7vrd4kxbtaa6e&lang=en>)

Tobacco Order 2005

currently covers: Section 7: Prohibition on sales promotion. Section 8: Prohibition on sponsorship.

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

Please attach the relevant documentation.

## **Demand reduction measures concerning tobacco dependence and cessation**

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?

Yes ✓

programmes to promote cessation of tobacco use, including:

- media campaigns emphasizing the importance of quitting?  
programmes specially designed for underage girls and young women?  
programmes specially designed for women?  
programmes specially designed for pregnant women?  
telephone quitlines?
- local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?  
other (please specify)?  
Other

design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:

- educational institutions?
  - health-care facilities?
  - workplaces?  
sporting environments?
  - other (please specify)?  
Other
- Shopping centres,  
mosques, villages

inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for:

- tobacco control?
- health?  
education?

inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?

Yes ✓

Which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?

- primary health care
  - secondary and tertiary health care  
specialist health-care systems (please specify below)  
specialized centres for cessation counselling and treatment of tobacco dependence  
rehabilitation centres
- Respiratory, Cardiology      Other

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

|   |   |       |
|---|---|-------|
|   | primary health care                                   | Fully |
|   | secondary and tertiary health care                    | Fully |
|   | specialist health-care systems (please specify below) | None  |
| specialized centres for cessation counselling and treatment of tobacco dependence |   | None  |
|   | rehabilitation centres                                | None  |
|   | other (please specify below)                          | None  |

Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services?

Health professionals including:

|                                     |  |
|-------------------------------------|--|
|                                     | physicians   |
|                                     | dentists   |
| <input checked="" type="checkbox"/> | family doctors                                     |
|                                     | practitioners of traditional medicine              |
|                                     | other medical professionals (please specify below) |
| <input checked="" type="checkbox"/> | nurses   |
|                                     | midwives   |
|                                     | pharmacists  |
|                                     | Community workers                                  |
|                                     | Social workers                                     |
| <input checked="" type="checkbox"/> | other (please specify)                             |
| Maternal and Child Health doctors   | Other  |

training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:

|                                     |           |
|-------------------------------------|-----------|
|                                     | medical?  |
| <input checked="" type="checkbox"/> | dental?   |
|                                     | nursing?  |
| <input checked="" type="checkbox"/> | pharmacy? |
| Masters in Public Health            | Other     |

facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?

Yes ✓

Where and how can these products be legally purchased in your country?

Products can be obtained

free-of-charge at designated government clinics. Products can also be purchased from private GPs and selected pharmacies. Smoking cessation services has been expanded to some workplaces, as requested by some organisations.

Which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction?

- nicotine replacement therapy
- bupropion
- varenicline
- other (please specify)
- Other

---

Are the costs of these products covered by public funding or reimbursement?

|                              |       |
|------------------------------|-------|
| nicotine replacement therapy | Fully |
| bupropion                    | None  |
| varenicline                  | Fully |
| other (please specify below) |       |

---

Please provide a brief description of the progress made in implementing Article 14 (*Demand reduction measures concerning tobacco dependence and cessation*) in the past two years or since submission of your last report.

Telephone quitline was terminated in 2014 since there were no uptake from the public. The team tried to be pro-active by calling the smokers that were fined (for smoking at prohibited areas), for consultation & referral, they refused to pick up the call. During anti-tobacco exhibition & roadshows, the team are actively recruiting smokers by delivering 5As onsite and referring them to the nearest smoking cessation clinic. Smoking cessation clinic is available in respiratory clinic and anti-tobacco health talk is also available for cardiac rehabilitation patients. Through the health talks, smokers will be recruited and referred to the nearest smoking cessation clinic. Smoking cessation clinic is National Dental Centre has ceased to operate since in 2016. Smoking cessation module is currently only available in Dental & Pharmacy course, as well as Masters in Public Health. 5As brief intervention smoking cessation training was conducted for all doctors and nurses in the Maternal & Child Health Services Division.

