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

1. ORIGIN OF THE REPORT

1.1	NAME OF CONTRACTING PARTY	The Netherlands	
1.2	Information on national contact respons	sible for preparation of the report:	
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1.4	Period of reporting	19 th of September 2008-April 2010	
1.5	Date the report was submitted	27 th of April 2010	

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

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

2.1	PREVALENCE (OF TOBACCO USE			
2.1.1	Smoking prevalence in the adult population (all) (Please provide prevalence data for total adult population, and identify the age				
	considered, e.g. 15 year	rs old and over, 18-64 years; see Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most- consumed smoking tobacco product used per day		
	MALES				
	Current smokers	29.50 %	14.60		
	Daily smokers	22.40 %	16.20		
	Occasional smokers	7.10 %			
	Former smokers	37.30 %			
	Never smokers	33.20 %			
	FEMALES				
	Current smokers	25.90 %	14.10		
	Daily smokers	20.70 %	15.80		
	Occasional smokers	5.20 %			
	Former smokers	31.60 %			
	Never smokers	42.50 %			
	TOTAL (males and f	females)			
	Current smokers	27.70 %	14.40		
	Daily smokers	21.50 %	16.00		
	Occasional smokers	6.11 %			
	Former smokers	34.40 %			
	Never smokers	37.90 %			

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:
	Cigarettes, roll-you-own, pipe, cigars
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:
	15 years and older
2.1.1.3	Please indicate the year and source of the data used to answer question 2.1.1:
	2009 Dutch Continious Survey of Smoking Habits
2.1.1.4	Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report.
	Current smoker = Answers 'yes' to 'do you ever smoke or not at all?'
	Daily smoker = current smoker who answers "yes" to "do you smoke daily?"
	Occasional smoker = current smoker who answers "no" to "do you smoke daily?"
	Former smoker = Answers 'no' to 'do you ever smoke or not at all?' and 'yes' to have you smoked in the past?
	Never smoker = Answers 'no' to 'do you ever smoke or not at all?' and 'no' to have you smoked in the past?'
2.1.1.5	Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past three years or since submission of your last report.
	The smoking prevalence decreased from 27.5 % in 2007 to 26.7 % in 2008 en then increased again to 27.7% in 2009

2.1.2	Smoking preval	ence in the adult	t population (by age groups)
			ide prevalence data by age group, and identify the age 0-year categories, e.g. 25-34, 35-44 years)
		Age group (adults)	Prevalence (%) (please include all smoking tobacco products in prevalence data)
	MALES		
	Current	15-24	31.90 %
	smokers ¹	25-34	37.10 %
		35-44	34.40 %
	Add age group	45-54	32.30 %
		55-64	29.60 %
		65-74	17.00 %
	FEMALES		
	Current	15-24	26.70 %
	smokers ¹	25-34	28.20 %
		35-44	27.10 %
	Add age group	45-54	31.50 %
		55-64	27.30 %
		65-74	13.50 %
	TOTAL (male	s and females)	
	Current	15-24	29.20 %
	smokers ¹	25-34	32.10 %
	Add and	35-44	30.60 %
	Add age group	45-54	31.90 %
		55-64	27.30 %
		65-74	15.40 %

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

2.1.2.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.2:
	Cigarettes, roll-your-own, pipe, cigars
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:
	2009 Dutch Continuous Survey of Smoking Habits
2.1.2.3	Please provide a brief explanation of the trend in current smoking prevalence by age group in the past three years or since submission of your last report, if data are available.
	In most age groups there is not much change in smoking prevalence in the past three years. People aged 15-24 and 55-64 smoke consirerably more in 2009 than in 2008.
	2007 2008 2009
	15-24 25.4% 24.5% 29.2%
	25-34 32.8% 31.4% 32.1%
	35-44 31.3% 29.7% 30.6%
	45-54 32.7% 33.9% 31.9%
	55-64 26.0% 25.3% 28.4%
	65-74 14.7% 14.0% 15.4%
	75+ 11.6% 9.8% 9.9%

Prevalence of smol	keless tobacco use in the adult population (all)
	revalence data for total adult population, and identify the age 2, e.g. 15 years old and over, 18–64 years; see 2.1.3.2)
	Prevalence (%) (please include all smokeless tobacco products in prevalence data)
MALES	(pieuse inciuae aii smokeiess iobacco producis in prevaience data)
Current users	%
Daily users	%
Occasional users	%
Former users	%
Never users	%
FEMALES	
Current users	%
Daily users	%
Occasional users	%
Former users	%
Never users	%
TOTAL (males and	females)
Current users	%
Daily users	%
Occasional users	%
Former users	%
Never users	%

2.1.3.1	Please indicate the smokeless tobacco products included in calculating prevalence for question 2.1.3:
	We have no data to answer this question
2.1.3.2	Please indicate the age range to which the data used to answer question 2.1.3 refer:
2.1.3.3	Please indicate the year and source of the data used to answer question 2.1.3:
2.1.3.4	Please provide the definitions of "current user", "daily user", "occasional user", "former user" and "never user" (of smokeless tobacco products) used in this report in the space below.
2.1.3.5	Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past three years or since submission of your last report.

