REPORTING INSTRUMENT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

PLEASE READ THIS NOTE BEFORE COMPLETING THE QUESTIONNAIRE

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

1. Save the Microsoft Word-based document (WHO FCTC reporting instrument) to a folder on the computer that will be used to complete the questionnaire.

2. Ensure your Microsoft Word security settings allow you to run macros in this document:

(i) Under the "Tools" menu, select "Macro".

(ii) In the "Macro" menu, select "Security".

(iii) In the "Security" pop up menu, please ensure that you have selected "Medium".

3. Close and re-open the WHO FCTC reporting instrument (Microsoft Word-based document which you saved to your computer under step 1).

4. As the document is opening, a box will appear asking if you want to enable macros. The answer is yes. Click "Enable macros".

5. Once you have clicked "Enable macros", the buttons indicating that you can add new rows or new categories to the tables provided will be functional.

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

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

1.1	NAME OF CONTRACTING PARTY	FINLAND		
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1.4	Period of reporting	1.1.2010-1.1.2012		
1.5	Date the report was submitted	19.4.2012		

1. ORIGIN OF THE REPORT

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

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

2.1	PREVALENCE (OF TOBACCO USE				
2.1.1	Smoking prevalence in the adult population (all) (<i>Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see 2.1.1.2</i>)					
		Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most- consumed smoking tobacco product used per day			
	MALES					
	Current smokers	29.40 %				
	Daily smokers	23.20 %	17.00			
	Occasional smokers	6.20 %				
	Former smokers	23.10 %				
	Never smokers	46.80 %				
	FEMALES					
	Current smokers	21.10 %				
	Daily smokers	15.70 %	13.00			
	Occasional smokers	5.40 %				
	Former smokers	17.80 %	_			
	Never smokers	59.40 %				
	TOTAL (males and t	females)				
	Current smokers	24.80 %				
	Daily smokers	19.00 %	15.00			
	Occasional smokers	5.80 %				
	Former smokers	20.10 %				
	Never smokers	53.90 %				

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for
	question 2.1.1:
	Smoking tobacco products includes use of cigarettes (factory-made or self-rolled cigarettes)
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:
	The age range to which our prevalence data for the entire adult population refers is 15-64 years.
2.1.1.3	Please indicate the year and source of the data used to answer question 2.1.1:
	Data for the table 2.1.1 were derived from "Health Behaviour and Health among the Finnish Adult Population" (AVTK) -report which presents the results of the spring 2010 survey.
	For the 2010 survey, a random sample (n=5000) of Finnish adults aged between 15 and 64 was derived from the Population Register. A questionnaire was mailed in April 2010 with three reminders. The number of respondents was 2826 (response rate 57 %).
	http://www.thl.fi/avtk
2.1.1.4	Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report.
	Smoking status was acquired by smoking index variable. Derivation of smoking index is described in appendix: "Health behavior and health among Finnish adult population, Spring 2010. "Current smokers" includes both daily and occasional smokers. "Former smokers" includes quitters given up smoking 1-12 months ago and over a year ago.
2.1.1.5	Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past two years or since submission of your last report.
	Trends in smoking prevalence in 2007-2010
	The prevalence of daily smokers decreased from 21 % to 19 %. The prevalence of occasional smokers decreased slightly in men and women. The decrease was biggest in younger male age groups under 45. Among women the decrease was more evenly distributed between age groups. The percentage of ex-smokers also decreased slightly in men and women. The prevalence of never smokers increased from 43 % to 47 % in men and from 56 % to 59 % in women.

2.1.2	Smoking prevalence in the adult population (by age groups) (<i>If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years</i>)			
		Age group (adults)	Prevalence (%) (please include all smoking tobacco products in prevalence data)	
	MALES			
	Current smokers ¹	25-34	30.70 %	
	smokers	35-44	32.80 %	
	Add age group	45-54	30.60 %	
		55-64	28.20 %	
			%	
	FEMALES			
	Current smokers ¹	25-34	26.20 %	
	SINOKETS	35-44	20.80 %	
	Add age group	45-54	20.70 %	
		55-64	19.50 %	
			%	
	TOTAL (male	es and females)		
	Current smokers ¹	25-34	31.90 %	
	smokers	35-44	28.80 %	
	Add age group	45-54	28.30 %	
		55-64	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:
	Smoking tobacco products includes use of cigarettes (factory-made or self-rolled cigarettes).
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:
	Data for table 2.1.2 were derived from "Health Behaviour and Health among the Finnish Adult Population" (AVTK) -report which presents the results of the spring 2010 survey.
	For the 2010 survey, a random sample (n=5000) of Finnish adults aged between 15 and 64 was derived from the Population Register. A questionnaire was mailed in April 2010 with three reminders. The number of respondents was 2826 (response rate 57 %).
	http://www.thl.fi/avtk
2.1.2.3	Please provide a brief explanation of the trend in current smoking prevalence by age group in the past two years or since submission of your last report, if data are available.
	Trend in smoking prevalence in 2005-2008 (by age group)
	Males
	Among 15-24 old population smoking prevalence decreased from 26 % to 24 %. Prevalence among 25-34-year olds decreased from 38 % to 31 %. Among 35-44-year olds the percentage of current smokers decreased from 36 % to 33 %. Prevalence in the 45-54-year old population increased slightly from 30 % to 31 %. Among 55-64-year olds there was a slight trend upwards from 26 % to 28 %.
	Females
	Among 15-24-year olds smoking prevalence increased from 24 % to 26 %. Prevalence among 25-34 old remained at 26 %. Among 35-44-year olds the percentage of current smokers did not change from 21 %. Prevalence in the group of 45-54-year old decreased from 26 % to 21%. Among 55-64-year olds there was a substantial decrease in prevalence from 20 % to 15%.

1.3	Prevalence of smokeless tobacco use in the adult population (all)(Please provide prevalence data for total adult population, and identify the age considered in 2.1.3.2, e.g. 15 years old and over, 18–64 years; see 2.1.3.2)			
		Prevalence (%)		
		(please include all smokeless tobacco products in prevalence data)		
	MALES			
	Current users	5.60 %		
	Daily users	1.60 %		
	Occasional users	4.00 %		
	Former users	10.90 %		
	Never users	83.40 %		
	FEMALES			
	Current users	0.40 %		
	Daily users	0.10 %		
	Occasional users	0.30 %		
	Former users	1.30 %		
	Never users	98.30 %		
	TOTAL (males and	females)		
	Current users	3.00 %		
	Daily users	0.80 %		
	Occasional users	2.00 %		
	Former users	5.50 %		
	Never users	91.70 %		

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2.1.3.1	Please indicate the smokeless tobacco products included in calculating prevalence for question 2.1.3:
	Mostly Swedish type moist snuff.
2.1.3.2	Please indicate the age range to which the data used to answer question 2.1.3 refer:
	15-64 years
2.1.3.3	Please indicate the year and source of the data used to answer question 2.1.3:
	"Health Behaviour and Health among the Finnish Adult Population" (AVTK) -report, National Institute for Health and Welfare, spring 2010 survey. For the 2010 survey, a random sample (n=5000) of Finnish adults aged between 15 and 64 was derived from the Population Register. A questionnaire was mailed in April 2010 with three reminders. The number of respondents was 2826 (response rate 57 %). http://www.thl.fi/avtk
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.
	In the question the respondents were asked whether they currently use snuff. "Current users" includes both daily and occasional users if snuff. "Former users" includes respondents choosing the answer "Not at all nowadays".
2.1.3.5	Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past two years or since submission of your last report.
	The prevalence of smokeless tobacco (snuff) use in the adult population has remained at approximately the same level since 2005.

