

REPORTING INSTRUMENT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

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

If you use a version of Microsoft Word of before 2010:

- 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".
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- 2. When receiving another security warning "Macros have been disabled", click "Enable content".

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

1. ORIGIN OF THE REPORT

1.1	NAME OF CONTRACTING PARTY	Georgia
1.2	Information on national contact respons	sible for preparation of the report:
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1.3	Signature of government official submit	ting the report:
	Name and title of officer	Amiran Gamkrelidze, Dr
Full name of institution		National Center for Disease Control and Public Health
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1.4	Period of reporting	2012 - 2013
1.5	Date the report was submitted	15 April 2014

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

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

2.1	PREVALENCE OF TOBACCO USE				
2.1.1	Smoking prevalence in the adult population (all)				
	(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see 2.1.1.2)				
		Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most- consumed smoking tobacco product used per day		
MALES					
	Current smokers	55.5 %			
	Daily smokers	51.0 %			
	Occasional smokers	4.5 %			
	Former smokers	16.0 %			
	Never smokers	%			
	FEMALES				
	Current smokers	4.8 %			
	Daily smokers	4.0 %			
	Occasional smokers	0.8 %			
	Former smokers	2 %			
	Never smokers	%			
	TOTAL (males and f	females)			
	Current smokers	30.3 %			
	Daily smokers	27.7 %			
	Occasional smokers	2.7 %			
	Former smokers	12.0 %			
	Never smokers	57.7%			

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:
	Manufactured and handrolled cigarettes, cigars, pipes
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:
	18-64
2.1.1.3	Please indicate the year and source of the data used to answer question 2.1.1:
	2011, STEPSwise Survey of Risk Factors of Non-Communicable Diseases
2.1.1.4	Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report.
	Current smoking is defined as current daily or occasional smoking, while daily smoking at least one puff of a cigarette, cigar, cigarillo or pipe a day
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.
	Latest available data on adult smoking prevalence in Georgia is available from STEPS survey 2011, according to it the difference in smoking rates between men and women is evident. Study results demonstrate that historical trend that men smoke way much more than women in Georgia is maintained. It is also noteworthy that smoking among women in some parts of the country is still stigmatized and it could have been made an impact of study outcomes presuming that women keep their smoking habit in secret. Nevertheless, the latest available results show slight decrease in smoking prevalence in both sexes in past 10 years (2011 data show in average 4% lower rates compared to the data of 2008).

2.1.2	Smoking prevalence in the adult population (by age groups)				
	(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)				
		Age group (adults)	Prevalence (%) (please include all smoking tobacco products in prevalence data)		
	MALES				
	Current smokers ¹ Add age group	18-24	45.2 %		
		25-34	62.7 %		
		35-44	65.3 %		
		45-54	57.5 %		
		55-64	40.1 %		
	FEMALES				
	Current smokers ¹	18-24	5.0 %		
	SHIOKEIS	25-34	3.7 %		
	Add age group	35-44	5.7 %		
	Than ago gioup	45-54	5.7 %		
		55-64	3.2 %		
	TOTAL (male	es and females)			
	Current smokers ¹	18-24	26.5 %		
	smokers	25-34	36.1 %		
	Add age group	35-44	33.7 %		
	Aud age group	45-54	29.9 %		
		55-64	20.9 %		

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:
	Manufactured and handrolled cogarettes, cigars, pipes
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:
	2011, STEPSwise Survey on Risk Factors of Non-communicable Diseases
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.

2.1.3	Prevalence of smol	keless 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 (%)			
	MALES	(please include all smokeless tobacco products in prevalence data)			
	Current users	1.0 %			
	Daily users	%			
	Occasional users	%			
	Former users	%			
	Never users	%			
	FEMALES				
	Current users	0.2 %			
	Daily users	%			
	Occasional users	%			
	Former users	%			
	Never users	%			
	TOTAL (males and	females)			
	Current users	0.6 %			
	Daily users	%			
	Occasional users	%			
	Former users	%			
	Never users	%			
	_1	1			