2.1.4	Prevalence of smokeless tobacco use in the adult population (current users) group		e adult population (current users) by age
			ence data by age group, and identify the age tegories, e.g. 25-34, 35-44 years)
		Age group (adults)	Prevalence (%) (please include all smokeless tobacco products in prevalence data)
	MALES		
	Current users ²		%
	Add age group		%
			%
			%
			%
	FEMALES		
	Current users ²		%
	Add age group		%
			%
			%
			%
	TOTAL (males	and females)	
	Current users ²		%
	Add age group		%
			%
			%
			%

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

2.1.4.1	Please indicate the smokeless tobacco products included in the answer to question 2.1.4:
	We have no data to anwer this question
2.1.4.2	Please indicate the year and source of the data used to answer question 2.1.4:
2.1.4.3	Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past three years or since submission of your last report.

2.1.5	Tobacco use by ethnic group(s)				
		Ethnic group(s)	_	Prevalence (%) all smoking or smucts in prevalence	
			Males	Females	Total (males and females)
	Current users ³		%	%	%
			%	%	%
	Add ethnic group		%	%	%
			%	%	%
			%	%	%
2.1.5.1	Please in	dicate the tobacc	o products included	in the answer to q	uestion 2.1.5:
	We have	e no data to anv	ver this question		
2.1.5.2	Please inc	dicate the age rar	nge to which the data	used to answer qu	uestion 2.1.5 refer:
2.1.5.3	Please in	dicate the year a	nd source of the data	used to answer qu	uestion 2.1.5:

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

2.1.6	Tobacco use	Age range Prevalence (%) (please include all smoking or smokeless tobacco products in prevalence data)			
			Smoking tobacco	Smokeless tobacco	Other tobacco (e.g. water pipe)
	Boys				
	Current users ⁴	10-12	2.50 %	%	%
	Add youth	13-14	13.40 %	%	%
	group	15-16	30.80 %	%	%
		17-19	40.70 %	%	%
			%	%	%
	Girls				
	Current users ⁴	10-12	1.30 %	%	%
	Add youth	13-14	17.00 %	%	%
	group	15-16	37.10 %	%	%
		17-19	34.90 %	%	%
			%	%	%
	TOTAL (b	oys and girls)			
	Current users ⁴	10-12	1.80 %	%	%
	Add youth	13-14	15.30 %	%	%
	group	15-16	34.10 %	%	%
		17-19	37.80 %	%	%
			%	%	%
2.1.6.1	Please i question		acco products included	in calculating pre	evalence for
	Cigaret	tes, fine cut sr	noking tobacco		

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

2.1.6.2	Please indicate the year and source of the data used to answer question 2.1.6:
	2009 Dutch Youth Smoking Monitor
2.1.6.3	Please provide the definition of "current smoking/tobacco use" used to answer question 2.1.6 in the space below.
	Has smoked in the past four weeks
2.1.6.4	Please provide a brief explanation of the trend in tobacco use by young persons in the past three years or since submission of your last report.
	The smoking prevalence among young persons increased from 22.1% in 2007 to 23.8% in 2008 en then decreased again to 21.5% in 2009

2.2	EXPOSURE TO TOBACCO SMOKE
2.2.1	Do you have any data on exposure to tobacco smoke in your population? ⊠Yes ☐No
2.2.2	If you answered "Yes" to question 2.2.1, please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).
	About 18 till 40% of non-smoking adults (age 15+) in the Netherlands are daily exposed to environmental tobacco smoke (ETS) from other people. At least 14% of pregnant women are exposed to ETS and at least 7% of unborn children have a mother who smokes. Moreover 20-36% of children in the Netherlands are to some extent exposed to passive smoking. These estimates are the result of an exploratory study of the RIVM, which supports the Dutch tobacco control policy (National Tobacco Control Programme 2006-2010).
	It is very complex to give a (precise) estimation of the exposure of non- smokers to environmental tobacco smoke in the Netherlands. This is because few information about exposure to ETS in the Netherlands is available and because it is difficult to measure and determine ETS precisely. The estimations are based on data of two longitudinal population-based cohort studies and information from other sources
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:
	RIVM Report 260601005/2008
	Environmental tobacco smoke in the Netherlands
	First estimates of exposure, review of main health effects and overview of available interventions
	B.M. van Gelder A. Blokstra T.L. Feenstra

2.3	TOBACCO-RELATED MORTALITY
2.3.1	Do you have information on tobacco-related mortality in your population? ✓ Yes No
2.3.2	If you answered "Yes" to question 2.3.1, what is the estimated total number of deaths attributable to tobacco use in your population? 19000
2.3.3	If available, please provide any additional information on mortality attributable to

	tobacco use (e.g. lung car	icer, car	diovascular diseases) in your jurisdiction.	
		Men	Women	
	Lung cancer	5830	2491	
	Asthma and COPD	3128	1864	
	Coronary heart disease	1876	645	
	Strokes	765	583	
	Heart failure	428	216	
	Oesophageal cancer	854	250	
	Oral cancer	452	140	
	Total	13333	6189	
2.3.4	Please indicate the year and source of the data used to answer questions 2.3.2 and 2.3.3, and please submit a copy of the study you refer to:			
	Stivoro year report 2008			

2.4	TOBACCO-RELATED COSTS
2.4.1	Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society? Xes No
2.4.2	If you answered "Yes" to question 2.4.1, please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).
	Researchers have used a computer model to calculate yearly and lifetime medical costs associated with obesity and smoking in The Netherlands. The researchers used their model to estimate the number of surviving individuals and the occurrence of various diseases for three hypothetical groups of men and women, examining data from the age of 20 until the time when the model predicted that everyone had died. The "obese" group consisted of never-smoking people with a BMI of more than 30; the "healthy-living" group consisted of never-smoking people with a healthy weight; the "smoking" group consisted of lifetime smokers with a healthy weight. Data from the Netherlands on the costs of illness were fed into the model to calculate the yearly and lifetime health-care costs of all three groups. The model predicted that until the age of 56, yearly health costs were highest for obese people and lowest for healthy-living people. At older ages, the highest yearly costs were incurred by the smoking group. However,
	because of differences in life expectancy (life expectancy at age 20 was 5 years less for the obese group, and 8 years less for the smoking group, compared to the healthy-living group), total lifetime health spending was greatest for the healthy-living people, lowest for the smokers, and intermediate for the obese people.