2.1.4	Prevalence of smokeless tobacco use in the adult population (current users) by age group(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)						
		Age group (adults)	Prevalence (%) (please include all smokeless tobacco products in prevalence data)				
	MALES						
	Current users ²	25-34	3.60 %				
	Add age group	35-44	3.30 %				
		45-54	0.30 %				
		55-64	0.60 %				
			%				
	FEMALES	EMALES					
	Current users ²	25-34	0.00 %				
	Add age group	35-44	0.40 %				
		45-54	0.00 %				
		55-64	0.00 %				
			%				
	TOTAL (males	and females)					
	Current users ²	25-34	1.40 %				
	Add age group	35-44	1.70 %				
		45-54	0.20 %				
		55-64	0.30 %				
			%				

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:
	Mostly Swedish-type moist snuff.
2.1.4.2	Please indicate the year and source of the data used to answer question 2.1.4:
	 "Health Behaviour and Health among the Finnish Adult Population" (AVTK) -report, National Institute for Health and Welfare, spring 2010 survey. For the 2010 survey, a random sample (n=5000) of Finnish adults aged between 15 and 64 was derived from the Population Register. A questionnaire was mailed in April 2010 with three reminders. The number of respondents was 2826 (response rate 57 %). Daily snuff users. http://www.thl.fi/avtk
2.1.4.3	Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.
	The prevalence of smokeless tobacco (snuff) use in the adult population by age group has remained at approximately the same level since 2005.

2.1.5	Tobacco use b	y ethnic group	(s)		
		Ethnic group(s)	Prevalence (%) (please include all smoking or smokeless tobacco products in prevalence data) Males Females Total (males and		
					females)
	Current users ³		%	%	%
	Add ethnic		%	%	%
	group		%	%	%
			%	%	%
			%	%	%
2.1.5.1	Please indicate the tobacco products included in the answer to question 2.1.5:				
2.1.5.2	Please indicate the age range to which the data used to answer question 2.1.5 refer:			estion 2.1.5 refer:	
2.1.5.3	Please inc	licate the year a	nd source of the data	used to answer qu	estion 2.1.5:
	collecting Wellbein	g data from eth g (Maamu) Stu	Institute for Health nic groups in Finlar udy S/web/en/projectpa	nd in Migrant He	ealth and

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

		Age range	Prevalence (%) (please include all smoking or smokeless tobacco products in prevalence data)		
			Smoking tobacco	Smokeless tobacco	Other tobacco (e.g. water pipe)
ſ	Boys				
	Current users ⁴	12	0.00 %	0.30 %	%
	Add youth	14	4.00 %	3.80 %	%
	group	16	19.00 %	12.30 %	%
		18	25.00 %	14.40 %	%
		18-24	36.60 %	4.00 %	%
		25-29	31.70 %	2.50 %	%
	Girls				
	Current users ⁴ Add youth group	12	0.00 %	0.00 %	%
		14	6.00 %	0.90 %	%
		16	19.00 %	2.00 %	%
		18	23.00 %	2.70 %	%
		18-24	24.90 %	0.00 %	%
		25-29	21.50 %	0.00 %	%
ſ	TOTAL (be	oys and girls)	•		
	Current users ⁴	12	0.00 %	0.15 %	%
	Add youth	14	5.00 %	2.35 %	%
	group	16	19.00 %	7.15 %	%
		18	24.00 %	8.55 %	%
		18-24	30.80 %	2.00 %	%
		25-29	26.60 %	1.30 %	%
.6.1	Please in question		acco products included	in calculating pre	evalence for
ľ	Smokin	g tobacco=use	e of cigarettes, smok	eless tobacco =	use of snus

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

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2.1.6.2	Please indicate the year and source of the data used to answer question 2.1.6:
	In the Finnish jurisdiction a 'young person' is defined being under 29 years old. There is no single national survey instrument that would report the prevalences of tobacco use among adolescents and younf adults. Therefore twodifferent surveys are used in reporting here.
	Tobacco use in the adolescent population (12 to 18 years) has been monitored via the nationwide 'Adolescent Health and Lifestyle Survey', a mail survey conducted biennially since 1977 with comparable methods. The latest survey was conducted in the spring of 2011, to which a total of 4,566 adolescents responded (47 %). Data presented here originates from this 2011 survey. The survey report "The Adolescent Health and Lifestyle Survey 2011. Adolescent smoking, alcohol and substance use in 1977-2011" is attached to this report instrument.
	http://www.stm.fi/c/document_library/get_file?folderId=3320152&name=D LFE-16067.pdf
	In 2001 a survey on the health of young adults (18-29 years) and the factors determining their health was conducted as a part of the 'Health 2000 Study'. The sample of 1,894 subjects represented Finland's population in the age group 18 to 29 years. Of these, 79 % were interviewed and 68 % returned the basic questionnaire. The survey report "The health of young adults. Baseline results of the Health 2000 Study on the health of 18 to 29-year-olds and the factors associated with it" is attached to this reporting instrument. A follow-up study 'Health 2011' is currently finalizing data collection, so new information regarding young adults should be available in near future.
	http://www.terveys2000.fi/julkaisut/2005b7.pdf
2.1.6.3	Please provide the definition of "current smoking/tobacco use" used to answer question 2.1.6 in the space below.
	Data of 12-18-year-olds (Adolescent Health and Lifestyle Survey):
	Current smoking tobacco equals here daily use of cigarettes. To be labeled as daily smoker in above mentioned survey equals having smoked over 50 cigarettes in lifetime, having smoked during last seven days and smoking at least once a day. Also those who reported smoking "at least once a week, but not daily" but still smoked at least one cigarette per day were labeled into daily cigarette smokers.
	Current smokeless tobacco equals here daily or occasional use of snus (usually Swedish-type moist snuff). To be labeled as current user of snus in above mentioned survey equals using snus occasionally or at least once a day. In the data there were no cases of current snus users in 12- year-old girls, so that part is left blank in the table.
	Data of 18-29-year-olds (Health 2000 Study young adult sample):
	Current smoking tobacco equals here daily use of cigarettes. How to be labeled as a daily smoker in above mentioned study has not been explained in the survey report.
	Current smokeless tobacco equals here daily or occasional use of snus (usually Swedish-type moist snuff). The survey separated daily and occasional use but these numbers are combined here to present current use. How to be labeled as a current snus user in above mentioned study has not

	been explained in the survey report.
	Total numbers were not presented in the original reports by age groups. Those are calculated to this reporting instrument from the percentages of boys and girls in each age group.
	Data of use of other tobacco products than cigarettes and snus among young people in Finland has not been collected on national level. Therefore those parts are left blank.
2.1.6.4	Please provide a brief explanation of the trend in tobacco use by young persons in the past two years or since submission of your last report.
	In Finnish adolescents the decreasing trend in tobacco experiments continued over the past two years, that is since last Adolescent Health and Lifestyle Survey. Daily smoking decreased in 2009-2011. Snus use increased significantly among boys.
	In Finnish 18-29-year-olds the 'Health 2000 Study' was the first to address particularly this age group. The follow-up-study 'Health 2011' is currently finalizing data collection. Therefore trend reporting is not possible for this age group. Overall, the percentage of daily smoking is high especially among male young adults.