---

Have you utilized the “Guidelines for implementation of Article 14 of the WHO FCTC” when developing and implementing policies in this area?

No ✘

---

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

---

Please attach the relevant documentation.

---

### C3. MEASURES RELATING TO THE REDUCTION OF THE



## SUPPLY OF TOBACCO

*With reference to Articles 15–17*

---

### **Illicit trade in tobacco products**

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product?

No ✘

---

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?

No ✘

---

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?

No ✘

---

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

No ✘

---

requiring that marking is presented in legible form and/or appears in the principal language or languages of the country?

No ✘

---

requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?

No ✘

---

facilitating the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?

Yes ✔

---

enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?

Yes ✓

---

requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment-friendly methods where possible, or disposed of in accordance with national law?

Yes ✓

---

adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties?

Yes ✓

---

enabling the confiscation of proceeds derived from illicit trade in tobacco products?

Yes ✓

---

promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels?

Yes ✓

---

licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?

Yes ✓

---

Please provide a brief description of the progress made in implementing Article 15 (*Illicit trade in tobacco products*) in the past two years or since submission of your last report.  
No change from previous report.

---

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

Excise Order can be accessed through this URL:  
<http://www.agc.gov.bn/agc1/images/LOB/Order/DEF/E/Excise%20Order,%202006.pdf>  
Brunei Darussalam Tariff & Trade Classification 2017 can be accessed through this URL:  
<https://tradingacrossborders.mofe.gov.bn/Downloadable/BDTTC%202017.pdf>

---

Please attach the relevant documentation.

---

## Sales to and by minors

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

prohibiting the sales of tobacco products to minors?

Yes ✓

---

Please specify the legal age:

18

---

requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors?

Yes ✓

---

requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?

Yes ✓

---

banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?

Yes ✓

---

prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?

Yes ✓

---

prohibiting the sale of tobacco products from vending machines?

Yes ✓

---

prohibiting and/or promoting the prohibition of the distribution of free tobacco products:

- to the public?
- to minors?

---

prohibiting the sale of cigarettes individually or in small packets?

Yes ✓

---

providing for penalties against sellers and distributors in order to ensure compliance?

Yes ✓

---

prohibiting the sales of tobacco products by minors?

Yes ✓

---

Please provide a brief description of the progress made in implementing Article 16 (*Sales to and by minors*) in the past two years or since submission of your last report.

Prohibition of sales to and by minors has been enforced since 2008 through the Tobacco Order 2005.

---

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

---

Please attach the relevant documentation.

## Provision of support for economically viable alternative activities

Have you adopted and implemented, where appropriate, measures or programmes on any of the following:

---

promoting economically viable and sustainable alternatives for:

|                             |                |
|-----------------------------|----------------|
| tobacco growers?            | Not applicable |
| tobacco workers?            | Not applicable |
| tobacco individual sellers? | No             |

---

Please provide a brief description of the progress made in implementing Article 17 (*Provision of support for economically viable alternative activities*) in the past two years or since submission of your last report.

No change

---

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

No ✘

---

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

Please attach the relevant documentation.

---

## C4. OTHER MEASURES AND POLICIES

*With reference to Articles 18–21*

---

### **Protection of the environment and the health of persons**

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

implementing measures in respect of tobacco cultivation within your territory, which take into consideration:

|   |                |
|---|----------------|
| the protection of the environment?                    | Not applicable |
| the health of persons in relation to the environment? | Not applicable |

---

implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:

|   |                |
|---|----------------|
| the protection of the environment?                    | Not applicable |
| the health of persons in relation to the environment? | Not applicable |

---

Please provide a brief description of the progress made in implementing Article 18 (*Protection of the environment and the health of persons*) in the past two years or since submission of your last report.

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Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

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

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Please attach the relevant documentation.