There are some drawbacks to this study, perhaps most important the fact that the researchers have focused solely on health-care costs related to smoking and obesity, ignoring broader cost categories and consequences of these risk factors to society. It is likely, however, that these impacts will be substantial. For instance, reduced morbidity in people of working age may improve productivity and thus result in sizeable productivity gains in society. In the case of smoking and obesity, these indirect costs could well be higher than the direct medical costs. Moreover, from a societal perspective, other potentially substantial costs and consequences need to be considered, such as those related to informal care, the damage due to fires caused by smoking, or the reduced well-being of family members due to morbidity and premature death. These different cost categories emphasize the influence the perspective taken in economic analyses has on the conclusions. From a welfare economic perspective the societal perspective is, in fact, the most relevant, although in practice many evaluations take a narrower perspective, which more closely conforms to the perspective most relevant to the decision-maker they are trying to inform.

A remaining and most important question is whether prevention should be cost-saving in order to be attractive. Obviously, the answer is that it need not be cost-saving: like other forms of care it "merely" needs to be cost-effective.

The productivity costs to Dutch employers attributable to smoking are estimated here for 1999. Included are productivity costs (value of lost production) due to absenteeism, and disability and death of employees due to smoking. Costs associated with smoking breaks during working hours or early retirement were not included due to lacking data. Costs connected with a special organisation of the space in buildings, and garbage or fire due to smoking fall outside the scope of this report.

Production loss due to smoking was estimated on the basis of published information on disease-specific relative risks of death applicable to smokers, as compared to non smokers, combined with national disease-specific data on absenteeism, disability and deaths. Considering that employees can be replaced, production loss is restricted to the period from absence to replacement, the friction period. In the primary analysis in this report we estimated productivity costs, assuming a friction period of 6 months. In a comparative analysis we estimated the same costs with a different method, where the estimate was based on direct costs to employers such as salary payment, costs for replacement, death benefits and increased insurance contributions, resulting from employee absence.

In 1999, 1.9% absenteeism, 3.3% new disability and 22% deaths among employees could be attributed to smoking. The associated costs were estimated at € 305 million or € 105 per employed smoker. The estimate based on direct costs to the employer was comparable (both methods estimate the same costs, so the productivity costs and direct costs should not be added up). Considering that health hazards of smoking do not disappear immediately after stopping, the employer saves € 27 per year in the short term on an employee who stops smoking.

	The estimates are conservative because not all smoking-related diseases are included in the calculations. Furthermore, no costs were attributed to passive smoking.
2.4.3	Please indicate the year and source of the data used to answer question 2.4.2, and please submit a copy of the study you refer to:
	PHM van Baal, JJ Polder, GA de Wit, RT Hoogenveen, TL Feenstra, HC Boshuizen, PM Engelfriet, WBF Brouwer, "Lifetime medical costs of obesity: Prevention no cure for increasing health expenditure", PLoS Medicine 2008, 5 (2), pp. 0242-0249 /e29
	RIVM rapport 403505008/2002
	Aan roken toe te schrijven productiviteitskosten voor Nederlandse werkgevers in 1999
	M.A.M. Jacobs-van der Bruggen, R.A. Welte, M.A. Koopmanschap, J.C. Jager:

2.5	SUPPLY OF TOBACCO AND TOBACCO PRODUCTS					
	(with reference to Articles 6.2(b), 20.4(c), and 15.5)					
2.5.1	Licit supply of tobacco products					
		Product	Unit (e.g. pieces, tonnes)	Domestic production	Exports	Imports
	Smoking tobacco	Cigarettes	billions of pieces	94109.00		
	products Add	Fine cut tobacco	million kilograms	35.00		
	product					
	Smokeless tobacco					
	products					
	Add product					
	Other tobacco					
	products					
	Add product					
	Tobacco	Leaves				
2.5.2		provide inform ty), if available.	ation on the volume	es of duty-free sa	ıles (e.g. produ	ict, unit,
	No exact data available. Non duty paid is estimated in 2009 at 9 % of our national consumption on eigarettes (13 396 million pieces) Please indicate the year and source of the data used to answer questions 2.5.1 at 2.5.2:					of our
2.5.3					2.5.1 and	
	No official data, supply data are provided by the tobacco industry					
	Total domestic production cigarettes 94109 billion pieces, mostly Morris which has a large factory here in The Netherlands.					by Philip
	Total domestic production of fine cut smoking tobacco is 35 million kilograms.					
	Because of open borders in Europe, there are no exact data on import and export, the only data there is, comes from EUROSTAT. This gives us only data on the total trade balance of tobacco products. This gives us a positive balance for 2008 of 2 253 million euro's, this means the major part of domestic production is being exported.					