2.1.3.1	Please indicate the smokeless tobacco products included in calculating prevalence for question 2.1.3:	
	Smelling tobacco, chewing tobacco	
2.1.3.2	Please indicate the age range to which the data used to answer question 2.1.3 refer:	
	18-64	
2.1.3.3	Please indicate the year and source of the data used to answer question 2.1.3:	
	2011, STEPSwise Survey on Risk Factors of Non-communicable Diseases	
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.	
	Current user is defined as current daily or occasional user of smokeless tobacco product, while daily user is who uses smokeless tobacco product at least once a day	
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.	
	There is no other data available for comparison. It is not possible to analyse the trend of smokeless tobacco use, however, traditionally Georgia is not the country where smokeless tobacco is widely used. Majority of the consumers of smokeless tobacco are either tourists or foreign citizens who live in Georgia.	

2.1.4	Prevalence of smokeless tobacco use in the adult population (current users) by age group					
	(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)					
		Age group (adults)	Prevalence (%) (please include all smokeless tobacco products in prevalence data)			
	MALES					
	Current users ²		%			
	Add age group		%			
			%			
			%			
			%			
	FEMALES					
	Current users ²		%			
	Add age group		%			
			%			
			%			
			%			
	TOTAL (males and females)					
	Current users ²		%			
	Add age group		%			
			%			
			%			
			%			

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

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

2.1.5	Tobacco use	by ethnic group	(s)			
		Ethnic group(s)	(please include a	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:			estion 2.1.5:		
2.1.5.2	Please in	dicate the age ran	nge to which the data u	used to answer que	estion 2.1.5 refer:	
2.1.5.3	Please indicate the year and source of the data used to answer question 2.1.5:				stion 2.1.5:	

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

2.1.6	Tobacco use by young persons					
		Age range	Prevalence (%) (please include all smoking or smokeless tobacco products in prevalence data)			
			Smoking tobacco	Smokeless tobacco	Other tobacco (e.g. water pipe)	
	Boys					
j	Current users ⁴		%	%	%	
	Add youth		%	%	%	
	group		%	%	%	
			%	%	%	
			%	%	%	
	Girls					
ı	Current users ⁴		%	%	%	
	Add youth		%	%	%	
	group		%	%	%	
			%	%	%	
			%	%	%	
	TOTAL (boys and girls)					
ı	Current users ⁴	16	16.0 %	%	%	
	Add youth group		%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
2.1.6.1	Please in question		cco products included i	in calculating pre	valence for	
	Manu	factured and h	androlled cigarettes			

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

2.1.6.2	Please indicate the year and source of the data used to answer question 2.1.6:
	2008, The Alcohol and other Drug Use in Georgian Students
2.1.6.3	Please provide the definition of "current smoking/tobacco use" used to answer question 2.1.6 in the space below.
	Current smokers are defined as students who have smoked at least one cigarette during last 30 days
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.
2.1.6.4	

2.2	EXPOSURE TO TOBACCO SMOKE				
Do you have any data on exposure to tobacco smoke in your population?					
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).				
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:				

2.3	TOBACCO-RELATED MORTALITY
2.3.1	Do you have information on tobacco-related mortality in your population?
	▼ Yes
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? 4300
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.
	4300 people died in Georgia during year 2008 because of active smoking. Among them about 61% because of cardio-vascular diseases, 31% malignant neoplasms and rest part respiratory diseases, digestive diseases and cases of infant death related with smoking during pregnancy.
	Smoking is related with 10,1% of all deaths in Georgia. Smoking is responsible for 22,4% of deaths among all deaths caused by tobacco related diseases in age group 35 and older. By different causes of death smoking attributed is 30% of all deaths caused by cancers, 10% of cardiovascular diseases, 9% of respiratory and 7% of digestive diseases.
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:
	2011, Active Smoking Attributable Mortality in Georgia

2.4	TOBACCO-RELATED COSTS
2.4.1	Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society?
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).
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							
2.5.1	(with reference to Articles 6.2(b), 20.4(c), and 15.5)							
2.5.1	Licit si	upply of tobacc	Unit (e.g. pieces, tonnes)	Domestic production	Retail sales	Exports	Imports	
	Smoking tobacco products Add product		icinies)					
	Smokeless tobacco products Add product							
	Other tobacco products Add product							
	Tobacco	Leaves						
2.5.2	Please provide information on the volumes of duty-free sales (e.g. product, unquantity), if available.					ct, unit,		
2.5.3	Please 2.5.2:	indicate the ye	ear and source of	of the data used	to answer	r questions	2.5.1 and	
	See Annex 1 on data on imports and exports.							