2.2	EXPOSURE TO TOBACCO SMOKE
2.2.1	Do you have any data on exposure to tobacco smoke in your population? Xes 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).
	1)
	At work: men 11.2%, women 5.1%
	At home: men 13.3%, women 13.0%
	2)
	The follow-up data from the Finnish Institute of Occupational Health (FIOH) which has been collected from Finnish restaurants between 1999 and 2010 shows that smoking has been more common among restaurant workers than in general population. In 1999, overall 32% of the women and 45% of the men in restaurant workers smoked daily, while in 2010 the figures were 25% and 31%, respectively. The number of daily smoked cigarettes has remained the same among restaurant workers during the follow-up period. Between 1999 and 2010, exposure to tobacco smoke for over four hours per work shift decreased from 73% to 1% among waiters and from 93% to 0% among bartenders. At the same time, the proportion of non-exposed waiters increased from 15% to 90% and bartenders from 5% to 83%.
	In another national survey from the FIOH (in 2009) among Finnish workforce (n=3000) in general, altogether 7-12% of workers reported exposure to tobacco smoke depending on the size of the workplace. Exposure was more common in small sized workplaces.
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:
	1) 2010, Health Behaviour and Health among the Finnish Adult Population,

	National Institute for Health and Welfare 2) The Finnish Institute of Occupational Health
2.3	TOBACCO-RELATED MORTALITY
2.3.1	Do you have information on tobacco-related mortality in your population? 🗌 Yes 🖾 No
2.3.2	If you answered "Yes" to question 2.3.1, what is the estimated total number of deaths attributable to tobacco use in your population?
2.3.3	If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.
	No new information since last report in 2010.
2.3.4	Please indicate the year and source of the data used to answer questions 2.3.2 and 2.3.3, and please submit a copy of the study you refer to:

2.4	TOBACCO-RELATED COSTS					
2.4.1 Do you have information on the economic burden of tobacco use in your por e.g. the overall cost of tobacco use imposed on your society?						
2.4.2	If you answered "Yes" to question 2.4.1, please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).					
	No new information since last report in 2010.					
2.4.3	Please indicate the year and source of the data used to answer question 2.4.2, and please submit a copy of the study you refer to:					

2.5	SUPPLY OF TOBACCO AND TOBACCO PRODUCTS							
	(with 1	reference to Arti	cles 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 products	Cigarettes	kg			7125849.0 0		
	Add product	Cigars and Cigarillos	kg		2084.00	203281.00		
		Fine cut and other Smoking tobacco	kg		4540.00	959380.00		
	Smokeless tobacco products Add product							
	Other tobacco products	Snuff, snus etc.				19.00		
	Add product							
	Tobacco	Leaves						
2.5.2	Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.							
	In 2011, the quantity of duty-free cigarettes imported to Finland by tra was approximately 665 million pieces. The amount of duty-free snuff 7,4 million containers (max. 50 grams).							
2.5.3	Please 2.5.2:	indicate the yea	r and source of the	data used to ans	swer questions	s 2.5.1 and		
	http:// begin	uljas.tulli.fi/ . H ning of 2012. L	rce Finnish Custo Figures are higher evel of cigarette NS Gallup Oy (q	than normal d imports f.ex 20	ue to tax inc	rease		

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS						
	(with r	reference to Arti	·				
2.6.1		Year	Product	Unit (e.g. millions of pieces)	Quantity seized		
	Smoking tobacco	2011	cigarettes	million of pieces	12.47		
	products	2010	cigarettes	million of pieces	10.30		
	Add row	2009	cigarettes	million of pieces	16.04		
	Smokeless tobacco						
	products						
	Add row						
	Other						
	tobacco						
	products						
	Add row						
2.6.2	Do you have any information on the percentage of smuggled tobacco products on the national tobacco market? Yes No						
2.6.3	If you answered "Yes" to question 2.6.2, what percentage of the national tobacco market do smuggled tobacco products constitute? %						
2.6.4	If you answered "Yes" to question 2.6.3 and you have information available, what is the trend over the past two years or since submission of your last report in the percentage of smuggled tobacco products in relation to the national tobacco market?						
2.6.5	Please	provide any fur	ther information on	illicit or smuggled toba	acco products.		
	Our c	igarettes seizur	es are under one p	per cent of legal cigar	ettes market.		
2.6.6	Please	indicate the sou	rce of the data used	l to answer questions in	section 2.6:		
	Custo	oms statistic of	cigarettes seizures	8.			
2.7	TOBA	CCO-GROWI	NG				
2.7.1	Is then	e any tobacco-g	rowing in your juris	sdiction? 🗌 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 da	ata used to answer questi	ons 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))? 80%							
2.8.2	How are the excis	se taxes levied (w	hat types of taxe	s are levied)?				
	• Specif	ic tax only		Yes	🗌 No			
	• Ad va	lorem tax only		Yes	🗌 No			
	• Comb	ination of specifi	c and ad valorem	taxes Yes	🗌 No			
		complex structure n taxes and min		: Combination of	specific and			
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	22,50	€/1000 units			
	Add product	Cigarettes	excise	52.00	% retail price			
		Fine cut smoking tobacco	excise	16.50	kilogram			
		Fine cut smoking tobacco	excise	52.00	% retail price			
		Cigars and cigarillos	excise	27.00	% retail price			
		Cigarettes, minimum rate	specific	146	€/1000 units			
		all tobacco products	VAT	23.00	% retail price			
		Fine cut smoking tobacco, minimum rate	excise	87.50	kilogram			
	Smokeless tobacco products							
	Add product							

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

	Other tobacco products	Other tobacco products	excise	60.00	% retail price		
	Add product	Other smoking tobacco	excise	13.50	kilogram		
		Other smoking tobacco	excise	48.00	% retail price		
2.8.4		scribe the trends i bmission of your		bacco products in the function of the function	he past two		
	Tobacco taxes have been increased from the beginning of year 2012. Cigarettes, cigars and cigarillos have been increased about 10 % and fine cut tobacco 25 %.						
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?						
2.8.6	If you answered "Yes" to question 2.8.5, please provide details in the space below.						
2.8.7	Please indicate th 2.8.6:	ne year and source	e of the data used	to answer question	ns 2.8.1 to		
	2012						

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	widely sold bra Smokeless tobacco products	and Other tobacco products	Number of units or amount per package	Retail price		
	Domestic							
	Imported	Marlboro			20	5,00		

L&M		20	4,50
Chesterfield / Pall Mall		20	4,20

2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.
	2011
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.
	EUR
2.9.4	Please briefly describe the trend in the prices of tobacco products in the past two years or since submission of your last report in your jurisdiction.
	In 2011, the average price of cigarettes increased almost 7 % between 2011 and 2009 and over 2 % between 2011 and 2010. The average price of fine cut tobacco increased 14 % between 2011 and 2009 and 4 % between 2011 and 2010.

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?	Tes Yes	No 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 financ	ed				
		• a focal point for tobacco control	Xes Yes	🗌 No			
		• a tobacco control unit	🗌 Yes	🖾 No			
		• a national coordinating mechanism for tobacco control	🗌 Yes	🔀 No			
3.1.1.5	(e.g.	u answered "Yes" to any of the questions under 3.1 the nature of the national coordinating mechanism, point for tobacco control or the tobacco control un	, the institutio				

	The Ministry of Social Affairs and Health has a leading role in tobacco control in Finland. Tobacco control is located under the Department for Promotion of Welfare and Health in the Unit that coordinates substance abuse and harm prevention policies. The Ministry is responsible for law- drafting, general strategic guidance as well as international cooperation in this field.
	http://www.stm.fi/en/welfare/substance_abuse
	The regulations of the Tobacco Act are overseen by the National Supervisory Authority for Welfare and Health.
	http://www.valvira.fi/en/supervision_guidance/tobacco
	The National Institute for Health and Welfare and the Finnish Institute of Occupational Health are the main specialist bodies in activities to reduce smoking. The former, in cooperation with Regional State Administrative Agencies, is responsible for the nation-wide and regional action to reduce smoking. It is also responsible for providing other State authorities and local authorities with material on the dangers and harms to health originating from smoking and issuing instructions and providing methods for reducing smoking.
	http://www.thl.fi/en_US/web/en/home
	http://www.ttl.fi/internet/english
	There is active coordination between these State authorities but no specific or sustainable coordinating structure (board/committee etc.).
3.1.1.6	Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (<i>General obligations</i>) in the past two years or since submission of your last report.