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS					
	(with reference to Article 15.5)					
2.6.1		Year	Product	Unit (e.g. millions of pieces)	Quantity seized	
	Smoking tobacco	2007	cigarettes	million pieces	85.00	
	products	2007	fine cut tobacco	kg	1000.00	
	Add row	2008	cigarettes	million pieces	204.00	
		2008	fine cut tobacco	kg	500.00	
	Smoking tobacco	2009	cigarettes	pieces	209904331.00	
	products	2009	fine cut tobacco	kg	320.00	
	Add row	2009	water pipe tobacco	kg	163.00	
	Smoking tobacco					
	products					
	Add row					
2.6.2		u have any infortional tobacco m		ntage of smuggled toba	acco products on	
2.6.3	-	If you answered "Yes" to question 2.6.2, what percentage of the national tobacco market do smuggled tobacco products constitute?				
2.6.4	is the percer	If you answered "Yes" to question 2.6.3 and you have information available, what is the trend over the past three years or since submission of your last report in the percentage of smuggled tobacco products in relation to the national tobacco market?				
2.6.5	Please	Please provide any further information on illicit or smuggled tobacco products.				
2.6.6	Please	indicate the sou	irce of the data used	to answer questions in	section 2.6:	
	Webs	ite Ministry of	Finance, www.mir	nfin.nl		
2.7	TOBA	CCO-GROWI	NG			
2.7.1			rowing in your jurisc	liction? Yes	No	
2.7.2	If you answered "Yes" to question 2.7.1, please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure					

broken down by gender.

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

2.8	TAXATION OF TOBACCO PRODUCTS					
	(with reference to Articles 6.2(a) and 6.3)					
2.8.1	What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))? overall minimum for cigarettes 57.7%					
2.8.2	How are the excis	se taxes levied (v	what types of taxe	es are levied)?		
	• Specif	ic tax only		Yes	No No	
	Ad val	lorem tax only		Yes	No No	
	• Combi	ination of specif	ic and ad valorem	taxes Xes	☐ No	
	• More complex structure (<i>please explain:</i> for cigars, only ad valorem excise is applied; the rate is 5% of TIRSP)					
2.8.3	If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)					
		Product	Type of tax	Rate or amount	Base of tax ⁵	
	Smoking tobacco products	cigarettes	Specific	36.83	% of TIRSP	
	Add product	cigarettes	Ad Valorem	20.87	% of TIRSP	
		cigarettes	VAT	15.97	% of TIRSP	
	Smokless tobacco products					
	Add product					
	Other tobacco products					
	Add product					
2.8.4	Please briefly des	scribe the trends	in taxation for to	bacco products in t	he past	

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

	three years or since submission of your last report in your jurisdiction.
	Since 2008 the rates of taxation have been raised twice.
	2008
	- Fine cut tobacco: raise of 9.15 EUR per kilogram
	- Cigarettes: raise of 14,50 EUR per 1000 cigarettes
	2010
	- Fine cut tobacco: raise of 0,49 EUR per kilogram
	- Cigarettes raise of 4,70 EUR per 1000 cigarettes
	These raises have exceeded the inflation rate.
2.8.5	Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction? Yes No (In reference to Article 26)
2.8.6	If you answered "Yes" to question 2.8.5, please provide details in the space below.
2.8.7	Please indicate the year and source of the data used to answer questions 2.8.1 to 2.8.6:
	Excise duty tables European Commission ec.europa.eu/taxation_customs
	1 July 2009
	Website The Dutch smoking tobacco association: www.kerftabak.nl

2.9	PRICE OF TOBACCO PRODUCTS					
_	(with reference to Article 6.2(a))					
2.9.1		Please provide the retail prices of the three most widely sold brands of domestic and imported tobacco products at the most widely used point of sale in your capital city.				
		Most Smoking tobacco products	Smokeless tobacco products	Other tobacco products	Number of units or amount per package	Retail price
	Domestic	Marlboro	F	Posture	19	4.80 EUR
		Camel			19	5.30 EUR
		Pall Mall			22	5.90 EUR
				Van Nelle	42.5 grams	5.80 EUR
				DRUM original classic	42.5 grams	5.50 EUR
				Samsom Original Taste	42.5 grams	5.50 EUR
	Imported					

2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.
	No official data, data is provided by tobacco industry. Because of open borders in Europe, we have no exact data on domestic and imported tobacco products. The figures in this table include both imported as domestic sold brands.
2.9.3	Please provide the currency used to complete the "Rate or amount" section of question 2.8.3 and the "Retail price" section of question 2.9.1. If known, please provide the exchange rate of this currency to US dollars as well as the date of this exchange rate.
	26 th April 2010:
	1 dollar = 1.33 EUR
	1 EUR = 0.75 US dollar
2.9.4	Please briefly describe the trend in the prices of tobacco products in the past three years or since submission of your last report in your jurisdiction.
	Due to the raise of taxation rates, prices have been up and in some cases, the number of pieces per package has been down to compensate this effect.

3. LEGISLATION, REGULATION AND POLICIES

3.1	Article	GENERAL OBLIGATIONS			
		(with reference to Article 5)			
3.1.1	5	General obligations			
3.1.1.1	5.1	Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?	⊠ Yes	□ No	
3.1.1.2	5.1	If you answered "No" to question 3.1.1.1, have you partially developed and implemented tobacco control strategies by including tobacco control in national health, public health or health promotion strategies, plans and programmes?	Yes	□ No	
3.1.1.3	5.1	If you answered "No" to question 3.1.1.2, is any aspect of tobacco control that is referred to in the Convention included in any national strategy, plan or programme?	Yes	□ No	
3.1.1.4	5.2(a) Have you established or reinforced and financed				
		a focal point for tobacco control	⊠ Yes	☐ No	
		a tobacco control unit	⊠ Yes	☐ No	
		a national coordinating mechanism for tobacco control	⊠ Yes	☐ No	
3.1.1.5	If you answered "Yes" to any of the questions under 3.1.1.4, please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).				
		Tobacco Control Unit belongs to the Food and ty Authority.	Consumer l	Product	
		Ministry of Health, Welfare and Sport is the formerlands on tobacco control.	ocal point for	r the	
	cont	national coordinating mechanism is descibed in rol programme, which was sent to our parlement on this national programme is published eve	nt in 2006. A		
3.1.1.6	and 5	Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (<i>General obligations</i>) in the past three years or since submission of your last report.			