---

## Liability

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?

Yes

---

Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?

Yes

---

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

No

---

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

No

---

Do you have civil or criminal liability provisions that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs?

No

---

Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?

No

---

Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?

No

---

Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (*Liability*) in the past two years or since submission of your last report.

No change

---

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

For 3.4.2.1, offences and penalties

under the Tobacco Order 2005 can be accessed at this URL:

[http://www.agc.gov.bn/agc1/images/LAWS/Gazette\\_PDF/2005/EN/S049.pdf](http://www.agc.gov.bn/agc1/images/LAWS/Gazette_PDF/2005/EN/S049.pdf) Excise Order

can be accessed through this URL:

<http://www.agc.gov.bn/agc1/images/LOB/Order/DEF/E/Excise%20Order,%202006.pdf>

---

Please attach the relevant documentation.

---

## Research, surveillance and exchange of information

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

developing and/or promoting research that addresses:

determinants of tobacco consumption?

consequences of tobacco consumption?

social and economic indicators related to tobacco consumption?

tobacco use among women, with special regard to pregnant women?

the determinants and consequences of exposure to tobacco smoke?

identification of effective programmes for the treatment of tobacco dependence?

identification of alternative livelihoods?

Informal Focus Group  
Discussion on factors associated with youth smoking behaviours

Other

---

training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?

Yes ✓

---

a national system for epidemiological surveillance of:

- patterns of tobacco consumption?
  - determinants of tobacco consumption?
  - consequences of tobacco consumption?
  - social, economic and health indicators related to tobacco consumption?
  - exposure to tobacco smoke?
  - Other
- 

Please list all surveys, including the year of the survey, that you have undertaken in the past.

National Nutritional Survey,  
1997 The 2nd National Health and Nutritional Status Survey, 2011 Global Youth Tobacco Survey, 2013 Global School-based Student Health Survey, 2014 Knowledge, Attitudes and Practices Survey on NCD, 2014 Tobacco Questions for Surveys, 2014 STEPS Survey of NCDs and Risk Factor, 2015-2016 Global Youth Tobacco Survey and Global School-Based Student Health Survey were completed in October 2019. Currently both data are being analysed by CDC, USA.

---

Does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below.

The next  
STEPS/NHANNS is planned to be conducted in 2021.

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regional and global exchange of publicly available national:

- scientific, technical, socioeconomic, commercial and legal information?
  - information on the practices of the tobacco industry?
  - information on the cultivation of tobacco?
- 

an updated database of:

- laws and regulations on tobacco control?
  - information about the enforcement of laws on tobacco control?
  - pertinent jurisprudence?
-



Please provide a brief description of the progress made in implementing Article 20 (*Research, surveillance and exchange of information*) in the past two years or since submission of your last report.

A research on compliance, knowledge and awareness of smoke-free policy amongst higher education institutions was conducted in 2018. An informal focus group discussion amongst youth smokers was conducted in 2018. 40 students from 5 secondary schools were involved in the FGD. Global Youth Tobacco Survey and Global School-Based Student Health Survey were completed in October 2019. Currently both data are being analysed by CDC, USA. These are the only research & surveillance being conducted for the last 2 years.

---

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether you included information on WHO FCTC implementation in your Voluntary National Review (VNR) on the Sustainable Development Goals (SDGs), related to target 3.a).

