

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

1. ORIGIN OF THE REPORT

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1.4	Period of reporting	2007 to 2010
1.5	Date the report was submitted	October 2010

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

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

2.1	PREVALENCE OF TOBACCO USE		
2.1.1	Smoking prevalence in the adult population (all) <i>(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see 2.1.1.2)</i>		
		Prevalence (%) <i>(please include all smoking tobacco products in prevalence data)</i>	Average number of the most-consumed smoking tobacco product used per day
MALES			
	Current smokers	21.56 %	12.81
	Daily smokers	95.77 %	13.23
	Occasional smokers	4.23 %	
	Former smokers	29.81 %	
	Never smokers	48.64 %	
FEMALES			
	Current smokers	20.59 %	13.79
	Daily smokers	96.53 %	14.38
	Occasional smokers	3.47 %	
	Former smokers	21.69 %	
	Never smokers	57.71 %	
TOTAL (males and females)			
	Current smokers	21.04 %	13.28
	Daily smokers	96.17 %	13.79
	Occasional smokers	3.83 %	
	Former smokers	25.47 %	
	Never smokers	53.49 %	

2.1.1.1	<p>Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:</p> <p>Cigarettes</p>
2.1.1.2	<p>Please indicate the age range to which the data used to answer question 2.1.1 refer:</p> <p>16 and over</p>
2.1.1.3	<p>Please indicate the year and source of the data used to answer question 2.1.1:</p> <p>General Lifestyle Survey 2008:</p> <p>Available online at: http://www.statistics.gov.uk/downloads/theme_compendia/GLF08/GLFSmoking&DrinkingAmongAdults2008.pdf</p>
2.1.1.4	<p>Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report.</p> <p>Current smoker: someone who answered 'yes' to the question 'do you smoke cigarettes at all nowadays?'</p> <p>Daily smoker: percentage of "current smokers" who say the smoke every day.</p> <p>Former smoker: someone who has ever smoked a cigarette, a cigar or a pipe but does not smoke cigarettes at all nowadays.</p> <p>Never smoker: someone who has never smoked a cigarette, or a cigar, or a pipe.</p>
2.1.1.5	<p>Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past three years or since submission of your last report.</p> <p>The data show a reduction in smoking prevalence since the last report in 2003, which referred to figures from the General Household Survey 2001. The prevalence of current smoking among adults declined steadily from 27% to 21% between 2001 and 2007. In 2008, smoking prevalence among adults was the same as in 2007 (21%).</p> <p>NB: Data refers to Great Britain only (England + Scotland + Wales), not the whole of the United Kingdom (does not include data from Northern Ireland).</p>

2.1.2	Smoking prevalence in the adult population (by age groups) <i>(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)</i>	
	Age group (adults)	Prevalence (%) <i>(please include all smoking tobacco products in prevalence data)</i>
MALES		
Current smokers ¹ Add age group	16-24	23.60 %
	25-34	29.50 %
	35-44	24.40 %
	45-54	24.30 %
	55-64	20.30 %
	65-74	13.70 %
	75+	6.60 %
FEMALES		
Current smokers ¹ Add age group	16-24	28.90 %
	24-35	25.40 %
	35-44	23.60 %
	45-54	22.20 %
	55-64	17.40 %
	65-74	15.00 %
	75+	7.70 %
TOTAL (males and females)		

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

	Current smokers ¹	16-24	26.40 %
		25-34	27.30 %
		35-44	24.00 %
	Add age group	45-54	23.20 %
		55-64	18.80 %
		65-74	14.40 %
		75+	7.20 %

2.1.2.1	<p>Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.2:</p> <p>Cigarettes</p>
2.1.2.2	<p>Please indicate the year and source of the data used to answer question 2.1.2:</p> <p>General Lifestyle Survey 2008:</p> <p>Available online at: http://www.statistics.gov.uk/downloads/theme_compendia/GLF08/GLFSmoking&DrinkingAmongAdults2008.pdf</p>
2.1.2.3	<p>Please provide a brief explanation of the trend in current smoking prevalence by age group in the past three years or since submission of your last report, if data are available.</p> <p>The data show a reduction in smoking prevalence since the last report in 2003 (which referred to figures from the General Household Survey 2001).</p> <p>The figures show a smoking prevalence decrease across all seven age groups. The age groups that show the highest decrease are 16-24 (from 33.2% to 26.4%), 25 to 34 (from 34.4% to 27.3%) and 35 to 44 (from 29.7% to 24.0%). In contrast, the 75 and over group shows the least decrease in prevalence (from 10.8% to 7.2%).</p> <p>As observed in the trend in smoking prevalence among all adults, the change in percentage points for prevalence figures is quite small across all age groups between 2007 and 2008.</p> <p>NB: Data refers to Great Britain only (England + Scotland + Wales), not the whole of the United Kingdom (does not include data from Northern Ireland).</p>

2.1.3	Prevalence of smokeless tobacco use in the adult population (all) <i>(Please provide prevalence data for total adult population, and identify the age considered in 2.1.3.2, e.g. 15 years old and over, 18–64 years; see 2.1.3.2)</i>	
		Prevalence (%) <i>(please include all smokeless tobacco products in prevalence data)</i>
	MALES	
	Current users	%
	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	%

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 three years or since submission of your last report. Please note these data are not collected or held for the United Kingdom. National data is not collected for use of smokeless forms of tobacco.

2.1.4	Prevalence of smokeless tobacco use in the adult population (current users) by age group <i>(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)</i>					
		Age group (adults) <table border="1" data-bbox="917 409 1421 506"> <tr> <td colspan="2" data-bbox="917 409 1421 506">Prevalence (%)</td> </tr> <tr> <td colspan="2" data-bbox="917 441 1421 506"><i>(please include all smokeless tobacco products in prevalence data)</i></td> </tr> </table>	Prevalence (%)		<i>(please include all smokeless tobacco products in prevalence data)</i>	
Prevalence (%)						
<i>(please include all smokeless tobacco products in prevalence data)</i>						
MALES						
Current users ² <input type="text" value="Add age group"/>		%				
		%				
		%				
		%				
		%				
FEMALES						
Current users ² <input type="text" value="Add age group"/>		%				
		%				
		%				
		%				
		%				
TOTAL (males and females)						
Current users ² <input type="text" value="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 three years or since submission of your last report.
	Please note these data are not collected in the United Kingdom.

2.1.5	Tobacco use by ethnic group(s)				
		Ethnic group(s)	Prevalence (%) <i>(please include all smoking or smokeless tobacco products in prevalence data)</i>		
			Males	Females	Total (males and females)
	Current users ³ Add ethnic group	White	21.70 %	21.20 %	21.40 %
		Black and Black British	21.00 %	14.00 %	16.80 %
		Asian and Asian British	16.70 %	4.30 %	9.80 %
		Chinese	9.20 %	2.50 %	5.10 %
		Mixed Background	26.50 %	42.80 %	37.30 %
		Any other	34.40 %	24.90 %	29.10 %
2.1.5.1	Please indicate the tobacco products included in the answer to question 2.1.5:				
	Cigarettes.				
2.1.5.2	Please indicate the age range to which the data used to answer question 2.1.5 refer:				
	Adults 16 and over.				
2.1.5.3	Please indicate the year and source of the data used to answer question 2.1.5:				
	General Lifestyle Survey 2005				

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

2.1.6	Tobacco use by young persons			
		Age range	Prevalence (%) <i>(please include all smoking or smokeless tobacco products in prevalence data)</i>	
			Smoking tobacco	Smokeless tobacco
				Other tobacco (e.g. water pipe)
Boys				
	Current users ⁴	11	0.17 %	%
	Add youth group	12	1.01 %	%
		13	2.63 %	%
		14	5.40 %	%
		15	14.02 %	%
Girls				
	Current users ⁴	11	0.16 %	%
	Add youth group	12	0.51 %	%
		13	3.91 %	%
		14	9.59 %	%
		15	16.07 %	%
TOTAL (boys and girls)				
	Current users ⁴	11	0.16 %	%
	Add youth group	12	0.76 %	%
		13	3.26 %	%
		14	7.55 %	%
		15	15.03 %	%
2.1.6.1	Please indicate the tobacco products included in calculating prevalence for question 2.1.6:			
	Cigarettes			

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

2.1.6.2	<p>Please indicate the year and source of the data used to answer question 2.1.6:</p> <p>Smoking, drinking and drug use among young people in England 2009: Available online at:</p> <p>http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/smoking-drinking-and-drug-use-among-young-people-in-england/smoking-drinking-and-drug-use-among-young-people-in-england-in-2009</p>
2.1.6.3	<p>Please provide the definition of “current smoking/tobacco use” used to answer question 2.1.6 in the space below.</p> <p>Current smokers: Pupils who report having smoked at least once a week</p>
2.1.6.4	<p>Please provide a brief explanation of the trend in tobacco use by young persons in the past three years or since submission of your last report.</p> <p>Data from the ‘Smoking, drinking and drug use among young people in England’ survey show that 10% of pupils aged 11 to 15 were regular smokers in 2001. This figure fell to 9% by 2003 and remained unchanged until 2007 when it dropped to 6% and remained at this level in 2008 and 2009.</p> <p>NB: Data is for England only.</p>

2.2	EXPOSURE TO TOBACCO SMOKE
2.2.1	Do you have any data on exposure to tobacco smoke in your population? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.2.2	<p>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).</p> <p>The Health Survey for England (HSE) 2008 [N.B to note this is for England only not the United Kingdom] explores secondhand tobacco exposure among non-smokers following the introduction of the smokefree legislation in July 2007. Respondents were classified as non-smokers if their geometric cotinine levels were lower than 15ng/ml and they had reported that they did not currently smoke.</p> <p>The data show a reduction of exposure to second-hand smoke as indexed by cotinine levels. Indeed, geometric mean cotinine levels fell from 0.20 ng/ml to 0.14 ng/ml among men and from 0.19ng/ml to 0.13 ng/ml among women. This reduction was observed across all age groups and the largest reduction was observed among women aged 16-34 (from 0.24ng/ml to 15ng/ml).</p> <p>Similarly, mean hours of exposure to secondary smoke fell after the introduction of the smokefree legislation; they fell from 6.2 to 3.3 hours among men and from 4.4 to 2.7 hours among women.</p> <p>The introduction of smokefree legislation in England in 2007 had very little impact on exposure to second hand smoke among children aged 4 to 15. Cotinine levels in the 12 months prior the smokefree legislation was 0.22ng/ml while it was 0.23ng/ml in the 12 months following the smokefree legislation.</p> <p>Children indicated their home or other people’s homes as the place where they were often near to people who were smoking.</p>

	<p>Moreover, geometric cotinine levels among non-smokers' children were higher among those who lived in households where one or more adults smoked regularly (1.49ng/ml) compared to households where no adults smoked regularly (0.14 ng/ml).</p> <p>NB: Data is for England only.</p>
2.2.3	<p>Please indicate the year and source of the data used to answer question 2.2.1:</p> <p>HSE 2008 and HSE 2007:</p> <p>Available online at:</p> <p>http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england</p>

2.3	TOBACCO-RELATED MORTALITY
2.3.1	Do you have information on tobacco-related mortality in your population? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.3.2	If you answered "Yes" to question 2.3.1, what is the estimated total number of deaths attributable to tobacco use in your population? The estimated number of smoking- attributable deaths in England is equal to 82,580 among adults aged 35 and over. The number of smoking-attributable deaths is higher among males (49,375) than females (33,205). These figures are for England only.
2.3.3	<p>If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.</p> <p>The categories of disease included in the study are: malignant neoplasms, cardiovascular diseases, respiratory diseases. Additionally, endometrial cancer and Parkinson's disease are included but they are associated to lower risks and subtracted from the total death number. Tobacco attributable malignant neoplasms account for 23994 deaths among men and 13672 among women; tobacco attributable cardiovascular diseases account for 13281 among men and 8493 deaths among women. Finally, tobacco attributable respiratory diseases account for 13040 and 11597 deaths among men and women, respectively.</p>
2.3.4	<p>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:</p> <p>ONS mortality statistics and General Lifestyle Survey 2008:</p> <p>Available online at:</p> <p>http://www.statistics.gov.uk/downloads/theme_compendia/GLF08/GLFSmoking&DrinkingAmongAdults2008.pdf</p>

2.4	TOBACCO-RELATED COSTS
2.4.1	Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.4.2	If you answered "Yes" to question 2.4.1, please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these

	<p>costs).</p> <p>The cost of smoking-related ill health to the National Health Service across the United Kingdom has been estimated at £5.2 billion per year.</p> <p>The overall cost of tobacco to society is estimated at £13.74 billion per annum. This estimate includes the loss in productivity from smoking breaks (£2.9 billion) and increased absenteeism (£2.5 billion); the cost of cleaning up cigarette butts (£342 million); the cost of smoking related house fires (£507 million), and also the loss in economic output from the deaths of smokers (£4.1 billion) and passive smokers (£713 million).</p>
2.4.3	<p>Please indicate the year and source of the data used to answer question 2.4.2, and please submit a copy of the study you refer to:</p> <p>Allender, S. et al. (2009). “The burden of smoking-related ill health in the United Kingdom“ in Tobacco Control, 2009:18, pp. 262-267. Available online at: http://tobaccocontrol.bmj.com/content/18/4/262.full</p> <p>Nash, R. and Featherstone, H. (2010) Cough Up: Balancing tobacco income and costs in society. Policy Exchange, London. Available online at: http://www.policyexchange.org.uk/publications/publication.cgi?id=182</p>

2.5	SUPPLY OF TOBACCO AND TOBACCO PRODUCTS <i>(with reference to Articles 6.2(b), 20.4(c), and 15.5)</i>				
2.5.1	Licit supply of tobacco products				
	Product	Unit (<i>e.g.</i> <i>pieces, tonnes</i>)	Domestic production	Exports	Imports
	Smoking tobacco products	Cigarettes	Million sticks	49097.00	4258.00
	Add product	Cigars	thousand tonnes	568.00	
		Hand rolling	thousand tonnes	5653.00	
		Other (pipe & Chewing)	thousand tonnes	415.00	
	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.				
2.5.3	Please indicate the year and source of the data used to answer questions 2.5.1 and 2.5.2: 1 April 2009 - 31 March 2010				

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS <i>(with reference to Article 15.5)</i>				
2.6.1		Year	Product	Unit (e.g. millions of pieces)	Quantity seized
	Smoking tobacco products	2009	Cigarettes	Billion sticks	1.80
	Add row	2009	Hand Rolling Tobacco	Tonnes	258.00
	Smoking tobacco products				
	Add row				
	Smoking tobacco products				
	Add row				
	2.6.2	Do you have any information on the percentage of smuggled tobacco products on the national tobacco market? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2.6.3	If you answered “Yes” to question 2.6.2, what percentage of the national tobacco market do smuggled tobacco products constitute? Cigarettes = 12%, Hand-rolling tobacco = 41-52 % %				
2.6.4	If you answered “Yes” to question 2.6.3 and you have information available, what is the trend over the past three years or since submission of your last report in the percentage of smuggled tobacco products in relation to the national tobacco market?				
	The trend is downward. Market share figures are for 2007/08.				
2.6.5	Please provide any further information on illicit or smuggled tobacco products.				
2.6.6	Please indicate the source of the data used to answer questions in section 2.6:				
	HM Revenue and Customs (HMRC)/United Kingdom Border Agency (United KingdomBA) Seizure Statistics				

2.7	TOBACCO-GROWING
2.7.1	Is there any tobacco-growing in your jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.7.2	If you answered “Yes” to question 2.7.1, please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.

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

2.8	TAXATION OF TOBACCO PRODUCTS <i>(with reference to Articles 6.2(a) and 6.3)</i>				
2.8.1	What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))? 76%				
2.8.2	How are the excise taxes levied (what types of taxes are levied)?				
	• Specific tax only	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	• Ad valorem tax only	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	• Combination of specific and ad valorem taxes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	• More complex structure (<i>please explain</i> : UK excise duty on cigarettes consists of a specific and an ad valorem element whereas the excise duty on other tobacco products is purely specific.)				
2.8.3	If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)				
		Product	Type of tax	Rate or amount	Base of tax ⁵
	Smoking tobacco products Add product	Cigarettes	Ad val/specific	241.19	Retail price
		Hand-rolling	Specific	129.59	kg
		Pipe	Specific	79.26	kg
	Smokless tobacco products Add product	Chewing	Specific	79.26	kg
	Other tobacco products Add product				
2.8.4	Please briefly describe the trends in taxation for tobacco products in the past				

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.

	three years or since submission of your last report in your jurisdiction.
	The United Kingdom has increased the duty in line with inflation or above annually.
2.8.5	<p>Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>(In reference to Article 26)</i></p>
2.8.6	<p>If you answered “Yes” to question 2.8.5, please provide details in the space below.</p>
2.8.7	<p>Please indicate the year and source of the data used to answer questions 2.8.1 to 2.8.6:</p>

2.9	PRICE OF TOBACCO PRODUCTS <i>(with reference to Article 6.2(a))</i>				
2.9.1	Please provide the retail prices of the three most widely sold brands of domestic and imported tobacco products at the most widely used point of sale in your capital city.				
	Most widely sold brand			Number of units or amount per package	Retail price
	Smoking tobacco products	Smokeless tobacco products	Other tobacco products		
Domestic	Lambert and Butler King Size			20	5.71
	Benson & Hedges Gold KS cigarettes			20	6.29
	Golden virginia hand-rolling tobacco			50g	12.53
Imported	Marlboro Red KS cigarettes			20	6.31

2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.
	March 2010 manufacturers' price lists
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.
	£ Sterling - £1 = \$1.49 (24/06/10)
2.9.4	Please briefly describe the trend in the prices of tobacco products in the past three years or since submission of your last report in your jurisdiction.
	Prices are on an upward trend.

3. LEGISLATION, REGULATION AND POLICIES

3.1	Article	GENERAL OBLIGATIONS (with reference to Article 5)		
3.1.1	5	General obligations		
3.1.1.1	5.1	Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.2	5.1	If you answered “No” to question 3.1.1.1, have you partially developed and implemented tobacco control strategies by including tobacco control in national health, public health or health promotion strategies, plans and programmes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.3	5.1	If you answered “No” to question 3.1.1.2, is any aspect of tobacco control that is referred to in the Convention included in any national strategy, plan or programme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.4	5.2(a)	Have you established or reinforced and financed		
		• a focal point for tobacco control	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• a tobacco control unit	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• a national coordinating mechanism for tobacco control	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.5	If you answered “Yes” to any of the questions under 3.1.1.4, please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).			
	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 officials with responsibility for tobacco control.			
3.1.1.6	Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (<i>General obligations</i>) in the past three years or since submission of your last report.			
	In 1998, DH published a White Paper on tobacco, Smoking Kills. This was followed in 2010 by publication of a new comprehensive tobacco control strategy for England, A Smokefree Future. Following the recent change of government in the United Kingdom, a new Public Health White Paper for England was announced. It is due for publication by the end of 2010 and will set out action to reduce the impact on public health of tobacco use.			

3.1.1.7	<p data-bbox="483 197 1382 260">If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>
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3.1.2	5.3	<p>Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:</p>		
3.1.2.1		– protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.2.2		– ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.2.3	<p>If you answered “Yes” to any of the questions under 3.1.2.1 or 3.1.2.2, please provide details in the space below.</p>			
3.1.2.4	<p>Please provide a brief description of the progress made in implementing Article 5.3 in the past three years or since submission of your last report.</p> <p>In May 2009, the then Secretary of State for Health, wrote to the Prime Minister and Cabinet colleagues bringing their attention to article 5.3 of the FCTC, attaching the guidelines. Additionally, in "A Smokefree Future", referred to above, the Government committed publish the details of all policy-related meetings between the tobacco industry and any government official.</p>			
3.1.2.5	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>			

3.2	<i>Article</i>	MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO <i>(with reference to Articles 6–14)</i>		
3.2.1	6	<p>Price and tax measures to reduce the demand for tobacco</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p> <p>Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:</p>		
3.2.1.1	6.2(a)	– tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.1.2	6.2(b)	– prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.1.3		– prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.1.4	<p>Please provide a brief description of the progress made in implementing Article 6 (<i>Price and tax measures to reduce the demand for tobacco</i>) in the past three years or since submission of your last report.</p> <p>Duty rates have been increased at at least the rate of inflation in each of the last 3 years.</p>			
3.2.1.5	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>			

3.2.2	8.2	Protection from exposure to tobacco smoke <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>			
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:			
3.2.2.1		– protection from exposure to tobacco smoke in indoor workplaces?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.2.2		If you answered “Yes” to question 3.2.2.1, how comprehensive is the protection from exposure to tobacco smoke in the following indoor workplaces:	Complete	Partial	None
		• government buildings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• health-care facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• educational facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• private workplaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• motor vehicles used as places of work (e.g., ambulances, delivery vehicles)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• other (<i>please specify:</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.2.3		– protection from exposure to tobacco smoke in public transport?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.2.4		If you answered “Yes” to question 3.2.2.3, how comprehensive is the protection from exposure to tobacco smoke in the following types of public transport:	Complete	Partial	None
		• airplanes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• trains	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• ground public transport (buses, trolleybuses, trams)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• taxis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• other (<i>please specify:</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2.2.5		– protection from exposure to tobacco smoke in indoor public places?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.2.6		If you answered “Yes” to question 3.2.2.5, how comprehensive is the protection from exposure to tobacco smoke in the following indoor public places:	Complete	Partial	None
		• cultural facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• bars	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• nightclubs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• restaurants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		• other (<i>please specify:</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.2.7		Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented.			
		• Protection from exposure to tobacco smoke in indoor workplaces			
		<p>Legislation is in place throughout the United Kingdom prohibiting smoking in enclosed parts of workplaces.</p> <p>Throughout the United Kingdom, virtually all enclosed workplaces must be smokefree, including all pubs, clubs, membership clubs, cafes and restaurants as of 1 July 2007.</p> <p>In England, the relevant legislation is within the Health Act 2006, the Smoke-free (Premises and Enforcement) Regulations (set out what is meant by enclosed and substantially enclosed and the bodies responsible for enforcing smoke-free legislation), the Smoke-free (Penalties and Discounted Amounts) Regulations (set out the levels of penalties for offences under smoke-free legislation), and the Smoke-free (Signs) Regulations (set out the requirements for no-smoking signs required under smoke-free legislation).</p>			
		• Protection from exposure to tobacco smoke in public transport			
		<p>In England, this is regulated by the Smoke-free (Exemptions and Vehicles) Regulations set out the exemptions to smokefree legislation and vehicles required to be smokefree. The Smoke-free (Vehicle Operators and Penalty Notices) Regulations set out the responsibility on vehicle operators to prevent smoking in smokefree vehicles and the form for fixed penalty notices.</p>			
		• Protection from exposure to tobacco smoke in indoor public places			
		<p>Legislation is in place throughout the United Kingdom prohibiting smoking in enclosed parts of public places.</p> <p>Throughout the United Kingdom, virtually all enclosed public places must be smokefree, including all pubs, clubs, membership clubs, cafes and restaurants as of 1 July 2007.</p> <p>In England, the relevant legislation is within the Health Act 2006,</p>			

		<p>the Smoke-free (Premises and Enforcement) Regulations (set out what is meant by enclosed and substantially enclosed and the bodies responsible for enforcing smoke-free legislation), the Smoke-free (Penalties and Discounted Amounts) Regulations (set out the levels of penalties for offences under smoke-free legislation), and the Smoke-free (Signs) Regulations (set out the requirements for no-smoking signs required under smoke-free legislation).</p>
3.2.2.8		<p>Please provide a brief description of the progress made in implementing Article 8 (<i>Protection from exposure to tobacco smoke</i>) in the past three years or since submission of your last report.</p> <p>All of the United Kingdom has had comprehensive smokefree legislation in place since July 2007 as set out above. In England, compliance is around 98% according to the final compliance data report received in mid-2010. More than three-quarters of people say they support smokefree laws.</p>
3.2.2.9		<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p> <p>Health Act 2006 available online at: http://www.legislation.gov.uk/ukpga/2006/28/contents</p> <p>The Smokefree England: One Year On report presents a review of the legislation covering compliance, public opinion, businesses' experience of implementing smokefree law in the workplace and academic research into the health benefits of a smokefree England. Available online at: http://www.smokefreeengland.co.uk/thefacts/latest-research.html</p> <p>Summary of the findings of the smokefree legislation compliance data collection from local authorities in England from July 2007 to July 2010. Available online at: http://www.smokefreeengland.co.uk/files/83840-coi-smokefree-compliance_period_tagged-13.pdf</p> <p>Further information, guidance and resources (including signage) for smokefree legislation in England is available online at: http://www.smokefreeengland.co.uk/</p> <p>Further information, guidance and resources (including signage) for smokefree legislation in Scotland is available online at: http://www.clearingtheairscotland.com/</p> <p>Further information, guidance and resources (including signage) for smokefree legislation in Wales is available online at: http://wales.gov.uk/smokingbanwalessub/home/?lang=en</p> <p>Further information, guidance and resources (including signage) for smokefree legislation in Northern Ireland is available online at: http://www.spacetobreathe.org.uk/</p>

3.2.3	9	<p>Regulation of the contents of tobacco products</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:</p>		
3.2.3.1		– testing and measuring the contents of tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.3.2		– testing and measuring the emissions of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.3		– regulating the contents of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.4		– regulating the emissions of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.5	<p>Please provide a brief description of the progress made in implementing Article 9 (<i>Regulation of the contents of tobacco products</i>) in the past three years or since submission of your last report.</p> <p>There has been no new regulation, legislation or policy relating to the contents of tobacco products adopted in the past 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)), manufacturers are required to submit information on all ingredients used in the manufacture of their products. This legislation was implemented in 2002.</p> <p>The Tobacco Products (Manufacture, Presentation and Sale) (Safety) Regulations 2002 are available online at: http://www.legislation.gov.uk/uksi/2002/3041/contents/made</p>			
3.2.3.6	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p> <p>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 generate fact sheets on the toxic effects of contents of tobacco products in their burnt and unburnt form, to communicate potential risks to consumers. There is a possibility that EMTOC will form the basis for which ingredient information will be collected from industry in the future.</p>			

3.2.4	10	<p>Regulation of tobacco product disclosures</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:</p>		
3.2.4.1		<p>– requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:</p>		
		• contents of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• emissions of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.4.2		<p>– requiring public disclosure of information about the:</p>		
		• contents of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• emissions of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.4.3	<p>Please provide a brief description of the progress made in implementing Article 10 (<i>Regulation of tobacco product disclosures</i>) in the past three years or since submission of your last report.</p>			
	<p>There has been no new legislation or policy relating to the emissions of tobacco products implemented in the past 3 years. However, according to the United Kingdom Tobacco Products (Manufacture, Presentation and Sale) (Safety) Regulations 2002, which were implemented in 2002, manufacturers are required to provide information on Tar, Nicotine and Carbon Monoxide yields of their products to the Secretary of State for Health on an annual basis. There is also a requirement in this legislation for manufacturers 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, to the Secretary of State. In accordance with the regulations, the Department of Health carries out independent tests of Tar, Nicotine and Carbon Monoxide on all cigarettes on the United Kingdom market.</p>			
3.2.4.4	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>			
	<p>Arrangements to disclose non-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 disclosure of information on emissions in the near future.</p>			

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

3.2.5.10		If you answered “Yes” to question 3.2.5.9, does the Government own the copyright to these pictures and pictograms?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.5.11		If you answered “Yes” to question 3.2.5.10, would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.12	11.2	– requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant constituents and emissions of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.13	11.3	– requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.14	<p>Please provide a brief description of the progress made in implementing Article 11 (<i>Packaging and labelling of tobacco products</i>) in the past three years or since submission of your last report.</p> <p>The United Kingdom is subject to all European Union requirements in this area. In 2008, the United Kingdom introduced, through legislation, the mandatory use of pictorial warnings on packs. The relevant legislation is the Tobacco Products (Manufacture, Presentation and Sale) (Safety) (Amendment) Regulations 2007, available online at:</p> <p>http://www.legislation.gov.uk/uksi/2007/2473/contents/made</p>			
3.2.5.15	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>			

3.2.6	12	<p>Education, communication, training and public awareness</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:</p>		
3.2.6.1	12(a)	<p>– educational and public awareness programmes? <i>(Please refer to programmes implemented since submission of your two-year report.)</i></p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.2	<p>If you answered “Yes” to question 3.2.6.1, to whom are these programmes targeted?</p>			
		<ul style="list-style-type: none"> • adults or the general public 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • children and young people 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • men 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • women 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • pregnant women 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • ethnic groups 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • other <i>(please specify: families)</i> 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.3	<p>If you answered “Yes” to question 3.2.6.1, do you reflect the following key differences among targeted population groups in educational and public awareness programmes?</p>			
		<ul style="list-style-type: none"> • age 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • gender 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • educational background 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • cultural background 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • socioeconomic status 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • other <i>(please specify: families)</i> 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.4	12(b)	<p>If you answered “Yes” to question 3.2.6.1, do these educational and public awareness programmes cover:</p>		
		<ul style="list-style-type: none"> • health risks of tobacco consumption? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • health risks of exposure to tobacco smoke? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • benefits of the cessation of tobacco use and tobacco-free lifestyles? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

	12(f)	<ul style="list-style-type: none"> adverse economic consequences of 		
		- tobacco production?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		- tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> adverse environmental consequences of 		
		- tobacco production?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		- tobacco consumption?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.6.5	12(e)	– awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control:		
		<ul style="list-style-type: none"> public agencies? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> nongovernmental organizations not affiliated with the tobacco industry? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> private organizations? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> other (<i>please specify:</i>)? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.6	12	Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.7	12(d)	Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:		
		<ul style="list-style-type: none"> health workers? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> community workers? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> social workers? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> media professionals? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> educators? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> decision-makers? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> administrators? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> other (<i>please specify:</i> employers)? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.2.6.8	<p>Please provide a brief description of the progress made in implementing Article 12 (<i>Education, communication, training and public awareness</i>) in the past three years or since submission of your last report.</p>
	<p>Historically, marketing communications activity focused solely on motivating smokers to quit. Following a comprehensive marketing review, a new strategy for England was developed for 2008-10, with a particular focus on routine and manual smokers, who smoke at much higher rates than the general population.</p> <p>The approach uses campaigning and marketing to encourage smokers who want to quit to take action; encourages those who have taken action to use NHS support to quit and highlights reasons why smokers should quit. The three key marketing objectives are:</p> <ul style="list-style-type: none"> - Triggering 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). - Making quitting more successful: Encouraging the use of NHS products and services when quitting and exploring ways of reducing relapse. - Reinforcing motivation: Continuing to maintain a positive environment for quitting and providing powerful reasons for why smokers should quit for good. <p>These marketing objectives are underpinned by six major workstreams, which cover work directly with the public and also with stakeholders.</p> <ol style="list-style-type: none"> 1. Acquisition and lead generation: to stimulate quit attempts and drive significant volumes to all the NHS response channels (e.g. website or helpline). 2 Stakeholder activation: to use third party influencers to generate quit attempts amongst routine and manual smokers, who can be reached in environments inaccessible to commercial media. Stakeholders include healthcare professionals, employers and community representatives. 3. Lead management and conversion: to convert those responses generated from the acquisition activity into successful quit attempts, through customer relationship marketing programme, and improved interaction with the helpline and other response vehicles. 4. Product development: to enhance and develop the NHS support offering for quitters. This included the Quit Kit, launched in Dec 09, aimed at triggering quit attempts in smokers who would not otherwise be interested in NHS support and the new “Quit Club” workplace support offering. 5. Reinforcing motivation: to drive the desire to quit, using advertising, PR, sponsorship and partnership to provide reasons for both stopping smoking, and positive reasons for wanting to become smokefree. 6. Community activation: using a broader range of media channels and tactics to

	<p>influence smokers within their communities e.g. using field marketing to engage smokers on the street in conversations about quitting, supported by stop smoking advisors with promotion of these events through local networks..</p> <p>In England, there are nearly 5 million quit attempts each year. Econometric modelling has demonstrated the relationship between tobacco control marketing activity and people quitting smoking. In 2008 and 2009, tobacco control marketing activity directly stimulated over 1.5 million quit attempts and over 100,00 successful quits each year. Analysis of market research tracking data shows that for every person coming directly to the NHS as a result of campaign activity, an additional 3.3 smokers are prompted to make a quit attempt, but do not respond directly to the campaign.</p> <p>In England, the gross one year payback of the campaign in 2008 is estimated at £65m, in terms of direct financial savings to the NHS. After subtracting the costs of campaign spend and providing the NHS Stop Smoking Services to those who used them as a result of marketing activity, this results in an indicative one-year return on marketing investment (ROMI) of £2.60 for every pound of public money spent, and a three year return of £5.73 for every pound spent.</p>
3.2.6.9	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p> <p>NHS Smokefree website is at: http://smokefree.nhs.uk</p>

3.2.7	13	Tobacco advertising, promotion and sponsorship <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:		
3.2.7.1	13.2	– instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered “No” to question 3.2.7.1, please proceed to question 3.2.7.3.				
3.2.7.2	If you answered “Yes” to question 3.2.7.1, does your ban cover:			
		• display and visibility of tobacco products at points of sales?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• the domestic Internet?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• the global Internet?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• brand stretching and/or brand sharing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• product placement as a means of advertising or promotion?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• the depiction of tobacco or tobacco use in entertainment media products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• tobacco sponsorship of international events or activities and/or participants therein?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• contributions from tobacco companies to any other entity for “socially responsible causes” and/or any other activities implemented under the umbrella of “corporate social responsibility” by the tobacco industry?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• cross-border advertising, promotion and sponsorship originating from your territory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

	13.7	<ul style="list-style-type: none"> the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Please proceed to question 3.2.7.12.				
3.2.7.3	13.2	If you answered "No" to question 3.2.7.1. are you precluded by your constitution or constitutional principles from undertaking a comprehensive ban on tobacco advertising, promotion and sponsorship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.4	13.3	– applying restrictions on all tobacco advertising, promotion and sponsorship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.5	13.3	– applying restrictions on cross-border advertising, promotion and sponsorship originating from your territory with cross-border effects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.6	13.4(a)	– prohibiting those forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.7	13.4(b)	– requiring that health or other appropriate warnings or messages accompany all tobacco advertising, promotion and sponsorship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.8	13.4(c)	– restricting the use of direct or indirect incentives that encourage the purchase of tobacco products by the public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.9	13.4(d)	– requiring the disclosure to relevant Government authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.2.7.10	13.4(e)	– restricting tobacco advertising, promotion and sponsorship on:		
		• radio?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• television?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• print media?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• the domestic Internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• the global Internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• other media (<i>please specify:</i>)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.11	13.4(f)	– restricting tobacco sponsorship of:		
		• international events and activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• participants therein?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Whether you answered “Yes” or “No” to question 3.2.7.1, are you:				
3.2.7.12	13.6	– cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.7.13	13.7	– imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.7.14	Please provide a brief description of the progress made in implementing Article 13 (<i>Tobacco advertising, promotion and sponsorship</i>) in the past three years or since submission of your last report.			
	<p>The Tobacco Advertising and Promotion Act (TAPA) 2002 prohibits the advertising and promotion of tobacco products in England, Scotland, Wales and Northern Ireland, including sponsorship. Separate regulations prohibit 'brandsharing' (the promotion of a tobacco product by another product, for example, clothing, perfume etc. or vice versa). Regulations prohibiting tobacco advertising on the internet came into force in September 2006. Trading standards authorities enforce TAPA and compliance with the law has been good, with very few cases of non-compliance identified or enforcement action taken.</p> <p>TAPA is available online at: http://www.legislation.gov.uk/ukpga/2002/36/contents</p>			

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.
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3.2.8	14	Demand reduction measures concerning tobacco dependence and cessation <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.2.8.1	14.1	– developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.8.2	14.1	– programmes to promote cessation of tobacco use, including:		
		• media campaigns emphasizing the importance of quitting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• programmes specially designed for women and/or pregnant women?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other (<i>please specify:</i>)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.8.3	14.2(a)	– design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:		
		• educational institutions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• health-care facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• workplaces?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• sporting environments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other (<i>please specify:</i>)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.2.8.4	14.2(b)	– inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for:			
		• tobacco control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• health?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• education?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.5		– inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.6	14.2(b)	If you answered “Yes” to question 3.2.8.5, which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?			
		• primary health care	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• secondary and tertiary health care	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• specialist health-care systems (<i>please specify:</i> military, prisons)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• specialized centres for cessation counselling and treatment of tobacco dependence	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• rehabilitation centres	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• other (<i>please specify:</i> mental health units)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.7	14.2(b)	If you answered “Yes” to question 3.2.8.5, are the services provided in these settings covered by public funding or reimbursement schemes?			
		• primary health care	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		• secondary and tertiary health care	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		• specialist health-care systems (<i>please specify:</i> military, prison)	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None

		<ul style="list-style-type: none"> specialized centres for cessation counselling and treatment of tobacco dependence 	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> rehabilitation centres 	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> other (<i>please specify:</i> Mental health) 	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
3.2.8.8	14.2(b)	If you answered “Yes” to question 3.2.8.5, which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services?			
		Health professionals including:			
		<ul style="list-style-type: none"> physicians 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> dentists 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> family doctors 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> practitioners of traditional medicine 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> other medical professionals (<i>please specify:</i>) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> nurses 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> midwives 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> pharmacists 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Community workers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Social workers	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		Others (<i>please specify:</i> specialist stop smoking advisors)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.9	14.2(c)	– training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:			
		<ul style="list-style-type: none"> medical? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> dental? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> nursing? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> pharmacy? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> other (<i>please specify:</i>)? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

3.2.8.10	14.2(d)	– facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.11	14.2(d)	If you answered “Yes” to question 3.2.8.10, which pharmaceutical products are available for the treatment of tobacco dependence in your jurisdiction?			
		• nicotine replacement therapy	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• bupropion	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• varenicline	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		• other (<i>please specify:</i>)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.12	14.2(d)	If you answered “Yes” to question 3.2.8.10, are the costs of treatment with these products covered by public funding or reimbursement?			
		• nicotine replacement therapy	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		• bupropion	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		• varenicline	<input checked="" type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
		• other (<i>please specify:</i>)?	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
3.2.8.13	Please provide a brief description of the progress made in implementing Article 14 (<i>Demand reduction measures concerning tobacco dependence and cessation</i>) in the past three years or since submission of your last report.				
	<p>3.2.8.1 - 3.2.8.7 (14.1- 14.2b):</p> <p>A number of programmes and activities to reduce demand for tobacco through tobacco dependence treatment and cessation have been undertaken, including programmes and activities outlined briefly below.</p> <p>Since 1999, the National Health Service (NHS) has run local Stop Smoking Services (LSSS). These services are now 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.</p> <p>These services are delivered in healthcare facilities, in workplaces, in prisons and in mental health facilities, as well as in a wide range of community settings and in higher education institutions.</p>				

In addition, where local populations have a need, a number of LSSS also provide support and treatment 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. A wide range of more general marketing activities support the promotion of tobacco cessation to the general public and specific target populations such as pregnant women. These are generated nationally in order to provide consistent messaging and are reinforced through more localised activity which shares the same branding.

3.2.8.8 (14.2b):

In addition, the 'Interventions in...' series addresses system-wide approaches to raising awareness of and referring smokers to the NHS SSS. This includes a range of healthcare settings such as primary and secondary care. 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 role is to provide smoking cessation treatment.

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. These documents are available online at:
<http://guidance.nice.org.uk/ph10> and <http://guidance.nice.org.uk/ph26>

3.2.8.9 (14.2c):

Although there is some training incorporated in health professional pre and post qualification levels at a number of professional schools, this tends to be ad hoc and is not systematic across all institutions or all areas.

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 over the last years, including:

- Nicotine replacement therapy, bupropion and varenicline available on NHS prescription to all patients (patients who are normally exempt from paying prescriptions, such as pregnant women, and unemployed, receive these free of charge)
- Work with Medicines and Healthcare Products Regulatory Agency (MHRA) to widen the license for NRT to include children aged 12-18, pregnant

	<p>women, and those with controlled coronary heart disease</p> <ul style="list-style-type: none"> • Work with MHRA to widen the license 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 <ul style="list-style-type: none"> • Work with local areas medicine’s management to amend local formularies to include wider access to effective medications and usage, including varenicline and dual NRT prescribing
3.2.8.14	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p> <p>The document NHS Stop Smoking Services: service and monitoring guidance 2010/11 is for England and provides best practice guidance relevant to the provision of all NHS stop smoking interventions and sets out fundamental quality principles for the delivery of services which can be used to inform the development of local commissioning arrangements. It also includes full details of the data reporting requirements for NHS Stop Smoking Services. Available online at:</p> <p>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationPolicyAndGuidance/DH_109696</p>

3.3	Article	MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO <i>(with reference to Articles 15–17)</i>		
3.3.1	15	Illicit trade in tobacco products <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.3.1.1	15.2	– requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.2	15.2(a)	– requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.3	15.2(a)	– requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: “Sales only allowed in ...” or carry any other effective marking indicating the final destination of the product?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.4	15.2(b)	– developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.1.5	15.3	– requiring that marking is presented in legible form or appears in the principal language and/or languages of the country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.6	15.4(a)	– requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

3.3.1.7	15.4(a)	If you answered “Yes” to question 3.3.1.6, do you facilitate the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.8	15.4(b)	– enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.9	15.4(c)	– requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment-friendly methods where possible, or disposed of in accordance with national law?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.1.10	15.4(d)	– adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.11	15.4(e)	– enabling the confiscation of proceeds derived from illicit trade in tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.12	15.6	– promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.13	15.7	– licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.3.1.14	<p>Please provide a brief description of the progress made in implementing Article 15 (<i>Illicit trade in tobacco products</i>) in the past three years or since submission of your last report.</p>
	<p>The United Kingdom, through its HM Revenue and Customs Department (HMRC) has been a key partner in efforts to agree the Article 15 protocol, attending INB meetings. Domestically, HMRC and the United Kingdom Border Agency published an integrated strategy, Tackling Tobacco Smuggling Together in November 2008. Available online at: http://www.hmrc.gov.uk/pbr2008/tobacco-2800.pdf</p> <p>In 2009, HMRC and the Department of Health published a joint marketing strategy to reduce illicit trade. Illicit tobacco is being tackled effectively in the United Kingdom and falls in its share have been observed. Latest HMRC mid-point estimates from HMRC put the market share of illicit cigarettes in the United Kingdom at 11% and the market share of hand-rolling tobacco at 49%.</p>
3.3.1.15	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.3.2	16	Sales to and by minors <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.3.2.1	16.1	– prohibiting the sales of tobacco products to minors? If “Yes”, please specify the legal age: 18 ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.2	16.1(a)	– requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.3	16.1(a)	– requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.4	16.1(b)	– banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.2.5	16.1(c)	– prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.2.6	16.1(d)	– prohibiting the sale of tobacco products from vending machines?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered “Yes” to question 3.3.2.6, please proceed to question 3.3.2.8.				
3.3.2.7	16.1(d)	If you answered “No” to question 3.3.2.6, do you ensure that tobacco vending machines are not accessible to minors and/or do not promote the sale of tobacco products to minors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.8	16.2	– prohibiting and/or promoting the prohibition of the distribution of free tobacco products:		
		• to the public?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

		<ul style="list-style-type: none"> • to minors? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.9	16.3	– prohibiting the sale of cigarettes individually or in small packets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.10	16.6	– providing for penalties against sellers and distributors in order to ensure compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.11	16.7	– prohibiting the sales of tobacco products by minors?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.2.12	<p>Please provide a brief description of the progress made in implementing Article 16 (<i>Sales to and by minors</i>) in the past three years or since submission of your last report.</p> <p>Legislation to raise the age of sale for tobacco from 16 to 18 years on 1 October 2007. Legislation provides for penalties for those who sell tobacco to people under the age of 18.</p> <p>Legislation to stop sales of tobacco from vending machines to come into force in England on 1 October 2011.</p>			
3.3.2.13	<p>If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.</p>			

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

3.4	<i>Article</i>	OTHER MEASURES AND POLICIES <i>(with reference to Articles 18–21)</i>			
3.4.1	18	Protection of the environment and the health of persons <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>			
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:			
3.4.1.1	18	– implementing measures in respect of tobacco cultivation within your territory, which take into consideration:			
		• the protection of the environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not applicable
		• the health of persons in relation to the environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not applicable
3.4.1.2	18	– implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:			
		• the protection of the environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not applicable
		• the health of persons in relation to the environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not applicable
3.4.1.3		Please provide a brief description of the progress made in implementing Article 18 (<i>Protection of the environment and the health of persons</i>) in the past three years or since submission of your last report.			
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 <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.4.2.1	19.1	– dealing with criminal and civil liability, including compensation where appropriate?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.4.2.2	19.1	Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.2.3	19.1	Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.4.2.4	Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (<i>Liability</i>) in the past three years or since submission of your last report.			
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 man who died from lung cancer sued Imperial Tobacco for 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 and could have given up smoking. The court opinion is available online at: www.scotcourts.gov.uk/opinions/2005CSOH69.html			

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

		smoking , attitudes and policies towards smoking compliance and tobacco legislation.)		
3.4.3.4	20.4	– regional and global exchange of publicly available national:		
		• scientific, technical, socioeconomic, commercial and legal information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• information on the practices of the tobacco industry?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• information on the cultivation of tobacco?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.4.3.5	20.4(a)	– an updated database of:		
		• laws and regulations on tobacco control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• information about the enforcement of laws on tobacco control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• pertinent jurisprudence?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.4.3.6	Please provide a brief description of the progress made in implementing Article 20 (<i>Research, surveillance and exchange of information</i>) in the past three years or since submission of your last report.			
	<p>For England, statistics on smoking are collected by the Office for National Statistics, the NHS Information Centre and the Department of Health, including through the following instruments:</p> <p>Population smoking prevalence and behaviours (in Great Britain): Collected annually through the General Lifestyle Survey, a multi-purpose continuous survey carried out by ONS collecting information on a range of topics from people living in private households in Great Britain: http://www.statistics.gov.uk/STATBASE/Product.asp?vlnk=5756</p> <p>Smoking by young people (in England only): Collected annually through the Smoking, Drinking and Drugs Use among Young People in England survey, carried out in participating schools across England to provide information on pupils' smoking, drinking and drug use behaviours (pupils between the ages of 11-15 years): http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/smoking-drinking-and-drug-use-among-young-people-in-england</p> <p>The Health Survey for England (in England only): The Health Survey for England is a series of annual surveys designed to measure health and health related behaviours in adults and children, in England. It has a series of core elements (including smoking) that are included every year and special topics that are included in selected years:</p>			

<http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england>

Smoking during pregnancy (in England only): Quarterly collected data on women's smoking status at the time of giving birth:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_116059

Local tobacco control profiles (for England only): These profiles provide a snapshot of the extent of tobacco use, tobacco related harm, and measures being taken to reduce this harm at a local level. These profiles have been designed to help local government and health services to assess the effect of tobacco use on their local populations. They inform commissioning and planning decisions to tackle tobacco use and improve the health of local communities:

http://www.lho.org.uk/LHO_Topics/Analytic_Tools/TobaccoControlProfiles/

Smoking Toolkit (for England only): The Department of Health contributes to the University College London Smoking Toolkit Study (STS), a monthly series of national household surveys with smokers and recent ex-smokers being followed up for 6 months. The STS provides key information on the impact of policy, marketing and other initiatives on smoking behaviour. The study also provides detailed information on smoking cessation in England:

<http://www.smokinginengland.info/>

The Department 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; advocacy 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 findings from the former to inform its policy-making across the whole range of tobacco control policies, including smokefree, smoking cessation, point of sale display and vending machines: <http://www.nottingham.ac.uk/ukctcs/index.aspx>

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/Achievementsimpact/Storiesofimpact/Smoking/index.htm>

3.4.3.7	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.
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4. INTERNATIONAL COOPERATION AND ASSISTANCE

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

	<i>Article</i>	Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:	Assistance provided	Assistance received
4.1	22.1(a)	– development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.2	22.1(b)	– provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.3	22.1(c)	– appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.4	22.1(d)	– provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.5	22.1(e)	– identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.6	22.1(f)	– promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.7	If you answered “Yes” to any of questions 4.1–4.6, please identify the Party or Parties from which assistance was received or to which assistance was provided.			

4.8	Please provide information about any assistance provided or received in the space below.
	<p>The Department of Health regularly hosts delegations of tobacco control officials from other countries wishing to learn from our experiences. We have also arranged far visits from United Kingdom tobacco control officials to other countries to provide advice.</p> <p>In addition, the United Kingdom is very actively engaged in supporting the implementation of the FCTC. The United Kingdom is a Key Facilitator of the Article 14 Working Group, a member of the Articles 9&10 Working Group and was a member of the Articles 8 and 11 Working Groups. The United Kingdom is also active in the Inter-Governmental Body seeking to agree a protocol on illicit trade in tobacco.</p>
4.9	If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.
4.10	<p>Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>(Please refer to Article 26.4.)</i></p>
4.11	If you answered “Yes” to question 4.10, please provide details in the space below.

5. PRIORITIES AND COMMENTS

5.1	<p>What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?</p> <p>a. Agreeing the Article 15 protocol on illicit trade and the Article 14 guidelines on smoking cessation.</p> <p>b. Creating efficiencies to reduce the financial costs of the FCTC on Parties</p>
5.2	Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.3	<p>If you answered “Yes” to question 5.2, please provide details in the space below.</p> <p>The United Kingdom is concerned about the non-payment of voluntary assessed contributions by other Parties, as this has impacts on the agreed workplan of the FCTC Secretariat to support the implementation of the FCTC. This is a matter we hope will be addressed at COP4.</p>
5.4	What, if any, are the constraints or barriers, other than lack of resources, you have

	<p>encountered in implementing the Convention?</p> <p><i>(Please refer to Article 21.1(b).)</i></p>
5.5	<p>Please provide any relevant information not covered elsewhere that you consider important.</p>
5.6	<p>Your suggestions for further development and revision of the reporting instrument:</p> <p>Harmonisation of FCTC reporting with other WHO reporting instruments would alleviate burdens.</p>

End of reporting instrument