3.1.1.7	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.
	Some changes are foreseen in our national coordinating mechanism in 2010, but no official document has been published so far.

3.1.2	Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry					
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)				
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:				
3.1.2.1		 protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry? 	⊠ Yes	□ No		
3.1.2.2		 ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository? 	Yes	⊠ No		
3.1.2.3		f you answered "Yes" to any of the questions und provide details in the space below.	er 3.1.2.1 or 3.1.2.	2, please		
	p	Our health research institute RIVM is working on a website to inform the public on tobacco related subjects, but tobacco industry activities are not part of this website.				
3.1.2.4		Please provide a brief description of the progress made in implementing Article 5.3 in the past three years or since submission of your last report.				
3.1.2.5		f you have any relevant information pertaining to blease provide details in the space below.	but not covered in	this section,		
		No official legislation or actions are taken to in 3.3, nevertheless we try to act within the spirit				

3.2	Article	MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO (with reference to Articles 6–14)			
3.2.1	6 Price and tax measures to reduce the demand for tobacco				
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach a relevant documentation. Please provide documentation, if available, in of the six official languages.)			
		Have you adopted and implemented, where executive, administrative or other measures where appropriate, programmes on any of the	or have you impl		
3.2.1.1	6.2(a)	 tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption? 	⊠ Yes	□ No	
3.2.1.2	6.2(b)	 prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products? 	⊠ Yes	□ No	
3.2.1.3		 prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products? 	⊠ Yes	□ No	
3.2.1.4	(Pr	asse provide a brief description of the progress marice and tax measures to reduce the demand for to since submission of your last report.			
		Taxation rates have been up twice in the last two years and the raises exceeded inflation rates. Details are provided in section 2.8.			
	tob	3.2.1.3: Within the EU the restrictions are 800 cigarettes, 1 kilo of fine cut tobacco or 400 cigars/cigarillos. From outside the EU the restrictions are 200 cigarettes or 250grams fine cut tobacco/pipe tobacco or 100 cigarillos.			
3.2.1.5		ou have any relevant information pertaining to base provide details in the space below.	out not covered in	this section,	

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

3.2.2.5	 protection from exposure to tobacco smoke in indoor public places? 	⊠ Yes		☐ No
3.2.2.6	If you answered "Yes" to question 3.2.2.5, how comprehensive is the protection from exposure to tobacco smoke in the following indoor public places:	Complete	Partial	None
	 cultural facilities 			
	• bars			
	 nightclubs 			
	• restaurants			
	• other (please specify:)			
3.2.2.7	Please provide a brief summary of comspecific details of the partial measures			
	Protection from exposure to tobac	co smoke in indo	or workpla	aces
	2004: introduction and implement workplaces	entation tobacco	smoke f	ree indoor
	Protection from exposure to tobac	co smoke in publ	ic transpor	t
	2007: introduction of smoke free	e public transpo	ort	
	Protection from exposure to tobac	co smoke in indo	or public p	olaces
	2004: introduction and implement workplaces	entation tobacco	smoke f	ree indoor
3.2.2.8	Please provide a brief description of the prog (Protection from exposure to tobacco smoke) submission of your last report.			
	2008: introduction and implementation to venues, bars, restaurants etc.	obacco smoke fr	ee hospit	ality
	Link: http://www.rijksoverheid.nl/ondervpublicaties/kamerstukken/2008/02/21/ontabakswet.html			
3.2.2.9	If you have any relevant information pertains please provide details in the space below.	ng to but not cov	ered in thi	s section,

3.2.3	.3 Regulation of the contents of tobacco products					
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)				
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:				
3.2.3.1		 testing and measuring the contents of tobacco products? 	⊠ Yes	☐ No		
3.2.3.2		 testing and measuring the emissions of tobacco products? 	Yes	⊠ No		
3.2.3.3		 regulating the contents of tobacco products? 	⊠ Yes	☐ No		
3.2.3.4		 regulating the emissions of tobacco products? 	Yes	⊠ No		
3.2.3.5	Please provide a brief description of the progress made in implementing Article 9 (<i>Regulation of the contents of tobacco products</i>) in the past three years or since submission of your last report.					
	d p E	Since our last report, our research institute RIVM has worked on a computer database EMTOC, which can be used by tobacco retailers to provide their product information. This database can be used by member states from the EU to fulfill their information obligations under the Tobacco Product Directive.				
3.2.3.6		If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				

3.2.4	10	Regulation of tobacco product disclosures				
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)				
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:				
3.2.4.1	 requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the: 					
		• contents of tobacco products?	Yes Yes	☐ No		
		emissions of tobacco products?	Yes	⊠ No		
3.2.4.2		requiring public disclosure of information	on about the:			
		contents of tobacco products?	Yes	⊠ No		
		emissions of tobacco products?	⊠ Yes	☐ No		
3.2.4.3	(.	Please provide a brief description of the progress made in implementing Article 10 (Regulation of tobacco product disclosures) in the past three years or since submission of your last report.				
		Tar, nicotine an TNCO levels are mentioned on each package, but this is not subjected to tests by a national authority.				
3.2.4.4		f you have any relevant information pertaining to lease provide details in the space below.	but not covered in	this section,		
		As I mentioned, the RIVM is working on a value he public on contents and ingredients of tobac	•	information to		