---

Please attach the relevant documentation.

|  |            |                    |
|--|------------|--------------------|
| <b>Compliance, knowledge and awareness of smoke-free polict amongst higher education institution</b> | No comment | File type<br>"pdf" |
| <b>Focus Group Discussion amongst youth smokers</b>  | No comment | File type<br>"pdf" |

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## D. INTERNATIONAL COOPERATION AND ASSISTANCE

Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, sub-regional 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:

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development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?

|                     |     |
|---------------------|-----|
| Assistance provided | No  |
| Assistance received | Yes |

---

provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?

|                     |     |
|---------------------|-----|
| Assistance provided | No  |
| Assistance received | Yes |

---

appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?

|                     |     |
|---------------------|-----|
| Assistance provided | No  |
| Assistance received | Yes |

---

provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?

|                     |    |
|---------------------|----|
| Assistance provided | No |
| Assistance received | No |

---

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

|                     |     |
|---------------------|-----|
| Assistance provided | No  |
| Assistance received | Yes |

---

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

|                     |    |
|---------------------|----|
| Assistance provided | No |
| Assistance received | No |

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

Assistance

received - WHO Tobacco Collaborating Centre for Tobacco Cessation and Respiratory Diseases Prevention, China, WHO WPRO, SEATCA & Tobacco and Alcohol Control Office (TACO) of the Department of Health, Hong Kong.

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

WHO Tobacco Collaborating Centre for Tobacco Cessation and Respiratory Diseases Prevention, China - Train-the-Trainer workshop on brief tobacco interventions. WHO WPRO – Funding to attend the following meeting: i) Regional Preparatory Workshop for the Eighth Session of the Conference of the Parties (COP8) to the WHO Framework Convention on Tobacco Control (WHO FCTC); and ii) Consultation to Develop a Regional Action Plan for Tobacco Control on the Western Pacific Region (2020-2030). SEATCA - Provided funding to attend related training workshops; provided advice on some aspects of tobacco control programme in Brunei; compiled information from Brunei for the publication of ASEAN Tobacco Control Report. Tobacco and Alcohol Control Office (TACO) of the Department of Health, Hong Kong - Connecting with Patients for Tobacco Free Living provided by Mayo Clinic.

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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.

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Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention?

No ✕

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## E. PRIORITIES AND COMMENTS

What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?

1. Revision of Tobacco Order 2005 and its regulations (amendments) 2012.
2. Illicit trade in tobacco products
3. Protection from exposure to tobacco smoke
4. Education, communication, training and public awareness
5. Tobacco dependence treatment

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

Yes ✓

Please provide details in the space below.

Lack of resources/ competing resources (particularly expertise/manpower in conducting programmes & activities including surveillance & research activities. Lack of/insufficient manpower and technology in conducting enforcement, particularly cross-border issues.

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

The fact that tobacco products have not been imported nor sold formally in the country since May 2014 makes it a bit challenging in moving some of the agenda forward. Also, the fact there are now many different types of tobacco products, such as e-cigarettes, heated tobacco products etc, being developed at a fast rate & which have controversial findings that makes it difficult to sometimes explain to the public in a simple way as well as to include these within the local Tobacco Order and Regulations.

Do you have any of the following products available on your national tobacco market?

smokeless tobacco products

- water pipe tobacco
- Electronic Nicotine Delivery Systems (ENDS)
- Electronic Non-Nicotine Delivery Systems (ENNDS)
- heated tobacco products (HTPs)

These products are unlicensed. Other

Have you adopted and implemented any policy or regulation that is specific to the following tobacco products?

- smokeless tobacco products
  - water pipe tobacco
  - Electronic Nicotine Delivery Systems (ENDS)
  - Electronic Non-Nicotine Delivery Systems (ENNDS)
  - heated tobacco products (HTPs)
  - Other
- 

If you have any relevant information related to questions E5 and E6, please provide details in the space below.

ENDS currently

falls under Section 6: Prohibition of sale of imitation tobacco products.

Smokeless tobacco products and waterpipe are included as tobacco products thus covered by the Tobacco Order 2005. Amendments to the Order are currently being considered to include specific mention of these types of tobacco products.

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

Brunei Darussalam is a very small country of 5765 sq km with a population of about 393, 372. Brunei Darussalam is not a tobacco grower or manufacturer and all tobacco products sold in the country are imported. After May 2014, there was no licensed tobacco importer, and hence no licensed tobacco products are available for sales in the country.

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

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