

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

1.1	NAME OF CONTRACTING PARTY	BRUNEI DARUSSALAM	
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1.4	Period of reporting	1 January 2012 – 31 December 2013	
1.5	Date the report was submitted	29 March 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	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 2.1.1.2)			
		Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most- consumed smoking tobacco product used per day	
	MALES			
	Current smokers	34.9%		
	Daily smokers	30.4%		
	Occasional smokers	%		
	Former smokers	26.5%		
	Never smokers	38.6%		
	FEMALES			
	Current smokers	3.9%		
	Daily smokers	3.3%		
	Occasional smokers	%		
	Former smokers	3.2%		
	Never smokers	92.9%		
	TOTAL (males and f	females)		
	Current smokers	18.0%		
	Daily smokers	15.6%		
	Occasional smokers	%		
	Former smokers	12.0%		
	Never smokers	70%		

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:
	Any forms of tobacco (including cigarettes and smokeless tobacco)
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:
	18 and above
2.1.1.3	Please indicate the year and source of the data used to answer question 2.1.1:
	National Health and Nutritional Status Survey 2009-2011 (preliminary, raw data). Please note that data collection for the survey ended in mid 2010, <u>before</u> the increase in tobacco tax and tobacco price took place (November 2010).
2.1.1.4	Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report.
	Current smoker = smokes 1 or more cigarettes a day
	Daily smoker = smokes daily
	Former smoker = people who have stopped smoking, regardless of when stopped
	Never smokes = never tried to smoke
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.
	Trend in male smokers – slight increase.
	Trend in female smokers – slightly decrease

2.1.2				
	(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)			
		Age group (adults)	Prevalence (%) (please include all smoking tobacco products in prevalence data)	
	MALES			
	Current smokers ¹	15-24	41.1 %	
		25-34	45.3 %	
	Add age group	35-44	35.8 %	
	Add age group	45-54	22.6 %	
		55-64	6 %	
		≥65	16%	
	FEMALES			
	Current smokers ¹	15-24	5.9 %	
	SHIOKEIS	25-34	5.0 %	
	Add age group	35-44	2.8 %	
	riad ago gi oap	45-54	2.7 %	
		55-64	6.7 %	
		≥65	3.0%	
	TOTAL (male	es and females)		
	Current smokers ¹	15-24	24.3 %	
	SHOKEIS	25-34	22.6 %	
	Add age group	35-44	17.0 %	
		45-54	12.4 %	
		55-54	6.4 %	
		≥65	8.6%	

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

2.1.2.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.2:
	Any forms of tobacco products
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:
	National Health and Nutritional Status Survey 2009-2011 (preliminary, raw data). Please note that data collection for the survey ended in mid 2010, <u>before</u> the increase in tobacco tax and tobacco price took place (November 2010).
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.
	Trend for both male and female has slightly reduced

2.1.3	Prevalence of smokeless tobacco use in the adult population (all)					
		revalence data for total adult population, and identify the age 2, e.g. 15 years old and over, 18–64 years; see 2.1.3.2)				
		Prevalence (%)				
		(please include all smokeless tobacco products in prevalence data)				
	MALES					
	Current users	3.1 %				
	Daily users	0.01 %				
	Occasional users	%				
	Former users	%				
	Never users	%				
	FEMALES					
	Current users	6.6 %				
	Daily users	0.07 %				
	Occasional users	%				
	Former users	%				
	Never users	%				
	TOTAL (males and females)					
	Current users	5.0 %				
	Daily users	0.04 %				
	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:
	Not defined
2.1.3.2	Please indicate the age range to which the data used to answer question 2.1.3 refer:
	18 and above
2.1.3.3	Please indicate the year and source of the data used to answer question 2.1.3:
	National Health and Nutritional Status Survey 2009-2011 (preliminary, raw data). Please note that data collection for the survey ended in mid 2010, <u>before</u> the increase in tobacco tax and tobacco price took place (November 2010).
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.
	Current user = current user of smokeless tobacco
	Daily user = uses smokeless tobacco daily
	Former user = people who have stopped using, regardless of when stopped
	Never used = never tried
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.
	This is the first time data is collected.

2.1.4	Prevalence of smokeless tobacco use in the adult population (current users) by age group					
		lata are available, please provide prevalence data by age group, and identify the age up considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)				
		Age group (adults)	Prevalence (%) (please include all smokeless tobacco products in prevalence data)			
	MALES					
	Current users ²	18-24	1.6 %			
	Add age group	25-34	3.5 %			
		35-44	2.5 %			
		45-54	2.8 %			
		55-64	4.0 %			
		≥65	4.0 %			
	FEMALES					
	Current users ²	18-24	3.4 %			
	Add age group	25-34	5.5 %			
		35-44	7.1 %			
		45-54	6.3 %			
		55-64	15.0 %			
		≥65	9.1 %			
	TOTAL (males	and females)				
	Current users ² 18-24 2.4 %					
	Add age group	25-34	4.6 %			
		35-44	5.1 %			
		45-54	4.6 %			
		55-64	10.0 %			
		≥65	6.9 %			

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

2.1.4.1	Please indicate the smokeless tobacco products included in the answer to question 2.1.4:	
	Not defined	
2.1.4.2	Please indicate the year and source of the data used to answer question 2.1.4:	
	National Health and Nutritional Status Survey 2009-2011 (preliminary, raw data). Please note that data collection for the survey ended in mid 2010, <u>before</u> the increase in tobacco tax and tobacco price took place (November 2010).	
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.	
	This is the first time data is collected	