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

3.2.5.10		If you answered "Yes" to question 3.2.5.9, does the Government own the copyright to these pictures and pictograms?	⊠ Yes	□ No
3.2.5.11		If you answered "Yes" to question 3.2.5.10, would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?	⊠ Yes	□ No
3.2.5.12	11.2	 requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant constituents and emissions of tobacco products? 	⊠ Yes	□ No
3.2.5.13	11.3	requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?	⊠ Yes	□ No
3.2.5.14	Please provide a brief description of the progress made in implementing Article 11 (<i>Packaging and labelling of tobacco products</i>) in the past three years or since submission of your last report.			•
	Our current warning size is limited to 30%. Increasing the warning size will be reconsidered within the frame of the implementation of the revision of the EU Tobacco Product Directive.			
3.2.5.15	•	u have any relevant information pertaining to but e provide details in the space below.	ut not covered i	n this section,

3.2.6	12	Education, communication, training an	d public awaren	ess		
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)				
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:				
3.2.6.1	12(a)	- educational and public awareness programmes? (Please refer to programmes implemented since submission of your two-year report.)	⊠ Yes	☐ No		
3.2.6.2		If you answered "Yes" to question 3.2.6.1 targeted?	, to whom are the	se programmes		
		adults or the general public	⊠ Yes	☐ No		
		children and young people	∑ Yes	☐ No		
		• men	⊠ Yes	☐ No		
		• women	Yes Yes	☐ No		
		• pregnant women	∑ Yes	☐ No		
		• ethnic groups	X Yes	☐ No		
		• other (please specify:)	Yes	☐ No		
3.2.6.3		If you answered "Yes" to question 3.2.6.1 key differences among targeted populatio public awareness programmes?	-	_		
		• age	⊠ Yes	☐ No		
		• gender	Yes	⊠ No		
		educational background	⊠ Yes	☐ No		
		cultural background	X Yes	☐ No		
		socioeconomic status	X Yes	☐ No		
		• other (please specify:)	Yes	☐ No		
3.2.6.4	12(b)	If you answered "Yes" to question 3.2.6.1 awareness programmes cover:	, do these educati	onal and public		
		health risks of tobacco consumption?	⊠ Yes	☐ No		
		• health risks of exposure to tobacco smoke?	⊠ Yes	☐ No		
		benefits of the cessation of tobacco use and tobacco-free lifestyles?	⊠ Yes	☐ No		

	12(f)	adverse economic consequences of				
		- tobacco production?	Yes	⊠ No		
		- tobacco consumption?	X Yes	☐ No		
		adverse environmental consequences	of			
		- tobacco production?	Yes	No No		
		- tobacco consumption?	Yes	⊠ No		
3.2.6.5	12(e)	awareness and participation of the follow in development and implementation of in strategies for tobacco control:				
		• public agencies?	⊠ Yes	☐ No		
		 nongovernmental organizations not affiliated with the tobacco industry? 	⊠ Yes	☐ No		
		• private organizations?	⊠ Yes	☐ No		
		• other (please specify:)?	Yes	☐ No		
3.2.6.6	12	Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?	⊠ Yes	□ No		
3.2.6.7	12(d)	Are appropriate and special training or ser programmes on tobacco control addressed		areness		
		• health workers?	X Yes	☐ No		
		• community workers?	Yes	⊠ No		
		• social workers?	X Yes	☐ No		
		• media professionals?	Yes	No No		
		• educators?	X Yes	☐ No		
		decision-makers?	Yes	⊠ No		
		administrators?	Yes	⊠ No		
		• other (<i>please specify:</i>)?	Yes	☐ No		

3.2.6.8	Please provide a brief description of the progress made in implementing Article 12 (<i>Education, communication, training and public awareness</i>) in the past three years or since submission of your last report.
	Link: http://www.stivoro.nl/Voor_jongeren/Acties/index.aspx . Here you can find some examples of campaigns for youth, run bij our campaign organisation STIVORO
	Link: http://www.stivoro.nl/Voor_volwassenen/index.aspx . This is the website for adults with different ways for help on quitting.
3.2.6.9	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.

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

	13.7	 the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply? 	Yes	⊠ No				
Pl	Please proceed to question 3.2.7.12.							
3.2.7.3	13.2	If you answered "No" to question 3.2.7.1. are you precluded by your constitution or constitutional principles from undertaking a comprehensive ban on tobacco advertising, promotion and sponsorship?	Yes	⊠ No				
3.2.7.4	13.3	 applying restrictions on all tobacco advertising, promotion and sponsorship? 	⊠ Yes	☐ No				
3.2.7.5	13.3	 applying restrictions on cross-border advertising, promotion and sponsorship originating from your territory with cross-border effects? 	Yes	⊠ No				
3.2.7.6	13.4(a)	 prohibiting those forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions? 	⊠ Yes	□ No				
3.2.7.7	13.4(b)	requiring that health or other appropriate warnings or messages accompany all tobacco advertising, promotion and sponsorship?	⊠ Yes	□ No				
3.2.7.8	13.4(c)	restricting the use of direct or indirect incentives that encourage the purchase of tobacco products by the public?	⊠ Yes	□ No				
3.2.7.9	13.4(d)	 requiring the disclosure to relevant Government authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited? 	Yes	⊠ No				