	The new Tobacco Act came into force in Finland on 1 October 2010. The aim of this Act is to end the use of tobacco products containing compounds that are toxic to humans and create addiction. Finland is the first country to lay down the aim of putting an end to smoking in law. The Act provides a starting point for a more comprehensive tobacco control strategy.
	The Act restricts the marketing and supply of tobacco products especially in the everyday life of children. Not only shops but also private persons may not sell or supply tobacco products to persons under 18. Even selling one cigarette or fetching a packet of cigarettes from a shop to a minor person should be interpreted as a tobacco selling violation, for which the person can be fined or sentenced to prison for a maximum of six months. It is also forbidden to offer tobacco without payment to minor persons, but this is not punishable however. People under 18 are forbidden to import and possess tobacco products. A fine can be imposed on import of tobacco products, but possession is not punishable under the law. Also sellers of tobacco products must be aged at least 18 years.
	In addition, there is a total ban on the sale of snuff in Finland, as the ban on import and sale will be extended to also apply to private persons. Ordering snuff e.g. via the Internet is also forbidden. A maximum of 30 packets, each containing 50 grams snuff, may however be imported for one's own use. It is forbidden to import snuff as a gift.
	The prohibitions against smoking were extended e.g. in facilities used by children and young people, the joint facilities of apartment house companies, events organized outdoors and hotel rooms.
	Since 1st January 2012 tobacco products or their trademarks may not be displayed in retail sale facilities. Customers can at their request be shown a catalogue or be given a printed list of the prices of the tobacco products on sale. Furthermore, the sale of tobacco products from vending machines is forbidden from the beginning of 2015. The Medicines Act is amended to the effect that nicotine preparations can be sold, besides in shops, kiosks and gas stations, also in restaurants.
	New Tobacco Act (693/1976) in English:
	http://www.finlex.fi/en/laki/kaannokset/1976/en19760693.pdf
	At the moment comprehensive strategy (action plan) for tobacco control is under preparation. For youth there is a strategy 2010-2013 "Promotion of non-smking among children and young people - our joint responsibility"
	In adddition, there are goals and measures inscribed in other national health promotion programmes such as: Government Resolution on the Health 2015 Programme, Government Policy Programme on Health Promotion and National Development Programme for Social Welfare and Health Care (Kaste) 2012–2015
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.

3.1.2	5.3	 Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry (Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.) Have you adopted and implemented, where 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 No		
3.1.2.3		f you answered "Yes" to any of the questions under provide details in the space below.	er 3.1.2.1 or 3.1.2.	2, please		
	Finnish public health policies are well protected from the tobacco industry. The interaction with the industry is limited mainly to open requests for comment. However there is no extensive public repository on industry's activities. Several reports on the tobacco industry activities have been published.					
	Many non-governmental organizations report that they actively disseminate information and raise discussion on the industry's activities, interests and methods.					
	For example Finland's ASH disseminates information and reveals the tactice of the tobacco industry and encourages public discussion on the tobacco industry's methods to ensure their profits.					
	In addition, Finland's ASH and many other NGOs have adopted the policy not to interact with the tobacco companies, their affiliates or any other companies which work with tobacco industry, such as advertising agencis.					
3.1.2.4		Please provide a brief description of the progress made in implementing Article 5.3 in the past two years or since submission of your last report.				
3.1.2.5		f you have any relevant information pertaining to lease provide details in the space below.	but not covered in	this section,		

3.2	Article	MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO (with reference to Articles 6–14)			
3.2.1	6	 Price and tax measures to reduce the 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 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: 			
3.2.1.1	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	ease provide a brief description of the progress m rice and tax measures to reduce the demand for the ce submission of your last report.			
	Ci	bacco taxes have been increased from the be garettes, cigars and cigarillos have been incre bacco 25 %.			
	Since 1 October 2010, tobacco for oral use may not be imported, sold or otherwise assigned. The ban on import also applies to acquiring or receipt of tobacco for oral use by mail or by comparable means from countries outside Finland. Private persons may however import for their personal use a maximum of 30 boxes tobacco for oral use in their baggage, provided that a box contains at most 50 grams of that tobacco. The ban on import does not apply to products kept in specific sales facilities or stores on board vessels in international water or air traffic.				
3.2.1.5		you have any relevant information pertaining to be ase 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 bri summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)				
		Have you adopted and implemented, wh administrative or other measures or have appropriate, programmes on any of the	e you implemented, v			
3.2.2.1		 banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ? 	🛛 Yes	□ No		
3.2.2.2		If you answered "Yes" to question 3.2.2 measure providing for the ban?	.1, what is the type/n	ature of the		
		national law	🖂 Yes	□ No		
		• subnational law(s)	[] Yes	No No		
		• administrative and executive orders	Yes	🔀 No		
		• voluntary agreements	🛛 Yes	🗌 No		
		 other measures (<i>please</i> specify:) 	Yes	🗌 No		
3.2.2.3		Please provide a brief explanation of the measures providing for the ban.	type/nature and cont	ent of the		
		Smoking bans enacted in the Tobacc about a half of Finnish municipalities free.		•		
3.2.2.4		If you answered "Yes" to any options in 3.2.2.2, do any of these measures provide for a mechanism/ infrastructure for enforcement?	🛛 Yes	🗌 No		
3.2.2.5		If you answered "Yes" to question 3.2.2.	4 please provide deta	ils of this system.		
		Under Section 17 of the Tobacco Act the compliance with prohibitions and their territory. If any activities contra- during an inspection or otherwise, the activities contrary to the provisions. To of the matter to the prosecutor. The lo the prohibition by a conditional fine of	restrictions on smo ry to provisions are e local authority mu The local authority ocal authority may	oking within observed list prohibit the may give notice also reinforce		

	taken within the time limit laid down will be carried out at the defaulter's expense.						
	on indoor or outdoor premises where provisions of section 12 despite an or means of public transport, indoor or their representative, or the organiser	Under Section 32 of the Tobacco Act, a person who continues to smoke on indoor or outdoor premises where smoking is prohibited under the provisions of section 12 despite an objection from the proprietor of the means of public transport, indoor or outdoor premises in question, or their representative, or the organiser of a public event or a person acting as a steward, or the supervisory authority shall be sentenced to a fine for a smoking violation.					
	public transport or of indoor or outd	Under Section 33 of the Tobacco Act, the proprietor of a means of public transport or of indoor or outdoor premises or his or her representative, or the organiser of a public event that deliberately or through gross carelessness					
	1) allows smoking contrary to section where it is prohibited;	n 12 on indoor o	or outdoor	r premises			
	or 13 b, to undertake the action requiregulations issued by the local authorithe individual case in order to prevent to	2) fails, contrary to the provisions of section 12, paragraph 2, section 13 or 13 b, to undertake the action required by the prohibition or regulations issued by the local authority under section 17 in an individual case in order to prevent tobacco smoke from spreading into indoor premises where tobacco smoking is prohibited; or					
	3) allows use of the smoking area for another purpose than that to in section 13 b,						
	punishment is prescribed for the action sentenced to a fine for failing to take	shall, unless the failure can be considered insignificant or a more seve punishment is prescribed for the action elsewhere in the law, be sentenced to a fine for failing to take protective measures required by the Act on Measures to Reduce Tobacco Smoking.					
3.2.2.6	If you answered "Yes" to question 3.2.2.1, please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.	Complete	Partial	None			
	Indoor workplaces:						
	• government buildings						
	health-care facilities						
	• educational facilities ¹						
	• universities						
	• private workplaces						
	• other (<i>please specify:</i>)						

¹ except universities

Public transport:			
• airplanes	\boxtimes		
• trains		\boxtimes	
• ferries		\boxtimes	
• ground public transport (buses, trolleybuses, trams)		\boxtimes	
 motor vehicles used as places of work (taxis, ambulances, delivery vehicles) 			
private vehicles			\boxtimes
• other (<i>please specify:</i>)			