2.1.5	Tobacco use by ethnic group(s)				
		Ethnic group(s)	· •	Prevalence (%) all smoking or smo	
			Males	Females	Total (males and females)
	Current users ³	Malay	34.1 %	4.5 %	18.4 %
		Chinese	30.0%	3.5 %	17.1 %
	Add ethnic group	Others	39.3 %	2.3 %	17.4 %
			%	%	%
			%	%	%
2.1.5.1	Please indicate the tobacco products included in the answer to question 2.1.5:				
	All forn	ns of tobacco pro	ducts		
2.1.5.2	Please indicate the age range to which the data used to answer question 2.1.5 refer:				
	18 and a	bove			
2.1.5.3	Please indicate the year and source of the data used to answer question 2.1.5:		estion 2.1.5:		
	National	National Health and Nutritional Status Survey 2009-2011 (preliminary, raw data)			

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

2.1.6	Tobacco use by young persons				
		Age range	Prevalence (%) (please include all smoking or smokeless tobacco products in prevalence data)		
,			Smoking tobacco	Smokeless tobacco	Other tobacco (e.g. water pipe)
	Boys				
,	Current 13-15	13-15	17.1%	1.6 %	6.7%
	Add youth		%	%	%
	group		%	%	%
			%	%	%
			%	%	%
	Girls				
·	Current users ⁴	13-15	6.7 %	1.3 %	3.7 %
	Add youth		%	%	%
	group		%	%	%
			%	%	%
			%	%	%
	TOTAL (b	oys and girls)			
·	Current users ⁴	13-15	12.0 %	1.4 %	5.3 %
	Add youth	13	9.8 %	1.8 %	2.9 %
	group	14	10.3 %	2.2 %	4.5 %
		15	16.0 %	0.4 %	8.5 %
			%	%	%
2.1.6.1	Please in question		cco products included i	in calculating pre	valence for
	All for	ms of tobacco	products		

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

2.1.6.2	Please indicate the year and source of the data used to answer question 2.1.6:		
	Global Youth Tobacco Survey (GYTS) – Brunei Darussalam 2013		
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 smoker – smoked tobacco anytime during the past 30 days		
2.1.6.4	Please provide a brief explanation of the trend in tobacco use by young persons in the past two years or since submission of your last report.		
	Baseline data is from GYTS 2013		

2.2	EXPOSURE TO TOBACCO SMOKE
2.2.1	Do you have any data on exposure to tobacco smoke in your population? Yes 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).
	Exposure to smoke at home (39.7%), inside any enclosed public place (59.2%) and at any outdoor public place (56.4%)
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:
	GYTS – Brunei Darussalam 2013 (13-15 years old)

2.3	TOBACCO-RELATED MORTALITY
2.3.1	Do you have information on tobacco-related mortality in your population?
	☐ Yes ✓ 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.
2.3.4	Please indicate the year and source of the data used to answer questions 2.3.2 and 2.3.3, and please submit a copy of the study you refer to:

2.4	TOBACCO-RELATED COSTS
2.4.1	Do you have information on the economic burden of tobacco use in your population,
	e.g. the overall cost of tobacco use imposed on your society?
2.4.2	If you answered "Yes" to question 2.4.1, please provide details (e.g. direct (health
	care-related) and indirect costs and, if possible, the method used to estimate these

	costs).
2.4.3	Please indicate the year and source of the data used to answer question 2.4.2, and
	please submit a copy of the study you refer to:

2.5	SUPPLY OF TOBACCO AND TOBACCO PRODUCTS							
	(with 1	eference to Ar	ticles 6.2(b), 20	.4(c), and 15.5)			
2.5.1	Licit s	upply of tobac	co products					
		Product	Unit (e.g. pieces, tonnes)	Domestic production	Retail sales	Exports	Imports	
	Smoking tobacco products	cigarettes	Millions of sticks				BND\$292,6 55.90	
	Add product	Tobacco for smoking	kg				BND\$1,616 .51	
	Smokeless tobacco products Add product							
	Other tobacco products Add product							
	Tobacco	Leaves						
2.5.2		provide inform ty), if available	nation on the vo	olumes of duty-	free sales	(e.g. produ	ıct, unit,	
	No duty-free sales on tobacco products							
2.5.3	Please indicate the year and source of the data used to answer questions 2.5.1 and 2.5.2:							
	Year 2013 data shows there is a huge reduction in value for licit importation of Tobacco products coming into Brunei which only worth BND\$294.272.41 as compared to, in 2012 which worth BND\$5,539, 851.66. The sharp decrease is due to increase in tobacco tax in 2010 as well as more stringent conditions imposed for tobacco importation and retail license.							

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS							
	(with r	eference to Arti	cle 15.5)					
2.6.1		Year	Product	Unit (e.g. millions of pieces)	Quantity seized			
	Smoking tobacco	2013	cigarettes	Million of sticks	1,157,972			
	products Add row	2013	Tobacco for smoking	kg	81.27			
	Smokeless							
	tobacco products							
	Add row							
	Other							
	tobacco products							
	Add row							
	Add Tow							
2.6.2		u have any infor al tobacco marko		ntage of illicit tobacco	products on the			
2.6.3	-		'to question 2.6.2, we co products constitut	rhat percentage of the re? %	national tobacco			
2.6.4	is the t	rend over the pas	st two years or since	d you have information submission of your lastion to the national tol	st report in the			
2.6.5	Please	provide any furt	her information on i	llicit 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.							
2.6.6	Please	indicate the sour	rce of the data used t	o answer questions in	section 2.6:			
	Depar	rtment of Roya	l Customs and Exc	ise, Brunei Darussala	am			

2.7	TOBACCO-GROWING
2.7.1	Is there any tobacco-growing in your jurisdiction? Yes

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:

2.8	TAXATION OF TOBACCO PRODUCTS							
	(with reference to Articles 6.2(a) and 6.3)							
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))? The retail price for the most famous popular brands of cigarettes in Brunei of which is roughly around BND 7-8 dollars per pack (20 sticks) and the proportion of excise duty/tax is currently BND 0.25 per stick.							
2.8.2	How are the exci	se taxes levied (v	what types of taxe	s are levied)?				
	• Specif	fic tax only		▼ Yes	□ No			
	• Ad va	■ Ad valorem tax only ✓ Yes ✓ No						
	Combination of specific and ad valorem taxes							
	• More	complex structu	re (<i>please explain</i>	: kilogram)				
2.8.3	If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)							
		Product	Type of tax	Rate or amount	Base of tax ⁵			
	Smoking tobacco products	cigarettes	Excise tax	BND\$0.25	Per stick			
	Add product	cigarettes	Custom duty	Nil	Nil			
		Tobacco for smoking	Excise duty	BND\$120	kg			
	Smokeless tobacco products							
	Add product							

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

	Other tobacco products					
	Add product					
2.8.4	Please briefly des years or since sub			pacco products in the jurisdiction.	ne past two	
	Tax amendment reduction in the l		•	into excise duty ra products	te shows a	
2.8.5	Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction? Yes No (In reference to Article 26)					
2.8.6	If you answered "	Yes" to question	2.8.5, please pro	vide details in the	space below.	
2.8.7	Please indicate the 2.8.6:	e year and source	of the data used	to answer question	as 2.8.1 to	
	Excise Duties (Order 2006 and	relevant domest	tic laws		

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

	Imported	Marlboro Ks			20	BND\$8.10
		Marlboro Gold			20	BND\$8.10
		Marlboro White Menthol			20	BND\$8.10
2.9.2	Plea	ase indicate the year	ar and source of	the data used to	answer question	n 2.9.1.
	20	013, Department	of Economic F	Planning		
2.9.3	que: prov	ase provide the current stion 2.8.3 and the vide the exchange rate.	"Retail price" s	ection of question	on 2.9.1. If knov	vn, please
	Bru	nei dollars; US\$1 =	=BND\$1.264 (o	n 18 March 201	4)	
2.9.4		ase briefly describers or since submiss				ne past two
	N	o change				

${\bf 3.\, LEGISLATION, REGULATION\, AND\, POLICIES}$

3.1	Article	GENERAL OBLIGATIONS			
		(with reference to Article 5)			
3.1.1	5	General obligations			
3.1.1.1	5.1	Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?	▼ Yes	□ 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?	Yes	□ 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?	☐ Yes	□ No	
3.1.1.4	5.2(a)	Have you established or reinforced and finance	ed		
		a focal point for tobacco control	✓ Yes	□ No	
		a tobacco control unit	□Yes	▽ No	
		 a national coordinating mechanism for tobacco control 	▼ Yes	□ No	
3.1.1.5	(e.g.	u answered "Yes" to any of the questions under 3.1 the nature of the national coordinating mechanism, point for tobacco control or the tobacco control un	the institution		
	agen	onal coordinating mechanism (established in 2009) cies and ministries relevant to tobacco control and th; the focal point for tobacco control is under the M	is chaired by	the Minister of	
	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 Environmental Health Department				
3.1.1.6		se provide a brief description of the progress made 5.2 (<i>General obligations</i>) in the past two years or sitt.	_	-	

	Implementation of Tobacco Order 2005 and its Regulations since 1 st June 2008; the Order is currently being reviewed. Brunei Darussalam also enforces a very strict Anti-Corruption Laws
3.1.1.7	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

3.1.2	5.3	Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry					
		(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 a administrative or other measures or have you appropriate, programmes on any of the follow	implemented, wh				
3.1.2.1		 protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry? 	Yes	▽ No			
3.1.2.2		 ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository? 	Yes	▼ No			
3.1.2.3		If you answered "Yes" to any of the questions undeprovide details in the space below.	er 3.1.2.1 or 3.1.2.	2, please			
3.1.2.4		Please provide a brief description of the progress ment the past two years or since submission of your la	_	ing Article 5.3			
3.1.2.5		USE OF THE GUIDELINES ADOPTED BY THE PARTIES	E CONFERENCE	OF THE			
	j	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 voluntary .					
3.1.2.6		If you have any other relevant information pertaini section, please provide details in the space below.	ng to but not cove	red in this			
				_			

3.2	Article	MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO (with reference to Articles 6–14)				
3.2.1	6	Price and tax measures to reduce the den	nand for tobacco			
		(Please check "Yes" or "No". For affirmat brief summary in the space provided at the relevant documentation. Please provide doc of the six official languages.)	end of the section	and attach the		
		executive, administrative or other measures	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? 	▼ Yes	□ No		
3.2.1.2	6.2(b)	 prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products? 	▼ Yes	□ No		
3.2.1.3		 prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products? 	▼ Yes	□ 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.					
	Amended in 2010					
3.2.1.5		you have any other relevant information pertaining tion, please provide details in the space below.	ng to but not cove	red in this		

3.2.2	8.2	Protection from exposure to tobacco s	smoke				
		(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:					
3.2.2.1		 banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places? 	✓ Yes	□ No			
3.2.2.2		If you answered "Yes" to question 3.2.2 measure providing for the ban?	.1, what is the type/n	nature of the			
		national law	▼ Yes	□ No			
		• subnational law(s)	☐ Yes	▼ No			
		administrative and executive orders	Yes	▼ No			
		voluntary agreements	☐ Yes	☑ No			
		• other measures (<i>please</i> specify:)	☐ Yes	□ No			
3.2.2.3		Please provide a brief explanation of the measures providing for the ban.	type/nature and cont	tent of the			
		Smoking is prohibited in almost all places have been designated as smoke-free to		pes of public			
3.2.2.4		If you answered "Yes" to any options in 3.2.2.2, do any of these measures provide for a mechanism/infrastructure for enforcement?	✓ Yes	☐ No			
3.2.2.5		If you answered "Yes" to question 3.2.2.	4 please provide deta	ails of this system.			
		The national laws contain provisions (issuance of fines). Enforcement is condu Ministry of Health	_	_			

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	V		
	health-care facilities	V		
	• educational facilities ¹	V		
	• universities	~		
	• private workplaces	>		
	• other (please specify:)			
	Public transport:			
	• airplanes			
	• trains			
	• ferries			
	• ground public transport (buses, trolleybuses, trams)	V		
	motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	V		
	• private vehicles			
	• other (please specify:)			

¹ except universities

	Indoor public places:					
	 cultural facilities 					
	 shopping malls 					
	 pubs and bars 					
	• nightclubs					
	 restaurants 					
	• other (please specify:)					
3.2.2.7	Please provide a brief summary of comspecific details of the partial measures			rith		
	Banning tobacco smoking in indo	or workplaces				
	Complete ban – according to the Places) (Amendment) Notification		ition in Cert	ain		
	Banning tobacco smoking in publ	c transport				
	Complete ban – according to the (Amendment) Notification 2012	Гоbacco (Prohibi	tion in Certa	ain Places)		
	Banning tobacco smoking in indo	or public places				
	Complete ban – according to the (Amendment) Notification 2012	Гоbacco (Prohibi	tion in Certa	ain Places)		
3.2.2.8	Please provide a brief description of the progression of the progressi	_	-			
	Prior to 2012, smoking rooms were allowe companies and airport. This has been prohibe Certain Places) (Amendment) Notification 2	ted in the Tobaco	•	~ ·		
3.2.2.9	USE OF THE GUIDELINES ADOPTED BY PARTIES	USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES				
	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 voluntary .					
3.2.2.10	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.					

3.2.3	9 Regulation of the contents of tobacco products					
		(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 a administrative or other measures or have you appropriate, programmes on any of the follow	implemented, wh			
3.2.3.1		 testing and measuring the contents of tobacco products? 	▼ Yes	□ No		
3.2.3.2		 testing and measuring the emissions of tobacco products? 	Yes	▼ No		
3.2.3.3		regulating the contents of tobacco products?	✓ Yes	□ No		
3.2.3.4		regulating the emissions of tobacco products?	Yes	✓ No		
3.2.3.5	(,	Please provide a brief description of the progress near Regulation of the contents of tobacco products) in ubmission of your last report.	_	-		
		No change				
3.2.3.6		USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES				
	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 voluntary .					
3.2.3.7	I	f you have any other relevant information pertaini	ng to but not cove	red in this		
		ection, please provide details in the space below.				

3.2.4	10 Regulation of tobacco product disclosures					
		(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 a administrative or other measures or have you appropriate, programmes on any of the follow	implemented, wh			
3.2.4.1		 requiring manufacturers or importers of Government authorities information abo 	_	to disclose to		
		contents of tobacco products?	▼ Yes	□No		
		emissions of tobacco products?	☐ Yes	▼ No		
3.2.4.2		requiring public disclosure of information	on about the:			
		contents of tobacco products?	✓ Yes	□No		
		emissions of tobacco products?	☐ Yes	▼ No		
3.2.4.3	(Please provide a brief description of the progress management (Regulation of tobacco product disclosures) in the submission of your last report.	_	-		
		No change				
3.2.4.4		USE OF THE GUIDELINES ADOPTED BY THE PARTIES	E CONFERENCE	OF THE		
	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 voluntary .					
3.2.4.5	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.			red in this		

3.2.5	11	Packaging and labelling of tobacco prod	ucts	
		(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 executive, administrative or other measures where appropriate, programmes on any of	s or have you in	_
3.2.5.1	11	requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?	☐ Yes	▼ 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? 	Yes	▼ 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?	▼ Yes	□ No
3.2.5.4	11.1(b)(i)	ensuring that the health warnings are approved by the competent national authority?	▼ Yes	□ No
3.2.5.5	11.1(b)(ii)	ensuring that the health warnings are rotated?	▼ Yes	□ No
3.2.5.6	11.1(b)(iii)	ensuring that the health warnings are clear, visible and legible?	▽ Yes	□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?	▼ Yes	□ No
3.2.5.8	11.1(b)(iv)	ensuring that the health warnings occupy no less than 30% of the principal display areas?	▼ Yes	□ No
3.2.5.9		ensuring that the health warnings occupy 50% or more of the principal display areas?	▼ Yes	□ No
3.2.5.10	11.1(b)(v)	ensuring that health warnings are in the form of, or include, pictures or pictograms?	▼ Yes	□ 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?	▼ Yes	□ 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?	▼ Yes	□ No
3.2.5.13	11.2	requiring that each unit packet and packag outside packaging and labelling of such properties on relevant:	_	•
		constituents of tobacco products	☐ Yes	✓ No
		emissions of tobacco products	□Yes	✓ 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? 	▼ Yes	□ No
3.2.5.15	(Paci	the provide a brief description of the progress makaging and labelling of tobacco products) in the dission of your last report.	_	-
		012, size of the pictorial health warning has been back) to 75% (front and back)	en increased fro	om 50% (front
3.2.5.16	USE PAR	OF THE GUIDELINES ADOPTED BY THE C TIES	CONFERENCE	E OF THE
	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 voluntary .			
3.2.5.17	-	u have any other relevant information pertaining on, please provide details in the space below.	g to or not cove	red in this

3.2.6	12	Education, communication, training an	d public awaren	ess
		(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, whe executive, administrative or other measur where appropriate, programmes on any of	es or have you im	
3.2.6.1	12(a)	- educational and public awareness programmes? (Please refer to programmes implemented since submission of your two-year report.)	▼ Yes	□ No
3.2.6.2		If you answered "Yes" to question 3.2.6.1 targeted?	, to whom are the	se programmes
		adults or the general public	▼ Yes	□ No
		children and young people	▼ Yes	□ No
		• men	☐ Yes	▼ No
		• women	☐ Yes	▼ No
		pregnant women	☐ Yes	▽ No
		ethnic groups	☐ Yes	▽ No
		• other (please specify:)	☐ Yes	□ No
3.2.6.3		If you answered "Yes" to question 3.2.6.1 key differences among targeted populatio public awareness programmes?	-	_
		• age	▼ Yes	□No
		• gender	☐ Yes	▼ No
		educational background	Yes	▼ No
		cultural background	☐ Yes	▽ No
		socioeconomic status	☐ Yes	▽ No
		• other (please specify:)	☐ Yes	☐ 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?	▼ Yes	□ No
		• health risks of exposure to tobacco smoke?	▼ Yes	□ No
		• benefits of the cessation of tobacco use and tobacco-free lifestyles?	▼ Yes	□ No
	12(f)	• adverse economic consequences of		
		- tobacco production?	☐ Yes	▼ No
		- tobacco consumption?	▼ Yes	□ No
		adverse environmental consequences of		
		- tobacco production?	☐ Yes	▽ No
		- tobacco consumption?	☐ Yes	▼ 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?	▼ Yes	□ No
		 nongovernmental organizations not affiliated with the tobacco industry? 	▼ Yes	□ No
		• private organizations?	▼ Yes	□No
		• other (please specify:)?	☐ Yes	□ 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?	▼ Yes	□ No
3.2.6.7 <i>12(d)</i> Are appropriate and special training or sensitization and programmes on tobacco control addressed to:				areness
		• health workers?	☐ Yes	▼ No
		• community workers?	☐ Yes	☑ No
		• social workers?	☐ Yes	▽ No

	media professionals?	✓ Yes	□ No	
	• educators?	✓ Yes	□ No	
	• decision-makers?	☐ Yes	▼ No	
	• administrators?	☐ Yes	▼ No	
	• other (please specify:)?	☐ Yes	□No	
3.2.6.8	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.			
	Latest progress –			
	 Quit counsellors in every government health centres (polyclinics) are available to provide knowledge/education on dangers of smoking and benefits of quitting since 2013 			
	and hand smoke im	nplemented		
3.2.6.9	USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES			
	ding use of the in your restep ively, you may onnaire on the stionnaire is			
3.2.6.10	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 commerated every year			

3.2.7	13	Tobacco advertising, promotion and spo	Tobacco advertising, promotion and sponsorship		
		(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, 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? 	✓ Yes	No	
If	you answe	red "No" to question 3.2.7.1, please proceed to o	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? 	▽ Yes	□No	
		• the domestic Internet?	▽ Yes	□ No	
		the global Internet?	☐ Yes	✓ No	
		 brand stretching and/or brand sharing? 	✓ Yes	□ No	
		 product placement as a means of advertising or promotion? 	✓ Yes	□ No	
		the depiction of tobacco or tobacco use in entertainment media products?	✓ Yes	□ No	
		tobacco sponsorship of international events or activities and/or participants therein?	▼ Yes	□ 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?	▼ Yes	□ No	
		cross-border advertising, promotion and sponsorship originating from your territory?	▼ Yes	□ No	

	13.7	 the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply? 	Yes	▼ No
Pl	ease procee	ed 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?	☐ Yes	□ No
3.2.7.4	13.3	 applying restrictions on all tobacco advertising, promotion and sponsorship? 	☐ Yes	□ No
3.2.7.5	13.3	 applying restrictions on cross-border advertising, promotion and sponsorship originating from your territory with cross-border effects? 	Yes	□ 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? 	☐ Yes	□ No
3.2.7.7	13.4(b)	 requiring that health or other appropriate warnings or messages accompany all tobacco advertising, promotion and sponsorship? 	☐ Yes	□ 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?	☐ Yes	□ 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? 	Yes	□ No

3.2.7.10	13.4(e)	 restricting tobacco advertising, promotion and sponsorship on: 			
		• radio?	☐ Yes	□ No	
		• television?	☐ Yes	□No	
		• print media?	☐ Yes	□No	
		• the domestic Internet?	☐ Yes	□ No	
		• the global Internet?	☐ Yes	□ No	
		• other media (please specify:)?	☐ Yes	□ No	
3.2.7.11	13.4(f)	 restricting tobacco sponsorship of: 			
		• international events and activities?	☐ Yes	□ No	
		• participants therein?	Yes	□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? 	Yes	▼ 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?	☐ Yes	▼ No	
3.2.7.14	(Ta)	ease provide a brief description of the progress made in implementing Article 13 obacco advertising, promotion and sponsorship) in the past two years or since bmission of your last report.			
	Since Tobacco Order 2005 was enforced in 2008, all forms of tobacco advertising (including advertisements at point of sale and by social media), promotion and sponsorship are banned. Point of sale display using display cabinets provided by tobacco companies are also banned.				
3.2.7.15		USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES			
	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 voluntary .
3.2.7.16	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

3.2.8	14	Demand reduction measures concerning tobacco dependence and cessation				
		(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, whe executive, administrative or other measur where appropriate, programmes on any of	es or have you im			
3.2.8.1	14.1	 developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices? 	✓ Yes	□ No		
3.2.8.2	14.1	 programmes to promote cessation of 	tobacco use, incl	uding:		
		media campaigns emphasizing the importance of quitting?	✓ Yes	No		
		programmes specially designed	for:			
		 underage girls and young women 	☐ Yes	▼ No		
		o women	☐ Yes	▼ No		
		o pregnant women	☐ Yes	▼ No		
		telephone quitlines	☐ Yes	✓ No		
		local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?	✓ Yes	□ No		
		• other (please specify:)?	☐ Yes	□No		
3.2.8.3	14.2(a)	design and implementation of programmes aimed at promoting cessation of tobacco use, in such locations as:				
		educational institutions?	▼ Yes	□ No		
		health-care facilities?	▼ Yes	□ No		
		• workplaces?	▼ Yes	□No		

		• sporting environments?	▼ Yes	□No		
		• other (please specify:)?	☐ Yes	□No		
3.2.8.4	14.2(b)	 inclusion of diagnosis and treatment counselling services for cessation of programmes, plans and strategies fo 	f tobacco use in na	tobacco use in national		
		• tobacco control?	✓ Yes	□ No		
		• health?	▼ Yes	□ No		
		• education?	☐ Yes	▼ No		
3.2.8.5		 inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system? 	V Yes	□ No		
3.2.8.6	14.2(b)	If you answered "Yes" to question 3.2.8. health-care system provide programmes tobacco dependence?				
		• primary health care	✓ Yes	□ No		
		secondary and tertiary health care	☐ Yes	▼ No		
		• specialist health-care systems (please specify:)	☐ Yes	▼ No		
		 specialized centres for cessation counselling and treatment of tobacco dependence 	Yes	▼ No		
		• rehabilitation centres	☐ Yes	▼ No		
		• other (please specify:)	☐ Yes	□ No		
3.2.8.7	14.2(b)	If you answered "Yes" to question 3.2.8. these settings covered by public funding	•			
		primary health care	Fully Partia	ally None		
		secondary and tertiary health care	☐ Fully ☐ Partia	ally None		
		• specialist health-care systems (please specify:)	☐ Fully ☐ Partia	None		

		specialized centres for cessation counselling and treatment of tobacco dependence	☐ Fully	☐ Partia	Ily ✓ None
		rehabilitation centres	☐ Fully	☐ Partia	IIy ✓ None
		• other (please specify:)	☐ Fully	☐ Partia	□ None
3.2.8.8	14.2(b)	If you answered "Yes" to question 3.2.8. professionals are involved in programme dependence and counselling services?			
		Health professionals including:			
		• physicians	V	es	☐ No
		• dentists	V	es	□ No
		family doctors	V Y	es	☐ No
		practitioners of traditional medicine	ГΥ	es	▼ No
		• other medical professionals (please specify:)	☐ Yes		▼ No
		• nurses	▽ Y	es	☐ No
		• midwives	ΓY	es	▼ No
		• pharmacists	V	'es	□ No
		Community workers	ΓY	'es	▼ No
		Social workers	ГΥ	es	▼ No
		Others (please specify:	ГҮ	'es	☐ No
3.2.8.9	14.2(c)	 training on tobacco dependence trea curricula of health professional train levels at the following schools: 			
		• medical?	V	es	☐ No
		• dental?	ПΥ	es	▼ No
		• nursing?	V	es	☐ No
		• pharmacy?	ПΥ	es	▼ No

		• other (pleas	se specify:)?		'es	▼ No
3.2.8.10	14.2(d)	affordabilit	accessibility are y of pharmace or the treatment pendence?	utical	V	'es	□ No
3.2.8.11	14.2(d)	If you answered "Yes" to question 3.2.8.10, where and how can these products be legally purchased in your country?					
		clinics (for case) GPs and sele	n be obtained fritizens only), potted pharmacion secondary and	roducts ca	an also be ng cessati	obtained on service	from private
3.2.8.12	14.2(d)	If you answered products are legal your jurisdiction	ally available f			•	
		• nicotine rep	placement thera	ару	V	'es	□ No
		• bupropion				'es	✓ No
		• varenicline			V	'es	□No
		• other (pleas	se specify:)		'es	□No
3.2.8.13	14.2(d)	If you answered covered by publ	•			e costs of	these products
		• nicotine rep	placement there	ару	▼ Fully	☐ Partia	ally None
		• bupropion			☐ Fully	☐ Partia	ally None
		• varenicline			▼ Fully	☐ Partia	ally None
		• other (pleas	se specify:)	☐ Fully	☐ Partia	ally None
3.2.8.14	Please provide a brief description of the progress made in implementing Article 14 (<i>Demand reduction measures concerning tobacco dependence and cessation</i>) in the past two years or since submission of your last report.						
	The smoking cessation services and its activities in Brunei Darussalam is provided through the Health Promotion Centre, Ministry of Health						
3.2.8.15		E OF THE GUIDEL RTIES	INES ADOPT	ED BY TI	HE CONF	FERENCI	E OF THE
	"Gı juri	ase use the space beloidelines for implementation (please reference ructions document w	entation of Art to the section	icle 14 of on Article	the WHO 2 14 of the	FCTC" i e step-by-	n your step

	wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary .
3.2.8.16	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

3.3	Article	MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO			
		(with reference to Articles 15–17)			
3.3.1	15	Illicit trade in tobacco products			
		(Please check "Yes" or "No". For affirmative brief summary in the space provided at the enterprise relevant documentation. Please provide documentation of the six official languages.)	d of the section	and attach the	
		Have you adopted and implemented, where ap executive, administrative or other measures or where appropriate, programmes on any of the	have you impl		
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? 	Yes	▼ No	
3.3.1.2	15.2(a)	 requiring marking of all unit packets and packages of tobacco products and	☐ Yes	▼ 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? 	Yes	▼ 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? 	Yes	▼ 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? 	☐ Yes	▼ 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?	Yes	▼ 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?	✓ Yes	☐ 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?	✓ Yes	□ 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?	▼ Yes	□ 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?	✓ Yes	□ No
3.3.1.11	15.4(e)	_	enabling the confiscation of proceeds derived from illicit trade in tobacco products?	Yes	▼ 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?	✓ Yes	No
3.3.1.13	15.7	_	licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?	✓ Yes	□ No

3.3.1.14	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.
3.3.1.15	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

3.3.2	16	Sales to and by minors				
		(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 a executive, administrative or other measures or where appropriate, programmes on any of the	or have you im			
3.3.2.1	16.1	 prohibiting the sales of tobacco products to minors? If "Yes", please specify the legal age: 18 	✓ Yes	□ 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? 	▼ Yes	□ 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? 	✓ Yes	□ 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? 	▼ Yes	□ 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? 	✓ Yes	□ No		
3.3.2.6	16.1(d)	 prohibiting the sale of tobacco products from vending machines? 	▼ Yes	□ No		
If	you answere	ed "Yes" to question 3.3.2.6, please proceed to que	estion 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?	☐ Yes	□ No		
3.3.2.8	16.2	prohibiting and/or promoting the proh free tobacco products:	ibition of the d	istribution of		
		• to the public?	▼ Yes	□ No		

			• to minors?	▼ Yes	□ No	
3.3.2.9	16.3	_	prohibiting the sale of cigarettes individually or in small packets?	▼ Yes	□ No	
3.3.2.10	16.6	-	providing for penalties against sellers and distributors in order to ensure compliance?	▼ Yes	□ No	
3.3.2.11	16.7	_	prohibiting the sales of tobacco products by minors?	▼ Yes	□ No	
3.3.2.12	Please provide a brief description of the progress made in implementing Article 16 (<i>Sales to and by minors</i>) in the past two years or since submission of your last report.					
	Prohibition of sales to and by minors has been enforced since 2008 through the Tobacco Order 2005					
3.3.2.13	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.					

3.3.3	17	Provision of support for econ	omically viabl	e alternativ	e activities			
		(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 impleme programmes on any of the following the foll	•	propriate, m	easures or			
3.3.3.1	17	- promoting economically viable	e and sustainab	le alternativo	es for:			
		• tobacco growers?	Yes	□ No	Not applicable			
		• tobacco workers?	☐ Yes	□ No	Not applicable			
		 tobacco individual sellers? 	Yes	☑ No	Not applicable			
3.3.3.2	Please provide a brief description of the progress made in implementing Article 17 (<i>Provision of support for economically viable alternative activities</i>) in the past two years or since submission of your last report.							
3.3.3.3	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.							
	8	section, piease provide details in the	space below.					

3.4	Article	Article OTHER MEASURES AND POLICIES			
		(with reference to Articles 18–21)			
3.4.1	18	Protection of the environment and the health of persons			
		(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 executive, administrative or other where appropriate, programmes or	measures or have yo	u implemented,	
3.4.1.1	18	 implementing measures in respecterritory, which take into consider 		on within your	
		the protection of the environment?	☐ Yes ☐ No	Not applicable	
		• the health of persons in relation to the environment?	□Yes□No	Not applicable	
3.4.1.2	.4.1.2 18 — implementing measures in respect of tobacco manufacturing territory, which take into consideration:		cturing within your		
		• the protection of the environment?	☐ Yes ☐ No	Not applicable	
		• the health of persons in relation to the environment?	□Yes□No	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.				

19	Liability			
	summary in the space provided at the end of the	ne section and	attach the	relevant
19.1	Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?	▼ Yes	□ No	Not applicable
19.1	Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?	▼ Yes	□ No	Not applicable
19.1	Do you have any civil liability measures that are specific to tobacco control?	☐ Yes	▽ No	Not applicable
19.1	Do you have any general civil liability provisions that could apply to tobacco control?	☐ Yes	▼ No	Not applicable
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?	☐ Yes	▽ No	Not applicable
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?	☐ Yes	V No	Not applicable
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?	☐ Yes	№ No	Not applicable
	19.1 19.1 19.1 19.1 19.1	(Please check "Yes" or "No". For affirmative summary in the space provided at the end of the documentation. Please provide documentation languages.) 19.1 Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation? 19.1 Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)? 19.1 Do you have any civil liability measures that are specific to tobacco control? 19.1 Do you have any general civil liability provisions that could apply to tobacco control? 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? 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? 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? Please provide a brief description of any primplementing Article 19 (Liability) in the primplemen	(Please check "Yes" or "No". For affirmative answers, pleasummary in the space provided at the end of the section and documentation. Please provide documentation, if available, languages.) 19.1 Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation? 19.1 Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)? 19.1 Do you have any civil liability measures that are specific to tobacco control? 19.1 Do you have any general civil liability provisions that could apply to tobacco control? 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? 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? 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? Please provide a brief description of any progress made, a implementing Article 19 (Liability) in the past two years	(Please check "Yes" or "No". For affirmative answers, please provide summary in the space provided at the end of the section and attach the documentation. Please provide documentation, if available, in one of the languages.) 19.1 Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation? 19.1 Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)? 19.1 Do you have any civil liability measures that are specific to tobacco control? 19.1 Do you have any general civil liability provisions that could apply to tobacco control? 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? 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? 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? Please provide a brief description of any progress made, as appropriinplementing Article 19 (Liability) in the past two years or since su

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.
	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
	3.4.2.2 refers to tax imposed on selected items under the Customs Order 2006 and the Excise Order 2006. The list of items includes tobacco and tobacco products. Customs Order 2006 can be accessed through this URL: http://www.agc.gov.bn/agc1/images/LOB/Order/ABC/C/Custom%20Order,%202006.pdf
	whilst Excise Order can be accessed through this URL: http://www.agc.gov.bn/agc1/images/LOB/Order/DEF/E/Excise%20Order,%202006.pdf
	Please note that the change of tobacco tax structure from customs duties to excise duties and the increase of tobacco tax was made through Customs Order (Amendments) 2010 and Excise Order (Amendments) 2010. The copies for these are not available online.

3.4.3	20	Research, surveillance and exchange of info	rmation	
		(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 approximate executive, administrative or other measures or where appropriate, programmes on any of the f	have you impl	
3.4.3.1	20.1(a)	developing and/or promoting research that add	lresses:	
		determinants of tobacco consumption?	☐ Yes	▼ No
		consequences of tobacco consumption?	✓ Yes	□No
		social and economic indicators related to tobacco consumption?	☐ Yes	▼ No
		• tobacco use among women, with special regard to pregnant women?	☐ Yes	▼ No
		• the determinants and consequences of exposure to tobacco smoke?	▼ Yes	□ No
		• identification of effective programmes for the treatment of tobacco dependence?	✓ Yes	□ No
		• identification of alternative livelihoods?	☐ Yes	✓ No
		• other (please specify:)	☐ Yes	□No
3.4.3.2	20.1(b)	 training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation? 	✓ Yes	□ No
3.4.3.3	20.3(a)	a national system for epidemiological surveilla	ance of:	
		• patterns of tobacco consumption?	✓ Yes	□No
		determinants of tobacco consumption?	☐ Yes	▼ No
		consequences of tobacco consumption?	✓ Yes	□No
		social, economic and health indicators related to tobacco consumption?	▽ Yes	□ No
		exposure to tobacco smoke?	✓ Yes	□No

		• other relevant information (<i>please</i> specify:)	☐ Yes	□ No
3.4.3.4	20.3(a)	If you answered "Yes" to any question unde surveys, including the year of the survey, the past.	_	
		Population Census Brunei Darussalam 2 Darussalam 2013	2011 and GYT	'S Brunei
3.4.3.5	20.3(a)	In reference to any question under 3.4.3.3, of plans to repeat any of the above or to under within three to five years of your last survey the space below.	ake a new tob	acco survey
		Global Adult Tobacco Survey Brunei Darus Survey, National Health and Nutritional Sta Global School Health Survey (GSHS)		
3.4.3.6	20.4	regional and global exchange of publicly avail	able national:	
		scientific, technical, socioeconomic, commercial and legal information?	▼ Yes	□ No
		information on the practices of the tobacco industry?	▼ Yes	□ No
		• information on the cultivation of tobacco?	☐ Yes	▼ No
3.4.3.7	20.4(a)	- an updated database of:		
		laws and regulations on tobacco control?	✓ Yes	□No
		• information about the enforcement of laws on tobacco control?	▼ Yes	□ No
		• pertinent jurisprudence?	□Yes	▼ No
3.4.3.8	Please provide a brief description of the progress made in implementing (Research, surveillance and exchange of information) in the past two submission of your last report.		-	
	cur	ne findings of the 2009-2011; National Health and National being analysed. GYTS results have been subtracted GATS is currently being proposed. GSHS is in pro-	mitted to Mini	•
3.4.3.9	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.			red in this

4. INTERNATIONAL COOPERATION AND ASSISTANCE

Note: The goal of this section is to assist the Convention Secretariat in matching available skills and

resources with identified needs at national, subregional, regional and international levels.

	Article	Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:	Assistance provided	Assistance received
4.1	22.1(a)	 development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control? 	▼ Yes □ No	▼ Yes □ 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? 	☐ Yes 🔽 No	✓ Yes □ No
4.3	22.1(c)	 appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12? 	☐ Yes ☑ No	▼ Yes 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?	▼ Yes □ No	▼ Yes □ No
4.5	22.1(e)	identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?	☐ Yes ☑ No	▼ Yes
4.6	22.1(f)	promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?	☐ Yes ▼ No	☐ Yes ☑ 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.			-
	M	alaysia, Singapore, Thailand, Indonesia, WHO	(WPRO), Korea,	Australia

T .	
4.8	Please provide information about any assistance provided or received in the space below.
	Malaysia – Assistance for the commencement of the smoking cessation programme and operational issues, provided information requested by Malaysia.
	Singapore – Assistance in drafting the current tobacco control legislation and operational issues, assistance in obtaining images for the next rotation of PHWs
	Thailand – Assistance in obtaining images for the next rotation of PHWs
	Indonesia – Shared experience of implementing PHWs
	WHO WPRO – i) Assistance in developing the National Tobacco Control Action Plan. ii) Brunei Darussalam hosted the "WHO Meeting on Generic Packaging of Tobacco Products" from 10-11 January 2012.
	Australia – Assisting in the establishment of Quitline
	Korea - Assisting in the establishment of Quitline
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?
	(Please refer to Article 26.4.)
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?
	Packaging and labelling of tobacco products
	2. Protection from exposure to tobacco smoke
	3. Sales to and by minors
	4. Education, communication, training and public awareness
	5. Tobacco dependence treatment
	6. Illicit trade in tobacco products

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? Yes No
5.3	If you answered "Yes" to question 5.2, please provide details in the space below.
	Lack of resources
	2. Tobacco control is seen as a lower-priority issue by some non-health agencies.
5.4	What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?
	(Please refer to Article 21.1(b).)
5.5	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.
5.6	Your suggestions for further development and revision of the reporting instrument:

End of reporting instrument