3.2.7.10	13.4(e)	restricting tobacco advertising, promotion and sponsorship on:					
		• radio?	⊠ Yes	☐ No			
		• television?	⊠ Yes	☐ No			
		• print media?	⊠ Yes	☐ No			
		• the domestic Internet?	Yes	⊠ No			
		• the global Internet?	Yes	⊠ No			
		• other media (please specify:)?	Yes	☐ No			
3.2.7.11	3.2.7.11 13.4(f) – restricting tobacco sponsorship of:						
		international events and activities?	X Yes	☐ No			
		• participants therein?	⊠ Yes	☐ No			
	Whether you answered "Yes" or "No" to question 3.2.7.1, are you:						
3.2.7.12	13.6	cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?	Yes	⊠ No			
3.2.7.13	13.7	- imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law?	⊠ Yes	□ No			
3.2.7.14	(Ta)	Please provide a brief description of the progress made in implementing Article 13 (<i>Tobacco advertising, promotion and sponsorship</i>) in the past three years or since submission of your last report.					
	No achievements to report.						
3.2.7.15	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.						

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

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

		 specialized centres for cessation counselling and treatment of tobacco dependence 	⊠ Fully ☐ Parti	ally None
		rehabilitation centres	⊠ Fully ☐ Parti	ally None
		• other (please specify:)	Fully Parti	ally None
3.2.8.8	14.2(b)	If you answered "Yes" to question 3.2.8. professionals are involved in programme dependence and counselling services?		
		Health professionals including:		
		 physicians 	⊠ Yes	☐ No
		• dentists	Yes	No No
		family doctors	⊠ Yes	☐ No
		 practitioners of traditional medicine 	Yes	⊠ No
		• other medical professionals (please specify:	Yes	⊠ No
		• nurses	⊠ Yes	☐ No
		• midwives	⊠ Yes	☐ No
		• pharmacists	⊠ Yes	☐ No
		Community workers	Yes	⊠ No
		Social workers	⊠ Yes	☐ No
		Others (please specify:	Yes	⊠ No
3.2.8.9	14.2(c)	 training on tobacco dependence trea curricula of health professional trair levels at the following schools: 		
		• medical?	⊠ Yes	☐ No
		• dental?	Yes	⊠ No
		• nursing?	⊠ Yes	☐ No
		• pharmacy?	⊠ Yes	☐ No
		• other (please specify:)?	Yes	No No

3.2.8.10	14.2(d)	 facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence? 	⊠ Yes	□ No
3.2.8.11	If you answered "Yes" to question 3.2.8.10, which pharmaceutical products are available for the treatment of tobacco dependence in jurisdiction?			
		• nicotine replacement therapy	∑ Yes	☐ No
		 bupropion 	Yes Yes	☐ No
		 varenicline 	Yes Yes	☐ No
		• other (<i>please specify</i> :)?	Yes	☐ No
3.2.8.12	14.2(d)	If you answered "Yes" to question 3.2.8 these products covered by public funding		
		nicotine replacement therapy	Fully Parti	ially None
		 bupropion 	Fully Parti	ially None
		• varenicline	Fully Parti	ially None
		• other (<i>please specify</i> :)?	Fully Parti	ially None
3.2.8.13	Please provide a brief description of the progress made in implementing Article 14 (<i>Demand reduction measures concerning tobacco dependence and cessation</i>) in the past three years or since submission of your last report.			idence and
	We hope to introduce reimbursement of nicotine replacement therapy in 2011.			
3.2.8.14	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			
3.2.8.1: Link to the national guidelines: http://www12.stivoro.nl/partnership/sup/ZorgmoduleStoppenmrtnershipStopmetRoken_2009.pdf			nmetRoken_Pa	

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

	1			
3.3.1.7	15.4(a)	If you answered "Yes" to question 3.3.1.6, do you facilitate the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?	⊠ Yes	□ No
3.3.1.8	15.4(b)	- enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?	⊠ Yes	□ No
3.3.1.9	15.4(c)	 requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment- friendly methods where possible, or disposed of in accordance with national law? 	⊠ Yes	□ No
3.3.1.10	15.4(d)	adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties?	Yes	⊠ No
3.3.1.11	15.4(e)	enabling the confiscation of proceeds derived from illicit trade in tobacco products?	X Yes	☐ No
3.3.1.12	15.6	- promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels?	⊠ Yes	□ No
3.3.1.13	15.7	licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?	Yes	⊠ No

3.3.1.14	Please provide a brief description of the progress made in implementing Article 15 (<i>Illicit trade in tobacco products</i>) in the past three years or since submission of your last report.
3.3.1.15	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.
	There has been an increase of confiscated illicit trade cigarettes. In 2007 the amount was 84 767 741, whereas in 2009 the amount of cigarettes conficated was 209 904 331 pieces.
	For more details see table 2.6.1.