	Indoor public places:					
	cultural facilities		\square			
	shopping malls		\square			
	• pubs and bars		\square			
	• nightclubs		\square			
	• restaurants		\square			
	• other (<i>please specify</i> :)					
3.2.2.7	Please provide a brief summary of com specific details of the partial measures			vith		
	Banning tobacco smoking in indo	or workplaces				
	Under Section 12 of the Tobacc joint and public indoor premise premises intended for clients an	s of workplaces	<u> </u>			
Under Section 13 of the Tobacco Act, the proprietors of premises may, however, allow smoking in a room inten- purpose or in part of the facilities or space as long as no smoke can enter those indoor premises where smoking i prohibited. A separate room or other space for smoking however, be located in conjunction with indoor premise used by persons under the age of eighteen.						
	on the indoor premises of resta area approved for smoking. In seen to it that tobacco smoke d	Under Section 13 b of the Tobacco Act, smoking can be allowed on the indoor premises of restaurants only in a separate smoking area approved for smoking. In that can case it must, however, be seen to it that tobacco smoke does not spread to the area where smoking is prohibited. It is prohibited to serve food or drink, or to eat or drink in the smoking area.				
	Banning tobacco smoking in publ	Banning tobacco smoking in public transport				
	Under Section 12 of the Tobaco public means of transport.	co Act, smoking	is prohibit	ted inside		
Under Section 13 of the Tobacco Act, the proprietors of pu means of transport may, however, allow smoking in a room intended for this purpose or in part of the facilities or space as no tobacco smoke can enter those indoor premises when smoking is prohibited. A separate room or other space for shall not, however, be located in conjunction with indoor p primarily used by persons under the age of eighteen.						
	Banning tobacco smoking in indo	or public places				
	Under Section 12 of the Tobacc indoor premises of government comparable public bodies inter Smoking is also prohibited at p	agencies and a ded for the publ	uthorities a lic and clie	nd nts.		
	Under Section 13 of the Tobaco premises and the organisers of smoking in a room intended for facilities or space as long as no	public events m this purpose or	ay, howeve in part of	er, allow the		

	indoor premises where smoking is prohibited. A separate room or other space for smoking shall not, however, be located in conjunction with indoor premises primarily used by persons under the age of eighteen.
3.2.2.8	Please provide a brief description of the progress made in implementing Article 8 (<i>Protection from exposure to tobacco smoke</i>) in the past two years or since submission of your last report.
	Amendments into Section 12 of the Tobacco Act entered into force 1 October 2010. Smoking is now prohibited: 1) on the indoor premises of family day care homes when family day care is provided there; 2) on the indoor premises and outdoor areas of institutions providing care for persons under the age of eighteen in virtue of the Child Welfare Act or the Mental Health Act; 3) on the joint and public indoor premises of apartment house companies or residential real estates of other housing communities; and 4) in shelters and spectators' halls at public events arranged outdoors, and on other premises intended for following the event where the participants stay on places assigned for them.
	Smoking bans for educational institutions have been specified. Under Section 12 of the Tobacco Act, smoking is now prohibited on the indoor premises of educational institutions providing basic, vocational or upper secondary education and in their student dormitories, as well as in the outdoor areas in their use.
	Under Section 13 of the Tobacco Act, smoking may be allowed in at most one out of ten rooms for accommodation of customers in hotels and corresponding establishments. Irrespective of the number of rooms, smoking can however be allowed in three rooms for accommodation. In that case it has to be seen to it that employees are not exposed to tobacco smoke when working in these rooms.
3.2.2.9	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.

3.2.3	9	Regulation of the contents of tobacco products (Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.) Have you adopted and implemented, where 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? 	Xes 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 two years or since submission of your last report.					
3.2.3.6	12.6 If you have any relevant information partaining to but not accord in this section					
5.2.5.0	3.2.3.6 If you have any relevant information pertaining to but not covered in this superse provide details in the space below.					

3.2.4	3.2.4 10 Regulation of tobacco product disclosures					
	(Please check "Yes" or "No". For affirmative answers, please prov summary in the space provided at the end of the section and attach to relevant documentation. Please provide documentation, if available the six official languages.)					
		Have you adopted and implemented, where a administrative or other measures or have you appropriate, programmes on any of the follow	implemented, wh			
3.2.4.1	 requiring manufacturers or importers of tobacco products to disc Government authorities information about the: 			to disclose to		
		• contents of tobacco products?	Yes	🖂 No		
		• emissions of tobacco products?	Yes	No 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 (<i>Regulation of tobacco product disclosures</i>) in the past two years or since submission of your last report.				
3.2.4.4	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			this section,		

3.2.5	11	Packaging and labelling of tobacco prod	ucts				
	T	(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)					
		executive, administrative or other measures	Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:				
3.2.5.1	11	 requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion? 	🛛 Yes	🗌 No			
3.2.5.2	11.1(a)	 requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions? 	X 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? 	Xes Yes	🗌 No			
3.2.5.5	11.1(b)(ü)	– ensuring that the health warnings are rotated?	🛛 Yes	🗌 No			
3.2.5.6	11.1(b)(iii)	 ensuring that the health warnings are clear, visible and legible? 	🛛 Yes	🗌 No			
3.2.5.7	11.1(b)(iii)	If you answered "Yes" to question 3.2.5.6, does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?	Xes Yes	🗌 No			
3.2.5.8	11.1(b)(iv)	 ensuring that the health warnings occupy no less than 30% of the principal display areas? 	Xes Yes	🗌 No			
3.2.5.9		 ensuring that the health warnings occupy 50% or more of the principal display areas? 	Yes	🖾 No			
3.2.5.10	11.1(b)(v)	 ensuring that health warnings are in the form of, or include, pictures or pictograms? 	TYes Yes	🖂 No			

3.2.5.11		If you answered "Yes" to question 3.2.5.10, does the Government own the copyright to these pictures and pictograms?	TYes Yes	🗌 No		
3.2.5.12		If you answered "Yes" to question 3.2.5.10, would you grant a non- exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?	Yes Yes	□ No		
3.2.5.13	11.2	 requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant constituents and emissions of tobacco products? 	X Yes	□ No		
3.2.5.14	11.3	 requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country? 	X Yes	□ No		
3.2.5.15	Please provide a brief description of the progress made in implementing Article 11 (<i>Packaging and labelling of tobacco products</i>) in the past two years or since submission of your last report.					
3.2.5.16	If you have any relevant information pertaining to or not covered in this section, please provide details in the space below.					

3.2.6	12	Education, communication, training and public awareness				
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)				
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:				
3.2.6.1	12(a)	 educational and public awareness programmes? (Please refer to programmes implemented since submission of your two-year report.) 	🛛 Yes	🗌 No		
3.2.6.2		If you answered "Yes" to question 3.2.6.1, to whom are these programme targeted?				
		• adults or the general public	🖂 Yes	🗌 No		
		• children and young people	🛛 Yes	🗌 No		
		• men	🛛 Yes	🗌 No		
		• women	🛛 Yes	🗌 No		
		pregnant women	Yes	🖂 No		
		ethnic groups	Yes	🖂 No		
		• other (<i>please specify:</i>)	Yes	🗌 No		
3.2.6.3		If you answered "Yes" to question 3.2.6.1, do you reflect the following key differences among targeted population groups in educational and public awareness programmes?				
		• age	🛛 Yes	🗌 No		
		• gender	🛛 Yes	🗌 No		
		educational background	🛛 Yes	🗌 No		
		cultural background	Yes	No No		
		socioeconomic status	🖂 Yes	🗌 No		
		• other (<i>please specify:</i> health professionals, educators)	🛛 Yes	🗌 No		
3.2.6.4	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?	Xes Yes	🗌 No
		adverse environmental consequences	of	
		- tobacco production?	🛛 Yes	🗌 No
		- tobacco consumption?	🛛 Yes	🗌 No
3.2.6.5	12(e)	 awareness and participation of the following in development and implementation of interstrategies for tobacco control: 		
		• public agencies?	🖾 Yes	🗌 No
		 nongovernmental organizations not affiliated with the tobacco industry? 	🖂 Yes	🗌 No
		• private organizations?	🖂 Yes	🗌 No
		• other (<i>please specify:</i> health professionals, educators)?	🖂 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?	🛛 Yes	🗌 No
		• community workers?	🛛 Yes	🗌 No
		• social workers?	🛛 Yes	🗌 No
		• media professionals?	🛛 Yes	🗌 No
		• educators?	🛛 Yes	🗌 No
		• decision-makers?	Yes	🔀 No
		administrators?	🛛 Yes	🗌 No
		• other (<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 two years or since submission of your last report.
-	There has been several education, communication, training and public awareness projects. Below is an overview of the projects performed mainly by NGOs.
	Finland's ASH has organized several training seminars on the novel tobacco products and their marketing tactics/public awareness of the health risks associated with tobacco use/public support on tobacco legislation and its' implementation/tobacco legislation and publicity in the Finnish media etc
	Finland's ASH also coordinates the activities of the Tobacco-free Finland network which supports the objective of the Finnish Tobacco Act (2010) to put an end to the use of tobacco products in Finland by 2040. The network organizes an annual seminar on topical tobacco issues to the various social actors which are willing to support smoking prevention measures among young people and adults to quit smoking.
	Finnish Lung Health Association (Filha) has organized trainings of health professionals to build up the capacity of the health care system to support cessation of tobacco use according to the Best practise guideline. In 2010-2012 some 1000 professionals have been trained.
	The Association for Healthy Lifestyles is performing a three-year health promotion project for students in vocational schools (2009–2011). Also the Finnish Health Association has instructed vocational schools (pilot schools all over the country) as well as provided support material for tobacco cessation (individual) and for smokefree schools (organizational).
	The Cancer Society of Finland has had a three-year collaboration project to reduce smoking among young people (2010-2012). The project has consisted of seven operative elements: communication, cessation, schools, free time, interaction between the youth and adults, Army and research. The awareness raising campaigns have covered several media (tv, radio, Social media) as well as many youth events and facilities. (See also: www.fressis.fi, www.tyokalupakki.net, www.smokefree.fi)
	The Organisation for Respiratory Health in Finland (previously The Pulmonary Association Heli) maintains a tobacco cessation phone line and an Internet portal called Stumppi (www.stumppi.fi). The Internet is constantly updated and renewed when needed and contains a lot of information on tobacco consumption and cessation. The Organisation for Respiratory Health in Finland also coordinates a project to reduce the consumption of tobacco products especially among adult population. Several other NGOs take part in this project. In addition, the Quit and Win competition for smoking cessation has been organized every year in May by the North Karelia Center for Public Health.
	North Savo Hearth District and University Hospital of Kuopio have launched Smoke Free Savo 2015 -program in 2007. The goal is to promote smoke free culture. At the population level the goal is to reduce cardiovascular disease patients smoking by half and to reduce young people smoking habits so that less than 15 percent of them and less than

	20 percent of adults smoke. Sub goals are that provincial hospitals and health centres, municipalities and cities as well as major employers follow the Smoke Free criteria. As a result of action all municipalities at Northern Savo area have declared themselves as smoke free workplaces. At the national level half of all Finnish municipalities have done same decision (www.savutonkunta.fi) The Finnish Heart Association has different programmes on tobacco dependence: for example one for women's heart health (www.naisensydan.fi) and one for artery patients to help them stop smoking.
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 provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)		
		Have you adopted and implemented, where executive, administrative or other measures where appropriate, programmes:		
3.2.7.1	13.2	 instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship? 	🔀 Yes	🗌 No
If	you answe	red "No" to question 3.2.7.1, please proceed to	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?	X 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	lease procee	ed to question 3.2.7.12.		
3.2.7.3	13.2	If you answered "No" to question 3.2.7.1. are you precluded by your constitution or constitutional principles from undertaking a comprehensive ban on tobacco advertising, promotion and sponsorship?	TYes	□ 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 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? 	TYes	☐ 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 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? 	TYes Yes	No 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 (<i>please specify:</i>)?	TYes Yes	🗌 No	
3.2.7.11	13.4(f)	 restricting tobacco sponsorship of: 			
		 international events and activities? 	Yes	🗌 No	
		• participants therein?	🗌 Yes	🗌 No	
	W	hether 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? 	X Yes	□ No	
3.2.7.14	Please provide a brief description of the progress made in implementing Article 13 (<i>Tobacco advertising, promotion and sponsorship</i>) in the past two years or since submission of your last report.				
	 Tobacco sponsoring is now expressively prohibited in the Tobacco Act. Under Section 8 of the Tobacco Act, which entered into force on 1 October 2010, tobacco sponsoring is prohibited. Tobacco sponsoring means any form of public or private support to an event, activity or individual with the aim or direct or indirect effect to promote the sales of a tobacco product. Under Section 8 a of the Tobacco Act, which entered into force on 1 January 2012, displaying tobacco products and their trademarks in retail sale facilities for tobacco, tobacco products, substitute tobacco, tobacco imitations and smoking accessories is forbidden. 				
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, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:			
3.2.8.1	14.1	 developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices? 	⊠ Yes	☐ No	
3.2.8.2	14.1	 programmes to promote cessation o 	f tobacco use, incl	uding:	
		 media campaigns emphasizing the importance of quitting? 	🖂 Yes	🗌 No	
		• programmes specially designed	l for:		
		 underage girls and young women 	🛛 Yes	🗌 No	
		o women	🛛 Yes	🗌 No	
		 pregnant women 	🖂 Yes	🗌 No	
		• telephone quitlines	🖾 Yes	🗌 No	
		 local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate? 	🛛 Yes	🗌 No	
		• other (<i>please specify:</i>)?	☐ Yes	🗌 No	
3.2.8.3	3.2.8.3 $14.2(a)$ – design and implementation of programmes aimed at promocessation of tobacco use, in such locations as:				
		• educational institutions?	Yes Yes	🗌 No	
		health-care facilities?	🖂 Yes	🗌 No	
		• workplaces?	🖂 Yes	🗌 No	
		• sporting environments?	🖾 Yes	🗌 No	
		• other (<i>please specify</i> :	Yes	🗌 No	

)?	

3.2.8.4	14.2(b)	 inclusion of diagnosis and treatmen counselling services for cessation o programmes, plans and strategies for 	f 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? 	X 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 (<i>please specify:</i> e.g. occupational health) 	Xes Yes	🗌 No
		• specialized centres for cessation counselling and treatment of tobacco dependence	Tes Yes	🔀 No
		• rehabilitation centres	🗌 Yes	🖾 No
		• other (<i>please specify:</i> special clinics present locally in some municipalities)	Xes 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	ally 🗌 None
		• specialist health-care systems (<i>please specify:</i> e.g. occupational health)	🗌 Fully 🔀 Parti	ally 🗌 None

		• specialized centres for cessation counselling and treatment of tobacco dependence	🗌 Fully 🔲 Parti	ally 🛛 None
		• rehabilitation centres	🗌 Fully 🗌 Parti	ally 🛛 None
		 other (<i>please specify</i>: special clinics present locally in some municipalities) 	🗌 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
		• family doctors	🖂 Yes	🗌 No
		• practitioners of traditional medicine	Tes Yes	🖾 No
		 other medical professionals (<i>please specify:</i>) 	Tes Yes	🔀 No
		• nurses	🖾 Yes	🗌 No
		• midwives	🖂 Yes	🗌 No
		• pharmacists	🖂 Yes	🗌 No
		Community workers	🛛 Yes	🗌 No
		Social workers	🖂 Yes	🗌 No
		Others (<i>please specify:</i>)	🗌 Yes	🗌 No
3.2.8.9	14.2(c)	 training on tobacco dependence trea curricula of health professional train levels at the following schools: 		
		• medical?	🖂 Yes	🗌 No
		• dental?	🛛 Yes	🗌 No
		• nursing?	🛛 Yes	🗌 No
		• pharmacy?	🖂 Yes	🗌 No
		• other (<i>please specify</i> : e.g. social workers, physiotherapists)?	🔀 Yes	🗌 No

3.2.8.10	14.2(d)	 facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence? 	¥ 🛛	<i>l</i> es	🗌 No	
3.2.8.11	14.2(d)	If you answered "Yes" to question 3.2 products be legally purchased in your		and how	can these	
		Pharmacies by prescription of p Bupropion, Nortriptyline), Phar (NRT) over-the-counter				
3.2.8.12	14.2(d)	If you answered "Yes" to question 3.2 products are legally available for the t your jurisdiction?				
		• nicotine replacement therapy	ע 🖂	les	🗌 No	
		bupropion	ע 🖂	les	🗌 No	
		• varenicline	ע 🖂	les	🗌 No	
		• other (<i>please specify</i> : Nortriptyline)?	N N	les	🗌 No	
3.2.8.13	14.2(d)	If you answered "Yes" to question 3.2 covered by public funding or reimbur		e costs of	these products	
		• nicotine replacement therapy	Fully	🗌 Partia	ally 🛛 None	
		bupropion	Fully	🗌 Partia	ally 🛛 None	
		• varenicline	Fully	🗌 Partia	ally 🛛 None	
		• other (<i>please specify</i> :)?	Fully	🗌 Partia	ally 🛛 None	
3.2.8.14	Art	ase provide a brief description of the progr icle 14 (<i>Demand reduction measures conc</i> <i>sation</i>) in the past two years or since subm	erning tobacc	co depen	dence and	
	inc Fin res pro http FE Cu http Cu	e Government has decided on a Health luding tobacco cessation activities in o aland 2040 goal. The National Institute ponsible for the development and exec ofessionals. p://www.stm.fi/c/document_library/get -4170.pdf rrent Care -cessation guideline (in Finr p://www.terveysportti.fi/xmedia/hoi/ho rrent Care is a Finnish unit producing e	order to reach for Health a sution of the t_file?folder hish): bi40020.pdf evidence-bas	n the small and Welf training Id=2870	okefree Fare has been of health 7&name=DL ment	
		delines for the Finnish Medical Societ wn up in support of health care profess				

	patients. Online tobacco cessation course for health professionals (in Finnish): http://www.terveysportti.fi/kotisivut/sivut.nayta?p_navi=70045&p_sivu=6 7269
3.2.8.15	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.

3.3	Article	<i>e</i> MEASURES RELATING TO THE REDUCTION OF THE SUP 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 en- relevant documentation. Please provide docur of the six official languages.)	d of the section	and attach the
		Have you adopted and implemented, where an 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? 	X 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? 	X Yes	No 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? 	X 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 No
3.3.1.5	15.3	 requiring that marking is presented in legible form or appears in the principal language and/or languages of the country? 	🛛 Yes	🗌 No
3.3.1.6	15.4(a)	 requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade? 	🗌 Yes	🔀 No

3.3.1.7	15.4(a)	If you answered "Yes" to question 3.3.1.6, do you facilitate the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?	X 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? 	X Yes	No 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? 	X 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? 	Xes Yes	□ No
3.3.1.11	15.4(e)	 enabling the confiscation of proceeds derived from illicit trade in tobacco products? 	🛛 Yes	🗌 No
3.3.1.12	15.6	 promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels? 	X Yes	☐ No
3.3.1.13	15.7	 licensing or other actions to control or regulate production and distribution in order to prevent illicit trade? 	🔀 Yes	🗌 No

3.3.1.14	Please provide a brief description of the progress made in implementing Article 15 (<i>Illicit trade in tobacco products</i>) in the past two years or since submission of your last report.
	There haven't been any new developments, so our answers to the previous questionnaire still apply here (see text below).
	Open register for sales permits: http://tupakkarekisteri.valvira.fi/
	In order to effectively implement the provisions of Article 15 of the FCTC Finland, together with other EU countries, is participating actively in the negotiations concerning FCTC Protocol on Illicit Trade in Tobacco products. Depending on the outcome of the negotiations, Finland is prepared to change its legislation to comply with the provisions of the new protocol. In the meantime we have amended our legislation. Since April 2010 the retail sale of tobacco products requires a licence in Finland. So in this regard, our legislation goes further and is stricter than the provisions drafted in the coming protocol. As mentioned above, the need for changes in legislation and other measures (i.e. tracking and tracing system) will be considered after the the outcome of the negotiations is revealed.
	The tobacco products may be sold or otherwise assigned only on the basis of a license admitted by the municipality. In addition the wholesalers may sell tobacco products to other wholesalers or to retail outlets that have a licence. The licence can be cancelled permanently or for a limited period if the offences are repeated or intentional. The licence that has been permanently cancelled can be admitted again from the application at the earliest after a year from the cancelling of the licence.
	Licensing in tobacco legislation (Sections 10 b - 10 d and 33 a): http://www.finlex.fi/fi/laki/ajantasa/1976/19760693 (in Finnish)
3.3.1.15	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.

3.3.2	16	Sales to and by minors (Please check "Yes" or "No". For affirmative answers, please 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: 18 ? 	🛛 Yes	🗌 No
3.3.2.2	16.1(a)	 requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors? 	X 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? 	X 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 No
3.3.2.6	16.1(d)	 prohibiting the sale of tobacco products from vending machines? 	🗌 Yes	No No
If	you answere	d "Yes" to question 3.3.2.6, please proceed to qu	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?	X Yes	☐ No
3.3.2.8	16.2	 prohibiting and/or promoting the proh free tobacco products: 	nibition of the d	listribution of
		• to the public?	🛛 Yes	🗌 No
		• to minors?	🛛 Yes	🗌 No

3.3.2.9	16.3	 prohibiting the sale of cigarettes 	🖂 Yes	🗌 No			
		individually or in small packets?					
3.3.2.10	16.6	 providing for penalties against sellers and distributors in order to ensure compliance? 	Xes Yes	🗌 No			
3.3.2.11	16.7	 prohibiting the sales of tobacco products by minors? 	🛛 Yes	🗌 No			
3.3.2.12		se provide a brief description of the progress mad es to and by minors) in the past two years or since rt.					
	2010 How take Und 2011 faci	 Under Section 10 of the Tobacco Act, which entered into force on 1 October 2010, a person selling tobacco products must be aged at least eighteen years. However, a person younger than that may sell tobacco products if the sale takes place under the supervision of a person aged over eighteen. Under Section 8 a of the Tobacco Act, which entered into force on 1 January 2012, displaying tobacco products and their trademarks in retail sale facilities for tobacco, tobacco products, substitute tobacco, tobacco imitations and smoking accessories is forbidden. 					
	Under Section 10 a of the Tobacco Act, it is forbidden to sell tobacco products from automatic vending machines. The ban enters into force on 1 January 2015. Until then, tobacco products may be sold from automatic vending machines only where such sales are under supervision. An automatic vending machine shall be placed so that its use can be monitored continuously. The placing and supervision of the use of an automatic vending machine is the responsibility of the owner, proprietor or responsible manager of the premises where the vending machine is placed or an employee designated to perform this task.						
3.3.2.13		u have any relevant information pertaining to but be provide details in the space below.	not covered in	this section,			

3.3.3	17	 Provision of support for economically viable alternative 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 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 <i>Provision of support for economical</i> wo years or since submission of you	ly viable alterr		
3.3.3.3		f you have any relevant information lease provide details in the space be		out not cover	red in this section,

3.4	Article	OTHER MEASURES AND POLICIES (with reference to Articles 18–21)				
3.4.1	18	Protection of the environment and		•		
		(Please check "Yes" or "No". For a brief summary in the space provided 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 m where appropriate, programmes on	neasures or	have you	implemented,	
3.4.1.1	18	 implementing measures in respect of tobacco cultivation within your territory, which take into consideration: 				
		• the protection of the environment?	Tes Yes	🗌 No	Not applicable	
		• the health of persons in relation to the environment?	Tes Yes	🗌 No	Not applicable	
3.4.1.2	18	 implementing measures in respect of tobacco manufacturing within your territory, which take into consideration: 				
		• the protection of the environment?	☐ Yes	🗌 No	Not applicable	
		• the health of persons in relation to the environment?	Tes Yes	🗌 No	Not applicable	
3.4.1.3	Please provide a brief description of the progress made in implementing Article 18 (<i>Protection of the environment and the health of persons</i>) in the past two years or since submission of your last report.					
3.4.1.4		you have any relevant information pertain ase provide details in the space below.	ning to but	not covere	ed in this section,	

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.)	of the section entation, if ava	and attach the uilable, in one	
		Have you adopted and implemented, where app executive, administrative or other measures or where appropriate, programmes on any of the f	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?	TYes	No No	
3.4.2.4	im	ease provide a brief description of any progress mad plementing Article 19 (<i>Liability</i>) in the past two yea ur last report.			
3.4.2.5	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				
	There has been a civil court case in Finland, where private persons have sued tobacco companies on the basis that they marketed "light cigarettes" as non-hazardous to health. The District Court rejected the claim in 2008, and the Supreme Court rejected the appeal in 2010.				

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

3.4.3.4	20.3(a)	If you answered "Yes" to any question under 3.4.3 including the year of the survey, that you have under the survey of the survey.					
		Health behaviour and Health among the Finnish adult population; survey every year					
		Adolescent Health and Lifestyle survey (every	Adolescent Health and Lifestyle survey (every second year, e.g.2011)				
3.4.3.5	.5 20.3(a) In reference to any question under 3.4.3.3, does your country have any prepeat any of the above or to undertake a new tobacco survey within thr five years of your last survey? Please provide details in the space below						
		The above mentionde surveys will be carried GYTS will be carried out first time in fall 201		In addition,			
3.4.3.6	20.4	- regional and global exchange of publicly avail	able national:				
		• scientific, technical, socioeconomic, commercial and legal information?	🛛 Yes	🗌 No			
		• information on the practices of the tobacco industry?	🛛 Yes	🗌 No			
		• information on the cultivation of tobacco?	🗌 Yes	No No			
3.4.3.7	20.4(a)	– an updated database of:					
		• laws and regulations on tobacco control?	🛛 Yes	🗌 No			
		• information about the enforcement of laws on tobacco control?	🛛 Yes	🗌 No			
		• pertinent jurisprudence?	Yes	🔀 No			
3.4.3.8	(Re	ase provide a brief description of the progress made esearch, surveillance and exchange of information) is omission of your last report.					
	thr poj sev sur inf Eu stu (22 Ad 1) 2) pro	The National Institute for Health and Welfare (THL) has been carrying out three national surveys (Health behaviour and health among Finnish adult population survey, FINRISK-survey and School Health survey) that include several questions on tobacco use, passive smoking and cessation. The surveys have constantly been developed, and now they include also information on e.g. tobacco dependence. THL has also participated in European School Survey Project on Alcohol and Other Drugs (ESPAD) - study since the beginning. Since 2009, the Finnish Tobacco Act [Section 23 (22.12.2009/1538)] has obligated THL and the Regional State Administrative Agency in cooperation with it to: 1) be responsible for the nation-wide and regional action to reduce smoking; 2) provide other State authorities and local authorities with health education programmes and other material on the dangers and harms to health originating from smoking;					

	3) issue instructions aimed in particular at persons working with children and young people, health care professionals, public figures, employers and mass-media journalists on recommendable methods for avoiding and reducing smoking.
	The FIOH has carried out follow-up surveys concerning occupational exposure to tobacco smoke since 1994. First surveys were focused on workplaces in general and since 1999 on the hospitality industry. The follow-up has consisted of both national questionnaire surveys and measurements of exposure in workplaces.
	The FIOH has participated in the dissemination of information concerning tobacco legislation among national trade union parties representing both employers and workers as well as among inspectors in occupational safety and health. Additionally, the FIOH has carried out training among occupational health care professoionals concerning good practices in how to quit smoking.
3.4.3.9	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.

4. INTERNATIONAL COOPERATION AND ASSISTANCE

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

	Article	Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:	Assistance provided	Assistance received
4.1	22.1(a)	 development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control? 	Yes 🗌 No	🗌 Yes 🖾 No
4.2	22.1(b)	 provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes? 	Yes No	🗌 Yes 🖾 No
4.3	22.1(c)	 appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12? 	Yes No	🗌 Yes 🖾 No
4.4	22.1(d)	 provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes? 	Yes No	🗌 Yes 🖾 No
4.5	22.1(e)	 identification of methods for tobacco control, including comprehensive treatment of nicotine addiction? 	Yes No	Yes No
4.6	22.1(f)	 promotion of research to increase the affordability of comprehensive treatment of nicotine addiction? 	Yes No	Yes No
4.7		f you answered "Yes" to any of questions 4.1–4.6 Parties from which assistance was received or to w		
	I	Assistance from the National Public Health In Finland's ASH to many organizations and peo Look answer 4.8.		

4.8	Please provide information about any assistance provided or received in the space below.
	National Institute for Health and Wellfare (THL) organize every year international NCD-seminar. The aim of the seminar is to present and discuss current international strategies for prevention and control of chronic noncommunicable diseases (NCD), to make participants familiar with the Finnish experiences from the North Karelia Project and to train in planning, implementation and evaluation of NCD prevention interventions: 'from theory to practice'. Smoking is one of the most important parts of the seminar. Participants are from all over the world.
	Filha and Finland's ASH implement a project Community-based action against smoking in Chui, Kyrgyzstan 2011-2013. The project is funded by the Ministry for Foreign Affairs of Finland. The project strives to combine a public health and health system's approach in tobacco control by implementing intensified community-based actions in Chui Oblast in 2011- 2013. Through activation of village health committees, primary health care, schools and mass media the project strives to reach better understanding among adults and children of the health hazards of active and passive smoking, to increase the number of smokers who make a quit attempt encouraged by the health care professionals, as well as changes in social norms among adolescents as a results of a novel notion of the successful non-smoker. The long-term development objective of the Project is strengthening of a combined public health and health system's approach in tobacco control in Kyrgyzstan. The project is being realized in cooperation with the National Health Promotion Center under Ministry of Health of Kyrgyz Republic (NHPC), Training-methodical center on PAL strategy under Kyrgyz State Medical Institution of continuing medical education and Ministry of Education and Science of Kyrgyz Republic.
	Finland's ASH is involved in INWAT Europe Foundation. The aim of the foundation is to improve on the health and the quality of the lives of women and girls by way of working to reduce the damage inflicted by tobacco use, by exposure to tobacco smoke, and by the trade in and marketing of tobacco products. The actions of the foundatin include research, information dissemination, promotion of gender sensitive cessation and prevention programmes, contribution to conferences, publishing or contributing to publications and promotion of female leadership in tobacco control.
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? \Box Yes \boxtimes 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?
	Legislative measures and measures related to smoking cessation.
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? Xes No
5.3	If you answered "Yes" to question 5.2, please provide details in the space below.
	Especially smoking cessation would need additional resources.
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:
	The questionnaire should be shortened and made more concise. In this format it is too long and detailed. It would be more practical to use mainly multiple-choice questions, which would also make it easier to compare the answers between countries.

End of reporting instrument