Thailand Tobacco Control Country Profile

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ThaiHealth
(Thai Health Promotion Foundation)

WHO
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Tobacco Control Research and Knowledge Management Center (TRC)
Mahidol University

Supported by Office of the WHO Representative to Thailand
September, 2008

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List of Abbreviation

AFTA	-	Asean Free Trade Area
APEC	-	Asia Pacific Economic Cooperation
ASEAN	-	Association of Southeast Asian Nations
ASH	-	Action on Smoking or Health Foundation
BMA	-	Bangkok Metropolis Administration
CIF	-	Cost, Insurance and Freight
CSR	-	Cooperate Social Responsibility
DALYs	-	Disability Adjusted Life Years
DSI	-	Department of Special Investigation
FCTC	-	Framework Conventional on Tobacco Control
GDP	-	Gross Domestic Product
GYTS	-	Global Youth Tobacco Survey
GHPS	-	Global Health Professionals Survey
ITC Project	-	International Control Policy
HDI	-	Human Development Index
NGO	-	Nongovernmental Organization
NCCTU	-	National Committee for the Control of Tobacco Use
MOPH	-	Ministry of Public Health
MOU	-	Memorandum of Understanding
OTOP	-	One Tumbol One Product
RYO	-	Roll-Your-Own
ThaiHealth	-	Thai Health Promotion Foundation
TTM	-	Thailand Tobacco Monopoly

TMD	-	Trade Mark Diversification
VAT	-	Value Added Tax
UN	-	United Nation
WHO	-	World Health Organization
WTO	-	World Trade Organization
5As	-	1) Ask 2) Advise, 3) Assess , 4) Assist, 5) Arrange

Summary Table
Thailand Tobacco Control Country Profile

COUNTRY BACKGROUND	
Official name	Thailand
Capital city	Bangkok
Official language	Thai
Surface area	513,120 km^2
Subregion	Asia
DEMOGRAPHIC INDICATORS	
Total population (2007)	63,038,247
Urban population (2007)	30.5%
Total fertility rate (2006)	1.6
Sex ratio (2007)	97.4
Life expectancy at birth (2006)	
Total	70.30 years
Male	69.9 years
Female	77.6 years
Crude birth rate (1,000 pop) (2006)	12.7
Crude death rate (1,000 pop) (2006)	6.2
SOCIOECONOMIC INDICATORS	
Human Development Index (2004)	
Level	Moderate
Ranking	74^{th}
Gini Coefficient (2006)	0.515
Gross Domestic Product (2006)	7,830,329 Million THB
Per capita gross domestric product (2006)	115,098 THB
Literacy rate in the population over 15 years (2006)	93.5%
MORTALITY INDICATORS	
Crude Death Rate (1,000 pop) (2006)	6.2
Infant Mortality Rate (1,000 live births) (2006)	7.4
Death Rates per 100,000 population by leading causes of death (2006)	
Malignant neoplasm, all forms (C00–D48)	83.1
Accident and poisonings (V01–V99, W00-W99, X00-X59, Y10-Y89)	59.8
Hypertension and cerebrovascular disease (I10-I15, I60-I69)	24.4
Disease of the heart (I05-I09, I20-I25, I26-I28, I30-I52)	28.4
Pneumonia and other diseases of lung (J12-J18, J80-J94)	22.0

TOBACCO CONTROL PROGRAM INFORMATION	
Specific national government objectives	Yes
National agency or technical unit for tobacco control	Yes
% of full-time staff for tobacco control	6.85
TOBACCO CONTROL PROGRAM INFORMATION	
Government's expenditure on tobacco control (MOPH)	
In currency reported by country	10,000,000 THB
In USD, at official exchange rate	$ 294,1118
WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL	
Date of signature	20 June 2003
Date of ratification	8 November 2004
INFORMATION ON POLICIES INCLUDED IN THE CORE PACKAGE	
Tobacco taxation	80%
Prices most popular brand (20-pack)	
In currency reported by country	50 THB
In USD, at official exchange rate	$ 1.47
Bans on advertising, promotion and sponsorship	
Nation TV and radio	Yes
Local magazines/ newspapers	Yes
International magazines/ newspapers	No
Cross border advertising, e.g. Internet, International TV and radio	No
Billboards/outdoor advertising	Yes
Point of sale	Yes
Free distribution	Yes
Promotional discounts	Yes
Non-tobacco products with tobacco brand names	Yes
Non-tobacco brand used for tobacco products	Yes
Tobacco product placement in TV and/or films	Yes
Sponsored events	Yes

Smoke-free environments	
Health care facilities	Yes
Education facilities	Yes
Universities, except personal room	Yes
Governmental facilities, except personal room	Yes
Indoor offices	Yes
Restaurant	Yes
Pubs and bars	Yes
Health warnings on tobacco packaging	
Law or regulations banning misleading terms	Yes
% of principal display areas covered by warnings	50%
Warnings are mandated and specific	Yes
Warning appears on each package/ label	Yes
Warnings describe harmful effects of tobacco use	Yes
Warnings are large, clear, visible, and legible	Yes
Warnings rotate	Yes
Warnings are written in the principal language(s)	Yes
Warnings include pictures	Yes
Warnings are written the information of toxic and emissions	Yes
Treatment of tobacco dependence	
Tobacco quitline	Yes
Nicotine replacement therapies	Yes
Bupropion sold	Yes
Counseling in public health facilities e.g., hospital, health center	Yes, in some
Counseling in private health facilities e.g., hospital, clinic	Yes, in some
Counseling over counter at the drug store	Yes, in some
Prevalence of tobacco use	
Adult ($\geq$ 15 years) current smoking prevalence (2007)	
Total	21.22%
Male	41.70%
Female	1.94%
Youth current smoking prevalence (GYTS, 2006)	
Total	11.7%
Male	17.4%
Female	4.8%

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Background Information

1. Location, Territory and Boundary

Thailand, or the Kingdom of Thailand, is situated in Southeast Asia, just north of the equator, and is part of the Indochina Peninsula. Thailand covers an area of 513,120 square kilometers, and is the third largest country geographically with Indonesia first and Myanmar second.[1]

In the North, the northernmost part of Thailand is the Mae Sai District of Chiang Rai Province, bordered by Myanmar and the Lao People's Democratic Republic.

In the South, the southernmost part is the Betong District of Yala Province, bordered by Malaysia and the Gulf of Thailand.

In the East, the easternmost part is the Phibun Mangsahan District of Ubon Ratchathani Province, bordered by the Lao People's Democratic Republic and Cambodia.

In the West, the westernmost part is the Mae Sariang District of Mae Hong Son Province, bordered by Myanmar, the Andaman Sea, and the Strait of Malacca.

The official language is Thai, and the currency is Baht (THB). The exchange rate is 1 USD equals 34.39 Baht (30 Aug 2008)[2].

Thailand joined the United Nations (UN) on 16 December 1946, and is its 55th member[3]; joined the Asia-Pacific Economic Cooperation (APEC) on 6 November 1989[4] and joined the Association of South East Asian Nations (ASEAN) on 8 August 1967.[5] Thailand also signed the WHO Framework Convention on Tobacco Control (FCTC) on 8 November 2004.[6]

2. Political Structure[7]

Thailand is a democratic country, with a constitutional monarchy since 1932. His Majesty the King's governance is performed under three independent powers, namely, legislative, administrative and judicial powers.

Thailand's administrative system, according to the Country's Administrative Act, 1991, as amended No.5 of 2002 comprises three major administrative categories as follows:

2.1 Central Administration

1. His Majesty the King is Head of the State, exercises his legislative power through parliament, executive power through the cabinet headed by a prime minister, and judicial power through the courts.

2. The cabinet is responsible for the national administration of 20 ministries and the Office of the Prime Minister. Each ministry is headed by a politically appointed minister with one or more deputy ministers.

2.2 Provincial Administration

The provincial governmental functions mean functions of various ministries and departments as delegated to the regional or provincial level, under the supervision of the provincial governor with assigned officials from various central administrative agencies. Certain provincial administrative functions only are carried out by provincial level officials with delegations from the central administration. Such functions, however, are subject to scrutiny and revision by relevant central level agencies that have the final decision-making authority.

According to the provincial administration law, the provincial administration consists of 75 provinces, 796 districts and 81 sub-districts.

2.3 Local Administration

Local administration means autonomous administrative authority of the people in each administrative jurisdiction, under the law, with at least four characteristics as follow:

1. Being a juristic person.
2. Having all local administrators or local council members elected by the people.
3. Having their own revenue and budget.
4. Having administrative autonomy under the laws.

In Thailand, there are four types of local administrative bodies, namely, Provincial Administration Organization (75), Municipalities (1,618), and special types of local administration, i.e. Bangkok Metropolitan Administration (1), Pattaya City (1) and Tambon Administration Organization (6,157; Tambon (sub-district) is a group of about ten villages).[8]

3. Agencies Implementing Health Program[7]

In Thailand, the Ministry of Public Health (MOPH) is responsible for setting up public health policy and providing health care services for people in the country. The main roles, functions and organizational structure are shown in Chart 1.

- **Roles and functions**

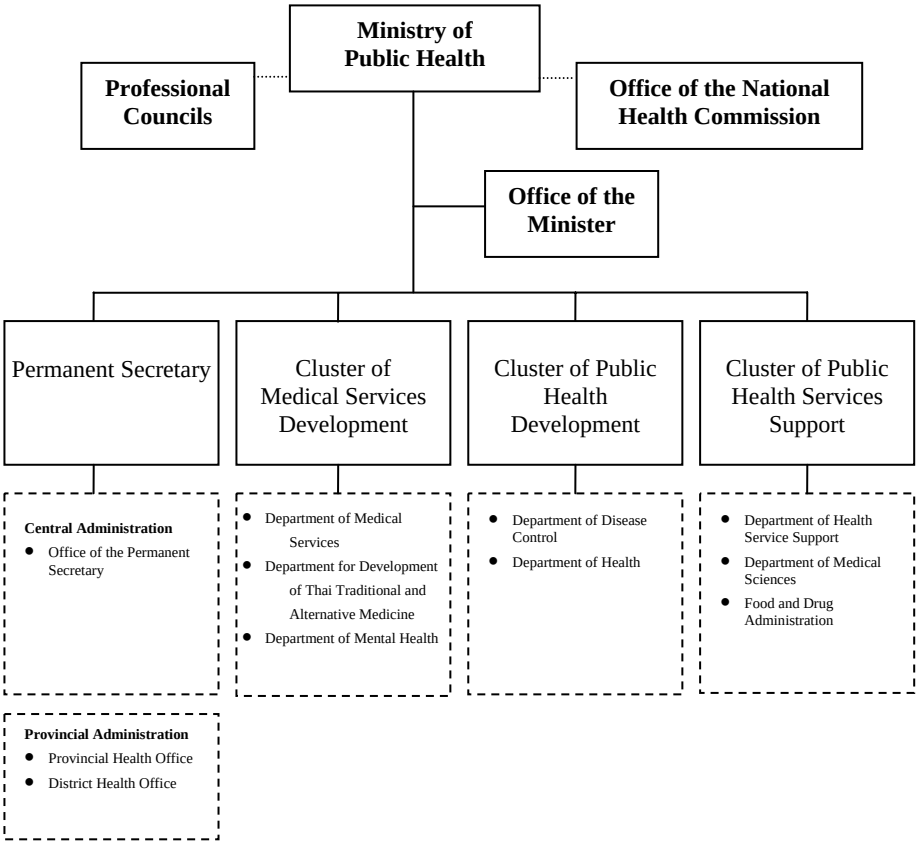
  According to the Ministerial and Departmental Reform Act, 2002, the Ministry of Public Health has the main functions in promoting health, prevention and control of diseases, providing health care services, rehabilitation and performing other governmental duties as specified in the laws. The main objective is to keep Thai people healthy, physically and mentally; to help them maintain a good quality of life, to develop appropriate social relationships and to serve as valuable health resources for the country.

❖ **Administrative Structure**

The Ministry of Public Health has 2 administrative sections: (a) central administration is comprised of 10 offices: Office of the Minister, Office of Permanent Secretary and 8 Departments, and (b) regional/provincial administration, comprised of provincial health offices, regional hospitals and provincial hospitals, community hospitals, district health offices and health centers.

The Ministry of Public Health allocates almost 60% of its budget to the regional administration. In 2005, there were 1,275 hospitals (866 hospitals are under the Ministry of Public Health, 100 hospitals are under other Ministries)[9] and 9,762 health centers.[7] The number of private hospitals is 306.[9]

Chart 1 Organization Structure of the Ministry of Public Health



Agencies under the Supervision of MOPH:

- Health Systems Research Institute
- National Health Security Office
- Praboromarajchanok Institute of Health Workforce
- National Institute of Health
- Institute of Emergency Medical Services
- Institute of Hospital Quality Improvement and Accreditation

State Enterprise

- Governmental Pharmaceutical Organization

Public organization

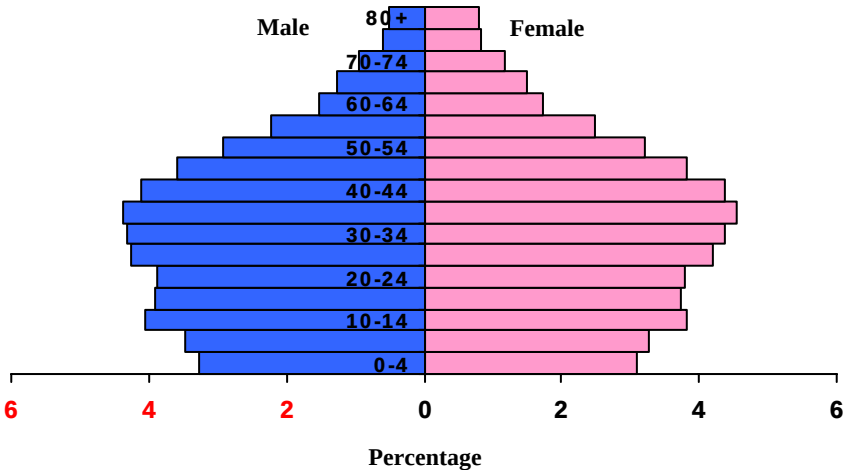
- Health services (Ban Paew Hospital)

Demographic Information

1. Population Structure[10, 11]

In 2007, there are 20,089,221 households, on average with 3.25 persons per household. The total population is 63.04 million; 31.10 million are male and 31.94 million are female. The sex ratio (male: 100 female) is 97.4.

Figure 1 Population Pyramid of Thailand, 2007



Source: Department of Local Administration, Ministry of Interior, 2007

The proportion of elderly has increased from 6.5% in 1985 to 10.9% in 2007, resulting in a higher elderly dependency ratio (elderly: 100 working age persons). The dependency ratio for the elderly increased from 11.0/100 working age persons in 1985 to 16.0/100 working age persons in 2007. This increase could affect the country's economic development because some of the resources and income would be spent on welfare of the elderly (Table 1).

Table 1 Population structure of Thailand, 1985 - 2007

Population structure	Year			
	1985	**1995**	**2005**	**2007**
Sex ratio (males : 100 females)	98.5	95.8	93.5	97.4
Age structure				
Children: 0-14 years old (%)	34.4	27.2	23.1	21.0
Working age: 15-59 years old (%)	59.1	63.5	66.0	68.1
Elderly: 60 years old or more (%)	6.5	9.3	10.9	10.9
Dependency ratio (number : 100 working age persons)				
Total	69.3	57.5	51.4	46.84
Children: 0-14 years old	58.3	42.9	34.9	30.84
Elderly: 60 years old or more	11.0	14.6	16.5	16.0

Source: The National Statistical Office, 2007[10, 11]

2. Population Distribution Density[12]

The majority of Thai people (69.85%) live outside municipality areas. The largest proportion of the population live in the northeastern (33.67%), central (24.31%), northern (17.88%), and southern (13.63%) regions and in the Bangkok Metropolis (10.51%). In all regions, there are more females than males.

The population density is 122.85 persons per sq.km. Population density is highest in Bangkok (3,643.85 population/sq.km.), and it is lowest in the northern region (69.98 population/sq.km) (Table 2).

Table 2 Registered Population, area size and population density, by region, 2007

Region	Population			Area (sq.km.)	Population density per sq.km.
	Total	Male	Female		
The whole kingdom	**63,038,247**	**31,095,942**	**31,942,305**	**513,119.5**	**122.85**
Bangkok	5,716,248	2,727,574	2,988,674	1,568.7	3,643.85
Central region	15,409,587	7,541,320	7,868,267	102,336.0	150.58
Northern region	11,871,934	5,869,022	6,002,912	169,644.3	69.98
Northeastern region	21,385,647	10,675,024	10,710,623	168,855.3	126.65
Southern region	8,654,831	4,283,002	4,371,829	70,715.2	122.39

Source: Department of Local Administration, Ministry of Interior, 2007[12]

3. Fertility Rate[13]

A fertility survey in Thailand showed that from 1964 - 1985, the fertility rate decreased gradually from 6.3% to 2.7%; that is, a 22.7% reduction. However, from 1985 - 2006, the fertility rate decreased at a slower rate. It fell from 2.7% in 1985 to 1.6% in 2006; a 3.3% reduction.[13]

4. Life Expectancy at Birth[11]

A survey of population changes conducted by the National Statistical Office in 2005 - 2006 showed that life expectancy at birth in 2006 was 70.30 years (77.60 years in females, 69.90 years in males). There was a considerable increase in life expectancy at birth, compared to that in 1995 - 1996 when female life expectancy at birth was 74.9 years and 69.9 years for male.

5. Education and Literacy[11]

A survey of population changes conducted by the National Statistical Office in 2005-2006 showed that 95.7% of the Thai population over 6 years of age received formal education: 61.4% completed primary school, 24.5% completed secondary school, and 9.5% completed university education. It should be noted that at the university level, the proportion of female was higher than male (9.9% and 9.0% respectively).

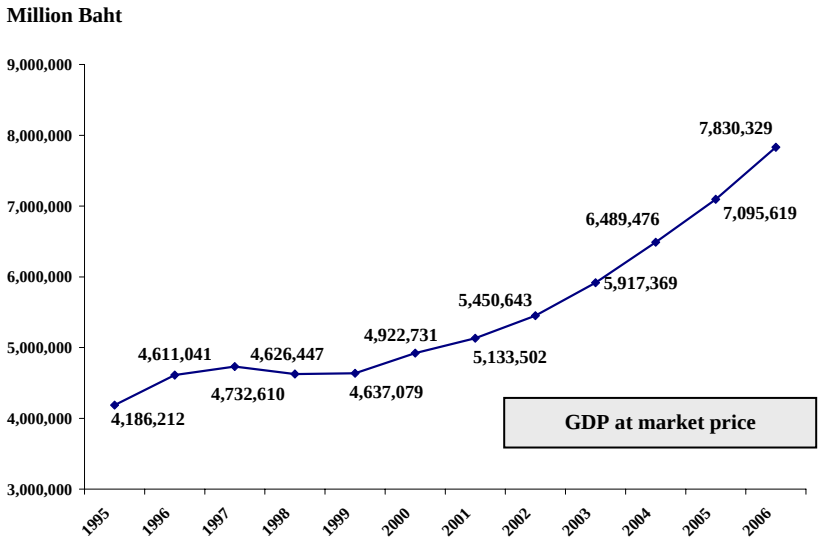
The literacy rate among the population over 15 years of age was 93.5%. Most people know how to read and write Thai (99.5%), 0.11% know English, 0.09% know Malay-Yawi, 0.05% know Chinese, while less than 0.01% know Japanese and 0.22% know other languages.

Socio-economic Information

1. Gross Domestic Product: GDP[14]

Thailand's Gross Domestic Product increased from 4,186,212 million Baht (76,847 Baht per capita) in 1955 to 7,830,329 million Baht (115,098 Baht per capita) in 2006 (Figure 2).

Figure 2 Gross Domestic Product, 1995-2006

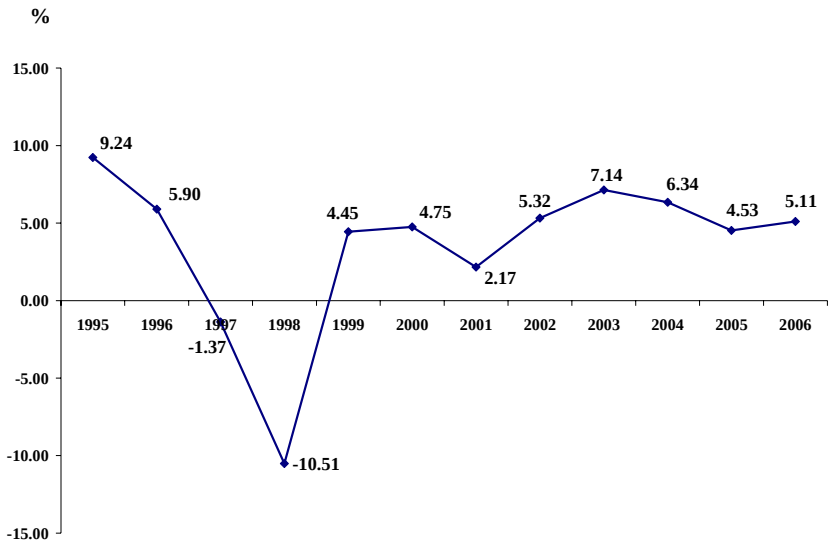


Source: National Economic and Social Development Board, 2006[14]

2. Economic Growth rate[15]

Two years before the economic crisis in 1997, Thailand's economic growth rate fell from 9.24% in 1995 to 5.90% in 1996. In 1997-1998, the economic growth rate became negative -1.37% to -10.51%, and then increased approximately 2.17% to 5.11 % in 1999 - 2006[15] (Figure 3).

Figure 3 Economic growth rate, 1995 - 2006



Source: National Economic and Social Development Board, 2006[15]

3. Income Distribution[16]

Inequality in income distribution was measured by the Gini coefficient.* During 1988 - 2006, the minimum level was 0.487 in 1988 with a maximum of 0.536 in 1992. The latest level in 2006 was 0.515. By region, Bangkok has the lowest inequality in income distribution, whereas the southern region has had the highest inequality of income distribution, especially from 1988 - 1998. However, from 2000 - 2006, the highest inequality of income distribution shifted to the northeastern region (Table 3).

Table 3 Gini Coefficient of Thailand in 1988-2006, by region.

Year	Total	Bangkok	Central	North	Northeast	South
1988	0.487	0.388	0.435	0.439	0.454	0.463
1990	0.515	0.420	0.480	0.468	0.434	0.469
1992	0.536	0.457	0.462	0.476	0.471	0.481
1994	0.520	0.405	0.461	0.468	0.472	0.498
1996	0.513	0.401	0.468	0.458	0.470	0.470
1998	0.507	0.415	0.443	0.462	0.460	0.491
2000	0.522	0.417	0.448	0.469	0.483	0.476
2002	0.507	0.438	0.437	0.467	0.463	0.464
2004	0.493	0.422	0.433	0.478	0.448	0.445
2006	0.515	0.452	0.445	0.491	0.499	0.475

Source: Database on National Household Socio-economic Survey, National Statistical Office; and re-analyzed by Social Data-based and Indicator Development Office, National Economic and Social Development Board. [16]

* The Gini coefficient is commonly used to indicate inequality of income distribution or inequality of wealth distribution and has a value between 0 and 1. The value of 0 corresponds to perfect equality (e.g. everyone has the same income) and 1 corresponds to perfect inequality (e.g. one person has all the income, while everyone else has none). The higher the value, the more inequality present.

4. Human Development Index: HDI[17, 18]

The Human Development Index (HDI)* in Thailand has increased from 0.615 in 1975 to 0.784 in 2004 (Table 4). In 2004, Thailand was considered to be at a moderate level of human development, ranking 74th out of 177 countries.

Table 4 Human Development Index (HDI) of Thailand, 1975 - 2004

Year	HDI
1975	0.615
1980	0.654
1985	0.680
1990	0.717
1998	0.751
2000	0.775
2004	0.784

Source: Human Development Report, United Nations Development Program[18]

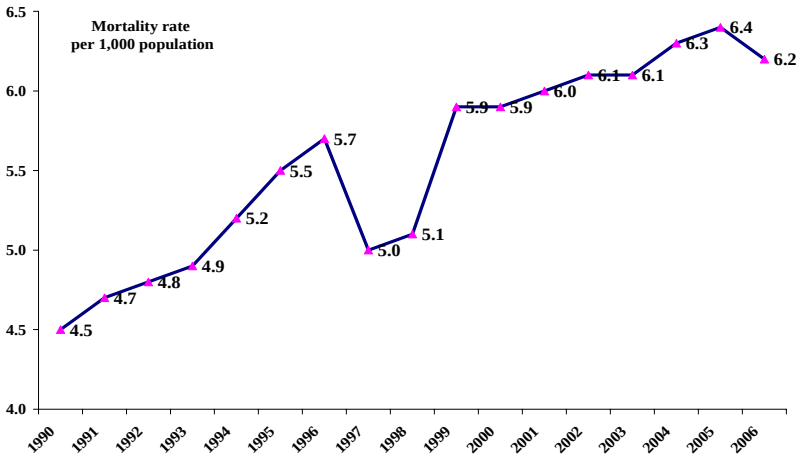
* Human Development Index (HDI) was developed by United Nations Development Program (UNDP) and is claimed as a standard means of measuring human development worldwide. It is an index combining normalized measures of 1) longevity of life (life expectancy at birth), 2) education (literacy rate of population over 15 years of age, and ratio of students to school-age population; and 3) GDP per capita.

Health Indicators

1. Mortality Rate[19 - 25]

In the past 15 years, Thailand's mortality rate first increased, from 4.5 per 1,000 in 1990 to 5.7 per 1,000 in 1996, then decreased to 5.0 - 5.1 per 1,000 in 1997 - 1998, and increased again to 5.9 per 1,000 in 2000 and 6.2 per 1,000 population in 2006 (Figure 4).

Figure 4 Mortality rate per 1,000 population, 1990-2006

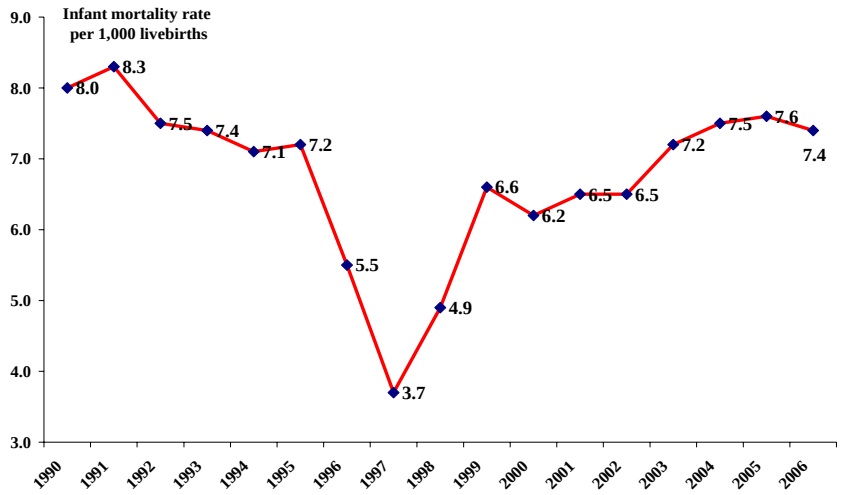


Source: Data during 1990-1995: Division of Public Health Statistics, Ministry of Public Health. Data during 1996-2006: Bureau of Registrar, Department of Provincial Administration, Ministry of Interior.[19-25]

2. Infant Mortality Rate[19 - 25]

The infant mortality rate per 1000 livebirths has trend down, since it decreased from 8.0/1000 livebirths in 1990 to 7.4 per 1000 livebirths in 2006. It should be noted that the rates dropped considerably during 1996-1998 (Figure 5).