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

		• to minors?	Yes	⊠ No	
3.3.2.9	16.3	 prohibiting the sale of cigarettes individually or in small packets? 	X Yes	☐ No	
3.3.2.10	16.6	 providing for penalties against sellers and distributors in order to ensure compliance? 	⊠ Yes	☐ No	
3.3.2.11	16.7	 prohibiting the sales of tobacco products by minors? 	X Yes	☐ No	
3.3.2.12	Please provide a brief description of the progress made in implementing Article 16 (<i>Sales to and by minors</i>) in the past three years or since submission of your last report.			•	
3.3.2.13	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				
	These measures are enforced by a national autority, also responsible for the age limit on alcohol. When a tobacco product is sold to a minor, the seller is risking a penalty up to 4500 euros. If the seller is not sure whether the person is a minor, he is obliged to ask for an ID.			r, the seller is	

3.3.3	17	Provision of support for econ	omically viabl	e alternativ	e activities	
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)				
		Have you adopted and implemented, where appropriate, measures or programmes on any of the following:				
3.3.3.1	17	- promoting economically viable	e and sustainab	le alternativ	es for:	
		• tobacco growers?	Yes	☐ No	Not applicable	
		• tobacco workers?	Yes	☐ No	Not applicable	
		tobacco individual sellers?	Yes	☐ No	Not applicable	
3.3.3.2	(Please provide a brief description of Provision of support for economical hree years or since submission of yo	lly viable alterr	-	_	
3.3.3.3		If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				

3.4	Article	OTHER MEASURES AND POLICIES				
		(with reference to Articles 18–21)				
3.4.1	18	Protection of the environment an	d the healt	h of perso	ons	
		(Please check "Yes" or "No". For brief summary in the space provide relevant documentation. Please pro of the six official languages.)	d at the end	l of the sec	ction and attach the	
		Have you adopted and implemented executive, administrative or other n where appropriate, programmes on	neasures or	have you	implemented,	
3.4.1.1	18	implementing measures in respect territory, which take into considerate.		cultivation	n within your	
		• the protection of the environment?	Yes	☐ No	Not applicable	
		• the health of persons in relation to the environment?	Yes	☐ No	Not applicable	
3.4.1.2	18	implementing measures in respect territory, which take into considerate.		manufactı	uring within your	
		• the protection of the environment?	Yes	⊠ No	☐ Not applicable	
		• the health of persons in relation to the environment?	Yes	⊠ No	☐ Not applicable	
3.4.1.3	(P)	ease provide a brief description of the pro- rotection of the environment and the hea- ace submission of your last report.				
3.4.1.4		If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				

3.4.2	19	Liability		
		(Please check "Yes" or "No". For affirmative brief summary in the space provided at the end relevant documentation. Please provide docum of the six official languages.)	d of the section	and attach the
		Have you adopted and implemented, where ap executive, administrative or other measures or where appropriate, programmes on any of the	have you imple	
3.4.2.1	19.1	 dealing with criminal and civil liability, including compensation where appropriate? 	Yes	⊠ No
3.4.2.2	19.1	Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?	⊠ Yes	□ No
3.4.2.3	19.1	Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?	Yes	⊠ No
3.4.2.4	ir	lease provide a brief description of any progress made implementing Article 19 (<i>Liability</i>) in the past three your last report.		
	th a 2 c le e th v	n the Netherlands the Dutch Supreme Court come smoking ban in pubs and other hospitality plate working (just the owner). This legislation ento 008 and was challenged in the Supreme Court. It courts had ruled that the Dutch Tobacco Act does egal basis for stipulating a smoking ban in hospitality projection of the lower courts at the Supreme erdicts. More details are available at: http://www.rechtspraak.nl/Gerechten/HogeRaad/ernietigt+uitspraak+hoven+over+rookverbod+ir	ces where no dered into force in two instances not provide a tality places worded an appearance ourt, that an Actualiteiten/I	employees on 1 July es, lower a sufficient there no al against nulled these
3.4.2.5	If	you have any relevant information pertaining to but	not covered in	this section,

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

3.4.3.4	20.4 – regional and global exchange of publicly available national:				
		scientific, technical, socioeconomic, commercial and legal information?	X Yes	☐ No	
		information on the practices of the tobacco industry?	Yes	⊠ No	
		• information on the cultivation of tobacco?	Yes	⊠ No	
3.4.3.5	20.4(a)	– an updated database of:			
		laws and regulations on tobacco control?	⊠ Yes	☐ No	
		• information about the enforcement of laws on tobacco control?	\(\text{Yes}	☐ No	
		• pertinent jurisprudence?	⊠ Yes	☐ No	
3.4.3.6	(Re	Please provide a brief description of the progress made in implementing Article 20 (<i>Research, surveillance and exchange of information</i>) in the past three years or since submission of your last report.			
	A new prevalence research is set out every year for young people and 4 times a year for adults.				
	Adults: http://www.stivoro.nl/Upload/artikel/Cijfers/Trendpublicatie%20Percentage%20Rokers%202009.pdf				
	Young people: http://www.stivoro.nl/Voor_volwassenen/FeitenCijfers/Hoeveel_mensen _roken_/Hoeveel_mensen_rokenaspx				
3.4.3.7	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				

4. INTERNATIONAL COOPERATION AND ASSISTANCE

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

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

4.8	Please provide information about any assistance provided or received in the space below.		
4.9	If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.		
4.10	Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention? Yes No		
	(Please refer to Article 26.4.)		
4.11	If you answered "Yes" to question 4.10, please provide details in the space below.		

5. PRIORITIES AND COMMENTS

5.1	What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?
	1. Introducing reimbursement of nicotine replacement therapy
	2. Keeping up compliance of smoking ban in bars and restaurants
5.2	Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control? Yes No
5.3	If you answered "Yes" to question 5.2, please provide details in the space below.
5.4	What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?
	(Please refer to Article 21.1(b).)
-	
5.5	Please provide any relevant information not covered elsewhere that you consider important.
5.6	Your suggestions for further development and revision of the reporting instrument: