REPORTING INSTRUMENT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

PLEASE READ THIS NOTE BEFORE COMPLETING THE QUESTIONNAIRE

In order to use the interactive features of the reporting instrument, please follow the instructions below.

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

It is essential to complete the reporting instrument by providing information/data in the required format to ensure consistency and for ease of data processing and analysis.

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

1. ORIGIN OF THE REPORT

1.1	NAME OF CONTRACTING PARTY	United Kingdom of Great Britain and Northern Ireland (UK)			
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1.4	Period of reporting	2010-2012
1.5	Date the report was submitted	30 April 2012

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

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

2.1	PREVALENCE OF TOBACCO USE					
2.1.1	Smoking prevalence in the adult population (all)					
	(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	23.28 %	14.15			
	Daily smokers	97.07 %	14.57			
	Occasional smokers	2.93 %				
	Former smokers	35.74 %				
	Never smokers	40.97 %				
	FEMALES					
	Current smokers	18.93 %	12.74			
	Daily smokers	97.58 %	13.05			
	Occasional smokers	2.42 %				
	Former smokers	29.59 %				
	Never smokers	51.48 %				
	TOTAL (males and	females)				
	Current smokers	21.05 %	13.43			
	Daily smokers	97.33 %	13.79			
	Occasional smokers	2.67 %				
	Former smokers	32.59 %				
	Never smokers	46.36 %				

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:
	Prevalence of current smokers relates to cigarettes, but prevalence of former smokers relates to those who have ever smoked a cigarette, a cigar or a pipe, but do not smoke cigarettes at all nowadays.
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:
	18 years and over.
2.1.1.3	Please indicate the year and source of the data used to answer question 2.1.1:
	Data from the Integrated Household Survey (IHS) (January to December 2010) was used to answer the smoking prevalence questions as this survey has the largest sample size and the most reliable estimates of smoking prevalence. 2010 is the latest calendar year for which data from the IHS are available, although data are now available up to June 2011. The General Household Survey (GHS) 2009 was used to calculate the percentages of occasional and daily smokers, and to answer questions about the average number of cigarettes smoked per day, as this information was not available from the IHS.
	The IHS covers the UK for the 18 and over age group, whereas the General Household Survey covers Great Britain for the 16 and over age group.
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: defined as someone who answered 'yes' to the question 'do you smoke cigarettes at all nowadays?'
	Former smoker: defined as someone who has ever smoked a cigarette, a cigar or a pipe but does not smoke cigarettes at all nowadays.
	Never smoker: defined as someone who has never smoked a cigarette, or a cigar, or a pipe.
	Occasional smoker: defined as someone who smokes an average of less than one cigarette a day, calculated from the General Household Survey 2009, based on those aged 16 years and older.
	Daily smoker: defined as someone who smokes an average of one or more cigarettes per day, calculated from the General Household Survey 2009, based on those aged 16 years and older.
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.
	Figures from the Integrated Household Survey show a decrease in prevalence of current smokers from 21.4% in the period April 2009 to March 2010, to 20.8% in the period July 2010 to June 2011.

2.1.2	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)					
	group constaered	Age group (adults)	Prevalence (%) (please include all smoking tobacco products in prevalence data)			
	MALES					
	Current	25-34	30.13 %			
	smokers ¹	35-44	26.73 %			
		45-54	24.09 %			
	Add age group	55-64	20.04 %			
		64-74	15.15 %			
		75+	7.62			
		75+	7.62 %			
	FEMALES					
	Current	25-34	22.31 %			
	smokers ¹	35-44	21.72 %			
		45-54	20.60 %			
	Add age group	55-64	17.96 %			
		65-74	13.54 %			
		75+	7.05			
	TOTAL (male	es and females)				
	Current	25-34	26.25 %			
	smokers ¹	35-44	24.20 %			
		45-54	22.31 %			
	Add age group	55-64	19.15 %			
		65-74	14.31 %			
		75+	7.29			

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

2.1.2.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.2:
	Cigarettes
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:
	Integrated Household Survey, Jan-Dec 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.
	To ensure comparability we are comparing figures from the first Integrated Household Survey covering April 2009 to March 2010 with the latest available IHS data covering July 2010 to June 2011.
	Smoking prevalence has fallen across all age groups between the April 2009 to March 2010 and July 2010 to June 2011 periods except in the
	75+ age group where it remained constant at 7.3%. The largest decreases were in the 18-25 age group which fell from 27.0% to 26.1% and in the 55-64 age group which fell from 19.6% to 18.8%.

2.1.3	.3 Prevalence of smokeless tobacco use in the adult population (all)					
	(Please provide prevalence data for total adult population, and identify the age considered in 2.1.3.2, e.g. 15 years old and over, 18–64 years; see 2.1.3.2)					
		Prevalence (%)				
		(please include all smokeless tobacco products in prevalence data)				
	MALES					
	Current users	%				
	Daily users	%				
	Occasional users	%				
	Former users	%				
	Never users	%				
	FEMALES					
	Current users	%				
	Daily users	%				
	Occasional users	%				
	Former users	%				
	Never users	%				
	TOTAL (males and females)					
	Current users	%				
	Daily users	%				
	Occasional users	%				
	Former users	%				
	Never users	%				
	L					

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

2.1.4	Prevalence of smokeless tobacco use in the adult population (current users) by age group						
	(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 smokeless tobacco products in prevalence data)				
	MALES						
	Current users ²		%				
	Add age group		%				
			%				
			%				
			%				
	FEMALES						
	Current users ²		%				
	Add age group		%				
			%				
			%				
			%				
	TOTAL (males and females)						
	Current users ²		%				
	Add age group		%				
			%				
			%				
			%				

 $^{^{2}}$ 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:
2.1.4.2	Please indicate the year and source of the data used to answer question 2.1.4:
2.1.4.3	Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.
-	

2.1.5	Tobacco use by ethnic group(s)				
		Ethnic group(s)	Prevalence (%) (please include all smoking or smokeless tobacco products in prevalence data)		
			Males	Females	Total (males and females)
	Current users ³	White	23.37 %	20.01 %	21.64 %
		Mixed	31.84 %	28.32 %	29.99 %
	Add ethnic group	Asian or Asian British	21.09 %	4.69 %	12.95 %
		Black or Black British	19.45 %	10.74 %	14.68 %
		Chinese	22.64 %	8.23 %	15.39 %
		Other ethnic group	27.31%	18.93%	19.35%
2.1.5.1	Please in	dicate the tobacc	o products included	in the answer to q	uestion 2.1.5:
	Cigarett	es.			
2.1.5.2	Please indicate the age range to which the data used to answer question 2.1.5				uestion 2.1.5 refer:
18 and over.					
2.1.5.3 Please indicate the year and source of the data used to an			a used to answer q	uestion 2.1.5:	
	Integrated Household Survey Jan – Dec 2010.				

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

2.1.6	Tobacco usc	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 users ⁴	11	0.18 %	%	%	
	Add youth	12	0.39 %	%	%	
	group	13	2.62 %	%	%	
		14	4.56 %	%	%	
		15	9.84 %	%	%	
	Girls					
	Current users ⁴	11	0.00 %	%	%	
	Add youth	12	0.14 %	%	%	
	group	13	3.87 %	%	%	
		14	7.46 %	%	%	
		15	14.43 %	%	%	
	TOTAL (boys and girls)					
	Current users ⁴	11	0.09 %	%	%	
	Add youth	12	0.34 %	%	%	
	group	13	3.23 %	%	%	
		14	6.02 %	%	%	
		15	12.12 %	%	%	
2.1.6.1	Please i question		cco products included	in calculating pre	evalence for	
	Cigaret	ttes				

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

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2.1.6.2	Please indicate the year and source of the data used to answer question 2.1.6:
	Survey: Smoking, drinking and drug use among young people in England 2010 - available at: http://www.ic.nhs.uk/pubs/sdd
2.1.6.3	Please provide the definition of "current smoking/tobacco use" used to answer question 2.1.6 in the space below.
	Current smokers: Pupils aged 11-15 years of age who report smoking at least once a week
2.1.6.4	Please provide a brief explanation of the trend in tobacco use by young persons in the past two years or since submission of your last report.
	Downwards trend. Over the 2009 to 2010 period, the prevalence of regular smoking by pupils aged 11-15 years of age in England declined by one percentage point to 5% in 2010.
2.2	EXPOSURE TO TORACCO SMOKE

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).
	Respondents to the Health Survey for England 2009 were classified as non-smokers if they reported not smoking and their cotinine level (measured through a saliva sample) was below 15ng/ml. Self-reported mean hours of exposure to smoke per week in the non-smokers were 3.4 hours for men and 3.3 hours for women, these are comparable to the 2008 reported levels of 3.3 hours per week for men and 2.7 hours per week for women.
	Geometric mean cotinine levels in non-smokers were 0.10ng/ml for men and 0.09ng/ml for women. This is a significant fall from the 2008 levels of 0.14ng/ml for men an 0.13ng/ml for women.
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:
	Health Survey for England 2009

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? 81700
2.3.3	If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.
	The figure at 2.3.2 relates to England only. In 2009, around 35 per cent of all deaths in England from respiratory diseases and 29 per cent of all cancer deaths were attributable to smoking. Smoking also accounted for 14 per cent of deaths from circulatory diseases and 6 per cent of deaths from diseases of the digestive system.
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:

Estimates are based on 2009 smoking prevalence data from the General Lifestyles Survey (relative risks from epidemiological data 2010 ONS mortality data).

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? Yes No
2.4.2	If you answered "Yes" to question 2.4.1, please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).
	Treating smoking-related illnesses was estimated to have cost the National Health Service (NHS) £2.7 billion in 2006/07, or over £50 million every week. In 2008/09, some 463,000 hospital admissions in England among adults aged 35 years of age and over were attributable to smoking, or some 5 per cent of all hospital admissions for this age group. Illnesses among children caused by exposure to secondhand smoke lead to an estimated 300,000 general practice consultations and about 9,500 hospital admissions in the UK each year.
	The costs of tobacco use are much greater than just costs to the NHS, with the overall economic burden of tobacco use to society estimated at £13.74 billion a year. These costs comprise not only treatment of smoking-related illness by the NHS but also the loss in productivity from smoking breaks and increased absenteeism, the cost of cleaning up cigarette butts, the cost of smoking-related house fires and the loss in economic output from people who die from diseases related to smoking or exposure to secondhand smoke.
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:
	Callum, C., Boyle, S. and Sandford, A. (2010). "Estimating the cost of smoking to the NHS in England and the impact of declining prevalence" in Health Economics, Policy and Law. Cambridge Journals Online, Cambridge University Press, Cambridge.
	Nash, R. and Featherstone, H. (2010). Cough Up: Balancing the tobacco income and costs in society. Policy Exchange, London.

2.5	SUPPLY OF TOBACCO AND TOBACCO PRODUCTS							
	(with reference to Articles 6.2(b), 20.4(c), and 15.5)							
2.5.1	Licit supply of tobacco products							
		Product	Unit (e.g. pieces, tonnes)	Domestic production	Exports	Imports		
	Smoking tobacco	Cigarettes	Million sticks	42335.00		3343.00		
	products Add	Hand-rolling tobacco	'000kg	5466.00				
	product	Cigars	'000kg	568.00				
		Other smoking and chewing tobacco	'000kg	359.00				
	Smokeless tobacco products Add product							
	Other tobacco products Add product							
	Tobacco	Leaves						
2.5.2	Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.					act, unit,		
2.5.3	Please indicate the year and source of the data used to answer questions 2.5.1 and 2.5.2:							
	НМ	Revenue & Cu	stoms: Finacial y	rear 2010/11 To	bacco Bullet	tin:		
	https://www.uktradeinfo.com/index.cfm?task=bulltobacco							

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	2011	Cigarettes	Million sticks	1968.65	
	products	2011	Hand-rolling tobacco	kg	546567.00	
	Add row	2011	Water pipe tobacco	kg	21118.00	
	Smokeless tobacco products	2011	Chewing tobacco	kg	3694.00	
	Add row					
	Other	2011	Raw leaf	kg	28398.00	
	products					
	Add row					
2.6.2	Do you have any information on the percentage of smuggled tobacco products on the national tobacco market? Xes No					
2.6.3	If you answered "Yes" to question 2.6.2, what percentage of the national tobacco market do smuggled tobacco products constitute? 10.00 %					
2.6.4	If you answered "Yes" to question 2.6.3 and you have information available, what is the trend over the past two years or since submission of your last report in the percentage of smuggled tobacco products in relation to the national tobacco market?					
		narket share for g tobacco) is de	,	h illicit cigarettes an	d illicit hand	
2.6.5	Please	provide any fur	ther information on i	llicit or smuggled toba	acco products.	
	The figure at question 2.6.3 refers to the percentage of the cigarette market in the UK that illicit cigarettes are estimated to represent.					
2.6.6	Please indicate the source of the data used to answer questions in section 2.6:					
	HM Revenue & Customs: Measuring Tax Gaps 2011:					
	http://www.hmrc.gov.uk/stats/mtg-2011.pdf					
2.7	TOBA	CCO-GROWI	NG			
2.7.1	Is ther	e any tobacco-g	rowing in your jurisd	iction? Yes	No	
2.7.2	If you answered "Yes" to question 2.7.1, please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.					

2.7.3	Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.
2.7.4	Please indicate the year and source of the data used to answer questions in section 2.7:

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))? Information is not available for the most popular price category (MPC), as only the weighted average price (WAP) is calculted.						
2.8.2	How are the excis	se taxes levied (w	hat types of taxe	s are levied)?			
	• Specif	ic tax only		Yes	☐ No		
	• Ad va	lorem tax only		Yes	☐ No		
	• Comb	ination of specific	c and ad valorem	taxes Xes	☐ No		
	• More	complex structure	e (please explain	:)			
2.8.3	2.8.3 If available, please provide details on the rates of taxation for tobaccopall levels of Government and be as specific as possible (specify the type VAT, sales, import duties)				•		
		Product	Type of tax	Rate or amount	Base of tax ⁵		
	Smoking tobacco products Add product	Cigarettes	Specific duty, plus ad valorem duty	An amount equal to 16.5 per cent of the retail price plus £167.41 per one thousand cigarettes.	Retail price/1000 sticks.		
		Hand-rolling tobacco	specific	£164.11	per kg		
		Cigars	specific	£208.83	per kg		
		Other smoking (pipe) tobacco	specific	£91.81	per kg		
	Smokeless tobacco products	Chewing tobacco	specific	£91.81	per kg		
	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.	he past two	
		crease by 5% at		unced that duty of e Index (RPI) with		
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 provide details in the space below.					
2.8.7	Please indicate the year and source of the data used to answer questions 2.8.1 to 2.8.6:					
	Duty rates with effect from 23 March 2011. Further information is available at:					
	http://www.hm-treasury.gov.uk/budget2012documents.htm					
	http://customs.h p.portal?nfpb=tr	•		bbApp/channelsP esCodesTools	ortalWebAp	

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.							
			t widely sold bra		Number of	Retail price		
		Smoking	Smokeless	Other	units or			
		tobacco	tobacco	tobacco	amount per			
	Dametic	products	products	products	package			
	Domestic	Sterling Kingsize			20	£6.10		
		Mayfair kingsize			20	£6.60		
		Benson and Hedges			20	£7.47		

Imported			

2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.
	Data based on 2010/11 for clearances as a whole. Data source is TP7 returns from manufacturers provided to HM Revenue & Customs.
2.9.3	Please provide the currency used to complete the "Rate or amount" section of question 2.8.3 and the "Retail price" section of question 2.9.1. If known, please provide the exchange rate of this currency to US dollars as well as the date of this exchange rate.
	Price is given in pound sterling (£).
2.9.4	Please briefly describe the trend in the prices of tobacco products in the past two years or since submission of your last report in your jurisdiction.
	Duty has increased by 2% above inflation each year since 2010, with a 5% rise in 2012.

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	5.1	If you answered "No" to question 3.1.1.1, have you partially developed and implemented tobacco control strategies by including tobacco control in national health, public health or health promotion strategies, plans and programmes?	Yes	□ No
3.1.1.3	5.1	If you answered "No" to question 3.1.1.2, is any aspect of tobacco control that is referred to in the Convention included in any national strategy, plan or programme?	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 institutio	
	The Tobacco Programme at the Department of Health (DH) is the national coordinating mechanism for the United Kingdom for non-devolved aspects of tobacco control policy. There are separate health departments in England, Scotland, Wales and Northern Ireland, all of which have tobacco control programmes.			
3.1.1.6		se provide a brief description of the progress made in 5.2 (<i>General obligations</i>) in the past two years or signst.	_	-
	In 1998, DH published a White Paper on tobacco titled "Smoking Kills". This was followed in 2010 by publication of a new comprehensive tobacco control strategy for England titled "A Smokefree Future". Following the change of Government in the United Kingdom in 2010, a new Public Health White Paper for England was published. On 9 March 2011 the Government published a follow on document to the Public Health White Paper titled "Healthy Lives, Healthy People: A tobacco control plan for England" which sets out action to reduce the impact on public health of tobacco use.			

3.1.1.7	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.
	"Healthy Lives, Healthy People: A tobacco control plan for England" is available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications PolicyAndGuidance/DH_124917

3.1.2	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		f you answered "Yes" to any of the questions underovide 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
	N	n May 2009, the then Secretary of State for Holinister and Cabinet colleagues bringing their ECTC, attaching the guidelines.		
	"Healthy Lives, Healthy People: A tobacco control plan for England" includes a chapter titled 'protecting tobacco control from vested interests'. The plan sets out that to ensure further transparency, the Government commits to publishing the details of all policy-related meetings between the tobacco industry and government departments. This excludes meetings to discuss operational matters to reduce the illicit trade in tobacco and bilateral meetings between tobacco manufacturers and HM Revenue and Customs. In the future, organisations engaging with the Department of Health on tobacco control, for example by responding to consultation exercises, will be asked to disclose any links with, or funding received from, the tobacco industry. Local authorities are encouraged to follow the Government's lead in this area, and to take necessary action to protect their tobacco control strategies from vested interests.			
3.1.2.5		f you have any relevant information pertaining to lease provide details in the space below.	but not covered in	this section,

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 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 the	or have you impl	
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.			
	In the 2012 Budget, the UK Government announced that duty on all tobacco products will increase by 5% above Retail Price Index (RPI) with effect from 21 March 2012			
3.2.1.5		ou have any relevant information pertaining to base provide details in the space below.	out not covered in	this section,

3.2.2	8.2	Protection from exposure to tobacco 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, what administrative or other measures or have appropriate, programmes on any of the	e you implement	_	e, executive,
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 3.2.2.1, what is the type/nature of the measure providing for the ban?			of the
		• national law	⊠ Yes		☐ No
		• subnational law(s)	Yes		☐ No
		administrative and executive orders	Yes		□ No
		voluntary agreements	Yes		☐ No
		• other measures (please specify:)	Yes		☐ No
3.2.2.3		Please provide a brief explanation of the measures providing for the ban.	type/nature and	content of	the
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	details of	this system.
		Across the UK, smokefree legislation	is enforced by	local aut	horities.
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	\boxtimes	
health-care facilities	\boxtimes	
• educational facilities ¹	\boxtimes	
• universities	\boxtimes	
private workplaces	\boxtimes	
• other (please specify:)		
Public transport:		
• airplanes	\boxtimes	
• trains	\boxtimes	
• ferries	\boxtimes	
• ground public transport (buses, trolleybuses, trams)		
motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	\boxtimes	
private vehicles		\boxtimes
• 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 com- specific details of the partial measures t			rith
	Banning tobacco smoking in indoc	or workplaces		
	Legislation is in place througho smoking in enclosed parts of we		-	_
	Throughout the United Kingdor places and workplaces must be members clubs, cafes and restar	smokefree, incl	uding all p	
	In England, the relevant legislate the Smoke-free (Premises and England) what is meant by enclosed and responsible for enforcing smoke and Discounted Amounts) Regulations of the smoke-free (Signs) Regulations smoking signs required under states.	Enforcement) Resubstantially ende-free), the Smooth stations (set out toke-free legislations (set out the recommend)	egulations closed and ke-free (Pethe levels tion, and the purements	(set out bodies enalties of ne
	Banning tobacco smoking in publi	c transport		
	The Smoke-free (Exemptions at the the vehicles required to be smember of the public. The Smopenalty Notices) Regulations see operators to prevent smoking in for fixed penalty notices.	mokefree include ke-free (Vehicle t out the respon	ding those e Operators sibility on	used by s and vehicle
	Banning tobacco smoking in indoor	or public places		
	See above.			
3.2.2.8	Please provide a brief description of the prog (<i>Protection from exposure to tobacco smoke</i>) submission of your last report.	_	_	
	Across the United Kingdom, comprehens in place since at least July 2007. In Engla 98% according to the final complaince da More than three-quarters of people say th	nd, compliance ta report receive	rates are a ed in mid-2	round 2010.
3.2.2.9	If you have any relevant information pertaining please provide details in the space below.	ng to but not cove	ered in this	section,
	Health Act 2006 available online at:			

http://www.legislation.gov.uk/ukpga/2006/28/contents

The "Smokefree England: One Year On" report presents a review of the legislation covering compliance, public opinion, the views of businesses and academic research into the health benefits of a smokefree England. Available online at: http://www.smokefreeengland.co.uk/thefacts/latest-research.html

Summary of the findings of the smokefree legislation compliance data collection from local authorities in England from July 2007 to July 2010 available online at: http://www.smokefreeengland.co.uk/files/83840-coismokefree-compliance_period_tagged-13.pdf

In 2011, an academic review of the evidence of the impact of the smokefree legislation that was implemented in England in 2007 was published. The evidence is clear that smokefree legislation has had beneficial effects on health. The report is available at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124959.pdf

Further information, guidance and resources (including signage) for smokefree legislation in England is available online at:

http://www.smokefreengland.co.uk/

Further information, guidance and resources (including signage) for smokefree legislation in Scotland is available online at:

http://www.clearingtheairscotland.com/

Further information, guidance and resources (including signage) for smokefree legislation in Wales is available online at:

http://wales.gov.uk/smokingbanwalessub/home/?lang=en

Further information, guidance and resources (including signage) for smokefree legislation in Northern Ireland is available online at:

http://www.spacetobreathe.org.uk/

3.2.3	9	Regulation of the contents 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 appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:				
3.2.3.1		 testing and measuring the contents of tobacco products? 	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 in Regulation of the contents of tobacco products) in ubmission of your last report.	_	-		
	There has been no new regulation, legislation or policy relating to the contents of tobacco products adopted in the past 3 years. However, according to the Tobacco Products (Manufacture, Presentation and Sale) (Safety) Regulations 2002 (which transposes the EU Tobacco Products Directive (2001/37/EC)), tobacco manufacturers are required to submit information on all ingredients used in the manufacture of their products. This legislation was implemented in 2002.					
	The Tobacco Products (Manufacture, Presentation and Sale) (Safety) Regulation 2002 are available at:					
	http://w	www.legislation.gov.uk/uksi/2002/3041/conten	its/made			
3.2.3.6		f you have any relevant information pertaining to blease provide details in the space below.	but not covered in	this section,		
	The United Kingdom is actively involved in two European projects relating to the contents of tobacco products. These are the Electronic Model for Tobacco Control (EMTOC), which is a web-based system to collect information on ingredients electronically and Public Information Tobacco Control (PITOC), which is a project to aid the dissemination of non-confidential data submitted data by industry to the public. PITOC will lead to the generation of facts sheets on the toxic effects of selected key contents of tobacco products in their burnt and unburnt form, to assist in the communication of the potential risks of tobacco use to consumers. There is a possibility that EMTOC will form the basis for which ingredient information will be collected from industry in the future.					

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 tobacco products to disclose to Government authorities information about the: 				
	• contents of tobacco products?					
	emissions of tobacco products? Yes					
3.2.4.2		requiring public disclosure of information	on about the:			
		• contents of tobacco products?	Yes	⊠ No		
		emissions of tobacco products?	X Yes	□No		
3.2.4.3	(.	Please provide a brief description of the progress management (Regulation of tobacco product disclosures) in the ubmission of your last report.	_	-		
	There has been no new legislation or policy realting to the emissions of tobacco products implemented in the past three years. However, according to the Tobacco Products (Manufacture, Presentation and Sale) (Safety) Regulations 2002, which were implemented 2002, manufacturers are required to print tar, nicotine and carbon monoxide yields on cigarette packs and to provide samples of cigarettes manufactured and intended for sale in the United Kingdom, for testing. In accordance with the regulations, the Department of Health carries out independent tests of tar, nicotine and carbon monoxide yields of cigarettes brands that are made available for sale on the United Kingdom market.					
3.2.4.4		If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				
	Arrangements to discose no-confidential information on tobacco emissions to the public are underway and it is envisaged that the developed EMTOC system (see above) will form the basis for the disclosure of information on emissions in the future.					

3.2.5	11	Packaging and labelling of tobacco prod	Packaging and labelling 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.)			
		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:		
3.2.5.1	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 "Yes" to question 3.2.5.6, does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?	⊠ 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 package of tobacco products and any outside packaging and labelling of such products contain information on relevant constituents and 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	e provide a brief description of the progress ma kaging and labelling of tobacco products) in the hission of your last report.	_	-
	The United Kingdom is subject to European legislation with respect to health warnings on tobacco packaging. In 2008, the United Kingdom commenced legislation requiring the mandatory use of pictorial warnings on packs. The relevant legislation is the Tobacco Products (Manufacture, Presentation, and Sale) (Safety) (Amendments) Regulations 2007, available at: http://www.legislation.gov.uk/uksi/2007/2473/contents/made Pictorial health warning images used in the UK are from the European Commission.			
3.2.5.16	-	a have any relevant information pertaining to or e provide details in the space below.	not covered in	this section,

3.2.6	12	Education, communication, training and public awareness				
		(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:				
3.2.6.1	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 awareness programmes cover:	, do these education	onal and public		
		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 follow in development and implementation of in strategies for tobacco control:		
		• public agencies?	⊠ Yes	☐ No
		 nongovernmental organizations not affiliated with the tobacco industry? 	⊠ Yes	☐ No
		• private organizations?	⊠ Yes	☐ No
		• other (<i>please specify:</i> Academics)?	∑ 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	12(d)	Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:		
		• 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 (*Education, communication, training and public awareness*) in the past two years or since submission of your last report.

2010/11 was a transitional year for the tobacco control marketing programme as we moved from the 2008/2010 marketing strategy towards a new marketing strategy which will be published in 2012.

Marketing objectives:

Our marketing objectives were to:

- Trigger action: Encouraging smokers who want to quit to do something now and make a quitting-related action. e.g. set a quit date, find out more about NHS products and services.
- Make quitting more successful: Encouraging the use of NHS products and services when quitting, and exploring ways of reducing relapse.
- Reinforce motivation: Continuing to maintain a positive environment for quitting and providing powerful reasons for why smokers should quit for good.

Target audiences:

The primary audience for our activity was:

- All smokers who want to quit, particulary those in routine and manual group.
- Pregnant women who smoke and their partners.

Secondary audiences/intermediaries included:

- Healthcare professionals, including GPs, practice nurses and midwives.
- Employers of large numbers of routine and manual smokers.

Our main focus was to continue to provide information and advice on quitting to smokers through out a government wide marketing freeze, using free, owned and earned channels as far as possible. We did this through channels such as the Smokefree website, Facebook page and helpline, as well as the Smokefree Together programme and Quit Kits and distributing information literature to smokers and healthcare professionals.

We ran proactive quitting campaigns in New Year 2011 and 2012, promoting the NHS "Quit Kit". The Quit Kit was distributed pharmacies and the NHS Smokefree website. Promotion was bolstered by support provided by pharmacy partners e.g. point of sale posters, in store annoucements, features in consumers magazines and online display advertising.

The 2011 Quit Kit campaign achieved excellent results:

- We produced and distributed around 350,000 Quit Kits, over 70,000 via the Smokefree website and the rest through pharmacy partners.
- In follow up research, 70% of smokers who received a Quit Kit made a quit attempt with 56% of those reporting they had stopped smoking at the

	time of research.	
	 Quit success increased by 150% compared to 2010. Those who picked up their Quit Kit pharmacy had the most success, with NRT also having had influence. 	
	-We estimate the campaign generated 186,324 attempts and 104,233 successful quits.	
3.2.6.9	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.	

3.2.7	13	13 Tobacco advertising, promotion and sponsorship		
		(Please check "Yes" or "No". For affirmative answers, please provided brief summary in the space provided at the end of the section and attack relevant documentation. Please provide documentation, if available, in of the six official languages.)		
		Have you adopted and implemented, where executive, administrative or other measures 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 cov	ver:
		display and visibility of tobacco products at points of sales?	⊠ Yes	☐ No
		• the domestic Internet?	X Yes	☐ No
		• the global Internet?	X 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, promot	ion and sponsorsh	nip 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 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	(To	ase provide a brief description of the progress malbacco advertising, promotion and sponsorship) omission of your last report.	_	-	
	adv Sep pro ver into cor cor TA	e Tobacco Advertising and Promotion Act ("vertising and promotion of tobacco products, parate regulations prohibit "brandsharing" (the duct by another product, for example, clothicsa). Regulations prohibiting tobacco advertises force in September 2006. Local authorities in mpliance with the law has been good, with verification in the law has been good, with verification in the law has available online at: p://legislation.gov.uk/ukpga/2002/36/contents.	ne promotion of ng, perfume etc sing on the interest enforce TAPA ery few cases of ken.	sorship. a tobacco . or vice rnet came and	

3.2.7.15

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

The UK is guided by European legislation with respect to ending cross border tobacco advertising. Tobacco Advertising Directive (2003/33/EC) has an European Union-wide ban on cross-border tobacco advertising and sponsorship in the media other than television. The ban covers print media, radio, internet and sponsorship of events involving several Member States, such as the Olympic games and Formula One races. Free distribution of tobacco is banned in such events. The ban covers advertising and sponsorship with the aim or direct or indirect effect of promoting a tobacco product.

Tobacco advertising and sponsorship on television was prohibited already since 1989 by the Television without Frontiers Directive (89/552/EEC). This Directive will be replaced by the Audiovisual Media Services Directive (2007/65/EC) adopted in December 2007, which extends the application of this ban to all forms of audiovisual commercial communications, including product placement.

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, who executive, administrative or other measure where appropriate, programmes on any o	res 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 	f tobacco use, inclu	uding:		
		media campaigns emphasizing the importance of quitting?	⊠ Yes	□ No		
		programmes specially designed	for:			
		o underage girls and young women	X Yes	☐ No		
		o women	X Yes	☐ No		
		o pregnant women	X Yes	☐ No		
		telephone quitlines	X Yes	☐ No		
		local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?	⊠ Yes	□ No		
		• other (<i>please specify:</i> Brief advice by healthcare professionals)?	⊠ Yes	□ No		
3.2.8.3	14.2(a)	design and implementation of progracessation of tobacco use, in such loc	•	romoting the		
		educational institutions?	X 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 of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for:
		■ tobacco control?
		• health?
		• education?
3.2.8.5		 inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?
3.2.8.6	14.2(b)	If you answered "Yes" to question 3.2.8.5, which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?
		■ primary health care
		secondary and tertiary health care
		• specialist health-care systems (please specify: military, prisons)
		• specialized centres for cessation counselling and treatment of tobacco dependence
		• rehabilitation centres
		• other (please specify: mental health units)
3.2.8.7	14.2(b)	If you answered "Yes" to question 3.2.8.5, are the services provided in these settings covered by public funding or reimbursement schemes?
		primary health care Fully Partially None
		secondary and tertiary health care
		• specialist health-care systems (please specify: military, prisons)

		 specialized centres for cessation counselling and treatment of tobacco dependence 	Fully Part	ially None
		rehabilitation centres	⊠ Fully □ Part	tially None
		• other (<i>please specify</i> : mental health)	Fully Part	tially 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 	⊠ Yes	□No
		• dentists	⊠ Yes	□No
		 family doctors 	⊠ Yes	□No
		 practitioners of traditional medicine 	Yes	⊠ No
		• other medical professionals (please specify:)	⊠ Yes	□No
		• nurses	X Yes	□ No
		• midwives	⊠ Yes	□ No
		• pharmacists	⊠ Yes	□ No
		Community workers	⊠ Yes	□ No
		Social workers	Yes	⊠ No
		Others (<i>please specify:</i> specialist stop smoking advisors)	⊠ Yes	□No
3.2.8.9	14.2(c)	 training on tobacco dependence trea curricula of health professional train levels at the following schools: 		
		• medical?	Yes	⊠ No
		• dental?	Yes	⊠ No
		• nursing?	Yes	⊠ No
		• pharmacy?	Yes	⊠ No
		• other (<i>please specify</i> : Stop smoking practitioners)?	⊠ Yes	□No

3.2.8.10	14.2(d)	facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?	⊠ Yes	□ No	
3.2.8.11	14.2(d)	If you answered "Yes" to question 3.2.8. products be legally purchased in your con-	•	can these	
		In the United Kingdom, nicotine re available as a General Sales List m purchased in pharmacies and any of prescription, as long as certain con products are licensed for the follow	nedicine (ie, it can other shop withou aditions are met).	n be ut a	
		"[Name of NRT product] relives and/or prevents craving and nicotine withdrawal symptoms associated with tobacco dependence. It is indicated to aid smokerts wishing to quit or reduce prior to quitting, to assist smokers who are unwilling or unable to smoke, and as a safer alternative to smoking for smokers and those around them."			
		Following a review by the Medicines and Healthcare Products Regulatory Agency (MHRA) in 2005, NRT can now be used by adolescents aged 12 and over, pregnant women and people with cardiovascular disease. Full details of the report can be found on the MHRA website: www.mhra.gov.uk/home/groups/pla/documents/websiteresources/con2023239.pdf			
		NRT is widely available, and sales tax has been reduced to the lowest amount permissible to encourage use.			
		The Government has undertaken to work in collaboration with the public health community to consider what more can be done to help tobacco users who cannot quit, or who are unwilling to, to substitute alternative safer sources of nicotine, such as NRT, for tobacco. In support of this, the National Institute for Health and Clinical Excellence will produce public health guidance on the use of harm reduction approaches to smoking cessation (to be published in spring 2013). We will also encourage the manufacturers of safer sources of nicotine, such as NRT, to develop new types of nicotine products that are more affordable and that have increased acceptability for use in the longer term. Buproprion and varenicline are prescription-only medicines.			
3.2.8.12	14.2(d)	If you answered "Yes" to question 3.2.8.10, which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction?			
		nicotine replacement therapy	⊠ Yes	☐ No	

		• bupropion	⊠ Yes □ 1		☐ No	
		• varenicline	⊠ Yes □		☐ No	
		• other (please specify:)?		Yes		No
3.2.8.13	14.2(d)	If you answered "Yes" to question 3.2.8. covered by public funding or reimbursem		costs of	these	e products
		nicotine replacement therapy	⊠ Fully	Parti	ally	None
		• bupropion	⊠ Fully	Parti	ally	None
		• varenicline	⊠ Fully	Parti	ally	None
		• other (please specify:)?	Fully	Parti	ally	None
3.2.8.14	Art	ase provide a brief description of the progress (cle 14 (<i>Demand reduction measures concernation</i>) in the past two years or since submissi	ing tobace	co depen	dence	e and
	3.2.8.1-3.2.8.7 (14.1 - 14.2b): A number of programmes and activities to reduce demand for tobacco through tobacco dependence treatment and cessation have been undertaken, including programmes and activities outlined briefly below. Since 1999, the National Health Service (NHS) has run Local Stop Smoking Services (LSSS). These services are a mainstream activity of the NHS and services are located in communities throughout the country. The LSSS remit is to provide evidence-based support and treatment for smokers to stop, and includes behavioural support and access to pharmacological aids. The NHS has been supported to deliver these services to be effective, evidence-based and high quality through publication of guidance, which supports local commissioners and providers of smoking cessation services. These services are delivered in healthcare facilities, in workplaces, in prisons and in mental health facilities, as well as in wide range of					
	community settings and in higher education institutions. In addition, where local populations have a need, a number of LSSS also provide support and treatment for users of non-smoked tobacco products to quit. In 2009, a new programme for supporting smokers to quit in the secondary care was launched in England. A number of clinical specialities such as cardiac rehabilitation, diabetes care and COPD care have been delivering stop smoking support as part of their health promotion work. The promotion of tobacco cessation is done both nationally and locally across a wide range of settings, supported by marketing activity. 3.2.8.8 (14.2b)				econdary ch as ivering	
		alth professionals in a range of healthcare ondary care are encouraged to provide bri	_		_	-

smokers to LSSS. The health professionals involved in this include doctors, nurses, midwives, dentists, opticians, pharmacists, mental health workers and community workers. The NHS has a workforce of trained stop smoking advisors whose main job is to provide smoking cessation.

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

3.2.8.9 (14.2c)

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

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

3.2.8.10, 11, 12 (14.2d)

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

- Nicotine replacement therapy buproprion and varenicline is available on NHS prescription to all patients (some people are exempt from paying prescription changes, including those on low incomes; pregnant women and those who have had a baby in the last 12 months; and children under 16 and young people aged 16, 17 and 18 in full-time education.
- Widening the licence for NRT to include children aged 12-18, pregnant women, and those with controlled coronory heart disease.
- Work with MHRA to widen the licence for NRT to include extended usage of products, including full substitution.
- Work with industry to improve the variety, dosage and delivery mechanisms for NRT to be suitable for a wider range of patients.
- Work with local areas medicines management to amend local formularies to include wider access to effective medications and usage, including varenicline and dual NRT prescribing.

3.2.8.15 If you have any relevant information pertaining to but not covered in this section,

please provide details in the space below.

The document "Local Stop Smoking Services: service and monitoring guidance 2011/12" is for England and provides best practice guidance relevant to the provision of all NHS stop smoking interventions and sets out fundemental quality principles for the delivery of services which can be used to inform the development of local commissioning arrangement. It also includes full details of the data reporting requirements for NHS Stop Smoking Services, which is available at:

 $http://dh.gov.uk/en/Publications and statistics/Publications? publications Policy And Guidance/DH_125389$

3.3	Article	MEASURES RELATING TO THE REDUCTORY TOBACCO	CTION OF TH	HE SUPPLY
		(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 end relevant documentation. Please provide docun 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 any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market? 	⊠ 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)	If you answered "Yes" to question 3.3.1.6, do you facilitate the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?	⊠ 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? 	X 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.
	Since 2000, in excess of 20 billion cigarettes and 2,700 tonnes of handrolling tobacco have been seized. Over 3,300 criminals involved in the illicit tobacco trade prosecuted.
	The illicit cigarette market in the UK has reduced from 21% to 10% since 2000, and from 61% to 46% for hand-rolling tobacco over the same period.
	HM Revenue & Customs and the UK Boarder Agency published a renewed strategy to tackle illicit trade in tobacco products in April 2011 titled "Tackling Tobacco Smuggling: Building on our success". Available at:
	http://www.hmrc.gov.uk/news/tackling-tobacco.htm
3.3.1.15	If you have any 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 p brief summary in the space provided at the end of the section and the relevant documentation. Please provide documentation, if av one of the six official languages.)			
	Have you adopted and implemented, where appropriate, legislate executive, administrative or other measures or have you implem where appropriate, programmes on any of the following:				
3.3.2.1	16.1	 prohibiting the sales of tobacco products to minors? If "Yes", please specify the legal age: 18? 	⊠ 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	d "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 prohibition of the distribution free tobacco products: 			
		• to the public?	⊠ Yes	☐ No	
		• to minors?	∑ Yes	□No	

3.3.2.9	16.3		sale of cigarettes n small packets?	X Yes	☐ No	
3.3.2.10	16.6	 providing for pe sellers and distri ensure complian 	butors in order to	⊠ Yes	□ No	
3.3.2.11	16.7	 prohibiting the s products by min 		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.					
	raise	In 2007, legislation came into force throughout the United Kingdom that raised the age of of sale for tobacco from 16 to 18 years. Legislation provides for penalties for those who sell tobacco to people under the age of 18.				
	In 2011, the sale of tobacco from vending machines was prohibited in England. Other parts of the UK are expected to follow.					
3.3.2.13	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.					

3.3.3	17	Provision of support for econ	omically viable	e alternativ	e activities	
		(Please check "Yes" or "No". For affirmative answers, please provide a bri 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, measures or programmes on any of the following:					
3.3.3.1	17	promoting economically viable	e and sustainab	le alternativ	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	.2 Please provide a brief description of the progress made in implementing Article 17 (<i>Provision of support for economically viable alternative activities</i>) in the past two years or since submission of your last report.					
	Tobacco is not farmed in the United Kingdom.					
3.3.3.3	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.					

3.4	Article	OTHER MEASURES AND POLICIES			
		(with reference to Articles 18–21)			
3.4.1	Protection of the environment and the health of persons			ons	
		(Please check "Yes" or "No". For brief summary in the space provide relevant documentation. Please pro of the six official languages.)	d at the ena	l of the sec	ction and attach the
		Have you adopted and implemented executive, administrative or other n where appropriate, programmes on	neasures or	have you	implemented,
3.4.1.1	18	implementing measures in respect territory, which take into considerate.		cultivatio	n 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	18	implementing measures in respect territory, which take into considerate.		manufacti	uring 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.				
	Not applicable.				
3.4.1.4	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				

3.4.2	19	Liability				
	(Please check "Yes" or "No". For affirmative answers, please provided brief summary in the space provided at the end of the section and attacrelevant documentation. Please provide documentation, if available, in 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:					
3.4.2.1	19.1	dealing with criminal and civil liability, including compensation where appropriate?	Yes	⊠ No		
3.4.2.2	19.1	Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?	⊠ Yes	□No		
3.4.2.3	19.1	Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?	Yes	⊠ No		
3.4.2.4	Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (<i>Liability</i>) in the past two years or since submission of your last report.					
3.4.2.5	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.					
	A widow of a man who died from lung cancer sued Imperial Tobacco failing to warn her husband of the dangers of cigarettes. The case was unsuccessful as the court found that the man was aware of dangers are have given up smoking. The judgment is available online at:					
	www.scotcourts.gov.uk/opinions/2005CSOH69.html					

3.4.3	20	Research, surveillance and exchange of info	rmation	
		(Please check "Yes" or "No". For affirmative brief summary in the space provided at the end relevant documentation. Please provide docum of the six official languages.)	of the section	and attach the
		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? 	X Yes	☐ No
		• tobacco use among women, with special regard to pregnant women?	\(\text{Yes}	☐ No
		the determinants and consequences of exposure to tobacco smoke?	⊠ Yes	☐ No
		identification of effective programmes for the treatment of tobacco dependence?	X 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?	\(\sum \text{Yes}	☐ No
		exposure to tobacco smoke?	⊠ Yes	☐ No
		• other relevant information (please specify:)	Yes	☐ No

3.4.3.5 20.3(a) 3.4.3.6 20.4 3.4.3.7 20.4(a)		f "Healthy Li				
3.4.3.6 20.4		Relevant surveys are described in Chapter 9 of "Healthy Lives, Healthy People: a tobacco control plan for England". On the web at:				
3.4.3.6 20.4	http://www.dh.gov.uk/en/Publicationsand Statistics/Publications/PublicationsPolicyAndGuidance/DH_124917					
	In reference to any question under 3.4.3.3, does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below.					
	Surveys are undertaken on a regular basis.					
3.4.3.7 <i>20.4(a)</i>	regional and global exchange of publicly avail	able national:				
3.4.3.7 <i>20.4(a)</i>	scientific, technical, socioeconomic, commercial and legal information?	⊠ Yes	☐ No			
3.4.3.7 <i>20.4(a)</i>	information on the practices of the tobacco industry?	⊠ Yes	☐ No			
3.4.3.7 <i>20.4(a)</i>	information on the cultivation of tobacco?	Yes	⊠ No			
	- an updated database of:					
	• laws and regulations on tobacco control?	Yes Yes	☐ No			
	• information about the enforcement of laws on tobacco control?	Yes Yes	☐ No			
	• pertinent jurisprudence?	Yes	⊠ No			
	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.					
t I I I I	The Deaprtment of Health (DH) in England funds a wide range of tobacco control-related research. In particular, research is promoted through the United Kingdom Centre for Tobacco Control Studies (UKCTCS), which is a network of nine universities in the United Kingdom working in the field of tobacco control. The UKCTCS is involved in: original research; policy development: adovocacy teaching and training and is one of the five United Kingdom Public Health Research Centres of Excellence. The UKCTCS is part-funded by DH, which has used research finding from the former to inform its policy-making across the whole range of tobacco control policies:					
	ttp://www.nottingham.ac.uk/ukctcs/index.aspx	hodies inclu	dina			
	Research is also undertaken by a number of other bodies, including: Health Scotland:					

	http://www.healthscotland.com/topics/health/tobacco/tobacco-research.aspx
	Cancer Research UK:
	http://info.cancerresearchuk/org/cancerandresearch/ourcurrentresearch/topic/smoking
	Medical Research Council:
	http://www.mrc.ac.uk/Achievements impact/Stories of impact/Smoking? index.htm
	The Department of Health also contributes funding to the University College London Smoking Toolkit Study (STS), which is a monthly survey of a nationally representative sample of adults designed to provide information about smoking prevalence and behaviour:
	www.smokinginengland.info
3.4.3.9	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.

4. INTERNATIONAL COOPERATION AND ASSISTANCE

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

	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 No
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 Parties from which assistance was received or to w		-

4.8	Please provide information about any assistance provided or received in the space below.
4.9	If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.
4.10	Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention? Xes No
	(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?
	Implementation of the Government's comprehensive tobacco control strategy.
5.2	Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control? Yes No
5.3	If you answered "Yes" to question 5.2, please provide details in the space below.
5.4	What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention? (Please refer to Article 21.1(b).)
5.5	Please provide any relevant information not covered elsewhere that you consider important.
5.6	Your suggestions for further development and revision of the reporting instrument:

End of reporting instrument