Figure 5 Infant mortality rate per 1000 livebirths, 1990-2006



Source: Data during 1990-1995: Division of Public Health Statistics, Ministry of Public Health. Data during 1996-2006: Bureau of Registrar, Department of Provincial Administration, Ministry of Interior.[19-25]

3. Causes of Death[7]

A study on causes of death in the Thai population was conducted from 1997-1999 in 16 provinces sampled using verbal autopsy by the Bureau of Policy and Strategies, Ministry of Public Health.[*] It showed that the leading cause of death for all ages was circulatory disease (18.6%), of which more than half was cerebro-vascular disease. The second greatest cause was cancers and tumors (16.2%), of which almost half were liver/bile-duct cancers and lung cancer. The third rank cause was infectious diseases (15.5%), most of which was HIV infection, especially among adolescents and young adult males. The second most common infectious disease cause of death was tuberculosis. The fourth rank cause of death was from external causes (12.4%), which was an important cause of death in preschool and school age children. The most important fatal accident in this group was drowning. Motorcycle accidents were the most important fatal accidents among adolescents and those in working age groups.

Moreover, there were differences between causes of death in males and females. Among females, 21.4% of deaths occurred because of circulatory diseases and 16.5% were from cancer and tumors. Among males, 18.2% of deaths occurred because of infectious diseases and 16.6% were from circulatory diseases. External causes ranked third among males and fifth among females.

4. Morbidity[7]

The National Statistical Office conducted a morbidity survey from 1991-2006 and showed that the most common cause of morbidity was from respiratory diseases, followed by musculoskeletal diseases and gastrointestinal diseases. There is a clear increasing trend for cardiovascular diseases, metabolic diseases, allergy and mental disorders (Table 5).

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[*] This study showed a concordance of 29.3% between the study results using verbal autopsy and death certificate. The most concordant cause was ill-defined condition, followed by cancer and tumors, external causes and infectious diseases.

Table 5 Percentages of population, by important causes of morbidity, 1991-2006

Causes	1991	1996	2001	2003	2004	2005	2006
Respiratory diseases	38.1	45.7	39.6	40.2	44.8	45.0	44.3
Musculoskeletal, joint and bone diseases	15.7	13.2	14.0	14.9	11.8	12.2	11.4
Gastrointestinal diseases	15.4	11.3	10.0	10.3	9.1	9.3	9.4
Cardiovascular diseases	3.0	6.6	6.6	6.3	5.2	5.9	6.3
Metabolic diseases	1.4	3.3	4.7	4.4	3.1	4.4	4.1
EENT, tooth	4.7	3.2	3.6	2.6	3.3	3.2	2.7
Infectious diseases	2.2	2.1	1.8	1.3	2.1	1.7	0.9
Genitourinary diseases	1.4	1.8	1.3	1.3	1.1	0.9	1.0
Allergy	0.7	1.5	1.5	2.1	1.8	1.9	2.3
Mental disorders	0.8	1.3	1.5	1.7	1.6	1.9	2.1
Skin and connective tissue	3.2	1.2	1.5	1.1	1.0	1.2	1.4
Gynecological conditions	1.4	0.8	0.9	0.9	0.8	0.8	0.7

Source: Thailand Health Profile, 2005 - 2007[7]

5. Disability Adjusted Life Years (DALYs)[7]

Measuring the health status of the Thai population, using DALYs loss* as the indicator, showed that the most important cause of DALYs loss in males was HIV/AIDS, while in females the most important cause was cerebrovascular diseases. The second and third ranks in males causes were transport accidents and alcoholism, while for females HIV/AIDS and diabetes mellitus ranked second and third (Table 6).

Classified by age, there were many differences in terms of important causes of DALYs loss in different age-groups:

- 0-14 years age group: low birth weight and respiratory distress;
- 15-29 years age group: HIV/AIDS, transport accidents and narcotics;
- 30-59 years age group: HIV/AIDS, transport accidents and diabetes mellitus;
- 60 years and over: cerebrovascular diseases, emphysema and diabetes mellitus.

* One unit of DALY or Disability Adjusted Life Year equals to the loss of one year of healthy life. It was calculated from the number of years loss due to premature death and disability from each disease.[7]

Table 6 Important causes of DALYs loss by sex, 2004

Rank	Male			Female		
	Diseases	DALYs loss	%	Diseases	DALYs loss	%
1	HIV/AIDS	645,426	12.1	Cerebrovascular diseases	307,131	7.9
2	Land transport accidents	600,004	11.3	HIV/AIDS	290,711	7.5
3	Alcoholism	329,068	6.2	Diabetes mellitus	267,549	6.9
4	Cerebrovascular diseases	305,105	5.7	Depression	191,490	4.6
5	Liver cancer	294,868	5.5	Liver cancer	140,480	3.6
6	Myocardial infarction	178,011	3.3	Land transport accidents	135,832	3.5
7	COPD	175,549	3.3	Myocardial infarction	117,790	3.0
8	Diabetes mellitus	168,702	3.2	Arthritis	117,042	3.0
9	Depression	136,895	2.6	COPD	112,663	2.9
10	Cirrhosis	133,046	2.5	Cataract	110,572	2.8

Source: Thailand Health Profile 2005 - 2007[7]

6. Health Insurance[26]

The health insurance system in Thailand has expanded to cover nearly all of the population, from 80.4% in 2003 to 96.3% in 2007. The latest survey on health and welfare in 2007 showed that nearly everyone among Thai population is covered by one of the following health insurance schemes:

- Universal Coverage insurance (UC) 76.6%
- Social security Fund / Workmen's Compensation Fund 12.7%
- Civil Servant Medical Benefit Scheme (CSMBS) 9.5%
- Others insurance (e.g. private insurance and private welfare) 2.7%

7. Health Expenditure[7, 27]

During 1999-2005, the Total Health Expenditure (THE) increased from 162,123 million Baht to 248,079 million Baht; and the Total Health Expenditure per capita increased from 2,700 Baht/year to 3,605 Baht/year. The percent of Total Health Expenditure to GDP was approximately 3% - 4% (Table 7).

Table 7 Total Health Expenditure, 1999-2005

Total Health Expenditure	**Year**						
	1999	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**
Total Health Expenditure (Million Baht)	162,123	167,146	170,203	200,767	228,923	225,651	248,079
Total Health Expenditure per capita (Baht), at market price	2,700	2,795	2,933	3,005	3,253	3,382	3,605
Proportion of Total Health Expenditure to GDP (%), at market price	3.50	3.40	3.32	3.68	3.87	3.48	3.50

Source: National Income, National Economic and Social Development Board, 2006[14]
Thai National Health Account 1994-2005, International Health Policy Program, Thailand.[27]

Tobacco Control Policy and Infrastructure

1. National Policy on Tobacco Control[28, 29]

The Royal Thai Government views tobacco control as an important part of its narcotics control activities, which have been specified in the 9th National Economic and Social Development Plan (2002-2006). Tobacco control is included in the Health Behavior Modification Program and aims at reduction of smoking prevalence from 22.4% to less than 21% at the end of 2006. In addition, Thailand has developed a National Tobacco Control Policy[29] in an attempt to:

1) prevent the initiation of smoking among children and youth;
2) reduce tobacco use, as indicated by decreases in smoking prevalence and number of cigarettes smoked per year;
3) protect health of nonsmokers from secondhand smoke exposure;
4) increase smoking cessation through supporting organizations by providing counseling and treatment services.

The National Tobacco Control Policy has as its ultimate goals to:

1) reduce smoking prevalence in the population;
2) reduce per capita cigarette consumption.

Successful measures implemented under the National Tobacco Control Plan[30] include:

1) Increase in cigarette taxes;
2) Prohibition of the sales of single sticks or small packs, of sales close to religious or school vicinity, and of the importation of flavored cigarettes;
3) Printing pictorial health warnings on tobacco and cigarette packs; prohibition of using misleading words (such as mild or light) and increasing public places declared as “smoke-free zones”;
4) Total ban of advertisement including point of sale display,

prohibiting government acceptance of sponsorship or monetary support from tobacco companies;

5) Promotion of public education and development of anti-smoking networks that provides information to target groups;
6) Enhancing cigarette addiction treatment quality and coverage through the development of guidelines for cessation clinics, capacity building for health personnel, incorporate cessation services into primary care under the national health security system and promote research for further improvements;
7) Enactment and enforcement of non-smoking laws and strengthen them by increasing people's participation in reporting of violators through increasing motivation and awareness about available enforcement tools.

Future actions to protect people from the preventable consequences of smoking through the 2008 National Tobacco Control Policy are underway that includes the following objectives:

1. Prevention of smoking initiation through both supply and demand reduction strategies aiming towards youth and young adults.
2. Helping smokers quit through improve all forms of cessation services including nicotine replacement therapy.
3. Reducing the danger of tobacco products through product testing and harm reduction such as minimizing ignition propensity.
4. Establishing smoke-free environments by changing social value and norm, increase community and multisectoral participation in developing smoke-free public and work.
5. Upgrading laws and regulation, including the establishment of effective enforcement system that includes public participation to monitor and sustain successful enforcement.
6. Strengthen national tobacco control capacity by strengthening political commitment and leadership, tobacco control management and capacity building for all relevant sectors.
7. Prevent and thwart tobacco interference to tobacco control activities.

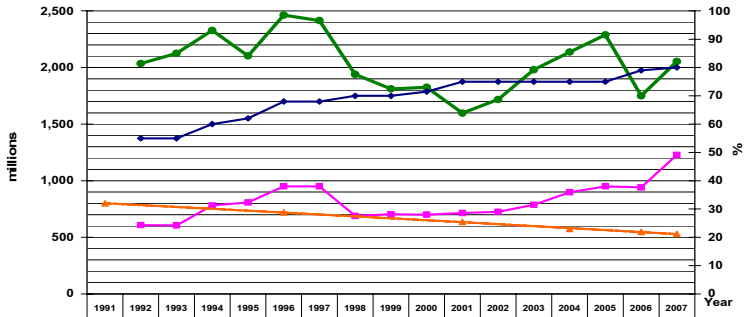
Implementation of Tobacco Control Policy

1. Taxation, Pricing and Manufacturing of Tobacco Products

1.1 Excise tax on cigarette

Thailand's main taxation on cigarettes is excise tax, which is collected according to Ministerial Notification No. 29, issued in 2007. Since 1992, the excise tax on cigarettes was increased on nine occasions, from 55% in 1992 to 80% in 2007. This creates a large amount of government income, from 15,438 million Baht in 1992 up to 41,823 million Baht in 2007. At the same time, annual sales of cigarettes are quite stable; from 2,035 million packs to 2,054 million packs during that period[44] (Figure 6). The Royal Thai government sets the excise tax on ex-factory price, not on sale price; therefore importers tend to report lower ex-factory price or CIF price than the real price. High excise tax on cigarette also induces cigarette smuggling and production of counterfeit cigarettes.[43]

Figure 6 Excise tax rates on cigarettes, governmental income from cigarettes, cigarette sales, and smoking prevalence, 1992-2007



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Excise tax revenue (U.S. dollars)		608.0	606.3	781.3	809.0	950.9	950.2	690.0	704.1	700.0	715.6	725.0	788.0	897.7	950.3	940.9	1,228.3
Cigarettes sale (Packs)		2,035	2,125	2,328	2,103	2,463	2,415	1,940	1,811	1,825	1,597	1,717	1,981	2,137	2,288	1,750	2,054
Excise tax rate (%)		55	55	60	62	68	68	70	70	71.5	75	75	75	75	75	79	80
A current smoking prevalence (%)	32.00					28.81					25.47			22.98		21.91	21.22

Sources : 1) Excise tax and government income from cigarette[43]
2) Cigarette sales[43, 44]
3) Smoking prevalence[41]

Figure 6 shows that smoking prevalence among Thai population (age 15 years or more) has decreased from 30.48% in 1991 to 18.45% in 2007, while the excise tax increased. This evidence clearly indicates that increasing excise tax does not result in reduction of government income, but greatly reduces smoking rates. It corresponds to the result of statistical simulation using the "Thailand SimSmoke Model," which showed that the main cause of the decreasing smoking rate during the past 15 years was the increase in tax, which accounted for 61.94% of smoking variation.[45]

The excise tax rate on cigarettes is an ad valorem rate at 80% of ex-factory price. The tax is an inclusive rate which, once imposed on ex-factory price, generates a tax burden of about 400%. The excise tax on other tobacco products is a mixed rate of both ad valorem and specific, whichever generates the higher tax value. The tax administration uses a stamp system to control tax collection. The detail of tax levels and structure is in Table 8.

Table 8 Tobacco stamps

Items	Rates		
	Ad valorem (%)	Specific	
		Unit	unit/Baht
1. Shredded tobacco	0.1	Ten grams or part thereof	0.01
2. Tobacco			
2.1 cigarettes	80	-	-
2.2 cigar	10	Gram or part thereof	0.5
2.3 hand-rolled tobacco	0.1	Five grams or part thereof	0.02
2.4 blended shredded tobacco	10	Gram or part thereof	0.5
2.5 chewing tobacco	0.1	Gram or part thereof	0.09

Apart from excise tax, there are five other taxation systems on cigarettes:[43]

1) Customs duty, which is 5% for imported cigarettes from countries under AFTA agreement and 60% for imported cigarettes from countries under WTO agreement, based on CIF price.

2) Surcharge Tax/Health Tax, which is a special tax which will be allocated to Thai Health Promotion Foundation activities. This accounts for 2% of tobacco tax, both from the Excise Department (domestic products) and the Customs Department (imported products), that has been collected since 8 November 2001.[46]

3) Local Tax, which is collected by the Excise Department on behalf of local administrative organizations. This is supposed to be collected based on number of cigarettes sold at vender/sale points, at the rate of 0.093 Baht/cigarette sold in the area.

4) Value Added Tax (VAT), which is collected at the rate of 7% of added value.

5) Tax collected for Thai Public Broadcast Broadcasting Service which was founded according to Thai Public Broadcast Broadcasting Act, 2008. This tax accounts for 1.5% of tobacco tax, both from the Excise Department and the Customs Department.[47]

1.2 Real price trends of tobacco products

No information regarding real price trends of overall tobacco products is available. However, if the retail price of a popular domestic brand is used as the representative, the real price of the cigarette, obtained by dividing nominal retail price by the headline consumer price index, is higher than that of 1990s. In 2007, the real price of domestic cigarettes (popular brand) was 65% higher than that in 1995. However, in 2007, the real price of imported popular brand cigarettes was only 15 % higher than that in 1995. During 1995-2007, the real price of cigarettes increased occasionally as the government increased the excise tax rate on cigarettes. The nominal current price of domestic popular cigarettes is priced at 45 baht per package while that of imported popular cigarettes is priced at 60 baht per package (Table 9).

The prices of other kinds of tobacco products are still very low. For example, roll-your-own (RYO) cigarettes, which are very popular among Thais in rural areas, are priced at 3-5 baht per package.

Table 9 Cigarette price

Type	Brand	Retail price [1] (Baht/package)
1. Cheapest brand	Kred Tong33	26
	Phra Chan33	26
	Ruang Thip33	26
2. Most popular, domestic brand [2]	Krong Thip	45
	Sai Fon90	45
	Wonder	36
3. Most popular, imported brand	Marlboro	63
	Camel	60
	Winston	60
	L&M	49
	Dunhill	49
	Mild Seven	74

Sources : 1) Rapid survey in September, 2008
2) ITC Project[48]

1.3 Governmental authorities in cigarette taxation

1) The Excise Department, Ministry of Finance[43] is responsible for determining and collecting excise tax on cigarettes sold in Thailand. The central excise department is responsible for making policy and strategies of tax management. Ten regional excise offices create action plans, monitor and support local excise offices (86 offices) which work on collecting taxes, auditing and carry on legal measures on offenders.

The excise department has a taxation scheme from the beginning of the cigarette production process; that is, licensing and collecting license fees on tobacco plantations, license fees for tobacco processing plants, management of tobacco stamps or other signs used for stamping, and license fee for cigarette retailers.

2) The Customs Department is responsible for collecting custom duty on cigarettes and tobacco leaves imported into Thailand. Under each of 4 regional offices, there are several customs houses (or check-points) along the border for examining and collecting tax on tobacco products being imported and exported.

1.4 Suppression of illegal tobacco products

1) Laws for suppression of illegal tobacco products.

1.1) The Tobacco Product Act, 1966[49] covers issues of prevention and suppression of involvement in illegal tobacco trade, that is, prohibit possession or trade of cigarettes or tobacco that have been smuggled into the country.

1.2) The Thai Customs Act, 1926[50] covers prohibition of import or export of untaxed tobacco and tobacco products. Any person who violates this act is subject to a fine not exceeding 4 times the declared tax, or an imprisonment not exceeding 10 years, or both.

1.3) The Trademark Act, 1991[51] covers the imitation of any registered trademark without permission. Any person who violates this act is subject to a fine not exceeding 40,000 Baht, or an imprisonment not exceeding 4 years.

1.4) The Tobacco Products Control Act, 1992 in the Ministry of Public Health's Notification Number 11, 2006,[52] on "Criteria, procedures and conditions for displaying pictures and statements relating to warning on harm; date, month and year of manufacture; manufacturing source and sale only in the Kingdom of Thailand on labels of cigarettes and cigars" which became effective on 28 March 2007. This act indicates the punishment for manufacturers or importers who do not display warnings in accordance with this act before sending products out from the factory or before bringing them into the Kingdom.

2) Estimation of the number of illegal cigarettes in the market and control measures

Illegal trade of tobacco and tobacco products in Thailand includes: 1) smuggling of counterfeit cigarettes from other countries for sale; 2) smuggling of cigarettes from other countries for sale without customs duty; and 3) making counterfeit cigarettes under the brand "Krong Thip 90", whose original brand is regularly manufactured by Thailand Tobacco Monopoly, Ministry of Finance; and smuggling these counterfeit versions into the Kingdom for sale.[53] Moreover, other tobacco products

such as flavored cigarettes, hukka, cigars, and tobacco leaves are also smuggled. The excise department, in cooperation with the customs department, is actively working to prevent and suppress these illegal activities.

2.1) The Excise Department has reported the number of arrests for illegal trade during fiscal years 2003-2008**,** as shown in Table 10.

Table 10 Number of arrests, and value of fines each year

Fiscal Year	Number of arrested cases	Fine value (Baht)
2003	5,765	91,434,028.37
2004	6,211	48,980,693.02
2005	3,835	75,340,322.70
2006	8,243	211,364,765.69
2007	7,979	144,001,509.96
2008	8,022	228,349,867.60

Source: Bureau of Investigation and Suppression, Excise Department[54]

The prevention and suppression of illegal tobacco and tobacco products by the excise department is performed by the Bureau of Investigation and Suppression, in cooperation with regional Excise offices in that particular area. Moreover, the Excise Department provides communication channels for anybody who wants to give clues on smuggling or wrong-doing via the hotline 1713 or at their website: www.excise.go.th.

2.2) The Customs Department has reported the number of arrests at various customs houses, both in central and other regions, by the Bureau of Investigation and Suppression, during 2004-2006 (Table 11).

Table 11 Value of tobacco products seized by the Customs Department, by type, 2004-2006

Tobacco product	Fiscal Year					
	2004		2005		2006	
	cases	Value (Baht)	cases	Value (Baht)	cases	Value (Baht)
1. Shredded tobacco	35	720,650	18	819,650	7	65,851
2. Cigar, cheroot, cigarillos and cigarettes	165	5,015,022	182	7,965,661	398	9,240,912
3. Tobacco products and substitutes	11	4,162,294	3	122,900	16	466,824
Total	*211*	*9,897,966*	*203*	*8,908,211*	*421*	*9,773,587*

Source: Bureau of Investigation and Suppression, Customs Department [55]

The prevention and suppression of illegal tobacco and tobacco products by the Customs Department is performed by the Bureau of Investigation and Suppression, in cooperation with the regional Customs houses in that particular area. Moreover, the Customs Department provides communication channels for anybody who wants to report smuggling or wrong-doing via the website: www.socialprotect.com.[56]

Apart from these two government organizations, the Governmental Tobacco Monopoly has set up the Coordinating Center for Prevention of Counterfeit Cigarettes, which aims to suppress the production of imitation cigarettes based on the Monopoly's official brands.[53]

1.5 Tobacco growing

Tobacco growing in Thailand is mostly in the northern and northeastern regions, and in some small areas in central and southern provinces.[57] There are three categories of tobacco cultivation: 1) Cultivation under quota of the Governmental Tobacco Monopoly (TTM) for sale to TTM's offices, 2) Self-cultivation plantation for sale to local shredded tobacco factories, 3) Cultivation under quota of private companies, for export to other countries.[58]

There are several organizations involved in tobacco growing:

1) The Excise Department, Ministry of Finance. Anybody who wants to cultivate tobacco plants must possess a license issued by the Excise Department. The Excise Department also determines the area in which tobacco can be produced, as well as determines the species of tobacco to be produced in each area.[59] Virginia strain is limited to 13 provinces, mostly in the north; Burley strain is limited to 3 provinces in the lower north and in the northeast; Turkish strain is limited to 14 provinces in the northeast and upper central plain.

2) The Governmental Tobacco Monopoly, Ministry of Finance. This organization determines quotas for tobacco growing, and gives advice and support to tobacco farmers to produce good quality tobacco leaves. There are 12 regional TTM offices located in the plantation areas to work closely with these farmers.

3) Private companies. These companies also determine quotas and take care of the quality of tobacco leaves, as TTM does. However, all of these products will be exported to other countries.

Land area, number of farmers and production size, according to quotas under TTM are as follows:[60]

1) Land area. TTM decreased plantation area from 171,198 rai to 138,736 rai of land.

2) Number of farmers. Farmers are reduced from 44,420 to 40,561 families.

3) Production size. In the planting season of 2007 - 2008, total tobacco production, according to TTM quota, is 22,600 tons, or 1,918,857,835 Baht.

1.6 Tobacco Industry[61, 62, 63, 64]

1) Factory-produced cigarette

In Thailand, there is only one factory which produces cigarettes, the government Thailand Tobacco Monopoly (TTM), operated since 1939. Foreign-made cigarettes are imported by local companies or trade agents, such as Phillip Morris Co., Ltd. (Thailand). Number of companies that requested for certification of tobacco product ingredients from the

Department of Disease Control, according to the requirement under the Tobacco Product Control Act, 1992, are 15 in 2007 and 14 in 2008.

Tobacco production: In 2005, TTM produced 19 brands, with a total of 34,030,403,540 cigarettes. In 2006, TTM produced 23 brands, with a total of 29,148,803,580 cigarettes. Out of 23 brands, 18 brands were filtered type (29,036,617,180 cigarettes) and 5 brands were non-filtered type (112,186,400 cigarettes). This represents a 17.22% reduction in the production of domestic cigarettes. However, in 2007, TTM produced 19 brands, with a total of 31,623,622,020 cigarettes, an 8.49% increase in cigarette production. Out of these 19 brands, 14 brands were filtered type (31,530,177,680 cigarettes) and 5 brands were non-filtered type (93,444,340 cigarettes).

Tobacco sales: In 2006, TTM sold 28,342.44 million cigarettes within the Kingdom (41,474.60 million Baht), and 19.90 million cigarettes abroad (7.69 million Baht). The trade value reduced from that of 2005 by 5.73% or 2,520 million Baht. However, in 2007, TTM sold 30,919.70 million cigarettes within the Kingdom (52,927.20 million Baht) and 10.20 million aboard (4.04 million Baht), increasing of sale value from 2006 by 27.56% (11,436.74 million Baht).The five most popular domestic brands are Krong Thip 90, WONDER (American taste), WONDER (menthol taste), Sai Fon 90, and Krung Tong 90.

Employment: In 2007, TTM has 4,297 employees, 3,399 are in the central and 898 are in the regional offices that could generate 44,568.96 million Baht as governmental income.

Market share of tobacco product: Although Thailand has allowed importation of cigarettes since 1991 and domestic cigarettes always hold larger proportion of the market share however, this domestic proportion has gradually shrunk because of continuous increasing proportion of imported cigarettes, from 0.62% in 1991 to 24.62% in 2007 (Table 12).

Table 12 Market share of domestic and imported cigarettes

Year	Market share	
	Domestic cigarettes	**Imported cigarettes**
1991	99.38	0.62
1992	97.45	2.65
1993	97.15	2.85
1994	96.15	3.05
1995	96.72	3.28
1996	96.86	3.14
1997	95.88	4.11
1998	91.53	8.74
1999	86.68	13.32
2000	86.91	13.09
2001	85.74	14.26
2002	84.69	15.31
2003	85.17	14.83
2004	79.70	20.30
2005	78.30	21.70
2006	77.19	22.81
2007	75.38	24.62

Source: 1) Chonlatan Witsarutwong, 2007[43]
2) Excise Department, 2008[44]

2) Local tobacco production[58, 66, 67]

Local tobacco production, or own-rolled cigarette, is mostly done in each locality, especially in the north and northeast. Originally, it was produced by households. Local tobacco production was then set up with small businesses producing shredded tobacco for sale. In some areas, local tobacco products are seen as famous goods for tourists (under the project One Tumbol One Product, or OTOP). At present, there are 24 brands of shredded tobacco in this category.

1.7 Tobacco company marketing strategies

Under the Tobacco Product Control Act, 1992, advertisement or marketing of any tobacco product is not allowed through any type of mass media.

According to the Act, tobacco products cannot be sold by vending machines, or in a package with other goods or services, and goods or services cannot be included as gift with tobacco products. In December 2005, the display of cigarette packages, signs, or logos at points of sale was also prohibited. Thailand is the third country with this regulation, following Canada and Ireland.[69]

Despite the prohibition of cigarette advertising, tobacco companies use other approaches to reach their target groups. One of the main strategies is publicly demonstrating Cooperate Social Responsibility (CSR) *via* distributing educational support, charity foundation support, etc., in order for the companies to have good social images.

The industry engages particularly in youth activities such as the ASEAN Art Award, Protecting the Rivers, and an anti-smoking campaign by MOI's housewife group supported by Phillip-Morris Co., Ltd (Thailand). The project that aims to improve the environment of the *Saen Saeb Canal* is supported by British American Tobacco (Thailand). Tobacco companies may use other tactics such as Trademark Diversification (TMD), or even Brand Stretching, and giving sponsorship to international sport championships, which will certainly be broadcast on cable sports television.[70]

2. Smoke Free Environment

The Royal Thai Government enacted the Non-smoker's Health Protection Act in 1992. The Act designates non-smoking places, degree of punishment on violators, etc. There are also 18 Ministry of Public Health Notifications that followed this Act to amend it and to add to the list of non-smoking public places. Notification Number 17, issued in December 2006,[71] resulted in a total of 38 compulsory smoke-free public places, divided into 2 groups:

1) public places that must be totally smoke-free.

2) public places that are partially smoke-free; that is, most of the area must be smoke-free, except personal working spaces, personal rooms and areas allocated as "smoking areas".

The latest Ministry of Public Health Notification, Number18, 2007,[72] effective on 11 February 2008, indicates that all food shops, restaurants, pubs, bars, market places, either with or without an air-conditioner, must be smoke-free zones. However, food shops without an air conditioner could provide a smoking area in the shop.

The enforcement and cooperation with the Non-smoker's Health Protection Act is achieved at a moderate level. Two surveys were conducted. One of them is the ABAC Poll which was conducted in 2005 among 1,696 persons over 18 years of age, three years after the declaration of the Ministry of Public Health Notification Number 10, 2002* The result showed that the places in which the law is most violated were public restrooms, public phone booths, and religious places (78.7%, 71.3%, and 71.0% respectively).[73] The second survey is the Preliminary Report on Perceived Hazard of Secondhand Smoke in 2006. The result showed that 39.2% of smokers (15 years old or more) stated that they strictly comply with the non-smoking law and never smoked in non-smoking areas.[74]

3. Advertisement, Sale Promotion and Sponsorship

The Non-smoker's Health Protection Act, 1992, prohibits tobacco advertisement, sale promotion and sponsorship from tobacco companies as follows:

* Ministry of Public Health Notification Number 10, 2002, on names or types of public places which must be totally smoke-free

Section 8 *No person shall be allowed to advertise the tobacco products or expose the name or logo of the tobacco products in the printed matters, via radio broadcast, radio, television or any other advertising media or to use the name or mark of the tobacco products in the shows games, services or any other activity with objective to make the public understand that the name or logo belongs to the tobacco products.*

The provisions of the paragraph does not apply to the live broadcast from abroad via radio or television and the advertisement of the tobacco products in the printed matters printed outside the Kingdom without the objective to specifically sell or distribute them in the Kingdom.

Section 9 *No person shall be allowed to advertise the goods using the name or logo of the tobacco products as a logo of such goods in such a way to create an understanding that it is one of the tobacco products.*

Section 10 *No person shall be allowed to manufacture, import for sale or for general distribution or to advertise any other goods having such appearance to create understanding that they are imitation tobacco products as cigarettes or cigars according to the law related to tobacco or of the package of the products.*

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Enforcement of Tobacco Products Control Act, 1992

There is good compliance to the tobacco control law, despite a few violations, particularly in cable TV, that shows movies with smoking scenes. Another method of advertising is in cartoon-books from Japan. From the study of the ITC Project [*48], it was found that 37.3% of the surveyed sample saw smoking persons in pictures occasionally, both in media and around their residence.

From the observational surveys of 416 sampled shops[75], on the law compliance on prohibition of displaying cigarette packs or logos at points of sale, the result showed that 26.15% did not strictly follow the law, and another 23.63% tried to evade the law. Franchised convenience stores did not strictly follow the law more often than traditional grocery stores

[*] ITC Project : International Control Policy – Southeast Asia

(52.82% and 2.26% respectively), while a smaller percentage of franchised convenient stores tried to evade the law compared to traditional grocery stores (15.90% and 28.96% respectively). The pattern of law evasion was mostly in the form of turning the back of cigarette booths to be visible from the street, or placing cigarette packs sparsely on merchandise shelves.

The result of the ITC Project survey[48] revealed that 17.8% of those surveyed saw cigarettes for sale on stores' shelves or counters, with 81.8% of them agreed that putting cigarettes for sale in convenience stores or supermarkets could prompt youths to start smoking. 83% of those surveyed agreed on this measure of smoking control.

In 2006, the Department of Disease Control, Division of Alcoholic Beverages and Tobacco Control documented 66 complaints of exhibition of cigarette packs at sale points (44.29% of all complaints). In 2007, 323 complaints were recorded, making this the second most frequently recorded complaint. There were 975 recorded inquires as to whether showing cigarette packs in shops is illegal, which was also the second most frequent question during that year.[76]

The ITC Project survey[48] also found that 7.5% of those surveyed reported the observation of merchandise, pictures or other gadgets such as mobile phone covers and watches which have cigarette brands or logos in grocery or convenience stores. Two point four percent reported the observation of cigarette brands or logos on clothes or other items during the past 6 months.

4. Smoking Cessation Services

Thailand has a national policy on setting up and supporting smoking cessation centers in various health service settings all over the country, and counseling through Quit lines.

The smoking cessation process in Thailand comprises of 4 strategies: health care settings with cessation services, Thai Health Professional Alliance against Tobacco, Nicotine Replacement Therapy, and Quit line.

1) Health care settings with cessation services. Surveys conducted by Department of Disease Control revealed that, in 2003, there were 430 governmental and private, health care settings, provided smoking cessation services. Another survey showed that there were 1,120 smoking

cessation clinics, 127 in Bangkok and 993 in other provinces[77]. Most of them were in governmental settings. In the private sector, smoking cessation services are available in clinics, rather than hospitals.

Most the Department of Disease Control's registered tobacco cessation clinics usually completed all steps of 5A's* because they followed tobacco control policy at agency level, had multidisciplinary teams responsible for implementation of the cessation, and used the public relations through mass media and individual group for promotion the cessation.[78] However, this study showed that most of the clinics could not successfully and effectively do the follow up. Lessons learned from the effective cessation clinic management of Thanyarak Hospital are 1) clear organization structure, 2) setting up workable strategies, 3) assignment of responsible persons/sectors, 4) providing rooms for this activity which are easily accessible and with clear signs, 5) proper preparation of equipments and medicines, 6) designing a variety of activities, especially continuous assistance during the cessation process at least 2-3 times 7) evaluation of success after the process is finished, totaling 5 times within one year.[79]

2) Thai Health Professional Alliance Against Tobacco. This network, established in 2004, consists of professionals from 8 health-related fields: medicine, dentistry, nursing, pharmacy, medical technology, physical therapy, public health and psychology. During the past 3 years, the network, particularly physicians, dentists, pharmacists, and medical technologists, have actively involved in smoking cessation activities.

3) Therapy using medication. Medicines used for smoking cessation are 1) Nicotine Replacement Therapy (NRT) in forms of nicotine chewing gum or polacrilex, and the nicotine patch, both of which are restricted to sale under a pharmacist's supervision only; 2) tablets which are non-Nicotine such as Bupropion HCL (Amfebutamone) and Nortriptyline.[81] The latter is included in the National Essential Drug List, so persons under general governmental health insurance (Gold card holder) can obtain it free-of-charge.[81]

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* **5 A's** of smoking cessation clinics are: 1) Ask about smoking habits, 2) Advise, 3) Assess readiness, 4) Assist and 5) Arrange the follow up.

4) Quitline. The ASH Foundation has provided quitline number 1600 to give advice and assistance on smoking cessation since 1993, and operates the line from 09.00 – 17.30 hr. daily. The number of calls has increased from 1,200 in 1994 to 4,798 in 2006. The cessation rate increased from 2% in 2002 to 18.5% in 2006.[82] Thanyarak Hospital's quit line number 1165 also provides smoking cessation assistance, apart from their normal services.

However, quit lines are still confined in the non-governmental organizations with very limited manpower. The Ministry of Public Health quit line is integrated into hotlines for other drug addicts, which have different tactics and techniques for giving cessation advice. Therefore, The Thai Health Promotion Foundation, the National Health Security Office, and other members of the network are developing national smoking cessation services and setting up a National Quit line. The phone number of this quit line will appear on the labels of cigarette packages as well.

5. Warning People about the Dangers of Tobacco

The Royal Thai Government has been widely launching education, communicating, training, and creating public awareness on the harmful effects of cigarettes since the past 20 years. These activities include: 1) printing pictures and health warnings on cigarette packages, 2) social marketing and anti-smoking campaigns, 3) training and developing curricula on tobacco control.

5.1 Pictorial health warning on cigarette packages

Thailand is fourth country in the world that successfully put health warning pictures on cigarette packages. Health warnings first appeared in 1974 using "Smoking may be hazardous to your health". In 1992, the year after the Tobacco Control Act was declared, the Ministry of Public Health announced that health warnings on cigarette packages must cover at least 25% of the total (front and back) area. During 1997-2004, the Ministry of Public Health increased the area of health warning to not less than 33.3% of the total (front and back) area, including 10 health warning messages in rotation.

Later, the Ministry of Public Health issued Notification Number 8, 2004, on compulsory printing of health warning pictures on cigarette

packages (Figure 7), effective 25 March 2005. This makes Thailand the fourth country to use health warning pictures on cigarette packages after Canada, Brazil, and Singapore. The pictures must be in color, and cover at least 50% of the total area. The health warning label must be on the upper part of the package, with one of six rotating health warning messages.

Figure 7 Six pictorial health warnings on cigarette packages, 2005-2006.

There are studies evaluating the impact of health warnings messages and pictures on cigarette packages, both in Thailand and in other countries. Results of researches in Thailand can be summarized as follows.

Evaluation of youth opinion on health warnings on cigarette packages by the ITC Project[48] revealed that 71.9% agreed that health warnings are trustworthy. Moreover, 80.7% agreed that health warning pictures alert them to the hazardous effects of smoking, and 67.3% said that the health warnings should be increased. Among smokers aged 18 years and over, 81.8% agreed that health warnings are the truth, 53.5% said that the current pictures were sufficient, and 83.0% said that health warning pictures stimulated them to think about the hazardous effects of smoking more than written warnings alone.

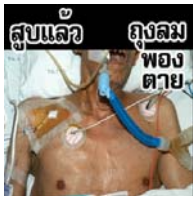
An evaluation study on the effectiveness of 6 health warning pictures among 1,186 adults (age 15 years and over) was conducted in a southern province. The study aimed to assess the effect of those pictures on perceptions of severity of diseases, risks of having diseases caused by smoking, and fear of toxicity and harms from smoking (including secondhand smoke). The study showed that the most effective picture was the picture on “smoking causes lung cancer”, followed by the picture on “smoking causes emphysema”. The least effective picture was the one claiming that smoking causes premature aging.[83] This finding led to a change in health warnings two years later, and the least effective picture was eliminated.

In 2006, the Ministry of Public Health increased the number of health warning pictures to 9 pictures (Figure 8), effective in March 2007 (Ministry of Public Health Notification Number 11, 2006). There was another evaluation study on the effectiveness of those health warning pictures among youth 13-18 years old. It was found that 36.4% of them agree that the pictures on “smoking causes pharyngeal cancer” was most effective in dissuading them from trying smoking, and it also made them wanted to quit. The second most effective picture was that on “smoking causes oral cancer” (28.0%), and the third was on “smoking causes lung cancer” (16.6%). The picture on “smoking leads to premature death” was least effective because it was not grotesque and did not cause any fear of death. More than two thirds had seen health warning pictures and more than 70% said that the pictures influenced them to not want to smoke. More than half of those who were current smokers stated that the pictures, to a certain extent, stimulate their desire to quit smoking.[84]

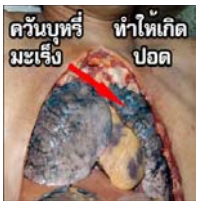
Figure 8 Nine pictorial health warnings on cigarette packages, 2007 - 2008

Type 1
Cigarette Smoke Harms People Nearby

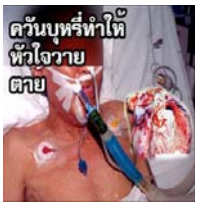
Type 2
Smoking Causes Your Breath to Smell



Type 3
Smoking Causes Fatal Emphysema

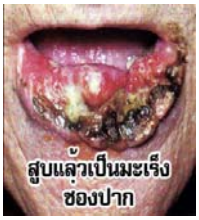


Type 4
Smoking Causes Lung Cancer

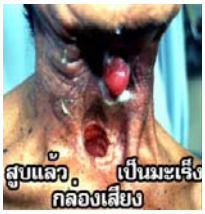


Type 5
Cigarette Smoke Causes Fatal Heart Failure

Type 6
Cigarette Smoke Leads Your Life to Death



Type 7
Smoking Causes Oral Cancer



Type 8
Smoking Causes Laryngeal Cancer

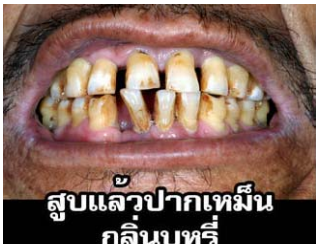
Type 9
Cigarette Smoke Causes Hemorrhagic Stroke

In 2006, the Ministry of Public Health Notification Number 10, 2006 stated that tobacco products which are domestically manufactured or imported into the Kingdom have to declare the carcinogenic ingredients and emission products[68]. These ingredients include tar, formaldehyde and nitrosamine, and the emission products are carbon monoxide and hydrogen cyanide. These ingredients and emissions must be clearly printed on cigarette packages, wrapping paper, and the carton's side.

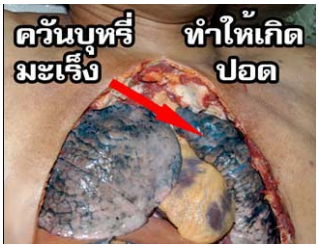
Ministry of Public Health Notification Number 12, 2006,[68] prohibits the statement of "Mild", "Medium-light", "Ultra-light", or "Low tar" or other words of similar meaning on cigarette packages, cigar packages or shredded tobacco packages sold in the Kingdom.

For other tobacco products such as cigar and shredded tobacco, the Ministry of Public Health made it compulsory to put health warning pictures on packages as well. Ministry of Public Health Notification Number 13, 2007 stated that cigar packages must have one out of 5 designated health warning pictures in color (Figure 9)[52]. Ministry of Public Health Notification Number 13, 2007 state that the own-roll tobacco importing or locally produced must have one out of 2 designated health warning pictures on the packages[52] (Figure 10).

Figure 9 Pictorial health warning on cigar packages, 2007 - 2008

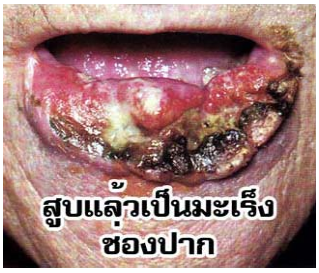


Type 1
Smoking Causes Your Breath to Smell



Type 2
Smoking Causes Lung Cancer

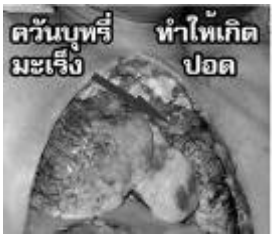
Type 3
Cigar Smoke Leads Your Life to Death



Type 4
Smoking Causes Oral Cancer

Type 5
Smoking Causes Laryngeal Cancer

Figure 10 Pictorial health warnings on own-rolled cigarette packages



Picture a
Smoking Causes Laryngeal Cancer

Picture b
Tobacco smoke causes lung cancer

5.2 Social marketing and anti-smoking campaign

The Royal Thai Government has launched social marketing and anti-smoking campaigns for more than 20 years. The most active organizations involved are the ASH Foundation and the Ministry of Public Health. Later, several other organizations, such as the Thai Health Professional Network against Tobacco, the Tobacco Control Research and Knowledge Management Center, provincial health offices, and provincial and community hospitals, became partners in the tobacco control network. Examples of activities include holding an anti-smoking campaign on World No Tobacco Day; producing a journal for youth; disseminating information through printed newspapers, magazines, electronic mass media, press and websites; as well as the establishment of an Information Center for tobacco control; creating social movement on the hazardous effects of secondhand smoke and non-smokers' rights; and a campaign on smoke-free homes and smoke-free public places such as parks, pubs, bars, restaurants, etc. The Information Center for a Smoke-free Society has distributed printed materials, such as stickers, pamphlets and other alternative media to members of the network.

The social marketing and anti-smoking campaign resulted in increased knowledge and awareness changed attitude against the hazardous effects of smoking. This included knowledge of tobacco

control law, as indicated in survey research on the smoking situation among adults (15 years and over)[41] In 2007, most (96.06%) of those survey respondents informed receiving knowledge/advice on harms of smoking, from television (84.91%), printed media (26.68%) and health warnings on cigarette packages (25.90%), which corresponded to the result of the ITC Project.[48] The majority of respondents (68.6%) frequently saw content on the harmful effects of smoking, in town (70.9%) and outside town (66.4%). More than 80% of them had knowledge of the tobacco control laws about prohibiting giving, exchanging, or selling cigarettes to children and youth under 18 years of age, about prohibiting the advertisement of cigarettes on all kinds of media, and about banning the display cigarette packages at sale points.[41]

5.3 Training and development of tobacco control curriculum

Training on tobacco control in Thailand is in two forms:

1) Training within the formal education scheme, such as in schools, colleges or universities, that includes the development of curricula and the conducting of classes on tobacco control in secondary schools, public health colleges, nursing colleges, faculty of medicine, faculty of nursing and faculty of public health.

2) Short training courses and conferences, such as training on knowledge and skills for smoking cessation for medical and public health personnel, workshops for development of manpower for research in tobacco control, training of personnel in working with mass communication groups, an annual conference on smoking and health, etc.

6. Monitoring and Evaluation of the Tobacco Epidemic

The monitoring and evaluation of the tobacco epidemic is divided into 4 parts: 1) prevalence of tobacco use which is divided into 2 groups: (a) prevalence of tobacco use in adults and (b) prevalence of tobacco use in some specific groups; 2) the number of cigarettes smoked per day; 3) the age of smoking initiation; and 4) exposure to second hand smoke.

6.1 Prevalence of tobacco use

a) Prevalence of tobacco use in adults:[41] Thailand's tobacco use in adults (> 15 years old), has been monitored through a regular National Survey by the National Statistical Office since 1976. The survey shows that over the past 16 years, the number of current smokers decreased

from 12.26 million in 1991 to 10.86 million in 2007, resulting in the decreasing of current smoking prevalence from 32.00 percent to 21.22 percent the male smoking prevalence is 12 times the female prevalence in 1991 and more than 20 times the female prevalence in 2007 (Table 13).

Status of smoking in Thailand in 2007, classified by age, education, residential area, region and family income, is shown in Table 13.

Table 13 The number of current smokers aged 15 years and over and current smoking prevalence (per 100 population), 1991-2007

Year	Smokers			Smoking Prevalence (%)		
	Total	Male	Female	Total	Male	Female
1991	12,257,675	11,304,732	952,943	32.00	59.33	4.95
1996	12,525,254	11,758,171	767,082	28.81	54.46	3.50
2001	11,984,874	11,283,274	701,600	25.47	48.44	2.95
2004	11,358,735	10,700,018	658,717	22.98	43.69	2.64
2006	11,033,031	10,306,855	726,175	21.91	42.19	2.80
2007	10,857,756	10,347,580	510,176	21.22	41.70	1.94

(1) Age. The highest smoking rate is found in persons aged 41-59 years old (24.34%) and the lowest rate is in Status of smoking in Thailand in 2007, classified by age, education, residential area, region and family income, is as follows (Table 13). 15-18 years age group (7.25%). Among females aged 15-18 years old, and those more than 60 years old have the lowest and highest smoking rates of 0.10% and 3.56% respectively. Among males aged 15-18 years old and 41-59 years old have the lowest and highest rates of 14.24% and 47.46% respectively.

(2) Highest education attained. The highest smoking rate is found in persons who completed primary school (24.96%), and the lowest rate is among persons who completed a bachelor's degree or higher (10.58%). Among females, the highest rate is in those with no formal education (7.81%), and lowest among those who completed a bachelor's degree or higher (0.29%). Among males, the highest rate is among those who have

primary school education (50.05%) and the lowest rate is among those who completed a bachelor's degree or higher (22.05%). In conclusion, people with higher education have lower smoking rate than people with lower education.

(3) Residential area. There is a higher smoking rate in persons who live outside municipal areas than inside municipal areas (23.43% and 16.38% respectively). Females who live outside municipal areas smoke more than those in municipal areas (2.12% and 1.54% respectively). The same pattern is found in males, those who live outside municipal areas have higher smoking rate than those in municipal areas (45.49% and 33.03% respectively).

(4) Region. Bangkok residents have the lowest smoking rate (13.09%), while people in the southern region have the highest smoking rate (25.02%). Among females, the highest rate is found in the north (4.97%) and the lowest rate is in the northeast (0.68%). Among males, the highest rate is in the southern region (49.85%) and the lowest rate is in Bangkok (26.95%).

(5) Family income. The highest smoking rate is found in the moderately poor or 2nd quintile group (26.09%) and the lowest rate is in the richest or 5th quintile group (13.88%). Among females, the highest rate is in the poorest or 1st quintile group (2.97%) and the lowest rate is among those in the highest income group (0.77%). Among males, the highest rate is in the 2nd quintile group (49.18%) and the lowest rate is among those in the richest group (27.80%). The poorest families pay 8.14% of their household incomes for tobacco, while the richest group pays 1.18% of their annual household incomes for tobacco (Table 14 and 15)**.** In conclusion, people with higher income have lower smoking rate than people with lower income.

Table 14 The number of current smokers aged 15 years and over and current smoking rate (per 100 population), by socio-economic status, 2007

Socio-economic factor	Total		Female		Male	
	n	Rate	n	Rate	n	Rate
1. Age (year)						
15 - 18	328,791	7.25	2,323	0.10	326,468	14.24
19 - 24	1,276,420	21.27	17,292	0.59	1,259,128	40.94
25 - 40	4,054,000	23.14	94,910	1.06	3,959,089	45.99
41 - 59	3,898,376	24.34	255,567	3.06	3,642,809	47.46
≥ 60	1,300,169	18.33	140,083	3.56	1,160,086	36.71
2. Highest education attained						
No formal education	493,422	19.71	132,156	7.81	361,266	44.61
Primary education (4 years)	6,668,214	24.96	318,243	2.27	6,349,971	50.05
Secondary education (9 years)	1,747,392	19.27	30,304	0.71	1,717,088	35.92
High school (12 years)	1,245,666	19.10	17,151	0.57	1,228,515	35.04
Bachelor degree and higher (16 years or more)	649,889	10.58	9,515	0.29	640,373	22.05
3. Residential area						
Outside municipality	8,234,517	23.43	379,601	2.12	7,854,917	45.49
Inside municipality	2,623,239	16.38	130,575	1.54	2,492,663	33.03
4. Region						
North	2,048,474	22.22	235,091	4.97	1,813,383	40.38
Northeast	3,949,829	23.79	56,968	0.68	3,892,861	47.67
South	1,675,139	25.02	44,824	1.31	1,630,315	49.85
Central	2,432,370	18.85	135,623	2.03	2,296,746	36.84
Bangkok Metropolis	751,945	13.09	37,670	1.22	714,275	26.95
5. Family income						
1st quintile (Poorest)	1,757,104	20.78	151,715	2.97	1,605,389	47.95
2nd quintile	2,818,641	26.09	140,666	2.62	2,677,975	49.18
3rd quintile	2,529,205	25.14	102,243	2.08	2,426,962	47.25
4th quintile	2,068,785	21.29	67,336	1.43	2,001,449	40.04
5th quintile (Richest)	1,684,021	13.88	48,216	0.77	1,635,805	27.80

Table 15 Annual household incomes, Tobacco expenditure and percentage of household income spent on tobacco, 2007

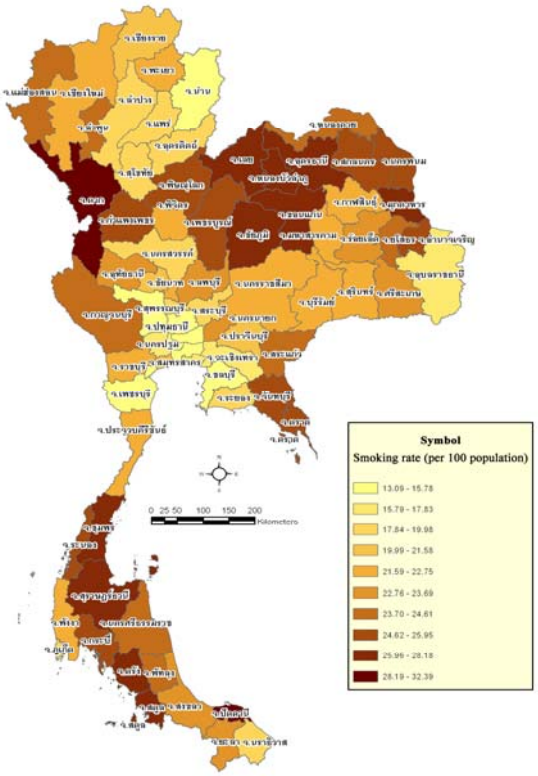
Income	Average household income (Baht/year) [1]	Tobacco expenditure (Baht/year/household) [2]	Percentage of household income spent on tobacco [3]=[2]*100/[1]
1st quintile (Poorest)	1,291.08	103.85	8.04
2nd quintile	2,880.00	182.79	6.35
3rd quintile	4,302.04	190.95	4.44
4th quintile	6,272.24	168.78	2.69
5th quintile (Richest)	11,972.89	141.85	1.18
*Total average**	5,343.63	186.88	*3.50*

Note: The survey was conducted during the third quarter of 2007, the exchange rate was 1 USD equals 34.05 Baht[85]

* Total average means household income and tobacco expenditure of all respondents (Baht/year/household)

From this national survey, the sample size in each province was big enough to show provincial smoking rates. The province with the highest smoking rate is in the northern region, the second and third are in the southern region (Map 1).

Map 1 Current smoking rate of Thai population aged 15 years and over, 2007



b) Prevalence of tobacco use in some specific populations

In 2004, a survey of smoking among adolescents (13-15 year olds) in schools was conducted in Thailand (Global Youth Tobacco Survey: GYTS).[86] It showed that the current smoking rate was 11.7%; 17.4% in males and 4.8% in females. 7.7% percent reported using other types of tobacco and 26.7% were ex-smokers.

In 2006, a survey of smoking by health professional students was conducted (Global Health Professionals Survey: GHPS).[87] The sample

was 5,952 third year students from seven health professional schools in: medicine, pharmacy, dentistry, nursing, physical therapy, medical technology and public health. 14.7% reported ever-smoking experience (at least once); 30.1% in males and 9.7% in females. The highest rate was found in public health students (21.4%). The current smoking rate among all these health professional students was 2.3%; 6.4% in males and 0.9% in females. The highest rate of current smokers was in medical technology students (7.7%).

In 2007, a survey of smoking in 3,093 female adolescents and young adults (13-25 years old) in schools was conducted. [88] The current smoking rate, which referred to ever smoking during the past 7 days and 30 days, was 5.8% and 6.4% respectively. The rate was highest in college age students.

6.2 The number of cigarettes smoked per day. During the past 16 years [41], the average number of cigarettes smoked per day the Thai male population age 15 years and above had reduced from 12 in 1991 to 10 in 2007. The average number of cigarette smoked per day by females, did not change, at 7 cigarettes (Table 15).

6.3 The age of starting smoking: During the past 16 years [41], the Thai male population started smoking at younger ages (19.03 years old in 1991 and 18.67 years old in 2007). Meanwhile, starting age of female smokers 15 years and over was 21-22 years (Table 15). Results from the GYTS showed that 16.9% of surveyed students started smoking before age of 10 years[86], and 68.6% of female adolescents and young adults started smoking at the age of fourteen.

6.4 Exposure to secondhand smoke. From the national surveys in 2001, 2004 and 2007[41], exposure to secondhand smoke in households had continuously reduced. The percentage of smoking by family members dropped from 85.76% in 2001 to 84.5% in 2004 and to 58.95% in 2007. Other surveys showed that 32.70% of third year students of public health professionals reported exposure to secondhand smoke in households (home, dormitory, rented apartment) during the past 7 days.[87] Almost half of female adolescents and young adults (46.9%) were exposed to secondhand smoke from their father and older brothers.[88] GYTS found that 68.2% of youths were exposed to secondhand smoke in public places.[86] GHPS found that 62.8 % of third year students of public health

were exposed to secondhand smoke in schools and other public places during the past 7 days, and 1% reported that they had smoked while on the campus.[87]

Table 16 Number of cigarettes smoked and the age of smoking initiation among current smokers, 1991-2007

Current smoker	Year					
	1991	**1996**	**2001**	**2004**	**2006**	**2007**
Number of cigarette smoked (sticks/person/day)						
Total	12.39	11.53	10.00	9.41	8.92	9.55
Male	12.84	11.86	10.17	9.54	9.05	9.65
Female	7.77	7.24	7.55	7.30	7.08	7.47
Age of smoking initiation (years)						
Total	19.03	18.60	18.58	18.57	18.25	18.67
Male	18.61	18.38	18.37	18.35	18.13	18.47
Female	23.25	21.76	22.01	22.30	20.02	22.74

2. Government Infrastructure in Tobacco Control

2.1 National level

The operation of tobacco control at the national level is monitored by the National Committee for the Control of Tobacco Use (NCCTU), which was appointed in 1989.[31] This committee is chaired by the Minister of Public Health; and the Director-General of the Department of Disease Control is assigned to be secretary general. The members of the committee consist of the Permanent Undersecretaries of related ministries and a group of tobacco experts. This committee is responsible for making policy and guidelines on tobacco control in the country, cooperating with other organizations concerning tobacco control activities; accelerating, controlling, monitoring, and evaluating the law enforcement of notifications issued by the Ministry of Public Health. Their roles also include revision of existing laws and regulations, as well as the Ministry of Public Health's Notifications; promotion, support, and review of academic papers and research articles, dissemination of information to the general public; and appointment of sub-committee and working groups for some specific tasks.

2.2 Ministerial level

Ministry of Public Health

The main government authorities responsible for tobacco control are the Ministry of Public Health, and the Department of Disease Control.

1) **The Department of Disease Control** operates through a Center for Tobacco and Alcohol Consumption Control, including operations through its 12 regional offices.

    1.1) **The Office of the Alcohol Beverage and Tobacco Control Committee**[32] is responsible for creating tobacco control plans and activities; supporting cigarette quit attempts; distributing information on cigarettes, their toxicity, and their harm to children, youth, the general public, academic institutions, and working places both in governmental and non-governmental sectors; evaluating law enforcement according to the Non-Smoker's Health Protection Act, 1992 and the Tobacco Product Control Act, 1992.

1.2) **Disease Control Regional Offices** are offices under the Department of Disease Control which are located in each administrative region. They are responsible for tobacco control activities, such as surveillance, providing education, conducting campaigns, assisting quitting efforts and monitoring and strengthening law enforcement in the area.

2) **The Office of the Permanent Secretary** directs and coordinates other responsible offices at the provincial or other levels, such as:

2.1) **Provincial Health Office (75 provinces)** is responsible for tobacco control activities in its respective province: monitoring and strengthening law enforcement, providing education, conducting campaigns and disseminating information on cigarettes' toxicity and damage that occurs due to smoking.

2.2) **Regional, Provincial and Community hospitals** are responsible for establishing smoke-free hospitals according to the Non-Smoker's Health Protection Act 1992, and providing cessation services in their hospitals.

2.3) **District Health Offices and Health Centers** are responsible for tobacco control at the district and village level.

3) **The Department of Medical Services** is responsible for treatment of drug, alcohol and cigarette addiction and treatment for diseases caused by smoking. These services are provided through hospitals under supervision: such as Thanyarak hospital and some hospitals in Bangkok, and the Drug Dependent Treatment Center in each region/province.

4) **The Department of Mental Health** is responsible for providing treatment of cigarette addiction, for youth, through hospitals and mental health centers under supervision.

Other Ministries

Apart from the Ministry of Public Health, there are also other organizations that take part in supporting tobacco control, such as:

1) **The Excise Department, Ministry of Finance** is responsible for determining and collecting taxes on cigarette and other tobacco products, monitoring sale prices of cigarettes, issuing licenses for tobacco cultivation and processing, determining sale prices of tobacco leaves, issuing licenses for tobacco factories, issuing licenses for cigarette stores and eradication of illicit and counterfeit cigarettes.

2) **The Customs Department, Ministry of Finance** is responsible for collecting taxes on imported cigarettes and other tobacco products, and for enforcing laws on cigarette smuggling and tax evasions through check points in their responsible areas.

3) **The National Police Office** is responsible for prevention, suppression and arrests of cigarette smuggling, and enforcement of tobacco control acts. (Non-Smoker's Health Protection Act, 1992; and Tobacco Product Control Act, 1992).

4) **The Department of Special Investigation (DSI),** Ministry of Justice, is responsible for prevention, suppression, and filing lawsuits against smuggling or customs duty evasions according to Customs Acts, 1926, producing counterfeit cigarettes according to Tobacco Control Act, 1966, and violating trademark law according to Trademark Act, 1992. Their responsibility mainly focuses on criminal activities which results in a large group of victims, complicated cases, international crimes, cases related to criminal organizations or powerful persons, or crimes that have adverse affects on the country's economy, social stability, and national security according to The Special Case Investigation Acts, 2004.

5) **The Public Relations Department,** in cooperation with the National Telecommunication Commission of Thailand, takes control in prohibiting cigarette advertisement through television and radio programs.

6) **The Ministry of Education** is responsible for establishing smoke-free schools, according to the Non-Smoker's Health Protection Act, 1992; and for integrating anti-smoking education into regular programs currently done in schools.

7) **Local Administrative Authorities,** such as Provincial Administration Organizations and Sub-district Administration Organizations, are responsible for monitoring tobacco control within their respective areas including law enforcement.

Apart from organizations previously mentioned, the Ministry of Interior and the Ministry of Social Development and Human Security are appointed to be inspection officers according to the Non-Smoker's Health Protection Act, 1992, and the Tobacco Product Control Act, 1992.

2.3 Autonomous Organizations under Governmental supervision

1) **The Thai Health Promotion Foundation**[33] is a governmental organization which is not either under the government infrastructure or a state enterprise. It was founded according to the Thai Health Foundation Act, 2001, and is supervised by the Office of the Prime Minister. Funding support comes from an excise tax on cigarettes and alcohol beverages (2% of annual tax), and it gives monetary support to the health promotion and tobacco control network (governmental, non governmental, and civil society).

2) **The Tobacco Control Research and Knowledge Management Center,** Mahidol University[34], is an organization supported by the Thai Health Promotion Foundation. Its roles include developing database for monitoring and surveillance of tobacco control in Thailand; supporting research activities in order to build a body of knowledge and advocate it for the development and implementation of tobacco control policy; evaluating tobacco control programs and projects; managing knowledge, such as organizing training, developing curricula in academic institutions and acting as a center for information collection and dissemination to other organizations, agencies, and public media.

2.4 Non-governmental Organizations (NGOs) for tobacco control: for example;

1) **The Action on Smoking or Health (ASH) Foundation**[35] is an organization which has been working toward smoke-free environments for more than 20 years through campaigns and advocacy targeting the general public. Its main goals are development of anti-tobacco policy, strengthening cooperation within and between networks, empowering youth groups, training campaign-moderators and providing quitline 1600 for cessation support.

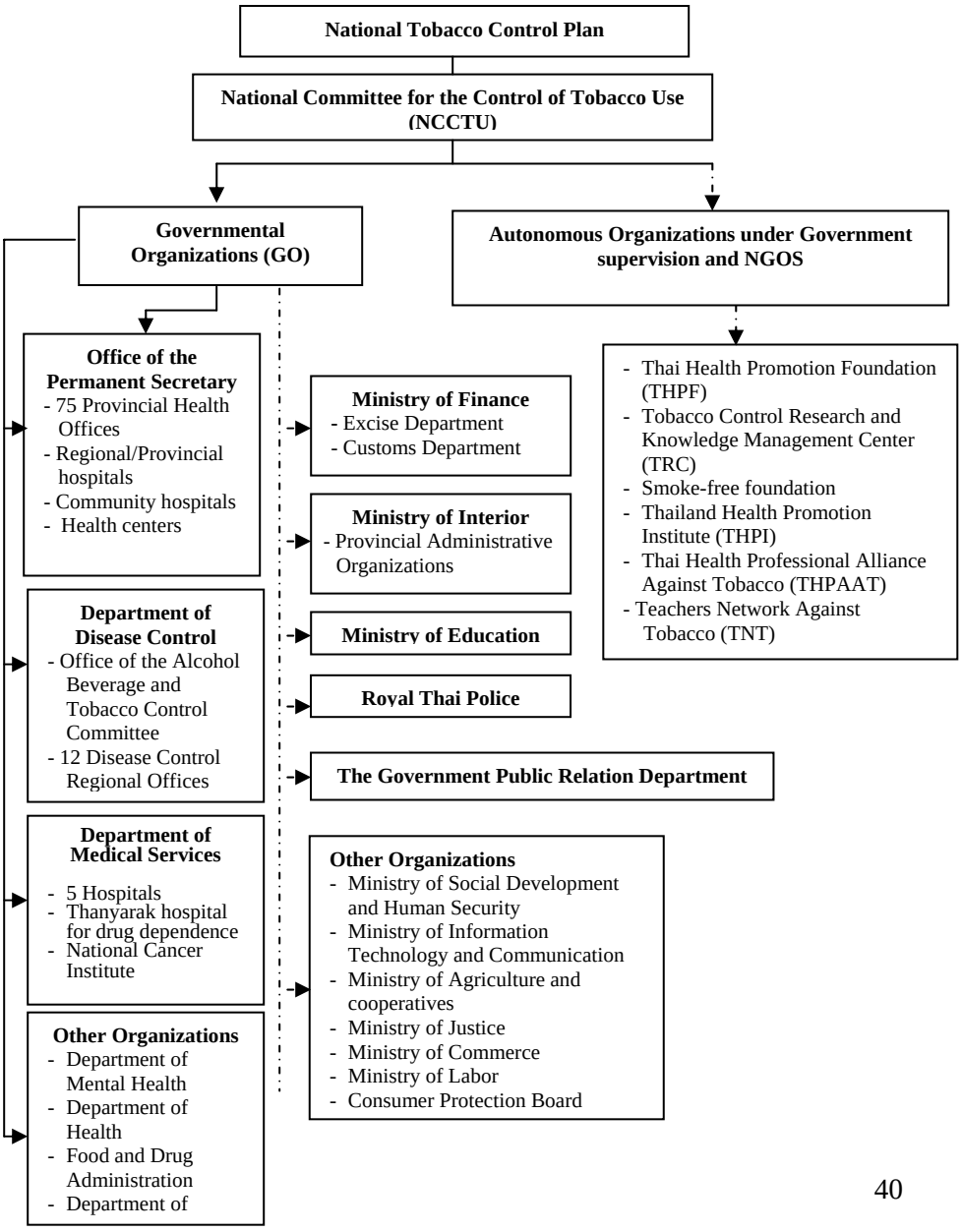
2) **The Thai Health Promotion Institute (THPI)**[36] is a non-profit organization founded in 1994. Its roles include advocacy for anti-tobacco policy and law, stimulating action on the part of the government and the private sector, giving information to the general public about the tricks of tobacco industries, both in marketing techniques and consumer motivation techniques in some specific groups.

3) **The Thai Health Professional Alliance Against Tobacco (THPAAT)**[37] is an organization which aims to train health professionals to be "role models" in terms of a smoke-free healthy life, to add tobacco control as one of the topics in curricula of health-related programs, and to cooperate in anti-smoking campaigns.

4) **Teachers Network Against Tobacco (TNT)**[38] This network was established in 2005 with objectives to promote and support teachers to build up capacity and potential in initiating tobacco control activities, especially, to protect children and youth from the health hazards of cigarette smoke. Examples of activities are building up smoke-free school policy, participating in opposing the display of cigarette packs or logos in stores, preparing and testing curricula on smoke-free secondary schools, etc. At present, there are 12 schools in the network and this program is expanding to cover more schools.

All above government infrastructure and organizations form a National Tobacco Control Network (Chart 2).

Chart 2 Structure of National Tobacco Control Network



3. Budget for Tobacco Control Implementation

The total budget for tobacco control is divided into 2 parts:

3.1 Governmental source: The Ministry of Public Health and the Department of Disease Control receive total budget for tobacco control of 10 million Baht per year, on average.

3.2 The Thai Health Promotion Foundation: The Thai Health Promotion Foundation allocates budget of about 120 million Baht per year for tobacco control. This amount is usually distributed to members of the tobacco control network and to concerned agencies for supporting many tobacco control projects and activities. In fiscal year 2008, the Thai Health Promotion Foundation has given out 183 million Baht for tobacco control activities. This includes 5 million Baht for research, 35 million Baht as an operating budget for tobacco control projects, 105 million Baht for campaigns and 38 million Baht for management of smoke-free organizations.

In total, the annual budget for tobacco control in Thailand for all organizations is approximately 200 million Baht, to cover 64 million Thai population. Therefore, on average, the tobacco control budget is 3 Baht/head/year, which is only about 1/100 of the amount per head for tobacco control recommended by the Centers for Disease Control, USA.

4. Steps Required to Pass Tobacco Legislation and Regulation[39]

Several steps and strategies were taken to draft and enact tobacco control laws and regulations in Thailand.

1. There are only two national laws for tobacco control in Thailand, i.e. the Tobacco Product Control Act, (1992) and the Nonsmoker's Health Protection Act, (1992).
2. Before the above national legislation, there were other laws and regulations that were enacted by municipalities and by non-health government agencies, such as:

- 1976: The Bangkok Metropolitan Administration Ordinance – Banned smoking in cinema theatres and passenger buses
- 1986: The Administrative Committee of Radio and Television – Banned tobacco advertising on radio and television
- 1986: The Ministry of Transport – Banned smoking in passenger buses
- 1989: The Consumers' Protection Board – Banned advertising of tobacco products
- 1989: The Consumers' Production Board – Mandated health warnings on cigarette packages

Steps and strategies required to pass national tobacco control laws

The two national laws, the Tobacco Product Control Act, (1992) and the Non-smoker's Health Protection Act, (1992) were successfully enacted after the following actions:

1. Drafting

- The National Committee for Control of Tobacco Use (NCCTU) appointed a Subcommittee for Drafting the Tobacco Control Laws.
- The drafting subcommittee drafted the laws and submitted to the NCCTU.
- The NCCTU considered the drafted laws and, after some revisions, approved them.
- The NCCTU sent the draft laws to the Minister of Public Health for consideration.

2. Approval of the Minister of Public Health

After the minister agreed, the Ministry of Public Health (MOPH) sent the draft laws to the cabinet for approval.

3. Initial approval of the Cabinet

The draft laws were presented to the cabinet which, after approval in principle, sent the drafts to the Council of State for appropriation.

4. Appropriation by the Council of State

The Council of State checked and revised the legal terms of the drafts.

5. Final approval of the cabinet

The draft laws were sent back to the cabinet for approval, explained by the drafters.

6. Proposal to the Parliament and enactment

The drafted laws were sent to the National Assembly for consideration,

- The draft laws passed the first reading and were sent to the house committee for public health for consideration. They were then sent back to the Assembly for the second and final readings and approval.
- The approved laws were sent to be printed in the Royal Gazette, with the date that the laws became active.

7. Issuing Ministerial Announcements pursuant to certain articles of the laws

To enforce the laws, various announcements were drafted by the subcommittee for law enforcement of the NCCTU. These were proposed to the Minister of Public Health. If approved, the Minister signed the announcements and they were sent to be published in the Royal Gazette, with the stated date of enforcement.

8. Issuing Ministerial Rules pursuant to Article 11 of the Tobacco Product Control Act, (1992)

Article 11 of the Tobacco Product Control Act, (1992) is the only article that requires the approval of the cabinet for amendment. This is called the Ministerial Rule.

Winning Public Support and Thwarting Tobacco Industry Subversion

During the process of drafting and passing the legislation, efforts were made in:

Building evidence-based documents

Document research was done on the subjects that were to become the articles of the laws. This was presented to the media, decision makers, and policy makers.

Media advocacy

Various methods of media advocacy (e.g. press interviews, press conferences, opinion editorials, etc.) were carried out, utilizing supporting material from the evidence-based documents.

Thwarting tobacco industry resistance

Inform the public of tobacco industry misconduct, using their own words from their internal documents.

5. Successful Tobacco Control Models:

5.1 Mukdaharn Province[40]

Mukdaharn province is in the northeastern part of Thailand. In 2001, Mukdaharn's smoking rate was 25.1%, and reduced to 23.95% in 2007.[41] During that period, Mukdaharn Provincial Health Office launched many projects and activities, such as: 1) educating the general public on the toxicity and harmful effects of smoking, 2) creating good attitudes and social values toward non-smoking, 3) setting up health specific services, 4) promoting conformity to tobacco control law and regulations, 5) creating social movement using community re-arrangement to be more functional and comfortable, 6) promoting smoke-free public places, 7) promoting smoke-free homes, and 8) creating a network to form better communities and stronger villages in fighting tobacco use.

In this project, tobacco control is performed with strong cooperation from five local common units: family, temple, school, local administrative organization and local governmental sector. The activities include setting up community agreement on not smoking on various community occasions such as monthly religious days, making merit festivals and local traditional festivals smoke-free, creating smoke-free temples, smoke-free schools, and smoke-free homes, having community leaders as role models for not smoking or quitting cigarettes, prohibiting sale of cigarettes to youth under 18 years of age, monitoring law enforcement, etc.

5.2 Bangkok Metropolitan[41, 42]

The Bangkok Metropolitan Administration (BMA) has been conducting tobacco control in the area since 1995, especially on enforcement of smoke-free government offices. The smoking rate of Bangkok population is the lowest in the country, at 11.61% in 2007 (reduced from15.67% in 2001).[41]

The Bangkok Metropolitan Administration (BMA) works through its 50 district offices, with the Division of Environmental Sanitation, Department of Health, as the main cooperative unit.[42]

The tobacco control strategies include:

1. setting up policy, guidelines and recommendations
2. appointing responsible authorities (committees, working groups)
3. arranging government offices as smoke-free workplaces
4. conducting tobacco surveys
5. creating public relations and campaigns through newspapers, the BMA gazette, the Department of Health journal, BMA websites, radio broadcast, distribution of pamphlets and smoke-free stickers, and use of mobile teams to other government offices to motivate arrangement of smoke-free offices and workplaces
6. training BMA personnel to be able to create their own network
7. arranging specific places to be smoke-free zone, and putting up smoke-free signs
8. surveillance on smoking in government offices, monitoring of current situation, and setting up channels to get complaints, reports of violations, and suggestions for the improvement of smoke-free policy
9. enforcing the regulations and law, according to Non-Smoker's Health Protection Act, 1992
10. create heath promotion activities for BMA personnel who smoke; encouraging and helping them to quit smoking

These activities make all BMA offices smoke-free; with one smoking area per office. There are signs for non-smoking and smoking areas. The smoking area has been reduced gradually, so that in 2008 all offices in the BMA, Branch 1, building are totally smoke-free (no area is allocated as a smoking zone).

From results of a survey in 2006, among 13,820 BMA employees and officers, 22.4% were smokers and 85.3% agreed to have government buildings as smoke-free zones. BMA is one out of four governmental organizations considered “the best” for smoke-free organizations. In 2008, The Department of Health, BMA, is focusing on making all offices in BMA, Branch 2, smoke-free as well.

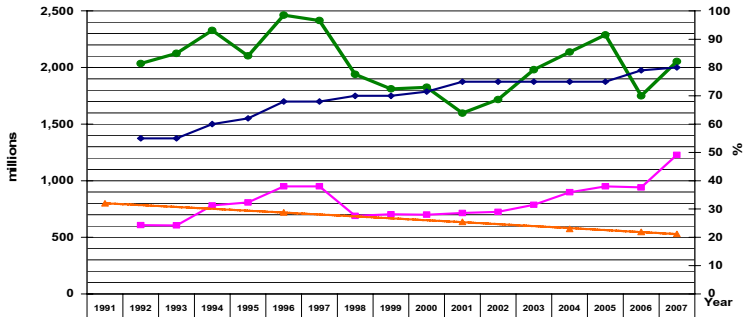
Implementation of Tobacco Control Policy

1. Taxation, Pricing and Manufacturing of Tobacco Products

1.1 Excise tax on cigarette

Thailand's main taxation on cigarettes is excise tax, which is collected according to Ministerial Notification No. 29, issued in 2007. Since 1992, the excise tax on cigarettes was increased on nine occasions, from 55% in 1992 to 80% in 2007. This creates a large amount of government income, from 15,438 million Baht in 1992 up to 41,823 million Baht in 2007. At the same time, annual sales of cigarettes are quite stable; from 2,035 million packs to 2,054 million packs during that period[44] (Figure 6). The Royal Thai government sets the excise tax on ex-factory price, not on sale price; therefore importers tend to report lower ex-factory price or CIF price than the real price. High excise tax on cigarette also induces cigarette smuggling and production of counterfeit cigarettes.[43]

Figure 6 Excise tax rates on cigarettes, governmental income from cigarettes, cigarette sales, and smoking prevalence, 1992-2007



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Excise tax revenue (U.S. dollars)		608.0	606.3	781.3	809.0	950.9	950.2	690.0	704.1	700.0	715.6	725.0	788.0	897.7	950.3	940.9	1,228.3
Cigarettes sale (Packs)		2,035	2,125	2,328	2,103	2,463	2,415	1,940	1,811	1,825	1,597	1,717	1,981	2,137	2,288	1,750	2,054
Excise tax rate (%)		55	55	60	62	68	68	70	70	71.5	75	75	75	75	75	79	80
A current smoking prevalence (%)	32.00					28.81					25.47			22.98		21.91	21.22

Sources : 1) Excise tax and government income from cigarette[43]
2) Cigarette sales[43, 44]
3) Smoking prevalence[41]

Figure 6 shows that smoking prevalence among Thai population (age 15 years or more) has decreased from 30.48% in 1991 to 18.45% in 2007, while the excise tax increased. This evidence clearly indicates that increasing excise tax does not result in reduction of government income, but greatly reduces smoking rates. It corresponds to the result of statistical simulation using the "Thailand SimSmoke Model," which showed that the main cause of the decreasing smoking rate during the past 15 years was the increase in tax, which accounted for 61.94% of smoking variation.[45]

The excise tax rate on cigarettes is an ad valorem rate at 80% of ex-factory price. The tax is an inclusive rate which, once imposed on ex-factory price, generates a tax burden of about 400%. The excise tax on other tobacco products is a mixed rate of both ad valorem and specific, whichever generates the higher tax value. The tax administration uses a stamp system to control tax collection. The detail of tax levels and structure is in Table 8.

Table 8 Tobacco stamps

Items	Rates		
	Ad valorem (%)	Specific	
		Unit	unit/Baht
1. Shredded tobacco	0.1	Ten grams or part thereof	0.01
2. Tobacco			
2.1 cigarettes	80	-	-
2.2 cigar	10	Gram or part thereof	0.5
2.3 hand-rolled tobacco	0.1	Five grams or part thereof	0.02
2.4 blended shredded tobacco	10	Gram or part thereof	0.5
2.5 chewing tobacco	0.1	Gram or part thereof	0.09

Apart from excise tax, there are five other taxation systems on cigarettes:[43]

1) Customs duty, which is 5% for imported cigarettes from countries under AFTA agreement and 60% for imported cigarettes from countries under WTO agreement, based on CIF price.

2) Surcharge Tax/Health Tax, which is a special tax which will be allocated to Thai Health Promotion Foundation activities. This accounts for 2% of tobacco tax, both from the Excise Department (domestic products) and the Customs Department (imported products), that has been collected since 8 November 2001.[46]

3) Local Tax, which is collected by the Excise Department on behalf of local administrative organizations. This is supposed to be collected based on number of cigarettes sold at vender/sale points, at the rate of 0.093 Baht/cigarette sold in the area.

4) Value Added Tax (VAT), which is collected at the rate of 7% of added value.

5) Tax collected for Thai Public Broadcast Broadcasting Service which was founded according to Thai Public Broadcast Broadcasting Act, 2008. This tax accounts for 1.5% of tobacco tax, both from the Excise Department and the Customs Department.[47]

1.2 Real price trends of tobacco products

No information regarding real price trends of overall tobacco products is available. However, if the retail price of a popular domestic brand is used as the representative, the real price of the cigarette, obtained by dividing nominal retail price by the headline consumer price index, is higher than that of 1990s. In 2007, the real price of domestic cigarettes (popular brand) was 65% higher than that in 1995. However, in 2007, the real price of imported popular brand cigarettes was only 15 % higher than that in 1995. During 1995-2007, the real price of cigarettes increased occasionally as the government increased the excise tax rate on cigarettes. The nominal current price of domestic popular cigarettes is priced at 45 baht per package while that of imported popular cigarettes is priced at 60 baht per package (Table 9).

The prices of other kinds of tobacco products are still very low. For example, roll-your-own (RYO) cigarettes, which are very popular among Thais in rural areas, are priced at 3-5 baht per package.

Table 9 Cigarette price

Type	Brand	Retail price [1] (Baht/package)
1. Cheapest brand	Kred Tong33	26
	Phra Chan33	26
	Ruang Thip33	26
2. Most popular, domestic brand [2]	Krong Thip	45
	Sai Fon90	45
	Wonder	36
3. Most popular, imported brand	Marlboro	63
	Camel	60
	Winston	60
	L&M	49
	Dunhill	49
	Mild Seven	74

Sources : 1) Rapid survey in September, 2008
2) ITC Project[48]

1.3 Governmental authorities in cigarette taxation

1) The Excise Department, Ministry of Finance[43] is responsible for determining and collecting excise tax on cigarettes sold in Thailand. The central excise department is responsible for making policy and strategies of tax management. Ten regional excise offices create action plans, monitor and support local excise offices (86 offices) which work on collecting taxes, auditing and carry on legal measures on offenders.

The excise department has a taxation scheme from the beginning of the cigarette production process; that is, licensing and collecting license fees on tobacco plantations, license fees for tobacco processing plants, management of tobacco stamps or other signs used for stamping, and license fee for cigarette retailers.

2) The Customs Department is responsible for collecting custom duty on cigarettes and tobacco leaves imported into Thailand. Under each of 4 regional offices, there are several customs houses (or check-points) along the border for examining and collecting tax on tobacco products being imported and exported.

1.4 Suppression of illegal tobacco products

1) Laws for suppression of illegal tobacco products.

1.1) The Tobacco Product Act, 1966[49] covers issues of prevention and suppression of involvement in illegal tobacco trade, that is, prohibit possession or trade of cigarettes or tobacco that have been smuggled into the country.

1.2) The Thai Customs Act, 1926[50] covers prohibition of import or export of untaxed tobacco and tobacco products. Any person who violates this act is subject to a fine not exceeding 4 times the declared tax, or an imprisonment not exceeding 10 years, or both.

1.3) The Trademark Act, 1991[51] covers the imitation of any registered trademark without permission. Any person who violates this act is subject to a fine not exceeding 40,000 Baht, or an imprisonment not exceeding 4 years.

1.4) The Tobacco Products Control Act, 1992 in the Ministry of Public Health's Notification Number 11, 2006,[52] on "Criteria, procedures and conditions for displaying pictures and statements relating to warning on harm; date, month and year of manufacture; manufacturing source and sale only in the Kingdom of Thailand on labels of cigarettes and cigars" which became effective on 28 March 2007. This act indicates the punishment for manufacturers or importers who do not display warnings in accordance with this act before sending products out from the factory or before bringing them into the Kingdom.

2) Estimation of the number of illegal cigarettes in the market and control measures

Illegal trade of tobacco and tobacco products in Thailand includes: 1) smuggling of counterfeit cigarettes from other countries for sale; 2) smuggling of cigarettes from other countries for sale without customs duty; and 3) making counterfeit cigarettes under the brand "Krong Thip 90", whose original brand is regularly manufactured by Thailand Tobacco Monopoly, Ministry of Finance; and smuggling these counterfeit versions into the Kingdom for sale.[53] Moreover, other tobacco products

such as flavored cigarettes, hukka, cigars, and tobacco leaves are also smuggled. The excise department, in cooperation with the customs department, is actively working to prevent and suppress these illegal activities.

2.1) The Excise Department has reported the number of arrests for illegal trade during fiscal years 2003-2008**,** as shown in Table 10.

Table 10 Number of arrests, and value of fines each year

Fiscal Year	Number of arrested cases	Fine value (Baht)
2003	5,765	91,434,028.37
2004	6,211	48,980,693.02
2005	3,835	75,340,322.70
2006	8,243	211,364,765.69
2007	7,979	144,001,509.96
2008	8,022	228,349,867.60

Source: Bureau of Investigation and Suppression, Excise Department[54]

The prevention and suppression of illegal tobacco and tobacco products by the excise department is performed by the Bureau of Investigation and Suppression, in cooperation with regional Excise offices in that particular area. Moreover, the Excise Department provides communication channels for anybody who wants to give clues on smuggling or wrong-doing via the hotline 1713 or at their website: www.excise.go.th.

2.2) The Customs Department has reported the number of arrests at various customs houses, both in central and other regions, by the Bureau of Investigation and Suppression, during 2004-2006 (Table 11).

Table 11 Value of tobacco products seized by the Customs Department, by type, 2004-2006

Tobacco product	Fiscal Year					
	2004		2005		2006	
	cases	Value (Baht)	cases	Value (Baht)	cases	Value (Baht)
1. Shredded tobacco	35	720,650	18	819,650	7	65,851
2. Cigar, cheroot, cigarillos and cigarettes	165	5,015,022	182	7,965,661	398	9,240,912
3. Tobacco products and substitutes	11	4,162,294	3	122,900	16	466,824
Total	*211*	*9,897,966*	*203*	*8,908,211*	*421*	*9,773,587*

Source: Bureau of Investigation and Suppression, Customs Department [55]

The prevention and suppression of illegal tobacco and tobacco products by the Customs Department is performed by the Bureau of Investigation and Suppression, in cooperation with the regional Customs houses in that particular area. Moreover, the Customs Department provides communication channels for anybody who wants to report smuggling or wrong-doing via the website: www.socialprotect.com.[56]

Apart from these two government organizations, the Governmental Tobacco Monopoly has set up the Coordinating Center for Prevention of Counterfeit Cigarettes, which aims to suppress the production of imitation cigarettes based on the Monopoly's official brands.[53]

1.5 Tobacco growing

Tobacco growing in Thailand is mostly in the northern and northeastern regions, and in some small areas in central and southern provinces.[57] There are three categories of tobacco cultivation: 1) Cultivation under quota of the Governmental Tobacco Monopoly (TTM) for sale to TTM's offices, 2) Self-cultivation plantation for sale to local shredded tobacco factories, 3) Cultivation under quota of private companies, for export to other countries.[58]

There are several organizations involved in tobacco growing:

1) The Excise Department, Ministry of Finance. Anybody who wants to cultivate tobacco plants must possess a license issued by the Excise Department. The Excise Department also determines the area in which tobacco can be produced, as well as determines the species of tobacco to be produced in each area.[59] Virginia strain is limited to 13 provinces, mostly in the north; Burley strain is limited to 3 provinces in the lower north and in the northeast; Turkish strain is limited to 14 provinces in the northeast and upper central plain.

2) The Governmental Tobacco Monopoly, Ministry of Finance. This organization determines quotas for tobacco growing, and gives advice and support to tobacco farmers to produce good quality tobacco leaves. There are 12 regional TTM offices located in the plantation areas to work closely with these farmers.

3) Private companies. These companies also determine quotas and take care of the quality of tobacco leaves, as TTM does. However, all of these products will be exported to other countries.

Land area, number of farmers and production size, according to quotas under TTM are as follows:[60]

1) Land area. TTM decreased plantation area from 171,198 rai to 138,736 rai of land.

2) Number of farmers. Farmers are reduced from 44,420 to 40,561 families.

3) Production size. In the planting season of 2007 - 2008, total tobacco production, according to TTM quota, is 22,600 tons, or 1,918,857,835 Baht.

1.6 Tobacco Industry[61, 62, 63, 64]

1) Factory-produced cigarette

In Thailand, there is only one factory which produces cigarettes, the government Thailand Tobacco Monopoly (TTM), operated since 1939. Foreign-made cigarettes are imported by local companies or trade agents, such as Phillip Morris Co., Ltd. (Thailand). Number of companies that requested for certification of tobacco product ingredients from the

Department of Disease Control, according to the requirement under the Tobacco Product Control Act, 1992, are 15 in 2007 and 14 in 2008.

Tobacco production: In 2005, TTM produced 19 brands, with a total of 34,030,403,540 cigarettes. In 2006, TTM produced 23 brands, with a total of 29,148,803,580 cigarettes. Out of 23 brands, 18 brands were filtered type (29,036,617,180 cigarettes) and 5 brands were non-filtered type (112,186,400 cigarettes). This represents a 17.22% reduction in the production of domestic cigarettes. However, in 2007, TTM produced 19 brands, with a total of 31,623,622,020 cigarettes, an 8.49% increase in cigarette production. Out of these 19 brands, 14 brands were filtered type (31,530,177,680 cigarettes) and 5 brands were non-filtered type (93,444,340 cigarettes).

Tobacco sales: In 2006, TTM sold 28,342.44 million cigarettes within the Kingdom (41,474.60 million Baht), and 19.90 million cigarettes abroad (7.69 million Baht). The trade value reduced from that of 2005 by 5.73% or 2,520 million Baht. However, in 2007, TTM sold 30,919.70 million cigarettes within the Kingdom (52,927.20 million Baht) and 10.20 million aboard (4.04 million Baht), increasing of sale value from 2006 by 27.56% (11,436.74 million Baht).The five most popular domestic brands are Krong Thip 90, WONDER (American taste), WONDER (menthol taste), Sai Fon 90, and Krung Tong 90.

Employment: In 2007, TTM has 4,297 employees, 3,399 are in the central and 898 are in the regional offices that could generate 44,568.96 million Baht as governmental income.

Market share of tobacco product: Although Thailand has allowed importation of cigarettes since 1991 and domestic cigarettes always hold larger proportion of the market share however, this domestic proportion has gradually shrunk because of continuous increasing proportion of imported cigarettes, from 0.62% in 1991 to 24.62% in 2007 (Table 12).

Table 12 Market share of domestic and imported cigarettes

Year	Market share	
	Domestic cigarettes	**Imported cigarettes**
1991	99.38	0.62
1992	97.45	2.65
1993	97.15	2.85
1994	96.15	3.05
1995	96.72	3.28
1996	96.86	3.14
1997	95.88	4.11
1998	91.53	8.74
1999	86.68	13.32
2000	86.91	13.09
2001	85.74	14.26
2002	84.69	15.31
2003	85.17	14.83
2004	79.70	20.30
2005	78.30	21.70
2006	77.19	22.81
2007	75.38	24.62

Source: 1) Chonlatan Witsarutwong, 2007[43]
2) Excise Department, 2008[44]

2) Local tobacco production[58, 66, 67]

Local tobacco production, or own-rolled cigarette, is mostly done in each locality, especially in the north and northeast. Originally, it was produced by households. Local tobacco production was then set up with small businesses producing shredded tobacco for sale. In some areas, local tobacco products are seen as famous goods for tourists (under the project One Tumbol One Product, or OTOP). At present, there are 24 brands of shredded tobacco in this category.

1.7 Tobacco company marketing strategies

Under the Tobacco Product Control Act, 1992, advertisement or marketing of any tobacco product is not allowed through any type of mass media.

According to the Act, tobacco products cannot be sold by vending machines, or in a package with other goods or services, and goods or services cannot be included as gift with tobacco products. In December 2005, the display of cigarette packages, signs, or logos at points of sale was also prohibited. Thailand is the third country with this regulation, following Canada and Ireland.[69]

Despite the prohibition of cigarette advertising, tobacco companies use other approaches to reach their target groups. One of the main strategies is publicly demonstrating Cooperate Social Responsibility (CSR) *via* distributing educational support, charity foundation support, etc., in order for the companies to have good social images.

The industry engages particularly in youth activities such as the ASEAN Art Award, Protecting the Rivers, and an anti-smoking campaign by MOI's housewife group supported by Phillip-Morris Co., Ltd (Thailand). The project that aims to improve the environment of the *Saen Saeb Canal* is supported by British American Tobacco (Thailand). Tobacco companies may use other tactics such as Trademark Diversification (TMD), or even Brand Stretching, and giving sponsorship to international sport championships, which will certainly be broadcast on cable sports television.[70]

2. Smoke Free Environment

The Royal Thai Government enacted the Non-smoker's Health Protection Act in 1992. The Act designates non-smoking places, degree of punishment on violators, etc. There are also 18 Ministry of Public Health Notifications that followed this Act to amend it and to add to the list of non-smoking public places. Notification Number 17, issued in December 2006,[71] resulted in a total of 38 compulsory smoke-free public places, divided into 2 groups:

1) public places that must be totally smoke-free.

2) public places that are partially smoke-free; that is, most of the area must be smoke-free, except personal working spaces, personal rooms and areas allocated as "smoking areas".

The latest Ministry of Public Health Notification, Number18, 2007,[72] effective on 11 February 2008, indicates that all food shops, restaurants, pubs, bars, market places, either with or without an air-conditioner, must be smoke-free zones. However, food shops without an air conditioner could provide a smoking area in the shop.

The enforcement and cooperation with the Non-smoker's Health Protection Act is achieved at a moderate level. Two surveys were conducted. One of them is the ABAC Poll which was conducted in 2005 among 1,696 persons over 18 years of age, three years after the declaration of the Ministry of Public Health Notification Number 10, 2002* The result showed that the places in which the law is most violated were public restrooms, public phone booths, and religious places (78.7%, 71.3%, and 71.0% respectively).[73] The second survey is the Preliminary Report on Perceived Hazard of Secondhand Smoke in 2006. The result showed that 39.2% of smokers (15 years old or more) stated that they strictly comply with the non-smoking law and never smoked in non-smoking areas.[74]

3. Advertisement, Sale Promotion and Sponsorship

The Non-smoker's Health Protection Act, 1992, prohibits tobacco advertisement, sale promotion and sponsorship from tobacco companies as follows:

* Ministry of Public Health Notification Number 10, 2002, on names or types of public places which must be totally smoke-free

Section 8 *No person shall be allowed to advertise the tobacco products or expose the name or logo of the tobacco products in the printed matters, via radio broadcast, radio, television or any other advertising media or to use the name or mark of the tobacco products in the shows games, services or any other activity with objective to make the public understand that the name or logo belongs to the tobacco products.*

The provisions of the paragraph does not apply to the live broadcast from abroad via radio or television and the advertisement of the tobacco products in the printed matters printed outside the Kingdom without the objective to specifically sell or distribute them in the Kingdom.

Section 9 *No person shall be allowed to advertise the goods using the name or logo of the tobacco products as a logo of such goods in such a way to create an understanding that it is one of the tobacco products.*

Section 10 *No person shall be allowed to manufacture, import for sale or for general distribution or to advertise any other goods having such appearance to create understanding that they are imitation tobacco products as cigarettes or cigars according to the law related to tobacco or of the package of the products.*

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Enforcement of Tobacco Products Control Act, 1992

There is good compliance to the tobacco control law, despite a few violations, particularly in cable TV, that shows movies with smoking scenes. Another method of advertising is in cartoon-books from Japan. From the study of the ITC Project [*48], it was found that 37.3% of the surveyed sample saw smoking persons in pictures occasionally, both in media and around their residence.

From the observational surveys of 416 sampled shops[75], on the law compliance on prohibition of displaying cigarette packs or logos at points of sale, the result showed that 26.15% did not strictly follow the law, and another 23.63% tried to evade the law. Franchised convenience stores did not strictly follow the law more often than traditional grocery stores

[*] ITC Project : International Control Policy – Southeast Asia

(52.82% and 2.26% respectively), while a smaller percentage of franchised convenient stores tried to evade the law compared to traditional grocery stores (15.90% and 28.96% respectively). The pattern of law evasion was mostly in the form of turning the back of cigarette booths to be visible from the street, or placing cigarette packs sparsely on merchandise shelves.

The result of the ITC Project survey[48] revealed that 17.8% of those surveyed saw cigarettes for sale on stores' shelves or counters, with 81.8% of them agreed that putting cigarettes for sale in convenience stores or supermarkets could prompt youths to start smoking. 83% of those surveyed agreed on this measure of smoking control.

In 2006, the Department of Disease Control, Division of Alcoholic Beverages and Tobacco Control documented 66 complaints of exhibition of cigarette packs at sale points (44.29% of all complaints). In 2007, 323 complaints were recorded, making this the second most frequently recorded complaint. There were 975 recorded inquires as to whether showing cigarette packs in shops is illegal, which was also the second most frequent question during that year.[76]

The ITC Project survey[48] also found that 7.5% of those surveyed reported the observation of merchandise, pictures or other gadgets such as mobile phone covers and watches which have cigarette brands or logos in grocery or convenience stores. Two point four percent reported the observation of cigarette brands or logos on clothes or other items during the past 6 months.

4. Smoking Cessation Services

Thailand has a national policy on setting up and supporting smoking cessation centers in various health service settings all over the country, and counseling through Quit lines.

The smoking cessation process in Thailand comprises of 4 strategies: health care settings with cessation services, Thai Health Professional Alliance against Tobacco, Nicotine Replacement Therapy, and Quit line.

1) Health care settings with cessation services. Surveys conducted by Department of Disease Control revealed that, in 2003, there were 430 governmental and private, health care settings, provided smoking cessation services. Another survey showed that there were 1,120 smoking

cessation clinics, 127 in Bangkok and 993 in other provinces[77]. Most of them were in governmental settings. In the private sector, smoking cessation services are available in clinics, rather than hospitals.

Most the Department of Disease Control's registered tobacco cessation clinics usually completed all steps of 5A's* because they followed tobacco control policy at agency level, had multidisciplinary teams responsible for implementation of the cessation, and used the public relations through mass media and individual group for promotion the cessation.[78] However, this study showed that most of the clinics could not successfully and effectively do the follow up. Lessons learned from the effective cessation clinic management of Thanyarak Hospital are 1) clear organization structure, 2) setting up workable strategies, 3) assignment of responsible persons/sectors, 4) providing rooms for this activity which are easily accessible and with clear signs, 5) proper preparation of equipments and medicines, 6) designing a variety of activities, especially continuous assistance during the cessation process at least 2-3 times 7) evaluation of success after the process is finished, totaling 5 times within one year.[79]

2) Thai Health Professional Alliance Against Tobacco. This network, established in 2004, consists of professionals from 8 health-related fields: medicine, dentistry, nursing, pharmacy, medical technology, physical therapy, public health and psychology. During the past 3 years, the network, particularly physicians, dentists, pharmacists, and medical technologists, have actively involved in smoking cessation activities.

3) Therapy using medication. Medicines used for smoking cessation are 1) Nicotine Replacement Therapy (NRT) in forms of nicotine chewing gum or polacrilex, and the nicotine patch, both of which are restricted to sale under a pharmacist's supervision only; 2) tablets which are non-Nicotine such as Bupropion HCL (Amfebutamone) and Nortriptyline.[81] The latter is included in the National Essential Drug List, so persons under general governmental health insurance (Gold card holder) can obtain it free-of-charge.[81]

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* **5 A's** of smoking cessation clinics are: 1) Ask about smoking habits, 2) Advise, 3) Assess readiness, 4) Assist and 5) Arrange the follow up.

4) Quitline. The ASH Foundation has provided quitline number 1600 to give advice and assistance on smoking cessation since 1993, and operates the line from 09.00 – 17.30 hr. daily. The number of calls has increased from 1,200 in 1994 to 4,798 in 2006. The cessation rate increased from 2% in 2002 to 18.5% in 2006.[82] Thanyarak Hospital's quit line number 1165 also provides smoking cessation assistance, apart from their normal services.

However, quit lines are still confined in the non-governmental organizations with very limited manpower. The Ministry of Public Health quit line is integrated into hotlines for other drug addicts, which have different tactics and techniques for giving cessation advice. Therefore, The Thai Health Promotion Foundation, the National Health Security Office, and other members of the network are developing national smoking cessation services and setting up a National Quit line. The phone number of this quit line will appear on the labels of cigarette packages as well.

5. Warning People about the Dangers of Tobacco

The Royal Thai Government has been widely launching education, communicating, training, and creating public awareness on the harmful effects of cigarettes since the past 20 years. These activities include: 1) printing pictures and health warnings on cigarette packages, 2) social marketing and anti-smoking campaigns, 3) training and developing curricula on tobacco control.

5.1 Pictorial health warning on cigarette packages

Thailand is fourth country in the world that successfully put health warning pictures on cigarette packages. Health warnings first appeared in 1974 using "Smoking may be hazardous to your health". In 1992, the year after the Tobacco Control Act was declared, the Ministry of Public Health announced that health warnings on cigarette packages must cover at least 25% of the total (front and back) area. During 1997-2004, the Ministry of Public Health increased the area of health warning to not less than 33.3% of the total (front and back) area, including 10 health warning messages in rotation.

Later, the Ministry of Public Health issued Notification Number 8, 2004, on compulsory printing of health warning pictures on cigarette

packages (Figure 7), effective 25 March 2005. This makes Thailand the fourth country to use health warning pictures on cigarette packages after Canada, Brazil, and Singapore. The pictures must be in color, and cover at least 50% of the total area. The health warning label must be on the upper part of the package, with one of six rotating health warning messages.

Figure 7 Six pictorial health warnings on cigarette packages, 2005-2006.

There are studies evaluating the impact of health warnings messages and pictures on cigarette packages, both in Thailand and in other countries. Results of researches in Thailand can be summarized as follows.

Evaluation of youth opinion on health warnings on cigarette packages by the ITC Project[48] revealed that 71.9% agreed that health warnings are trustworthy. Moreover, 80.7% agreed that health warning pictures alert them to the hazardous effects of smoking, and 67.3% said that the health warnings should be increased. Among smokers aged 18 years and over, 81.8% agreed that health warnings are the truth, 53.5% said that the current pictures were sufficient, and 83.0% said that health warning pictures stimulated them to think about the hazardous effects of smoking more than written warnings alone.

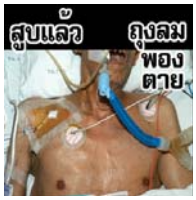
An evaluation study on the effectiveness of 6 health warning pictures among 1,186 adults (age 15 years and over) was conducted in a southern province. The study aimed to assess the effect of those pictures on perceptions of severity of diseases, risks of having diseases caused by smoking, and fear of toxicity and harms from smoking (including secondhand smoke). The study showed that the most effective picture was the picture on “smoking causes lung cancer”, followed by the picture on “smoking causes emphysema”. The least effective picture was the one claiming that smoking causes premature aging.[83] This finding led to a change in health warnings two years later, and the least effective picture was eliminated.

In 2006, the Ministry of Public Health increased the number of health warning pictures to 9 pictures (Figure 8), effective in March 2007 (Ministry of Public Health Notification Number 11, 2006). There was another evaluation study on the effectiveness of those health warning pictures among youth 13-18 years old. It was found that 36.4% of them agree that the pictures on “smoking causes pharyngeal cancer” was most effective in dissuading them from trying smoking, and it also made them wanted to quit. The second most effective picture was that on “smoking causes oral cancer” (28.0%), and the third was on “smoking causes lung cancer” (16.6%). The picture on “smoking leads to premature death” was least effective because it was not grotesque and did not cause any fear of death. More than two thirds had seen health warning pictures and more than 70% said that the pictures influenced them to not want to smoke. More than half of those who were current smokers stated that the pictures, to a certain extent, stimulate their desire to quit smoking.[84]

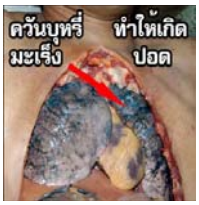
Figure 8 Nine pictorial health warnings on cigarette packages, 2007 - 2008

Type 1
Cigarette Smoke Harms People Nearby

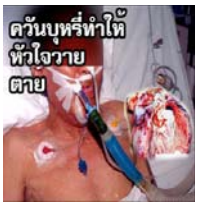
Type 2
Smoking Causes Your Breath to Smell



Type 3
Smoking Causes Fatal Emphysema

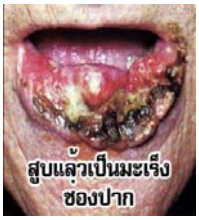


Type 4
Smoking Causes Lung Cancer

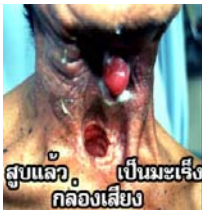


Type 5
Cigarette Smoke Causes Fatal Heart Failure

Type 6
Cigarette Smoke Leads Your Life to Death



Type 7
Smoking Causes Oral Cancer



Type 8
Smoking Causes Laryngeal Cancer

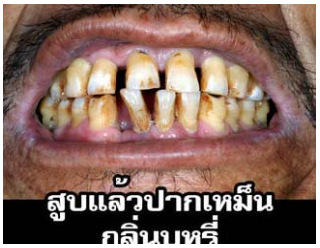
Type 9
Cigarette Smoke Causes Hemorrhagic Stroke

In 2006, the Ministry of Public Health Notification Number 10, 2006 stated that tobacco products which are domestically manufactured or imported into the Kingdom have to declare the carcinogenic ingredients and emission products[68]. These ingredients include tar, formaldehyde and nitrosamine, and the emission products are carbon monoxide and hydrogen cyanide. These ingredients and emissions must be clearly printed on cigarette packages, wrapping paper, and the carton's side.

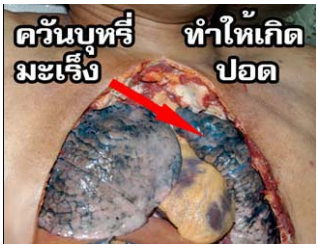
Ministry of Public Health Notification Number 12, 2006,[68] prohibits the statement of "Mild", "Medium-light", "Ultra-light", or "Low tar" or other words of similar meaning on cigarette packages, cigar packages or shredded tobacco packages sold in the Kingdom.

For other tobacco products such as cigar and shredded tobacco, the Ministry of Public Health made it compulsory to put health warning pictures on packages as well. Ministry of Public Health Notification Number 13, 2007 stated that cigar packages must have one out of 5 designated health warning pictures in color (Figure 9)[52]. Ministry of Public Health Notification Number 13, 2007 state that the own-roll tobacco importing or locally produced must have one out of 2 designated health warning pictures on the packages[52] (Figure 10).

Figure 9 Pictorial health warning on cigar packages, 2007 - 2008

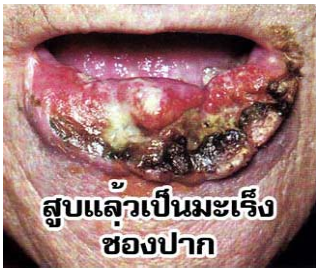


Type 1
Smoking Causes Your Breath to Smell



Type 2
Smoking Causes Lung Cancer

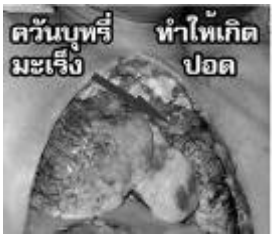
Type 3
Cigar Smoke Leads Your Life to Death



Type 4
Smoking Causes Oral Cancer

Type 5
Smoking Causes Laryngeal Cancer

Figure 10 Pictorial health warnings on own-rolled cigarette packages



Picture a
Smoking Causes Laryngeal Cancer

Picture b
Tobacco smoke causes lung cancer

5.2 Social marketing and anti-smoking campaign

The Royal Thai Government has launched social marketing and anti-smoking campaigns for more than 20 years. The most active organizations involved are the ASH Foundation and the Ministry of Public Health. Later, several other organizations, such as the Thai Health Professional Network against Tobacco, the Tobacco Control Research and Knowledge Management Center, provincial health offices, and provincial and community hospitals, became partners in the tobacco control network. Examples of activities include holding an anti-smoking campaign on World No Tobacco Day; producing a journal for youth; disseminating information through printed newspapers, magazines, electronic mass media, press and websites; as well as the establishment of an Information Center for tobacco control; creating social movement on the hazardous effects of secondhand smoke and non-smokers' rights; and a campaign on smoke-free homes and smoke-free public places such as parks, pubs, bars, restaurants, etc. The Information Center for a Smoke-free Society has distributed printed materials, such as stickers, pamphlets and other alternative media to members of the network.

The social marketing and anti-smoking campaign resulted in increased knowledge and awareness changed attitude against the hazardous effects of smoking. This included knowledge of tobacco

control law, as indicated in survey research on the smoking situation among adults (15 years and over)[41] In 2007, most (96.06%) of those survey respondents informed receiving knowledge/advice on harms of smoking, from television (84.91%), printed media (26.68%) and health warnings on cigarette packages (25.90%), which corresponded to the result of the ITC Project.[48] The majority of respondents (68.6%) frequently saw content on the harmful effects of smoking, in town (70.9%) and outside town (66.4%). More than 80% of them had knowledge of the tobacco control laws about prohibiting giving, exchanging, or selling cigarettes to children and youth under 18 years of age, about prohibiting the advertisement of cigarettes on all kinds of media, and about banning the display cigarette packages at sale points.[41]

5.3 Training and development of tobacco control curriculum

Training on tobacco control in Thailand is in two forms:

1) Training within the formal education scheme, such as in schools, colleges or universities, that includes the development of curricula and the conducting of classes on tobacco control in secondary schools, public health colleges, nursing colleges, faculty of medicine, faculty of nursing and faculty of public health.

2) Short training courses and conferences, such as training on knowledge and skills for smoking cessation for medical and public health personnel, workshops for development of manpower for research in tobacco control, training of personnel in working with mass communication groups, an annual conference on smoking and health, etc.

6. Monitoring and Evaluation of the Tobacco Epidemic

The monitoring and evaluation of the tobacco epidemic is divided into 4 parts: 1) prevalence of tobacco use which is divided into 2 groups: (a) prevalence of tobacco use in adults and (b) prevalence of tobacco use in some specific groups; 2) the number of cigarettes smoked per day; 3) the age of smoking initiation; and 4) exposure to second hand smoke.

6.1 Prevalence of tobacco use

a) Prevalence of tobacco use in adults:[41] Thailand's tobacco use in adults (> 15 years old), has been monitored through a regular National Survey by the National Statistical Office since 1976. The survey shows that over the past 16 years, the number of current smokers decreased

from 12.26 million in 1991 to 10.86 million in 2007, resulting in the decreasing of current smoking prevalence from 32.00 percent to 21.22 percent the male smoking prevalence is 12 times the female prevalence in 1991 and more than 20 times the female prevalence in 2007 (Table 13).

Status of smoking in Thailand in 2007, classified by age, education, residential area, region and family income, is shown in Table 13.

Table 13 The number of current smokers aged 15 years and over and current smoking prevalence (per 100 population), 1991-2007

Year	Smokers			Smoking Prevalence (%)		
	Total	Male	Female	Total	Male	Female
1991	12,257,675	11,304,732	952,943	32.00	59.33	4.95
1996	12,525,254	11,758,171	767,082	28.81	54.46	3.50
2001	11,984,874	11,283,274	701,600	25.47	48.44	2.95
2004	11,358,735	10,700,018	658,717	22.98	43.69	2.64
2006	11,033,031	10,306,855	726,175	21.91	42.19	2.80
2007	10,857,756	10,347,580	510,176	21.22	41.70	1.94

(1) Age. The highest smoking rate is found in persons aged 41-59 years old (24.34%) and the lowest rate is in Status of smoking in Thailand in 2007, classified by age, education, residential area, region and family income, is as follows (Table 13). 15-18 years age group (7.25%). Among females aged 15-18 years old, and those more than 60 years old have the lowest and highest smoking rates of 0.10% and 3.56% respectively. Among males aged 15-18 years old and 41-59 years old have the lowest and highest rates of 14.24% and 47.46% respectively.

(2) Highest education attained. The highest smoking rate is found in persons who completed primary school (24.96%), and the lowest rate is among persons who completed a bachelor's degree or higher (10.58%). Among females, the highest rate is in those with no formal education (7.81%), and lowest among those who completed a bachelor's degree or higher (0.29%). Among males, the highest rate is among those who have

primary school education (50.05%) and the lowest rate is among those who completed a bachelor's degree or higher (22.05%). In conclusion, people with higher education have lower smoking rate than people with lower education.

(3) Residential area. There is a higher smoking rate in persons who live outside municipal areas than inside municipal areas (23.43% and 16.38% respectively). Females who live outside municipal areas smoke more than those in municipal areas (2.12% and 1.54% respectively). The same pattern is found in males, those who live outside municipal areas have higher smoking rate than those in municipal areas (45.49% and 33.03% respectively).

(4) Region. Bangkok residents have the lowest smoking rate (13.09%), while people in the southern region have the highest smoking rate (25.02%). Among females, the highest rate is found in the north (4.97%) and the lowest rate is in the northeast (0.68%). Among males, the highest rate is in the southern region (49.85%) and the lowest rate is in Bangkok (26.95%).

(5) Family income. The highest smoking rate is found in the moderately poor or 2nd quintile group (26.09%) and the lowest rate is in the richest or 5th quintile group (13.88%). Among females, the highest rate is in the poorest or 1st quintile group (2.97%) and the lowest rate is among those in the highest income group (0.77%). Among males, the highest rate is in the 2nd quintile group (49.18%) and the lowest rate is among those in the richest group (27.80%). The poorest families pay 8.14% of their household incomes for tobacco, while the richest group pays 1.18% of their annual household incomes for tobacco (Table 14 and 15)**.** In conclusion, people with higher income have lower smoking rate than people with lower income.

Table 14 The number of current smokers aged 15 years and over and current smoking rate (per 100 population), by socio-economic status, 2007

Socio-economic factor	Total		Female		Male	
	n	Rate	n	Rate	n	Rate
1. Age (year)						
15 - 18	328,791	7.25	2,323	0.10	326,468	14.24
19 - 24	1,276,420	21.27	17,292	0.59	1,259,128	40.94
25 - 40	4,054,000	23.14	94,910	1.06	3,959,089	45.99
41 - 59	3,898,376	24.34	255,567	3.06	3,642,809	47.46
≥ 60	1,300,169	18.33	140,083	3.56	1,160,086	36.71
2. Highest education attained						
No formal education	493,422	19.71	132,156	7.81	361,266	44.61
Primary education (4 years)	6,668,214	24.96	318,243	2.27	6,349,971	50.05
Secondary education (9 years)	1,747,392	19.27	30,304	0.71	1,717,088	35.92
High school (12 years)	1,245,666	19.10	17,151	0.57	1,228,515	35.04
Bachelor degree and higher (16 years or more)	649,889	10.58	9,515	0.29	640,373	22.05
3. Residential area						
Outside municipality	8,234,517	23.43	379,601	2.12	7,854,917	45.49
Inside municipality	2,623,239	16.38	130,575	1.54	2,492,663	33.03
4. Region						
North	2,048,474	22.22	235,091	4.97	1,813,383	40.38
Northeast	3,949,829	23.79	56,968	0.68	3,892,861	47.67
South	1,675,139	25.02	44,824	1.31	1,630,315	49.85
Central	2,432,370	18.85	135,623	2.03	2,296,746	36.84
Bangkok Metropolis	751,945	13.09	37,670	1.22	714,275	26.95
5. Family income						
1st quintile (Poorest)	1,757,104	20.78	151,715	2.97	1,605,389	47.95
2nd quintile	2,818,641	26.09	140,666	2.62	2,677,975	49.18
3rd quintile	2,529,205	25.14	102,243	2.08	2,426,962	47.25
4th quintile	2,068,785	21.29	67,336	1.43	2,001,449	40.04
5th quintile (Richest)	1,684,021	13.88	48,216	0.77	1,635,805	27.80

Table 15 Annual household incomes, Tobacco expenditure and percentage of household income spent on tobacco, 2007

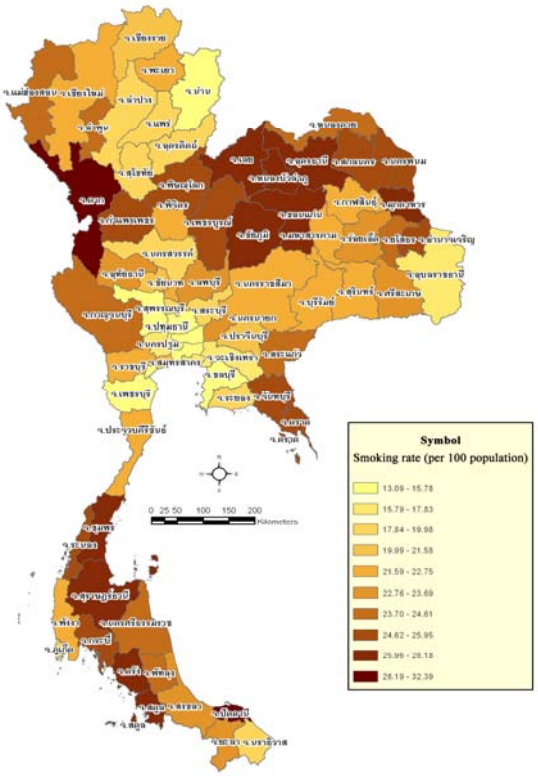
Income	Average household income (Baht/year) [1]	Tobacco expenditure (Baht/year/household) [2]	Percentage of household income spent on tobacco [3]=[2]*100/[1]
1st quintile (Poorest)	1,291.08	103.85	8.04
2nd quintile	2,880.00	182.79	6.35
3rd quintile	4,302.04	190.95	4.44
4th quintile	6,272.24	168.78	2.69
5th quintile (Richest)	11,972.89	141.85	1.18
*Total average**	5,343.63	186.88	*3.50*

Note: The survey was conducted during the third quarter of 2007, the exchange rate was 1 USD equals 34.05 Baht[85]

* Total average means household income and tobacco expenditure of all respondents (Baht/year/household)

From this national survey, the sample size in each province was big enough to show provincial smoking rates. The province with the highest smoking rate is in the northern region, the second and third are in the southern region (Map 1).

Map 1 Current smoking rate of Thai population aged 15 years and over, 2007



b) Prevalence of tobacco use in some specific populations

In 2004, a survey of smoking among adolescents (13-15 year olds) in schools was conducted in Thailand (Global Youth Tobacco Survey: GYTS).[86] It showed that the current smoking rate was 11.7%; 17.4% in males and 4.8% in females. 7.7% percent reported using other types of tobacco and 26.7% were ex-smokers.

In 2006, a survey of smoking by health professional students was conducted (Global Health Professionals Survey: GHPS).[87] The sample

was 5,952 third year students from seven health professional schools in: medicine, pharmacy, dentistry, nursing, physical therapy, medical technology and public health. 14.7% reported ever-smoking experience (at least once); 30.1% in males and 9.7% in females. The highest rate was found in public health students (21.4%). The current smoking rate among all these health professional students was 2.3%; 6.4% in males and 0.9% in females. The highest rate of current smokers was in medical technology students (7.7%).

In 2007, a survey of smoking in 3,093 female adolescents and young adults (13-25 years old) in schools was conducted. [88] The current smoking rate, which referred to ever smoking during the past 7 days and 30 days, was 5.8% and 6.4% respectively. The rate was highest in college age students.

6.2 The number of cigarettes smoked per day. During the past 16 years [41], the average number of cigarettes smoked per day the Thai male population age 15 years and above had reduced from 12 in 1991 to 10 in 2007. The average number of cigarette smoked per day by females, did not change, at 7 cigarettes (Table 15).

6.3 The age of starting smoking: During the past 16 years [41], the Thai male population started smoking at younger ages (19.03 years old in 1991 and 18.67 years old in 2007). Meanwhile, starting age of female smokers 15 years and over was 21-22 years (Table 15). Results from the GYTS showed that 16.9% of surveyed students started smoking before age of 10 years[86], and 68.6% of female adolescents and young adults started smoking at the age of fourteen.

6.4 Exposure to secondhand smoke. From the national surveys in 2001, 2004 and 2007[41], exposure to secondhand smoke in households had continuously reduced. The percentage of smoking by family members dropped from 85.76% in 2001 to 84.5% in 2004 and to 58.95% in 2007. Other surveys showed that 32.70% of third year students of public health professionals reported exposure to secondhand smoke in households (home, dormitory, rented apartment) during the past 7 days.[87] Almost half of female adolescents and young adults (46.9%) were exposed to secondhand smoke from their father and older brothers.[88] GYTS found that 68.2% of youths were exposed to secondhand smoke in public places.[86] GHPS found that 62.8 % of third year students of public health

were exposed to secondhand smoke in schools and other public places during the past 7 days, and 1% reported that they had smoked while on the campus.[87]

Table 16 Number of cigarettes smoked and the age of smoking initiation among current smokers, 1991-2007

Current smoker	Year					
	1991	**1996**	**2001**	**2004**	**2006**	**2007**
Number of cigarette smoked (sticks/person/day)						
Total	12.39	11.53	10.00	9.41	8.92	9.55
Male	12.84	11.86	10.17	9.54	9.05	9.65
Female	7.77	7.24	7.55	7.30	7.08	7.47
Age of smoking initiation (years)						
Total	19.03	18.60	18.58	18.57	18.25	18.67
Male	18.61	18.38	18.37	18.35	18.13	18.47
Female	23.25	21.76	22.01	22.30	20.02	22.74

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Appendix

Thailand's Progress Toward Implementing WHO - FCTC (September 2008)

FCTC	Operations and Process	Obstacles/Problems	Recommendations
Article 5.3 : to protect tobacco control policies from commercial and other vested interests of the tobacco industry in accordance with national law.	1. Educational measures disseminating information to the general public via printed media 2. The Ministry of Public Health has signed MOU with other governmental agencies for totally smoke-free workplaces and to prohibit sponsorship in any form from any tobacco industry. 3. No legal measures have been taken.	1. Lack of campaign activities which should be done continuously to educate the public. 2. The MOU covers only governmental offices in Bangkok.	1. Educational campaigns should be emphasized, through social marketing. 2. The NCCTU should raise awareness of tobacco industry tactics by advocating for a Ministerial notification of "Prevention of interference in tobacco control policy".
Article 6: Price and tax measures to reduce the demand for tobacco	1. Thailand increased excise taxes on cigarettes a total of 8 times from 1992 to 2007. In 2007, the Ministry of Finance increased the excise tax on cigarettes from 79% to 80% (to the ceiling level for the ex-factory price) or 63% of the retail price.	1. Excise tax on cigarettes is calculated based on the ex-factory price. The World Health Organization proposed that excise tax should be calculated based on retail price at the rate of 66%-75%. Therefore there are possibilities that	1. Excise tax on cigarettes should be increased according to recommendations of WHO. 2. Exclude cigarettes in the list of FTA and WTO agreements.

FCTC	Operations and Process	Obstacles/Problems	Recommendations
	2. The tariff tax on tobacco was set by the WTO at 60% of CIF. However, AFTA reduced this to 5% in 2000.	Thailand may increase excise tax rates. 2. Low tax rate in FTA causes imported cigarettes to become cheaper. 3. International tobacco company states ex-factory price lower than actual price. 4. Roll-your-own cigarettes have very low excise tax rate (1%). In Thailand, the smoking population using RYO type is almost 50%.	3. RYO cigarettes should be taxed at a higher rate. 4. The WHO should help to develop a method to check on CIF price reported by tobacco companies.
Article 8: Protection from exposure to tobacco smoke	The Non-smoker's Health Protection Act, 1992, indicated that public places must be smoke-free zones. Updated public places include pubs, bars, market places, and public parks. (Ministerial Notification No. 18, 2007)	Law enforcement	1. Effective law enforcement 2. Prohibition of smoking in all public place e.g., hospital, university, and government offices. 3. Campaign for smoke-free homes.

FCTC	Operations and Process	Obstacles/Problems	Recommendations
Article 9 : Regulation of the contents of tobacco products	Thailand has sent its representative to a TobReg training in order to learn about substance tracing and setting up laboratories.	There is no measure on substance tracing and control of ingredients of tobacco products.	1. Set up laboratories or set up guidelines for national or international laboratory testing for substance tracing in tobacco and emissions. 2. Create a new ministerial notification specifying reduced ignition propensity cigarettes.
Article 10 : Regulation of tobacco product disclosures	The Tobacco Products Control Act, 1992, Section 11, indicates that: • Tobacco products in the market must contain standard ingredients as indicated in the ministerial notification. • Tobacco manufacturers or importers must report ingredients in tobacco to the Ministry of Public Health, according to guidelines, methods and criteria as shown the ministerial notification.	At present, there is no way to check the correctness/ completeness of reported list of ingredients.	1. WHO should provide facilities in order to check for the correctness and completeness of such reports.

FCTC	Operations and Process	Obstacles/Problems	Recommendations
Article 11 : Packaging and labeling of tobacco products	1. New pictorial health warning (9 items). (Ministerial notification No.11, 2006) 2. Prohibition of misleading words such as Mild, Medium, Light, Ultra Low Tar. (Ministerial notification No.12, 2006) 3. Labeling indicates toxic substances and carcinogens on packages (Ministerial notification No.10, 2006) 4. Pictorial health warning for cigars (5 color pictures) (Ministerial notification No.10, 2007) 5. Pictorial health warning for roll your own cigarettes (2 black and white pictures). (Ministerial notification, 2007)	1. Pictorial health warning in roll your own cigarettes is not be implemented effectively. 2. Lack of evaluation on effect of pictorial health warning on cigar and roll your own cigarettes	1. Evaluation of the effectiveness of pictorial health warning on cigar and roll your own cigarettes 2. Create new pictorial health warning specifically for each target group, such as youth. 3. Create plain cigarette packages (without logo).

FCTC	Operations and Process	Obstacles/Problems	Recommendations
Article 12 : Education, communication, training and public awareness	Many organizations, both governmental and non-governmental, are conducting education, public relations, training and creating awareness of tobacco control in Thailand.	1. Lack of evaluation of those activities, especially impacts of these activities on intention to not smoke or to quit smoking. 2. This information could not reach youths with low education, under-privileged groups and in those residing in rural areas. 3. Lack of public education about interference from the tobacco industry	1. Expand the educational campaigns in order to cover under-privileged groups. 2. Integrate the anti-smoking content into normal curricula at each academic level. 3. Develop potentiality and give monetary support to tobacco control programs to be able to reach local and rural communities. 4. Emphasize message about tobacco companies' tactics.
Article 13 : Tobacco advertising, promotion and sponsorship	Thailand has Tobacco Control Act, 1992, which prohibits cigarette advertisement and sales promotions of all kinds (Section 6,7,8,9,10) and prohibits displaying cigarette packs at point of sale.	1. Cigarette advertising and promotion in televised sporting events (cable TV) are still not seriously regulated. 2. There is no effective surveillance and reporting	1. Develop a surveillance system of tobacco companies' activities, including displaying cigarette packs at sale points.

FCTC	Operations and Process	Obstacles/Problems	Recommendations
		system for advertisements which violate those regulations. 3. Tobacco industries try to find other ways of advertisement such as Corporate Social Responsibility : CSR. 4. Law does not cover advertisement in live broadcasts from aboard, such as televised sporting events, and printed materials from aboard. 5. There are advertisements on the internet and Cable TV. 6. From survey research, it was found that 26.15% of stores ignore the regulations prohibiting display of cigarette packages at points of sale.	2. Policy on prohibition of sponsorships or support from tobacco companies. 3. Cooperate with organizations to control cross border tobacco advertising. 4. Create new notification : • Prohibition of cigarette advertisement of live broadcasts, internet and printed material from aboard • Prohibition of public relations on CSR activities of tobacco companies.

FCTC	Operations and Process	Obstacles/Problems	Recommendations
Article 14 : Demand reduction measures concerning tobacco dependence and cessation	1. Governmental hospitals provide smoking cessation service, mostly as a part of mental health treatment. 2. There are drug dependence treatment centers, which also provide smoking cessation. At present, there are over 1,000 clinics that provide these services. 3. Smoking cessation services mostly done by counseling and behavioral modification, not by medication. 4. There are quitlines for smoking cessation counseling, organized by ASH Thailand, Thanyarak hospital, and the Mental Health Department' s hospital. 5. Health Professional Alliance Against Tobacco and ASH Thailand Foundation are	1. Smoking cessation services • There is no national policy on smoking cessation services. • Smoking cessation services are still not enough, do not cover all areas and are not integrated into all health service settings. • Lack of referral system. • Most smoking cessation clinics have complete 5 steps (5 A) on treatment, however, main weak points are in step 5 – the follow up. • Lack of public relations and education for smoking cessation, lack of smoking cessation campaign.	1. Set up smoking cessation services at the national level, quitline service and print quitline telephone number on cigarette packages. 2. Improve health services system to be more efficient, sufficient, accessible and easy to reach. 3. Integrate smoking cessation services in health care and general health services. 4. Cost of treatment for smoking cessation should be reimbursable. 5. Set up study to evaluate the efficiency and effectiveness of smoking cessation services.

FCTC	Operations and Process	Obstacles/Problems	Recommendations
	working actively in training health personnel about smoking cessation counseling and medications. 6. There is an attempt to set up a national quitline by the MOPH, the National Health Security Office (NHSO), and Thai Health Promotion Foundation (THPF). 7. There is research funding for development of computer programs and advice via websites.	• Lack of evaluation of efficiency and effectiveness of smoking cessation services.	6. Give support to research to evaluate different methods of smoking cessation services.
Article 15 : Illicit trade in tobacco products	1. There are governmental offices that are fully responsible for management of illegal cigarette trade (Excise Department and Customs Department; both organizations have central/ regional/ provincial offices).	1. There are some smuggled cigarettes in local, mostly border markets. These include flavored cigarettes, but are identifiable because they do not contain health warnings on the label.	1. Develop a more effective surveillance system on illegal cigarette trade. 2. Develop an integrated information and reporting system from 4 major authorities: the Customs Department, the Excise Department, the Royal

FCTC	Operations and Process	Obstacles/Problems	Recommendations
	2. There is a tobacco stamp system 3. Cigarette packs must have a label with the manufacturer's name and designation that the product must only be sold in Thailand (Ministerial notification No. 11, 2006) 4. Smuggled cigarette products identified by the Customs or Excise Department are confiscated and later destroyed.	2. Increasingly, new products like hookah, smokeless tobacco, and electronic cigarettes are smuggled into the market. 3. Authorities such as the Ministry of Finance, the Royal Thai Police, and the Ministry of Public Health have databases for cataloguing smuggled products, but there is no coordinated reporting system in place.	Thai Police and the Ministry of Public Health, which must report to the FCTC. 3. Ministerial notification prohibiting duty free and other tax-exempt tobacco products. 4. Tobacco products should be excluded from the trade agreement list of products. 5. The Ministry of Public Health should enforce the ban of illegal products like hookah, smokeless tobacco, and electronic cigarettes.
Article 16 : Sales to and by minors	Section 4 of the Tobacco Products Control Act, 1992 prohibits the sale of cigarettes to youths under 18 years of age.	1. From GYTS in 2004, it was found that 28.3% of youths could obtain cigarettes from stores, therefore it shows clear evidence that groceries or	1. There should be a ministerial notification, according to the Tobacco Products Control Act prohibiting selling/importing small

FCTC	Operations and Process	Obstacles/Problems	Recommendations
		convenience stores are selling cigarettes to children and youth. 2. Complaints to the alcoholic beverages and cigarettes control center showed that the sale of cigarettes to youth under 18 years of age was the second most common complaint. 3. The formal surveillance system is not adequate, especially at the provincial and local levels. 4. Some retail shops still sell cigarettes to youths, that is sale of single sticks, flavored cigarettes, and sales near schools and colleges. 5. Some children and youths under 18 still sell cigarettes	packages of cigarettes, and prohibiting youths from being cigarette sellers. 2. Better law enforcement prohibiting: • Selling single stick or small packages of cigarettes; • Sale of flavored cigarettes. hookah, smokeless tobacco, and electronic cigarettes; • Selling cigarettes near schools and temples); • Sales of tobacco products to underage youth. 3. Raise awareness and acceptance of the law and its provisions. 4. Control and eventually decrease the number of cigarette retailers by increasing the license fee.

FCTC	Operations and Process	Obstacles/Problems	Recommendations
			5. Support community surveillance through community participation.
Article 17 : Provision of support for economically viable alternative activities	Thailand has no specific policy on alternative crops that could be used to substitute tobacco cultivation. However, there is research in this area, such as: • Study on feasibility and environmental impacts of plants for substitution of tobacco cultivation in Northern Thailand. This study is supported by the Department of Disease Control. • Tobacco Control Research and Knowledge Management Center gives support to the Ministry of Agriculture and cooperates in operational research on crops substitution of tobacco cultivation.	Thailand has no specific policy and direction at the national and ministerial level for crop substitute promotion.	A specific policy on alternative crops to substitute tobacco should be developed at the national level.

FCTC	Operations and Process	Obstacles/Problems	Recommendations
Article 18 : Protection of the environment and the health of persons	Tobacco cultivation in Thailand is determined by TTM, that is, TTM sets areas and types of tobacco strains to be planted in each province. TTM has decreased the use of toxic chemicals and promoted the use of environmental-friendly products in prevention and elimination of pests. This refers to CORESTA, and USDA standards.	1. The Ministry of Public Health does not have any actions on examining the impact of tobacco cultivation on the health of tobacco farmers and the environment. 2. Lack of research on health and environmental impacts of tobacco cultivation.	1. There should be research on impacts of tobacco cultivation, in terms of health, environment, economy, poverty, etc. 2. The Ministry of Public Health and TTM should have joint projects to perform physical examinations of tobacco farmers and to assess possible damage to the environment.
Article 19 : Liability	Thailand has no measure on this topic, even though there were previous efforts to set up meetings among Thai lawyers.	Neither the legal framework nor interest among lawyers is present.	Support the legal framework and lawyers pushing liability by the tobacco industry including lawsuits against it.
Article 20 : Research, surveillance and exchange of information	1. Surveillance system on the epidemic of smoking 1.1 At national level: there are • periodic national surveys by National Statistical Office, which include	1. Operational definitions of terms in various surveys are different making the comparison of data impossible.	1. International organizations (WHO-region) and US/CDC should develop programs to build research capacity of local researchers from many

FCTC	Operations and Process	Obstacles/Problems	Recommendations
	- Health and welfare survey (every 2 years) - Alcohol consumption and smoking survey (every 2 years) • Situation analysis, based on the National Statistical Office database, by the Tobacco Control Research and Knowledge Management Center. • Health Examination Survey, by the Health Systems Research Institute (3 surveys so far). • Risk behavior surveys on Non-communicable diseases and injury, by the Non-communicable Diseases Control Division, Ministry of Public Health • Youth Risk Behavior Survey, 2006,. by the Social surveillance and	2. There is no data-pool at the regional and global level. 3. Epidemiologists / researchers from various countries lack experience and skill in making national and regional level comparisons. 4. There is no surveillance on tactics/ strategies of the tobacco industries.	countries for comparing national/ regional level data. 2. There should be a system of surveillance of the tactics/ new strategies of the tobacco industry. 3. Increase knowledge exchange and management at the international level.

FCTC	Operations and Process	Obstacles/Problems	Recommendations
	Warning Center, Ministry of Social Development and Human Securities • Child Watch Projects in every province • Conducting polls for policy stimulation and support 1.2 Cooperate with international organizations in smoking surveillance • WHO & CDC - GYTS - GHPS - GATS • ITC project Surveys on impacts of Thailand's Tobacco Control Policy, University of Waterloo, Victorian Cancer Council and Population and Social Research Institute, Mahidol University		

FCTC	Operations and Process	Obstacles/Problems	Recommendations
	2. Data exchange • South East Asia Tobacco Control Alliance (SEATCA) provides data exchange among member countries and organizes conferences, increases potentiality of officers in various aspects of tobacco control in the region		
Article 21 : Reporting and exchange of information	1. The Ministry of Public Health is the governmental office that is responsible for making progress reports according to the FCTC schedule and sending representatives to COP 2 and COP 3. 2. Tobacco Control Research and Knowledge Management Center, Mahidol University is the coordinator of an annual conference on smoking and health, so that	Lack of cooperation and effective information exchange, systematically and periodically, therefore the data from various organizations are sometimes conflicting.	Certain mechanisms for effective information communication and exchange among countries should be set up and well maintained.

FCTC	Operations and Process	Obstacles/Problems	Recommendations
	tobacco control network members and interested parties can exchange their knowledge, opinions, situations and progress in tobacco control and sometimes prepares reports to FCA. 3. Dr. Hatai Chitanondh, the president of the Thailand Health Promotion Institute, was elected from 147 member countries at COP 2 to be the President of COP3, which aims to monitor tobacco control situations in member countries.		
Article 22 : Cooperation in the scientific, technical, and legal fields and provision of related expertise	Thailand has governmental and non governmental organizations which are capable of doing research, technical assistance, science and law.	Preparation of tobacco control plans is not adequate. Indicators are usually not objective.	The Ministry of Public Health should set up strategic annual action plans. They must include valid and sensitive indicators.

FCTC	Operations and Process	Obstacles/Problems	Recommendations
Article 26 : Financial resources	1. The governmental organization responsible for tobacco control is the Alcohol Beverages and Tobacco Control Unit, Department of Disease Control, Ministry of Public Health. The total annual budget of this organization is only 10 million Baht. 2. Thailand has set up the Thai Health Promotion Foundation, which is funded by a 2% of excise tax from tobacco and alcohol beverages. Its total annual budget for tobacco control is estimated at 180 million Baht. 3. Other financial resources such as Bloomberg Foundation	The government budget is inadequate and is not managed efficiently in all cases.	1. The annual budget for tobacco control should be increased and its efficient management should be improved. 2. The Tobacco Control Unit, Department of Disease Control should allocate resources more equitably. 3. The budget should be more equitably allocated, especially to provincial/local tobacco control programs.

Thailand Tobacco Control Chronology

Year	Situation/Action
1974	The Thai Medical Association successfully lobbied for printing of health warning on cigarette pack .
1976	A Regulation of the Bangkok Metropolitan Administration (BMA) ban smoking in cinemas and on public buses.
1980	• Big campaign according to World No-tobacco Day • The Thoracic Society, The Heart Society, The Anti-Tuberculosis Society lobby for printing of stronger health warnings.
1981	An Increase of the tobacco/cigarette tax to adjust for inflation.
1986	Establishment of ASH (Non-Government Organization)
1987	Rural Medical Professional Association campaigned for the right of non-smokers
1988	The US State Department pressured Thailand to open the cigarette market.
1989	Establishment of The National Committee for the Control of Tobacco Use
1990	Establishment of Tobacco Control Office, Ministry of Public Health
1990	Thailand imported foreign cigarettes
1990	Civic Network in Country and APACT joined to fight the the government policy of importing foreign cigarettes
1992	The passing of 1) The Tobacco Product Control Act 1992 : Total ban of advertisement & promotion. 2) The Non-Smoker's Health Protection Act 1992
1993	Successfully lobbies for the Thai Cabinet to increase cigarette taxes regularly
	Increase Cigarette Tax from 55% to 60% (December, 1993)
1994	Establishment of Thailand Health Promotion Institute (THPI-NGO)
1995	Increase Cigarette Tax from 60% to 62% (January, 1995)
1996	Increase Cigarette Tax from 62% to 68% (October, 1996)
1997-2004	Increasing Health Warning on cigarette packets from 25% to 50% on the front and back of packages
1997	Increase Cigarette Tax from 68% to 70% (October, 1997)
1999	Impact of AFTA on the price of imported cigarette
	Increase Cigarette Tax from 70% to 71.5% (October, 1996)
2000	Ban smoking scenes on TV

Year	Situation/Action
2001	The passing of the Thai Health Promotion Act 2001 (using a 2 % dedicated cigarette and alcohol tax for Health Promotion : 44 million US$ per year)
	Increase Cigarette Tax from 71.5% to 75% (October, 2001)
2002	Expanding of Smoke Free Zones (Notification of the Ministry of Public Health No. 10, August, 2002 effective on November, 2002)
2004	Strengthening the ban of smoking by minors under 18 years of age
	Pictorial Health Warning on cigarette packets (January, 2004)
	Thailand ratified FCTC (November, 9, 2004)
2005	Ban displaying cigarettes at point of purchase
	Increase Cigarette Tax from 75% to 79% ,price increase 22% (December, 2005)
	Establishment of Tobacco Control Research and Knowledge Management Center (TRC)
2006	Expanding of Smoke Free Zones (Notification of the Ministry of Public Health No. 17, September, 2007 effective on December, 2006)
	Change and increase pictorial health warning on cigarette packets from 6 to 9 pictures (September, 2006 and effective on March, 2007)
	Required written toxic ingredient warning on cigarettes packs (September, 2006 and effective on March, 2007)
2007	Increase Cigarette Tax from 79% to 80% (August,2007)
	Required pictorial health warning for 5 pictures on cigar pack (March, 2007 and effective on September, 2007) and 2 picture for roll your own pack (June, 2007 and effective on December, 2007)
	Expanding of Smoke Free Zones in Pub and Bar , open markets and non air-condition restaurants. (Notification of the Ministry of Public Health No. 18 December, 2007 and effective on February, 2008)

Royal Command

Non-Smoker's Health Protection Act, B.E. 2535 (1992)

BHUMIBOL ADULYADEJ, REX.

Given on the 30th day of March B.E. 2535
Being the 47th year of the Present Reign

His Majesty King Bhumibol Adulydej has been graciously pleased to proclaim that:

Whereas it is expedient to promulgate the law on the health protection of non-smokers,
Be it therefore enacted by the King, by and with the advice and consent of the National Assembly acting as the Parliament, as fallows:

Section 1 This Act is called the "Non-Smoker's Health Protection Act B.E. 2535".

Section 2 This Act shall enter into force as from the day following the date of its publication in the Government Gazette.

Section 3 In this Act

"Cigarette" means a cigarette, cigar, other cigarettes, tobacco or modified tobacco pursuant to the law on tobacco
"Smoking" includes any act, which results in the production of smoke from the burning of cigarette.
"Public place" means a place or any vehicle where the public is entitled to enter.
"Operator" means an owner, manager, supervisor or a person responsible for the operation of the public place.
"Non-smoking area" means an area where smoking is prohibited.
"Smoking area" means an area where smoking is allowed.
"Authority" means a person who is appointed by the Minister to execute this Act.
"Minister" means the Minister taking charge of this Act.

Section 4 The Minister shall have the power to publish in the Government Gazette.

(1) designation the names of types of public places where the health of non-smokers shall be protected;

(2) designating any part or all of the public places under (1) as a smoking or non-smoking area;

(3) designating the condition, nature and standard of non-smoking or smoking areas with respect to smoke or air ventilation;

(4) designating the criteria and procedures of sign demonstration in the smoking or non-smoking areas.

The publication under (3) or (4) shall also fix the date, time or period on which the operator must complete such compliances.

Section 5 After publication by the Minister under Section 4, the operator shall have the duty

(1) to arrange any part or all of the public places as the smoking and non-smoking areas;

(2) to arrange the smoking area to have such condition, nature and standard as designated by the Minister;

(3) to arrange for the signs in the smoking or non-smoking areas in accordance with the criteria and procedures designated by the Minister.

Section 6 No person shall be allowed to smoke in a non- smoking areas,

Section 7 The authority shall have the power to enter such public places as published by the Minister under Section 4 (1) and (2) during sunrise and sunset or working hours of such places for inspection or supervision of the implementation of this Act.

Section 8 In performing the duty, the authority shall present the identity card to the persons concerned.

Such identity card of the authority shall be in accordance with the form prescribed by the Minister and published in the Government Gazette.

Section 9 The operator and persons concerned with the public places shall reasonably facilitate the authority performing the duty under Section 7.

Section 10 In executing this Act, the authority shall be the officers under the Penal Code.

Section 11 Any operator failing to comply with Section 5 (1) shall be subject to a fine not exceeding twenty thousand baht.

Section 12 Any person violating Section 6 shall be subject to a fine not exceeding two thousand baht.

Section 13 Any person obstructing or failing to facilitate the authority performing the duty under Section 7 shall be subject to an imprisonment not exceeding one month or a fine not exceeding two thousand baht or both.

Section 14 The competent inquring officer inquring a case shall have the power to effect the fine in accordance with the Criminal Procedure Code.

Section 15 The Minister of the Ministry of Public Health shall take charge of this Act and shall have the power to appoint the authorities as well as to prescribe the announcements for the execution of this Act.

Such announcements shall enter into force after their publication in the Government Gazette.

Countersignes by

Anand Punyarachun

(Mr.Anand Punyarachun)
Prime Minister

Notes: The reason for the promulgation of this Act is that it is recognized among the physicians that cigarette smoke causes several harms to the health of smokers and non-smokers alike such as lung cancer or cancer of other organs and Coronary Artery Thrombosis. Cigarette smoke also aggravates the symptom of certain diseases such as chronic bronchitis or allergies. Moreover, it is proved that the non-smokers inhaling such cigarette smoke of other persons suffer health deterioration the same way as cigarette smokers do especially in case where the inhaling persons of such cigarette smoke are children. It is therefore expedient to protect the health of non-smokers against the cigarette smoke in the public places by prohibiting cigarette smoking in certain places or by designating specific smoking area or otherwise. It is therefore necessary to promulgate this Act.

Vol. 109 Section 40 Government Gazette, April 7, 1992

Royal Command

TOBACCO PRODUCTS CONTROL ACT B.E. 2535 (1992)

BHUMIBOL ADULYADEJ, REX.

Given on the 29th day of March B.E.2535

Being the 47th year of the Present Reign

His Majesty King Bhumibol Adulyadej has been graciously pleased to proclaim that:

Whereas it is expedient to promulgate the law on control of tobacco

products;

Be it therefore enacted by the King, by and with the advice and consent of the National Assembly acting as the Parliament as follows:

Section 1 This Act is called the "Tobacco Products Control Act B.E. 2535".

Section 2 This Act shall enter into force after the period of one hundredand twenty days as from the date of publication in the Government Gazette.

Section 3 In this Act

"Tobacco product" means the tobacco under the law on tobacco and anyother product composed of tobacco leaves or nicotiana tabacum plant to beused either by smoking, sucking, sniffing, munching, eating, blowing or spraying into the mouth or nose or by other means in order to obtain the same result.

"Package" means a pack, carton or other packages used to wrap or contain the tobacco products.

"Advertising" means an act undertaken by any means to allow the public to see, hear or know the statement for commercial interest.

"Authority" means a person appointed by the Minister to execute this Act. "Minister" means the Minister taking charge of this Act.

Section 4 No person shall be allowed to dispose of, sell, exchange or give the tobacco products to a person whom is known to the former that the buyer or receiver does not attain eighteen full years of age.

Section 5 No person shall be allowed to sell the tobacco products by vending machines.

Section 6 No person shall be allowed to do any of the following acts:

(1) To sell goods or render services with the distribution, addition, gift of tobacco products or exchange with the tobacco products as the case may be;

(2) To sell the tobacco products with the distribution, addition, gift of or exchange with other goods or services;

(3) To give or offer the right to attend the games, shows, services or any other benefit as a consideration to the buyer of tobacco products or a person bringing the package of tobacco products for exchange or redemption therefore.

Section 7 No person shall be allowed to distribute the tobacco products as a sample of the tobacco products so as to proliferate such tobacco products or to pursuade the public to consume such tobacco products except for a customary gift.

Section 8 No person shall be allowed to advertise the tobacco products or exposing the name or mark of the tobacco products in the printed matters, via radio broadcast, radio, television r any other advertise able thing or to use the name or mark of the tobacco products in the shows, games, services or any other activity the objective of which is to let the public to understand that the name or mark belongs to the tobacco products. The provisions of paragraph one does not apply to the live broadcast from abroad via radio or television and the advertisement of the tobacco products in the printed matters printed outside the Kingdom without the objective to dispose of specifically in the Kingdom.

Section 9 No person shall be allowed to advertise the goods using the name or mark of the tobacco products as a mark of such goods in such a manner as to make such a mark to be understood as that of the tobacco products.

Section 10 No person shall be allowed to manufacture, import for sale or general distribution or advertise any other goods having such an appearance as to be understood as an imitation of such tobacco products

as cigarettes or cigars under the law on tobacco or of the package of the said products.

Section 11 The tobacco to be sold shall have the composition in accordance with the standards prescribed in the Ministerial Rules. The manufacturer or importer of the tobacco products shall have a duty to inform the Ministry of Public Health of the particulars of composition of the tobacco products in accordance with the criteria, procedures and conditions prescribed in the Ministerial Rules. In case where the composition of any product does not comply with the standards prescribed in paragraph one, the Minister shall have the power to order the prohibition of sale or import of such tobacco product.

Section 12 The manufacture or importer of the tobacco products must exhibit the labels on the packages of tobacco products before moving out of the manufacturing site or before importation into the Kingdom as the case may be.

The criteria, procedures and conditions of exhibition of such labels and the statements therein shall be in accordance with those published in the Government Gazette by the Minister.

Section 13 No person shall be allowed to sell the tobacco products without exhibition of the labels as provided for in Section 12 on the packages of such tobacco products.

Section 14 In performing the duties under this Act, the authority shall have the power to

(1) enter any place during sunrise and sunset or working hours of such place or enter any vehicle which in order to search in case where there is reasonable ground to suspect that the offenses hereunder have been committed;

(2) take reasonable quantity of the tobacco products as a sample for inspection;

(3) issue an inquiring letter or summon any person for interrogation or submission of the accounts, documents, evidence or other items required for consideration.

In performing the duties under paragraph one, the persons concerned shall reasonably accord facilitation therefore.

Section 15 In performing the duties under this Act, the authority shall present the identity card to the persons concerned.

Such identity cards of the authority shall be in accordance with the form prescribed in the Ministerial Rules.

Section 16 In performing the duties under this Act, the authority shall be the officers under the Penal Code.

Section 17 Any person violating Section 4 or Section 5 shall be subject to an imprisonment not exceeding one month or a fine not exceeding two thousand baht or both.

Section 18 Any person violating Section 6, Section 7, Section 9 or Section 10 shall be subject to a fine not exceeding twenty thousand baht.

Section 19 Any person violating Section 8 paragraph one shall be subject to a fine not exceeding two hundred thousand baht.

Section 20 Any manufacturer or importer failing to inform the particulars or informing incomplete particulars or informing false particulars or selling or importing the tobacco products in violation of Section 11 shall be subject to an imprisonment not exceeding six months or a fine not exceeding one hundred thousand baht or both.

Section 21 Any manufacturer or importer violating Section 12 shall be subject to a fine not exceeding one hundred thousand baht.

Section 22 Any person violating Section 13 shall be subject to a fine not exceeding twenty thousand baht.

Section 23 Any person obstructing or failing to accord facilitation to the authority in performing the duties under Section 14 shall be subject to an imprisonment not exceeding one month or a fine not exceeding ten thousand baht or both.

Section 24 In case where the violation of Section 4, Section 5, Section 6, Section 7, Section 8 paragraph one, Section 9, Section 10, or Section 13 is the manufacturer or importer, the violator shall be subject to the penalty twice that provided for such offenses.

Section 25 In case where the offender who is subject to the penalty hereunder is a juristic person, the managing director or a person responsible for the operation of such juristic person shall also be subject

to the penalty provided for by law for such offenses unless it is proved that the action of such juristic person is committed without the knowledge or approval of such managing director or responsible person.

Section 26 The Minister of the Ministry of Public Health shall take charge of this Act and shall have the power to appoint the authority and to prescribe the Ministerial Rules for the execution of this Act.

Countersigned by

Anand Punyarachun

Prime Minister

Notes: The reason for the promulgation of this Act is that at present it is recognized among the physicians that the tobacco products cause fatal diseases to the consumers as well as affect the fetus in case where the consumers are pregnant and also have adverse effect on the persons nearby. However, at present there exists no law to exclusively control the tobacco products thereby proliferating the advertisement and promotion of the sale of tobacco products by various means especially among the juveniles who are the significant resources of the nation which creates a serious obstacle for the prevention of diseases caused by the consumption of tobacco products and for the maintenance of health of the public. It is therefore necessary to promulgate this Act.

Notification of the Ministry of Public Health (No.10) B.E. 2549 (A.D. 2006)

Re: Criteria, Procedures and Conditions for Displaying the Name of Toxic and Carcinogenic

Substances on Labels of Cigarettes Issued under the Tobacco Products Control Act B.E. 2535

By virtue of Section 12 of the Tobacco Products Control Act B.E. 2535 (A.D. 1992) which is a law containing certain provisions in relation to the restriction of rights and liberties of persons, in respect of which Section 29 in conjunction with Section 50 of the Constitution of the Kingdom of Thailand so permitted by virtue of the provisions of law, the Minister of the Ministry of Public Health hereby issues a Notification as follows:

Article 1. Tobacco products of a cigarette type that are manufactured or imported in the Kingdom shall be provided with labels printed with text displaying the names of emitted toxic and carcinogenic substances (emission products) from the combustion of said manufactured or imported cigarettes namely:-

1.1 Toxic substance

1.1.1 Carbon monoxide

1.1.2 Hydrogen cyanide

1.2 Carcinogenic substance

1.2.1 Tar

1.2.2 Formaldehyde

1.2.3 Nitrosamine

Article 2. The manufacturer or importer of cigarettes shall print labels displaying the names of toxic and carcinogenic substances emitted from the combustion of cigarettes as specified in Clause 1 on the area of the cigarette pack, the cigarette box or the cigarette pack or carton paper wrap namely:-

2.1 On both sides of the cigarette pack covering a medium area with one side being printed with the name of a toxic substance and the

other side being printed with the name of a carcinogenic substance. The printed area shall not be less than 50 percent of the area of each side.

The display of the names of toxic and carcinogenic substances which is required to be placed at the lateral region of the cigarette pack or the cigarette carton of which maximum side area is between 42-50 square centimeters shall be printed in Thai letters with white ink on a black background having an approximate size of 2 x 4.25 centimeters in accordance with the specified templates as attached hereto from the template CD provided by the Department of Disease Control, Ministry of Public Health only.

2.2 On both sides of the cigarette box or the cigarette pack or carton paper wrap covering a medium area with one side being printed with the name of a toxic substance and the other side being printed with the name of a carcinogenic substance. The printed area shall not be less than 50 percent of the area of each side.

The display of the names of toxic and carcinogenic substances which is required to be placed at the lateral region of the cigarette box or the cigarette pack or carton paper wrap whose maximum side area is between 235-240 square centimeters and whose minimum side area is between 117-120 square centimeters shall be printed in Thai letters with white ink on a black background having an approximate size of 4.5 x 13.5 centimeters in accordance with the specified templates as attached hereto from the template CD provided by the Department of Disease Control, Ministry of Public Health only.

2.3 In cases where the cigarette pack or carton has a size larger or smaller than the size specified in Clause 2.1 or in cases where the box or the cigarette pack or carton paper wrap has a size larger or smaller than the size specified in Clause 2.2, the size of the label displaying the names of toxic and carcinogenic substances shall be enlarged or reduced in accordance with the actual proportion.

Article 3. In cases where the cigarette pack or carton is not of a rectangular shape, the display of the emission products as specified in Clause 1 in respect of the part of toxic and carcinogenic substances shall be placed oppositely on respective areas not less than 900 square centimeters in a position that can be clearly noticed by people. The

display shall be normally placed at the bottom of the non-rectangular shaped cigarette pack or carton.

In cases where the cigarette box or the cigarette pack or carton paper wrap is not of a rectangular shape, the display of the emission products as specified in Clause 1 in respect of the part of toxic and carcinogenic substances shall be placed oppositely on respective areas not less than 1,800 square centimeters in a position that can be clearly noticed by people. The display shall be normally placed at the bottom of the non-rectangular shaped cigarette box or the cigarette pack or carton paper wrap.

Clause 4. In execution, the provisions of Clauses 2 and Clause 3 shall not apply to cigarettes manufactured or imported for the purpose of distribution out of the Kingdom of Thailand or imported as samples for testing, analysis and research with particulars of import being clearly stated for such purpose.

Clause 5. Cigarettes that have been manufactured or imported in the Kingdom of Thailand prior to the effective date of this Notification shall be exempt from the display of labels under this Notification, but this shall not exceed 180 days from the effective date of this Notification.

Clause 6. In case of problems arising from the execution of this Notification, it shall be finally settled and decided by the Director-General of the Department of Disease Control.

Clause 7. This Notification shall become effective after the expiration of 180 days on the day following the date of its publication in the Government Gazette.

Notified on this 24th day of August, B.E. 2549 (A.D. 2006)

Pinit Jarusombat

(Mr.Pinit Jarusombat)

Minister of the Ministry of Public Health

Templates for Printing the Names of Toxic and

Carcinogenic Substances

Attached to the Notification of the Ministry of Public Health No. 10 B.E. 2549 (A.D. 2006)

1. Use with the cigarette pack or carton

Emitted Toxic substance
Hydrogen cyanide
Carbon monoxide
Carcinogenic substance
Formaldehyde, Tar,
Nitrosamine

2. Use with the cigarette box or the cigarette pack or carton paper wrap

Emitted Toxic substance

Hydrogen cyanide

Carbon monoxide

Carcinogenic substance

Formaldehyde, Tar,

Nitrosamine

Vol. 123 Special Section 101 Ngor, Government Gazette, September 29, 2006

Notification of the Ministry of Public Health (No.11) B.E. 2549 (A.D. 2006)

Re : Criteria, Procedures and Conditions for Displaying Pictures and Statements Relating to Warning on Harm; Date, Month and Year of Manufacture; Manufacturing Source and Sale Only in the Kingdom of Thailand on Labels of Cigarettes and Cigars Issued under the Tobacco Products Control Act B.E. 2535

By virtue of Section 12 of the Tobacco Products Control Act B.E. 2535 (A.D. 1992) which is an act containing certain provisions in relation to the restriction of rights and liberties of persons, in respect of which Section 29 in conjunction with Section 50 of the Constitution of the Kingdom of Thailand so permitted by virtue of the provisions of law, the Minister of the Ministry of Public Health hereby issues a Notification as follows:

Article 1. The Notification of the Ministry of Public Health (No. 8) B.E.2547 (A.D. 2004) Re : Criteria, Procedures and Condition for Displaying Labels and Statements on Labels of Cigarettes under the Tobacco Products Control Act B.E. 2535 (A.D. 1992) shall be repealed.

Article 2. Cigarettes or cigars, manufactured in or imported in the Kingdom, shall be provided with labels printed with pictures and statements of warning on the harm of cigarettes wherein the picture shall be printed in 4 colors and display a statement of warning on the harm of cigarettes as specified. The picture and the statement of warning on the harm of cigarettes shall be placed at the top edge of the cigarette/cigar pack or carton and the cigarette/cigar box or the cigarette/cigar pack or carton paper wrap on both sides covering the maximum area that can be clearly seen.

The pictorial labels and the statements of warning on the harm of cigarettes as specified in paragraph one shall be any of the assortment of 9 types of pictorial labels and statements of warning on the harm of cigarettes printed with a ratio of 1 type to 5,000 cigarette/cigar packs or cigarette/cigar cartons and with a ratio of 1 type to 500 cigarette/cigar boxes or cigarette/cigar pack or carton paper wraps as the case may be.

All these 9 types of pictorial labels and statements of warning on the harm of cigarettes shall be of a size of 5.5 x 4.25 centimeters in accordance with the templates of pictorial label and statements of warning on the harm of cigarettes and printed in 4 colors pictures as attached here to.

The 9 types of templates of pictures and warning statements are as follows:

Type 1. Picture with warning statement “Cigarette Smoke Harms People Nearby”
Type 2. Picture with warning statement “Smoking Causes Your Breath to Smell”
Type 3. Picture with warning statement “Smoking Causes Fatal Emphysema”
Type 4. Picture with warning statement “Smoking Causes Lung Cancer”
Type 5. Picture with warning statement “Cigarette Smoke Causes Fatal Heart Failure”
Type 6. Picture with warning statement “Cigarette Smoke Leads Your Life to Death”
Type 7. Picture with warning statement “Smoking Causes Oral Cancer”
Type 8. Picture with warning statement “Smoking Causes Laryngeal Cancer”
Type 9. Picture with warning statement “Cigarette Smoke Causes Hemorrhagic Stroke”

In carrying out the printing of pictorial labels and statements of warning on the harm of cigarettes, the manufacturer or importer of cigarettes or cigars shall print them from the template CD provided by the Department of Disease Control, Ministry of Public Health only. In this regard, the size and the position of the letters, the warning statement including the picture shall conform to those appear in the templates.

The provisions of paragraphs one, two and three shall not apply to colorless and transparent materials used to wrap cigarette/cigar packs and to the boxes or cigarette/cigar pack or carton paper wraps on which the pictorial labels and the statements of warning on the harm of cigarettes can be clearly seen.

Article 3. The printing of the pictorial label and statement of warning on the harm of cigarettes on cigarette/cigar pack or carton under Clause 2 shall be carried out as follows:

(1) An area size on both sides shall not be less than 50 percent of the side of the cigarette/cigar pack or carton having the maximum area.

(2) The size of the pictorial label and the statement of warning on the harm of cigarettes under paragraph three of Clause 2 shall apply to cigarette/cigar packs or cartons having areas on the front face or the back face of the cigarette/cigar pack or carton between 42-50 square centimeters.

(3) For cigarette/cigar packs or cartons that have areas smaller or larger than 42-50 square centimeters, the pictorial label and the statement of warning on the harm of cigarettes as specified in paragraph three of Clause 2 shall be reduced or enlarged in accordance with the proportion of the width and length of the pictorial label and the statement of warning on the harm of cigarettes. In this regard, the area on both sides shall not be less than 50 percent of the side of the cigarette/cigar pack or carton having the maximum area. The pictorial label and the statement of warning on the harm of cigarettes shall be at the top edge, adjacent to the left side of the cigarette/cigar pack or carton

Article 4. In cases where the cigarette/cigar pack or carton is not of a rectangular shape, there shall be the printing of the pictorial label and the statement of warning on the harm of cigarettes. The pictorial label and the statement of warning on the harm of cigarettes shall be printed on the cigarette/cigar pack or carton in accordance with the templates specified in paragraph three of Clause 2. The pictorial labels and statements of warning on the harm of cigarettes shall be present not less than 2 pictures per one pack or carton of cigarettes or cigars covering an area not less than 50 percent of the area of the cigarette/cigar pack or carton of a non-rectangular shape at the position adjacent to the top edge.

Article 5. In respect of cigarette/cigar boxes or the cigarette/cigar pack or carton paper wraps with a size between 235 to 240 square centimeters, the pictorial label and the statement of warning on the harm of cigarettes shall be printed with a size equal to that printed on the cigarette/cigar pack or carton and are displayed on the cigarette/cigar box or the cigarette/cigar pack or carton paper wrap in a consecutive order

from the top edge of the side with the maximum area on both sides, each side with 5 pictures.

For cigarette/cigar boxes or cigarette/cigar pack or carton paper wraps with areas greater or less than that stated in paragraph one, the pictorial label and the statement of warning on the harm of cigarettes shall be printed on both sides in number equal to the number of cigarette/cigar packs or cartons in the box or in the paper wrap by displaying them on the top left edge. In cases where the area on the top left edge is not sufficient for printing the pictorial label and the statement of warning on the harm of cigarettes as specified, the pictorial label shall be printed on the remaining area of the cigarette/cigar box or the paper wrap of cigarette/cigar packs or cartons correspondingly to the entire number of cigarette/cigar packs or cartons in the box or in the paper wrap.

Article 6. Cigarettes or cigars, manufactured or imported in the Kingdom, shall be dealt with as follows:

(1) Provision of statements showing the date, month and year of manufacture on either lateral region of the cigarette/cigar pack or carton other than the area specified for displaying the names of toxic or carcinogenic substances.

(2) Provision of statements showing the source of cigarettes or cigars in respect of whether they are manufactured domestically or in what country on the front area adjacent to the lower edge of the cigarette/cigar pack or carton and the cigarette/cigar box or the cigarette/cigar pack or carton paper wrap.

(3) Provision of a statement showing “For Sale in the Kingdom of Thailand” on the back face adjacent to the lower edge of the cigarette/cigar pack or carton and the cigarette/cigar box or the cigarette/cigar pack or carton paper wrap.

The statements under paragraph one shall be displayed in Thai using “Si Phraya” font or similar fonts of not less than 10 points for cigarette/cigar packs or cartons and not less than 30 points for cigarette/cigar boxes or cigarette/cigar pack or carton paper wraps. The letters shall be printed in black on a white background bordered by a

black frame or if the label background is black, white letters shall be used without a bordered frame.

Article 7. Cigarettes or cigars manufactured for distribution out of the Kingdom or imported for distribution out of the Kingdom or imported as samples for testing, analysis and research with particulars of manufacture or import being clearly stated for such purpose shall be exempt from complying with this Notification.

Article 8. Cigarettes or cigars that have been manufactured or imported in the Kingdom of Thailand prior to the effective date of this Notification shall be exempt from the display of labels under this Notification, but this shall not exceed 180 days from the effective date of this Notification.

Article 9. This Notification shall become effective in 180 days from the from the day following the date of its publication in the Government Gazette.

Notified on this 24th day of August, B.E. 2549 (A.D. 2006)

Pinit Jarusombat

(Mr.Pinit Jarusombat)

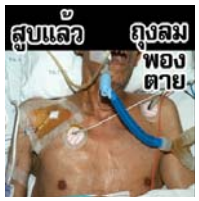
Minister of the Ministry of Public Health

Vol. 123 Special Section 101 Ngor, Government Gazette September 29. 2006

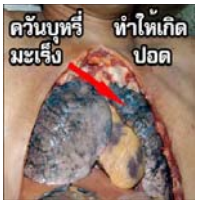
Templates of pictures and warning statements Attached to the Notification of the Ministry of Public Health No. 11 B.E. 2549 (A.D. 2006)

Type 1
Cigarette Smoke Harms People Nearby

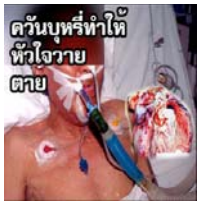
Type 2
Smoking Causes Your Breath to Smell



Type 3
Smoking Causes Fatal Emphysema

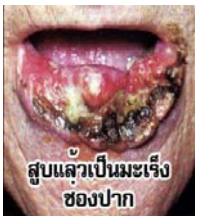


Type 4
Smoking Causes Lung Cancer

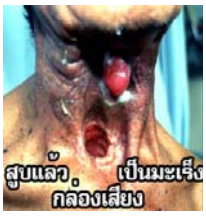


Type 5
Cigarette Smoke Causes Fatal Heart Failure

Type 6
Cigarette Smoke Leads Your Life to Death



Type 7
Smoking Causes Oral Cancer



Type 8
Smoking Causes Laryngeal Cancer

Type 9
Cigarette Smoke Causes Hemorrhagic Stroke

Notification of the Ministry of Public Health (No.12) B.E. 2549 (A.D. 2006)

Re : Criteria, Procedures and Conditions for Displaying

Words or Statements that May Cause Misunderstanding on Labels of Cigarettes, Cigars and Tobacco Issued under the Tobacco Products Control Act B.E. 2535

By virtue of Section 12 of the Tobacco Products Control Act B.E. 2535 (A.D. 1992) which is a law containing certain provisions in relation to the restriction of rights and liberties of persons, in respect of which Section 29 in conjunction with Section 50 of the Constitution of the Kingdom of Thailand so permitted by virtue of the provisions of law, the Minister of the Ministry of Public Health hereby issues a Notification as follows:

Article 1. For cigarettes, cigars or tobacco, manufactured or imported into the Kingdom of Thailand, labels printed on the packs or cartons of cigarettes, cigars or tobacco and on the cigarette/cigar/tobacco boxes or on the cigarette/cigar/tobacco pack or carton paper wraps shall not contain the words “Mild, Medium, Light, Ultra Low Tar or words, statements conveying similar meanings that may mislead consumers to perceive that they are safe or contain toxic substances in quantities lower than general cigarettes.

The word “statement” under paragraph one shall include an act that results in the presentation of letters, symbols or pictures that may cause the general public to perceive such meanings.

Article 2. Cigarettes, cigars or tobacco that have been manufactured or imported for distributed out of the Kingdom of Thailand, or manufactured or imported as sample for testing, analysis and research with particulars of manufacture or import being clearly stated for such purpose shall be exempt from complying with this Notification.

Article 3. Cigarettes, cigars or tobacco that have been manufactured or imported in the Kingdom of Thailand for distribution in the Kingdom prior to the effective date of this Notification shall be exempt from complying with this Notification, but this shall not exceed 180 days from the effective date of this Notification.

Article 4. This Notification shall become effective after the expiration of 180 days on the day following the date of its publication in the Government Gazette.

Notified on this 31st day of August, B.E. 2549 (A.D. 2006)

Pinit Jarusombat

(Mr.Pinit Jarusombat)

Minister of the Ministry of Public Health

Vol. 123 Special Section 101 Ngor, Government Gazette, September 29. 2006

Notification of the Ministry of Public Health (No. 13) B.E. 2550 (A.D. 2007)

Re: Criteria, Procedures and Conditions for Displaying Pictorial Labels and Statements of Warning on Harm of Cigars Issued under the Tobacco Products Control Act B.E. 2535 (A.D. 1992)

Whereas it is appropriate to display pictorial labels and statements of warning on the harm of tobacco.

By virtue of Section 12 of the Tobacco Products Control Act B.E. 2535 (1992), the Minister of the Ministry of Public Health hereby issues a Notification as follows:

Article 1. Displaying the pictorial labels and the statements of warning on the harm of cigars shall be the exemption of the Notification of the Ministry of Public Health (No. 11) B.E.2549 (A.D. 2006) Re : Criteria, Procedures and Conditions for Displaying Pictures and Statements Relating to Warning on Harm; Date, Month and Year of Manufacture; Manufacturing Source and Sale Only in the Kingdom of Thailand on Labels of Cigarettes and Cigars Issued under the Tobacco Products Control Act B.E. 2535, Date August 24, B.E. 2549 (A.D. 2006), and shall be, as a substitute, in conformity with this Notification.

Article 2. Cigars manufactured in or imported in the Kingdom, shall be provided with labels printed with pictures and statements of warning on the harm of cigar wherein the picture shall be printed in 4 colors

The pictorial labels and the statements of warning on the harm of cigar as specified in paragraph one shall be any of the assortment of 5 types of pictorial labels and statements of warning on the harm of cigar printed with a ratio of 1 type to 50 cigar cartons.

Type 1. Picture with warning statement “Smoking Causes Your Breath to Smell”
Type 2. Picture with warning statement “Smoking Causes Lung Cancer”
Type 3. Picture with warning statement “Cigar Smoke Leads Your Life to Death”

Type 4. Picture with warning statement “Smoking Causes Oral Cancer”

Type 5. Picture with warning statement “Smoking Causes Laryngeal Cancer”

In carrying out the printing of pictorial labels and statements of warning on the harm of cigars, the manufacturer or importer of cigars shall produce such labels and statements by referring to the template CD provided by the Department of Disease Control, Ministry of Public Health only. In this regard, the size and the position of the pictorial labels and the statements of warning on the harm of cigars shall conform to those appeared in the templates, whereby it is admissible to adjust the size there of as appropriate without a change of the ration of horizontal to vertical dimensions.

The provisions of paragraphs one, two, three and four shall not apply to colorless and transparent materials used to wrap cigar carton on which the pictorial labels and the statements of warning on the harm of cigarettes can be clearly seen.

Article 3. The printing of the pictorial label and statement of warning on the harm of cigars on cigar carton under Clause 2 shall be carried out as follows:

(1) In cases where the cigar carton is of a rectangular shape with total area of all carton sides not cigars shall be on both sides covering the area, on each side, no less than 50 percent of the side having the maximum area.

(2) In a case where the cigar carton is of rectangular shape with total are of all carton sides exceeding 350 square centimeters, the pictorial labels and the statements of warning on the harm of cigars shall be on both sides covering the area, on each side, no less than 50 percent of the side having the maximum area In a case where the side of the maximum area is attributively of the lower part of the tobacco carton, it is admissible to display pictorial labels and the statements of warning on the harm of tobacco on the side of the second-largest area thereof. In a case where the side of the maximum area is attributively is of the lower part of the cigar carton, it is admissible to display pictorial labels and the statements of warning on the harm of cigars on the side of the second-largest area thereof. In a case where the said side of the second-largest area is attributively the front and the back sides, the pictorial labels and

the statements of warning on the harm of cigars shall be on the front side only.

(3) In a case where the cigar carton is of the shape other than as specified in (1) and (2), the pictorial labels and the statements of warning on the harm of cigars shall cover the area no less than 30 percent of the total area of the tobacco carton.

Regarding the displaying of the pictorial labels and the statements of warning on the harm of cigars, only 1 pictorial label is required to be displayed on one side. In case of any predicament in execution hereunder, Clause 7 shall be advised and prevailed.

The pictorial labels and the statements of warning on the harm of cigars, according to the paragraph one and two, shall be displayed in the same area, in the adjacency and continuity manners, and clearly seen without ambiguity meaning.

Article 4. The pictorial labels and the statements of warning on the harm of cigars shall be printed permanently on the cigar carton or on any materials wrapping the cigar carton and not be easily peeled off or destroyed.

Article 5. Cigars that have been manufactured in or imported into the Kingdom of Thailand on and after the effective date of this Notification shall be exempt from the display of pictorial labels and the statements of warning on the harm of cigars under this Notification, but this shall not exceed 180 days from the effective date of this Notification.

Article 6. Cigars that have been manufactured in or import for sale out of the Kingdom of Thailand, or manufactured or imported as samples for testing, analysis and research with particulars of manufacture or import being clearly stated for such purpose shall be exempt from complying with this Notification.

Article 7. In case of problems arising from the execution of this Notification, it shall be finally settled and decided by the Director-General of the Department of Disease Control.

This shall come in to effect from March 28, B.E. 2550 (A.D.2007).

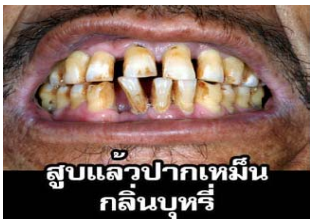
Notified on this May 30th of, B.E. 2550 (A.D. 2007)

Mongkol Na Songkla

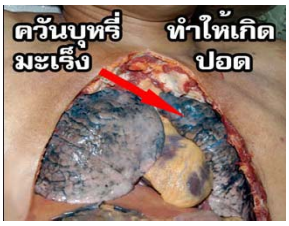
(Mr. Mongkol Na Songkla)

Minister of the Ministry of Public Health

Templates of pictures and warning statements Attached to the Notification of the Ministry of Public Health No. 13 B.E. 2550 (A.D. 2007)

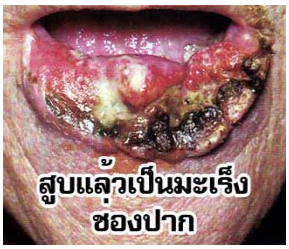


Type 1
Smoking Causes Your Breath to Smell



Type 2
Smoking Causes Lung Cancer

Type 3
Cigar Smoke Leads Your Life to Death



Type 4
Smoking Causes Oral Cancer

Type 5
Smoking Causes Laryngeal Cancer

Notification of the Ministry of Public Health B.E. 2550 (A.D. 2007)

Re: Criteria, Procedures and Conditions for Displaying Pictorial labels and Statements of Warning on Harm of Tobacco Issued Under the Tobacco Products Control Act B.E.2535 (A.D. 1992)

Whereas it is appropriate to display pictorial labels and statements of warning on the harm of tobacco.

By virtue of Section 12 of the Tobacco Products Control Act B.E. 2535 (1992), the Minister of the Ministry of Public Health hereby issues a Notification as follows:

Article 1. Tobacco, manufactured in or imported into the Kingdom, shall be provided with the pictorial labels and the statements of warning on the harm of tobacco wherein the picture shall be printed in black-and-white color in accordance with the template as attached hereto and provided by the Department of Disease Control, Ministry of Public Health as follows.

Type 1 Picture with warning statement "Smoking Causes Laryngeal Cancer"

Type 2. Picture with warning statement "Cigarette Smoke Causes Lung Cancer"

The pictorial labels and the statements of warning on the harm of tobacco shall be printed with a ratio of 1 type to 500 tobacco cartons in assortment.

The provisions of paragraphs one and two shall not apply to colorless and transparent materials used to wrap tobacco cartons on which the pictorial labels and the statements of warning on the harm of tobacco can be clearly seen.

It is admissible to adjust the size of pictorial labels and the statements of warning on the harm of tobacco as appropriate without a change of the ratio of horizontal to vertical dimensions.

Article 2. The production of the pictorial label and statements of warning on the harm of tobacco on tobacco cartons under Clause 1 shall be carried out as follows.

(1) In a case where the tobacco carton is of a pack, packet, or other container configuration with rectangular shape and total area of all carton sides not exceeding 350 square centimeters, the pictorial labels and the statements of warning on the harm of tobacco shall be on both sides covering the area, on each side, no less than 50 percent of the combined area of both sides or of the side having the maximum area for the carton with more than two sides.

(2) In a case where the tobacco carton is of a pack, packet, or other container configuration with rectangular shape and total area of all carton sides not exceeding 350 square centimeters, the pictorial labels and the statements of warning on the harm of tobacco shall be on both sides covering the area, on each side, no less than 50 percent of the combined area of both sides or of the side having the maximum area for the carton with more than two sides. In a case where the side of the maximum area is attributively of the lower part of the tobacco carton, it is admissible to display pictorial labels and the statements of warning on the harm of tobacco on the side of the second-largest area thereof. In a case where the said side of the second-largest area is attributively the front and the back sides, the pictorial labels and the statements of warning on the harm of tobacco shall be on the front side only.

(3) In a case where the tobacco carton is of the shape other than as specified in (1) and (2), the pictorial labels and the statements of warning on the harm of tobacco shall cover the area no less than 30 percent of the total area of the tobacco carton.

Regarding the displaying of the pictorial labels and the statements of warning on the harm of tobacco, only 1 pictorial label is required to be displayed on one side. If it is unattainable to adjust the displaying thereof without a change of the ratio of horizontal to vertical dimensions as specified in the paragraph four of Clause 1, 2 sets of pictorial label and the statement of warning on the harm of tobacco may be displayed on each side.

The pictorial labels and the statements of warning on the harm of tobacco, according to the paragraph one and two, shall be displayed in the same area, in the adjacency and continuity manners, and clearly seen without ambiguity meaning.

Article 3. The pictorial labels and the statements of warning on the harm of tobacco shall be printed permanently on the tobacco carton or on any materials wrapping the tobacco carton and not be easily peeled off or destroyed.

Article 4. Tobacco that have been manufactured in or imported into the Kingdom of Thailand prior to the effective date of this Notification shall be exempt from the display of pictorial labels and the statements of warning on the harm of tobacco under this Notification, but this shall not exceed 180 days from the effective date of this Notification.

Article 5. Cigars that have been manufactured in or imported into the Kingdom of Thailand for the purpose of selling outside the Kingdom of Thailand, or manufactured or imported as samples for testing, analysis and research with particulars of manufacture or import being clearly stated for such purpose shall be exempt from complying with this Notification.

Article 6. In case of problems arising from the execution of this Notification, it shall be finally settled and decided by the Director-General of the Department of Disease Control.

Article 7. This Notification shall come into force after one hundred and eighty days following the date of its publication in the Government Gazette.

Notified on this May 30th of, B.E. 2550 (A.D. 2007)

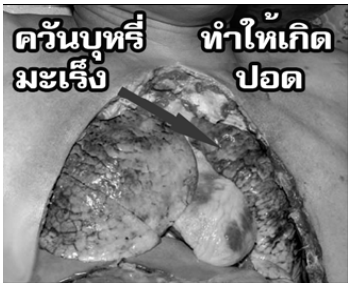
Mongkol Na Songkla

(Mr. Mongkol Na Songkla)

Minister of the Ministry of Public Health

A template of pictorial label and statement of warning
on the harm of tobacco,
attached to the Notification of the Ministry of Public Health
B.E. 2550 (2007)

Type 1
Smoking Causes Laryngeal Cancer



Type 2
Cigarette Smoke Causes Lung Cancer

Notification of the Ministry of Public Health (No.15) B.E. 2548 (A.D. 2005)

Re: Designation of Signs for Smoking and Non-Smoking Area

By virtue of Section 3 (4) and Section 15 of the Protection of Non-Smoker's Health Act B.E. 2535 (A.D. 1992) which is the Act containing certain provisions in relation to the restriction of rights and liberties of persons, in respect of which section 29 in conjunction with Section 31, Section 35, Section 48, and Section 50 of the Constitution of the Kingdom of Thailand so permitted by virtue of the provisions of law, the Minister of Public Health hereby issues a Notification as follows:

Clause 1. The Notification of the Ministry of Public Health (No. 8) B.E.2540 (A.D. 1997) Re : Designation of Signs for Smoking and Non-Smoking Area, dated October 15, 1997, shall be repealed.

Clause 2. The sign of smoking area shall be displayed in a circle of white background of no less than 10 centimeter diameter with a blue parameter of no less than 1 centimeter wide and shall have a picture of a cigarette with black smoke in the center. The width of the cigarette shall equal the width of the blue parameter.

The smoking area sign may be a permanent post, hanging post, desktop post, or adhesive post.

Clause 3. The sign of non-smoking area shall be as follows.

(1) Provided that the non-smoking sign is posted at the entrance of any smoking-prohibited public areas which reside in buildings or tenements, such non-smoking sign shall be displayed in a circle of white background of no less than 10 centimeter diameter with a red parameter of no less than 1 centimeter wide and shall have a picture of a cigarette with black smoke in the center crossed by a red bar. The width of the cigarette and the red bar across the cigarette shall equal the width of the red parameter. Under the circle sign, there shall be a phrase "No Smoking, Violation is subject to 2,000 baht fine".

The smoking area sign may be a permanent post, hanging post, or adhesive post.

(2) Provided that the non-smoking sign is posted in the smoking-prohibited public areas which reside in buildings or tenements, such non-

smoking sign shall be displayed in a circle of white background of no less than 5 centimeter diameter with a red parameter of no less than 0.5 centimeter wide and shall have a picture of a cigarette with black smoke in the center crossed by a red bar. The width of the cigarette and the red bar across the cigarette shall equal the width of the red parameter. On the sign, there may be a phrase “No Smoking, Violation is subject to 2,000 baht fine” in Thai language, English language, or both.

The smoking area sign may be a permanent post, hanging post, desktop post, or adhesive post.

(3) Provided that the non-smoking sign is posted in the smoking-prohibited public areas other than the places as specified in (1) and (2), such non-smoking sign shall be displayed in a circle of white background of no less than 10 centimeter diameter with a red parameter of no less than 1 centimeter wide and shall have a picture of a cigarette with black smoke in the center crossed by a red bar. The width of the cigarette and the red bar across the cigarette shall equal the width of the red parameter. Under the circle sign, there shall be a phrase “No Smoking, Violation is subject to 2,000 baht fine”.

The smoking area sign may be a permanent post, hanging post, or adhesive post.

Clause 4. The signs as stipulated in Clause 2 and Clause 3 shall be clearly and conspicuously posted in the areas as follows.

(1) The smoking signs as stipulated in Clause 3 shall be posted at the entrance of and within the zone allocated for smoking.

(2) The non-smoking signs as stipulated in Clause 3(1) shall be posted at every entrance of the smoking-prohibited public areas.

(3) The non-smoking signs as stipulated in Clause 3(2) and (3) shall be conspicuously posted where they are easily visible to people as deemed appropriate to such particular places.

Clause 5. In a case where the non-smoking area is entered not only by Thai people, the operator of such place may arrange posting of non-smoking signs as stipulated in 3(1), (2) and (3) consisting of a phrase “No Smoking, Violation is subject to 2,000 baht fine” in English or other language as deemed appropriate, whereby Thai language may be

arranged to accompany the English or other language as well. In a case where only English or other language is printed on the non-smoking sign, the operator of such place shall post a certain number of non-smoking sign with a phrase “No Smoking, Violation is subject to 2,000 baht fine” in Thai language in such place as well.

Clause 6. This Notification shall become effective after ninety days following the date of its publication in the Government Gazette.

Notified on this 30th day of December, B.E. 2548 (A.D. 2005)

Mr. Pinit Jarusombat

Minister of Public Health

Notification of the Ministry of Public Health (No.17) B.E. 2549 (A.D. 2006)

Re : Designating Names of Categories of Public Places Where There Must be Provided Non-Smoker's Health Protection, and Designating Any or All Parts of Said Public Places as Smoking Area of Non-Smoking Ares, and Designating Conditions, Descriptions and Standards of Smoking Area of Non-Smoking Area under Non-Smoker's Health Protection Act B.E.2535(1992)

By virtue of Section 4 (1), (2), (3) and Section 15 of the Non-Smoker's Health Protection Act B.E. 2535 (1992), which is a law containing containing certain provisions relating to the restriction of personal rights and freedom, for which Section 29 incorporation Section 31, Section 35, Section 48 and Section 50 of the Constitution of the Kingdom of Thailand provide that such can be made by virtue of the provisions of a law, the Minister of Public Health hereby issues a Announcement as follows:

Article 1. The following shall be repealed :

(1) Notification of Ministry of Public Health (No. 10) B.E. 2545(2002) Re Designating Names of Categories of Public Places Where There Must be Provided Non-Smoker's Health Protection, and Designating Areas of Zones of Such Places as Smoking Area of Non-Smoking Area;

(2) Notification of Ministry of Public Health (No. 13) B.E. 2546(2003) Re Designating Names of Categories of Public Places Where There Must be Provided Non-Smokers Health Protection, and Designating Areas or Zones of Such Places as Smoking Area or Non-Smoking Area;

(3) Notification of Ministry of Public Health (No. 16) B.E 2548(2005) Re Designating Names or Categories of Public Places Where There Must be Provided Non-Smoker's Health Protection, and Designation Areas or Zones of Such Places as Smoking Area or Non-Smoking Area.

Article 2. The following places shall be a public place where there must be provided non-smoker's health protection, whereby all shall be designated as a non-smoking area:

(1) Fixed route passenger vehicle or hired passenger vehicle

(2) School or university bus of all kinds

(3) Passenger vehicle used in a common mission of administration agencies, state enterprises or other government agencies.

(4) Passenger shelter or area used for waiting before or after the use of passenger vehicle of all kinds.

(5) Passenger lift

(6) Public telephone booth or area provided for the use of public telephone services.

(7) Toilet

(8) Entertainment house

(9) Library

(10) Meeting room, training room or seminar room

(11) Pharmacy building

(12) Clinic or medical treatment place for both humans and animals of the category not admitting overnight patients or animals

(13) Building used as place of business of Thai massage or traditional massage.

(14) Building used as place of business of health spa, health massage or beauty massage.

(15) Building providing services of sauna, steam sauna or herbal sauna

(16) Building for indoor exercises or indoor sports ground building, however, excluding places for indoor sports of snooker or billiard as per the Ministerial Regulations No. 27 B.E. 2534(1991) Issued under Gambling Act B.E. 2478(1935)

(17) Stadium for watching sports or shows

(18) Children playground

(19) Pre-school kindergarten

(20) School or educational institute lower than university level

(21) Religious place or place for performing religious rites of various sects or religions, specifically where the religious rites are performed

All public places under paragraph one shall be a non-smoking area

(22) The following public places, specifically where they are air-conditioned:

22.1 Place for holding arts or cultural shows, museum or arts house;

22.2 Department store, trade centre, exhibition hall.

22.3 Barber’s shop, dressmaker's shop/tailor’s shop, beauty salon;

22.4 Place providing computer, internet, games or karaoke services;

22.5 Lobby or hotel, resort, dormitory, rented room, condominium building, court or apartment;

22.6 Food selling place, beverage selling place, food and beverage selling place, of banquet hall, except the following:

(1) Food selling place, beverage selling place, food and beverage selling place, or banquet hall, specifically which is or is located within the service houses under Section 3 (1), (2) and (3) of the Service Houses Act B.E. 2509(1966), amended by the Service Houses Act (No. 4) B.E. 2546 (2003).

(2) Food selling place, beverage selling place, food and beverage selling place, or banquet hall, specifically which is located within the service houses under Section 3 (4) and (5) of the Service Houses Act B.E. 2509(1966), amended by the Service Houses Act (No. 4) B.E. 2546 (2003), where the persons under the age of 20 years old who are not working in such places are not allowed to enter therein during service hours, whereby there must be displayed at least one permanent warning sign in Thai language of white background and “Si Praya” font, or other

similar font, in red of a size not smaller than 200 points reading “Cigarette Smoke Kills” or “Cigarette Smoke Causes Lung Cancer” at the conspicuous place of the entrance of such place.

The Food selling place, beverage selling place, food and beverage selling place, or banquet hall, which is or is located within the said service houses must not be a service house located at the public places under No. 2 and No. 3 of this Notification of Ministry of Public Health.

Article 3. The following places shall be a public place where there must be provided non-smoker’s health protection, whereby they all shall be designated as non-smoking area, however, subject to certain exceptions:

(1) Administration agencies, state enterprises or other government agencies

(2) Private entity’s workplace specifically where there is air-conditioning system, except the work place which is a service house under Section 3 of the Service Houses Act B.E. 2509 (1966), amended by the Service house that is located at the public places under No. 2 and No. 3 of this Notification of Ministry of Public Health.

(3) Passenger terminals of all kinds, including airport and boat pier

(4) Oil or gas service station

(5) University or educational institute from university level upwards

(6) Learning park or centre, occupation training centre, tutoring place, language teaching place, music-singing teaching place, acting teaching place, arts teaching place, sports teaching place, sports teaching place, self-defence arts teaching place, and others

(7) Bank, financial institution

(8) Religious place or place for performing religious rites of various sects or religions in all other parts than the area where religious rites are performed.

(9) Outdoor exercising ground or sports ground

(10) Public park, zoo, botanical park

(11) Hospital or medical treatment place for both humans and animals of the category admitting overnight patients or animals

(12) Public places in No. 2 (22.1 to 22.5) in all other parts than those located within the air-conditioned area.

The public places under paragraph one shall not be a non-smoking area specifically in the following cases:

(1) Private rest room or private work room of the worker in such public place, specifically where it is used by the said person only.

(2) Areas provided as “Smoking Area” specifically, whereby the condition and the description of the Minister of the Ministry of Public Health, which may or may not be arranged by the operator.

Article 4. Any public place where the word “building” is not specified shall mean to include an area used for operating such missions as well, whether or not it is fenced.

For any public place which is not designated or not clearly designated, it shall be based on the circumstances whether or not smoking at such place is a nuisance to other persons.

Article 5. This Notification shall be enforced after the lapse of 90 days from the day following the date of publication in the Government Gazette onwards.

Notified on this 24th day of August 2006

Pinit Jarusombat

(Mr.Pinit Jarusombat)

Minister of the Ministry of Public Health

Vol. 123 Special Section 101 Ngor. Government Gazette, September 29, 2006

Notification of the Ministry of Public Health (No.18) B.E. 2550 (A.D. 2007)

Re : Designating Names and Types of Public Places Where Non-Smoker's Health is Under Protection and Assigning a Zone or Area of Such Places to be Smoking Area or Non-Smoking Area, and Prescribing Conditions, Nature and Standard of Smoking or Non-Smoking Area Pursuant to the Protection of Non-Smoker's Health Act B.E. 2535 (A.D. 1992)

By virtue of the provisions of Section 4 (1) (2) and (3) and Section 15 of the Protection of Non-Smoker's Health Act B.E. 2535 (A.D. 1992) which is the law containing certain provisions with respect to the restriction of rights and liberties of persons, where Section 29, in conjunction with Section 32, Section 33, Section 41, and Section 43 of the Constitution of the Kingdom of Thailand so permit by virtue of the statutory provisions, the Minister of Public Health hereby issues a Notification as follows:

Clause 1. The provisions of (22) 22.6 under Clause 2 of the Notification of the Ministry of Public Health (No. 17) B.E.2549 (A.D. 2006) Re: Designating Names and Types of Public Places Where Non-Smoker's Health is Under Protection and Assigning a Zone or Area of Such Places to be Smoking Area or Non-Smoking Area, and Prescribing Conditions, Nature and Standard of Smoking or Non-Smoking Area Pursuant to the Protection of Non-Smoker's Health Act B.E. 2535 (A.D. 1992) shall be repealed and replaced with the following:

"22.6 All food or drink courts, food & drink courts, or banquet venues"

Clause 2. The provisions of (2) under Clause 3 of the Notification of the Ministry of Public Health (No. 17) B.E.2549 (A.D. 2006) Re: Designating Names and Types of Public Places Where Non-Smoker's Health is Under Protection and Assigning a Zone or Area of Such Places to be Smoking Area or Non-Smoking Area, and Prescribing Conditions, Nature and Standard of Smoking or Non-Smoking Area Pursuant to the Protection of Non-Smoker's Health Act B.E. 2535 (A.D. 1992) shall be repealed and replaced with the following:

"(2) Air-conditioned private workplaces"

Clause 3. The provisions of (12) under Clause 3 of the Notification of the Ministry of Public Health (No. 17) B.E.2549 (A.D. 2006) Re: Designating Names and Types of Public Places Where Non-Smoker's Health is Under Protection and Assigning a Zone or Area of Such Places to be Smoking Area or Non-Smoking Area, and Prescribing Conditions, Nature and Standard of Smoking or Non-Smoking Area Pursuant to the Protection of Non-Smoker's Health Act B.E. 2535 (A.D. 1992) shall be repealed and replaced with the following:

"(12) Public places under Clause 2 (22) 22.1 to 22.6 in all areas other than those covered by the air-conditioning system".

Clause 4. The following provisions shall be added as (13) under Clause 3 of the Notification of the Ministry of Public Health (No. 17) B.E.2549 (A.D. 2006) Re: Designating Names and Types of Public Places Where Non-Smoker's Health is Under Protection and Assigning a Zone or Area of Such Places to be Smoking Area or Non-Smoking Area, and Prescribing Conditions, Nature and Standard of Smoking or Non-Smoking Area Pursuant to the Protection of Non-Smoker's Health Act B.E. 2535 (A.D. 1992):

"(13) Market which means a place provided for gathering by vendors to organize shows and exchange goods and services, on a regular or temporary or specific-day basis".

Clause 5. This Notification shall become effective after forty-five days from the date of its publication in the Government Gazette.

Notified on this 29th day of November, B.E. 2550 (A.D. 2007)

Mongkol Na Songkla

Minister of Public Health

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