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS					
	(with r	eference to Arti	cle 15.5)			
2.6.1		Year	Product	Unit (e.g. millions of pieces)	Quantity seized	
	Smoking tobacco	2012	cigarette	sticks	316610	
	products	2013	cigarette	sticks	310360	
	Add row	2013	cigarette	packs	112	
	Smokeless					
	products					
	Add row					
	Other tobacco					
	products					
	Add row					
2.6.2		ou have any infor		ntage of illicit tobacco	products on the	
2.6.3	If you	answered "Yes"		what percentage of the rete? %	national tobacco	
2.6.4	is the t	rend over the pa	st two years or since	d you have information submission of your la ation to the national to	st report in the	
	pozodi		F			
2.6.5	Please provide any further information on illicit tobacco products.					
2.6.6	Please	indicate the sour	rce of the data used	to answer questions in	section 2.6:	
	Reve	enue Service of	the Ministry of Fi	nance, 2014		

2.7	TOBACCO-GROWING
2.7.1	Is there any tobacco-growing in your jurisdiction? Yes
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.
	number of workers – 500, information about gender is not available

2.7.3 Please provide, if available, the share of the value of tobacco leaf product national gross domestic product. 22.4 million GEL (0.1%)			
2.7.4	Please indicate the year and source of the data used to answer questions in section 2.7:		
	2010, National Statistics Office of Georgia		

2.8	TAXATION OF TOBACCO PRODUCTS							
	(with reference to	Articles 6.2(a) 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))?							
2.8.2	How are the excis	se taxes levied (w	hat types of taxe	es are levied)?				
	Specif	fic tax only		▼ Yes	□ No			
	• Ad va	lorem tax only		☐ Yes	▼ No			
	• Comb	ination of specific	c and ad valorem	taxes	▼ No			
	• More	complex structure	e (please explain	<i>:</i> :				
2.8.3		nent and be as spe		xation for tobacco j (specify the type o				
		Product	Type of tax	Rate or amount	Base of tax ⁵			
	Smoking tobacco products Add product	cigars, cigars with cut ends containing tobacco	Specific	0.9 gel	1 stick			
		cigarellas (thin cigars) containing tobacco	Specific	1.0 gel	20 sticks			
		Filtered/non- filter cigarettes containing tobacco	Specific	0.75/0.2 gel	20 sticks			
	Smokeless tobacco products Add product	Chewing or smelling tobacco (snuff)	Specific	20 gel	1 kg			

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	Tobacco for hookah and pipes	Specific	20 gel	1 kg	
	Add product	Other tobacco	Specific	20 gel	1 kg	
2.8.4	•	lescribe the trends submission of your		•	n the past two	
	Excise tax on filtered cigarettes was 0.6 GEL until September 2013. According to the decision of Ministyr of Finace excise tax on filtered cigarettes was increased by 0.15 GEL and became 0.75 GEL. Excise tax on non-filtered cigarettes was 0.15 GEL before September 2013 and it was icnreased by 0.5 GEL. There is still huge difference between excise rates of filtered and non-filtered cigarettes which is not in accordance to WHO FCTC guidelines on article 6.					
2.8.5	Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction? Yes No (In reference to Article 26)					
2.8.6	If you answered "Yes" to question 2.8.5, please provide details in the space below.					
2.8.7	Please indicate 2.8.6:	the year and sourc	e of the data use	d to answer quest	ions 2.8.1 to	
	Ministry of F	Finance, 2014				

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 widely sold brand Number of Retail price						
		Smoking	Smokeless	Other	units or			
		tobacco	tobacco	tobacco	amount per			
		products	products	products	package			
	Domestic	Pirveli			20	1.40		
		Comet			20	1.40		
		Astra			20	0.80		

	Imported	Winston			20	2.20
		Kent			20	3.0
		Parliament			20	4.0
202	Dlass			41 4040 440		201
2.9.2		se indicate the yea		the data used to	answer question	1 2.9.1.
	201	4, largest points of	f sales			
2.9.3	ques prov	se provide the currition 2.8.3 and the ide the exchange range rate.	"Retail price" s	ection of question	on 2.9.1. If know	n, please
		rrency GEL, excha 4.2014)	ange rate: 1 USI	O = 1.7514 GEL	(Date of exchan	ge rate:
2.9.4		se briefly describe s or since submiss				e past two
		re is slight increas garettes in Septen				

${\bf 3.\, LEGISLATION, REGULATION\, AND\, POLICIES}$

3.1	Article	rticle GENERAL OBLIGATIONS					
		(with reference to Article 5)					
3.1.1	5	General obligations					
3.1.1.1	5.1	Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?	▼ Yes	□ No			
3.1.1.2		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		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	▼ Yes	□No			
		a tobacco control unit	☐ Yes	▼ No			
		a national coordinating mechanism for tobacco control	∨ Yes	□ No			
3.1.1.5	If you answered "Yes" to any of the questions under 3.1.1.4, please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).						
	In March 2013, National Committee of Tobacco Control was established. It is chaired by the Prime Minister, 10 ministers are members of the Committee and National Center for Disease Control and Public Health, which is also a tobacco focal point, serves as its secretariat						
3.1.1.6		se provide a brief description of the progress made 5.2 (<i>General obligations</i>) in the past two years or sirt.	•	•			

	There is a working group established under the National Tobacco Control Committee main objective of which was to elaborate National Tobacco Control Strategy and Action Plan and amendments to several relevant laws. National Strategy and Action Plan were approved by the government in 2013 and Amendments to Laws are in the process to be presented to the Parliament for hearing. Each ministry has its focal point who participates in the regular meetings of the working group. In line with the National Tobacco Control Action Plan National Tobacco Control Programme was elaborated under the umbrella of National Health Promotion Program and relevant ministries are required to allocate the budget for the implementation of each component of the program.
3.1.1.7	If you have any other 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 rescommercial and other vested interests of the				
		(Please check "Yes" or "No". For affirmative summary in the space provided at the end of the relevant documentation. Please provide documents the six official languages.)	the section and att	ach the		
		Have you adopted and implemented, where an administrative or other measures or have you appropriate, programmes on any of the follow	implemented, wh			
3.1.2.1		 protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry? 	Yes	▼ No		
3.1.2.2		 ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository? 	☐ Yes	V No		
3.1.2.3		If you answered "Yes" to any of the questions unde provide details in the space below.	er 3.1.2.1 or 3.1.2.	2, please		
3.1.2.4		Please provide a brief description of the progress made in implementing Article 5.3 in the past two years or since submission of your last report.				
		Obligation considered under article 5.3 of the FCT National Tobacco Action Plan and also in the amen	_			
3.1.2.5		USE OF THE GUIDELINES ADOPTED BY THE PARTIES	CONFERENCE	OF THE		
		Please use the space below to provide additional in: "Guidelines for implementation of Article 5.3 of the jurisdiction (please refer to the section on Article 5. instructions document when responding to this queries wish to provide detailed information through the adof guidelines. Response to this section or to the add voluntary.	e WHO FCTC" in .3 of the step-by-stion). Alternative Iditional questionr	tep ly, you may naire on the use		
		Amendment Project of the 2010 Tobacco Control obligation under the article 5.3 of the FCTC but its yet, since the Amendment to Law has not been pass	implementation h	as not started		
3.1.2.6		If you have any other relevant information pertaining section, please provide details in the space below.	ng to but not cove	red in this		

3.2	Article	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 executive, administrative or other measures where appropriate, programmes on any of the	or have you impl			
3.2.1.1	6.2(a)	 tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption? 	▼ Yes	□ No		
3.2.1.2	6.2(b)	 prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products? 	✓ Yes	□ No		
3.2.1.3		 prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products? 	▼ Yes	□ No		
3.2.1.4	Please provide a brief description of the progress made in implementing Article 6 (<i>Price and tax measures to reduce the demand for tobacco</i>) in the past two years or since submission of your last report.					
	According to the decision of Ministry of Finance excise tax on tobacco products was increased by 25% on filter and 33% on non-filter tipped cigarettes in September 2013, but there is still difference between excise tax of imported and domestic cigarettes. National Tobacco Control Action Plan has a provision on annual increase of tobacco taxes. National AP also has a provision addressing question 3.2.1.2 but it is not implemented yet, because Parliament has not passed the Amendment Projects to relevant laws yet.					
3.2.1.5	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.					
	cou of o	ecording to the current legislation limit of cigaretentry by the returning travellers without applicabilities, 50 cigars and cigarillos and 250 gr. On the above not exceeding the limits.	le import duties a	re 400 sticks		

3.2.2	8.2	Protection from exposure to tobacco s	smoke	Protection from exposure to tobacco smoke		
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)				
		Have you adopted and implemented, 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/na	ature of the		
		• national law	✓ Yes	□ No		
		• subnational law(s)	☐ Yes	▼ 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 conte	ent of the		
		According to current Tobacco Control Law smoking is totally banned in all state organizations, health and educational facilities and 50% of bar and restaurants have to be smokefree. Enforcement of this law is very low. Compliance to smoking ban in most of the healthcare facilities and schools is high but there are still violation cases. Same applies to governmental institutions. Bars and restaurants are not compliant to law at all.				
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.		
		Administrative organ, responsible for against violators is defined, but the system Policeman is not eligible to make a decision Any decision about fining is made throug National Committee which was established.	m is extremely complion about fining a vio th the the court. Toba	icated. lator imediately. acco Control		

	amendments to the Administrative Offense Code which considers simplification of procedure of imposing sanctions on violators and increase of fines.				
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		V		
	 universities 		V		
	• private workplaces		V		
	• other (please specify:)				
	Public transport:				
	• airplanes	>			
	• trains		V		
	• ferries		V		
	 ground public transport (buses, trolleybuses, trams) 		V		
	motor vehicles used as places of work (taxis, ambulances, delivery vehicles)		V		
	• private vehicles			>	
	• other (please specify:)				

¹ except universities

	Indoor public places:					
	cultural facilities		V			
	shopping malls		V			
	• pubs and bars					
	• nightclubs					
	• restaurants			V		
	• other (please specify:)					
3.2.2.7	Please provide a brief summary of conspecific details of the partial measures			rith		
	Banning tobacco smoking in indo	or workplaces				
	health care facilities and educa	According to the law tobacco smoking is completely banned in health care facilities and educational facilities, but there is no actual execution of this law. Private sector is more obedient to the law than public sector.				
	Banning tobacco smoking in publ	Banning tobacco smoking in public transport				
	airplanes, public transport. Mo mini-buses and inter city buses	According to the law tobacco smoking is completely banned in airplanes, public transport. Most of the drivers of the inner city mini-buses and inter city buses are violating the ban. There is no mechanism to ban tobacco smoking in private transportation means.				
	Banning tobacco smoking in indoor public places					
	Cultural facilities, bars, pubs, restaurant are supposed to have at least 50% space for non-smokers but there is no regulatory mechanism to actually execute this. There are no fine sanctions.					
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.					
	Currently comprehensive smoking ban works only in aircrafts and inner city buses. As described above in all other facilities there is different levels of enforcement but challenges are faced everywhere. Amendments to the existing legislation have been elaborated in order to improve enforcement and expand the ban but these amendments are not passed by the Parliament yet.					

3.2.2.9	USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES
	Please use the space below to provide additional information regarding use of the "Guidelines for implementation of Article 8 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 8 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary .
3.2.2.10	If you have any other 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 base summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one 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			
3.2.3.1		 testing and measuring the contents of tobacco products? 	☐ Yes	▼ No		
3.2.3.2		 testing and measuring the emissions of tobacco products? 	Yes	▼ No		
3.2.3.3		regulating the contents of tobacco products?	✓ Yes	□ No		
3.2.3.4		regulating the emissions of tobacco products?	Yes	▼ No		
3.2.3.5	(.	Please provide a brief description of the progress made in implementing Article 9 (<i>Regulation of the contents of tobacco products</i>) in the past two years or since submission of your last report.				
	The norms of content are defined on the packages, but it is not under the competence of any governmental organization to actually measure it.					
3.2.3.6	USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES			OF THE		
	Please use the space below to provide additional information regarding use of the "Guidelines for implementation of Articles 9 and 10 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 9 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary .					
3.2.3.7		f you have any other relevant information pertaini ection, please provide details in the space below.	ng to but not cove	red in this		
		Ministry of Labour, Health and Social Affairs of Georgia has relevant normative acts regarding allowed norm of nicotine and tar content, but certification is voluntary				

3.2.4	10 Regulation of tobacco product disclosures				
		(Please check "Yes" or "No". For affirmativ summary in the space provided at the end of relevant documentation. Please provide docu the six official languages.)	the section and att	ach the	
		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 Government authorities information abo 		to disclose to	
		• contents of tobacco products?	□Yes	▽ No	
		• emissions of tobacco products?	☐ Yes	▼ No	
3.2.4.2	-	requiring public disclosure of information	on about the:		
		• contents of tobacco products?	☐ Yes	▼ No	
		• emissions of tobacco products?	☐ Yes	▽ No	
3.2.4.3 Please provide a brief description of the progress made in implement (<i>Regulation of tobacco product disclosures</i>) in the past two years or submission of your last report.			-		
	Currently there is no provision in place to ensure information disclosure about tobacco product. Amendment project to current legislation include such provision but it is not passed in the parliament yet.				
3.2.4.4				OF THE	
		Please use the space below to provide additional information regarding use of the "Guidelines for implementation of Articles 9 and 10 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 10 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary .			
3.2.4.5		If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.			

3.2.5	11	Packaging and labelling of tobacco prod	ucts	
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)		
		Have you adopted and implemented, where executive, administrative or other measures where appropriate, programmes on any of	s or have you in	_
3.2.5.1	11	requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?	☐ Yes	▽ No
3.2.5.2	11.1(a)	 requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions? 	▼ Yes	□ No
3.2.5.3	11.1(b)	- requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use?	▼ Yes	□ No
3.2.5.4	11.1(b)(i)	ensuring that the health warnings are approved by the competent national authority?	▼ Yes	□ No
3.2.5.5	11.1(b)(ii)	ensuring that the health warnings are rotated?	▼ Yes	□ No
3.2.5.6	11.1(b)(iii)	ensuring that the health warnings are clear, visible and legible?	▽ Yes	□No
3.2.5.7	11.1(b)(iii)	If you answered "Yes" to question 3.2.5.6, does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?	▼ Yes	□ No
3.2.5.8	11.1(b)(iv)	ensuring that the health warnings occupy no less than 30% of the principal display areas?	▼ Yes	□ No
3.2.5.9		ensuring that the health warnings occupy 50% or more of the principal display areas?	☐ Yes	▽ No
3.2.5.10	11.1(b)(v)	ensuring that health warnings are in the form of, or include, pictures or pictograms?	☐ Yes	▽ No

3.2.5.11		If you answered "Yes" to question 3.2.5.10, does the Government own the copyright to these pictures and pictograms?	▼ Yes	□ No		
3.2.5.12		If you answered "Yes" to question 3.2.5.10, would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?	☐ Yes	□ No		
3.2.5.13	11.2	requiring that each unit packet and packag outside packaging and labelling of such properties on relevant:	_	-		
		constituents of tobacco products	▼ Yes	□ No		
		emissions of tobacco products	☐ Yes	▽ No		
3.2.5.14	11.3	 requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country? 	▼ Yes	□ No		
3.2.5.15	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.					
		There is a requirement for the amount of nicotine and other substances to be printed on the packaging, which is not aligned with the guidelines.				
	_	According to the amendment project to the tobacco control law this requirement will no longer be in place but the law has not been passed in the parliament yet.				
	Since 2010 following the amendments in Law for Tobacco Control all manufactured tobacco products packages have health warnings in the space not less than 30% of the whole surface. Amendment project to the tobacco control law requires health warnings to cover at least 50% of the principle surface of the package but the law is not passed in the parliament yet.					
	Nine pictograms are adopted by the Ministry of Labour, Health and Social Affairs of Georgia. Ministry of health adopted these pictograms from the EU and has a copyright on them but using these pictograms is not obligatory so none of the tobacco companies has used them yet. According to the amendment project to the tobacco control law using of pictograms will be obligatory but the law is not passed in the parliament yet.					
3.2.5.16		OF THE GUIDELINES ADOPTED BY THE C TIES	CONFERENCE	E OF THE		
	"Gui juriso	PARTIES Please use the space below to provide additional information regarding use of the "Guidelines for implementation of Article 11 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 11 of the step-by-step instructions document when responding to this question). Alternatively, you may				

	wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary .
3.2.5.17	If you have any other 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 programma targeted?		
		adults or the general public	▼ Yes	□ No
		children and young people	V Yes	□ No
		• men	V Yes	□ No
		• women	▼ Yes	□ No
		pregnant women	▽ Yes	□ No
		ethnic groups	▽ Yes	□ No
		• other (please specify:)	☐ Yes	□ No
3.2.6.3 If you answered "Yes" to question 3.2.6.1, do you reflect the key differences among targeted population groups in education public awareness programmes?			•	
		• age	▼ Yes	□ No
		• gender	☐ Yes	▼ No
		educational background	▼ Yes	□ No
		cultural background	☐ Yes	▽ No
		socioeconomic status	☐ Yes	▽ No
		• other (please specify:)	☐ Yes	☐ No

3.2.6.4	12(b)	If you answered "Yes" to question 3.2.6.1, do these educational and public awareness programmes cover:		
		health risks of tobacco consumption?	▼ Yes	□ No
		• health risks of exposure to tobacco smoke?	▼ Yes	□ No
		• benefits of the cessation of tobacco use and tobacco-free lifestyles?	▼ Yes	□ No
	12(f)	• adverse economic consequences of		
		- tobacco production?	☐ Yes	▼ No
		- tobacco consumption?	▼ Yes	□ No
		adverse environmental consequences	of	
		- tobacco production?	☐ Yes	▽ No
		- tobacco consumption?	▼ Yes	□ No
3.2.6.5	12(e)	 awareness and participation of the following agencies and organization in development and implementation of intersectoral programmes and strategies for tobacco control: 		
		• public agencies?	▼ Yes	□ No
		 nongovernmental organizations not affiliated with the tobacco industry? 	▼ Yes	□ No
		• private organizations?	☐ Yes	▼ No
		• other (please specify:)?	☐ Yes	□ No
3.2.6.6	12	Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?	▼ Yes	□ No
3.2.6.7				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 (please specify:)?	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.			
Awareness raising meetings have been held and educational training conducted for healthcare and educational facilities' staff, journalists. educational seminars have been held for decision makers. Various typ awareness raising campaigns were held for general public. NCDC has role in carrying out these activities with close collaboration of other pagencies and relevant NGOs.				
3.2.6.9 USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE PARTIES			E OF THE	
	Please use the space below to provide additional information regarding use "Guidelines for implementation of Article 12 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 12 of the step-by-step instructions document when responding to this question). Alternatively, you wish to provide detailed information through the additional questionnaire of use of guidelines. Response to this section or to the additional questionnaire voluntary.			
3.2.6.10	If you have any other relevant information parts	ning to but not co	warad in this	
3.2.0.10	If you have any other 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 appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:			
3.2.7.1	13.2	 instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship? 	☐ Yes	▼ No	
If	you answe	red "No" to question 3.2.7.1, please proceed to o	question 3.2.7.3.		
3.2.7.2		If you answered "Yes" to question 3.2.7.1, does your ban cover:			
		display and visibility of tobacco products at points of sales?	☐ Yes	□No	
		• the domestic Internet?	☐ Yes	□ No	
		• the global Internet?	☐ Yes	□ No	
		• brand stretching and/or brand sharing?	☐ Yes	□ No	
		 product placement as a means of advertising or promotion? 	Yes	□ No	
		the depiction of tobacco or tobacco use in entertainment media products?	☐ Yes	□ No	
		tobacco sponsorship of international events or activities and/or participants therein?	☐ Yes	□ No	
		contributions from tobacco companies to any other entity for "socially responsible causes" and/or any other activities implemented under the umbrella of "corporate social responsibility" by the tobacco industry?	Yes	□ No	
		cross-border advertising, promotion and sponsorship originating from your territory?	Yes	□ No	

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

3.2.7.10	13.4(e)	 restricting tobacco advertising, promotion and sponsorship on: 			
		• radio?	∨ Yes	□ No	
		• television?	∨ Yes	□No	
		• print media?	☐ Yes	▼ No	
		• the domestic Internet?	☐ Yes	✓ No	
		• the global Internet?	☐ Yes	▼ No	
		• other media (please specify:)?	☐ Yes	□ No	
3.2.7.11	13.4(f)	 restricting tobacco sponsorship of: 			
		• international events and activities?	☐ Yes	▼ No	
		• participants therein?	Yes	▼ No	
	W	nether you answered "Yes" or "No" to question 3	3.2.7.1, are you:		
3.2.7.12	13.6	 cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising? 	☐ Yes	▼ No	
3.2.7.13	13.7	imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law?	✓ Yes	□ No	
3.2.7.14	(Ta)	ease provide a brief description of the progress made in implementing Article 13 obacco advertising, promotion and sponsorship) in the past two years or since omission of your last report.			
	pro fro	comprehensive ban on advertisement, promotion and sponsorship of tobacco products is still not in place but according to the amendments to the legislation from as soon as law will be passed to the parliament complete ban will be implemented.			
3.2.7.15		USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES			
	Please use the space below to provide additional information regarding use of the "Guidelines for implementation of Article 13 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 13 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of				

	guidelines. Response to this section or to the additional questionnaire is voluntary .
3.2.7.16	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.
	Article 8 of National Law on Advertisement (1998) is on restrictions of advertisement of tobacco and alcoholic products.

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, whe executive, administrative or other measur where appropriate, programmes on any of	es or have you im	•	
3.2.8.1	14.1	 developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices? 	✓ Yes	□ No	
3.2.8.2	14.1	 programmes to promote cessation of 	tobacco use, incl	uding:	
		media campaigns emphasizing the importance of quitting?	✓ Yes	□ No	
programmes specially designed for:					
		 underage girls and young women 	☐ Yes	▼ No	
		o women	☐ Yes	▼ No	
		o 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 (please specify:)?	☐ Yes	□ No	
3.2.8.3 14.2(a) — design and implementation of program cessation of tobacco use, in such location				romoting the	
		educational institutions?	▼ Yes	□ No	
		health-care facilities?	▼ Yes	□ No	
		• workplaces?	□Yes	▼ No	

		• sporting environments?	☐ Yes	▼ No		
		• other (please specify:)?	☐ Yes	□No		
3.2.8.4	14.2(b)	 inclusion of diagnosis and treatment counselling services for cessation of programmes, plans and strategies for 	f tobacco use in na	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? 	V Yes	□ No		
3.2.8.6	14.2(b)	If you answered "Yes" to question 3.2.8. health-care system provide programmes tobacco dependence?				
		• primary health care	▼ Yes	□ No		
		secondary and tertiary health care	☐ Yes	▼ No		
		• specialist health-care systems (please specify:)	☐ Yes	▼ No		
		 specialized centres for cessation counselling and treatment of tobacco dependence 	▼ Yes	□ No		
		• rehabilitation centres	☐ Yes	▼ No		
		• other (please specify:)	☐ Yes	□ No		
3.2.8.7	14.2(b)	If you answered "Yes" to question 3.2.8. these settings covered by public funding				
		primary health care	☐ Fully ☐ Partia	ally None		
		secondary and tertiary health care	☐ Fully ☐ Partia	ally None		
		• specialist health-care systems (please specify:)	☐ Fully ☐ Partia	□ None		

		 specialized centres for cessation counselling and treatment of tobacco dependence 	Fully	Partially	None
		• rehabilitation centres	☐ Fully ☐	Partially	✓ None
		• other (please specify:)	☐ Fully ☐	Partially	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	5	□No
		• dentists	☐ Yes	5	▼ No
		• family doctors	▼ Yes	6	□ No
		 practitioners of traditional medicine 	☐ Yes	5	▼ No
		• other medical professionals (please specify:)	☐ Yes	S	□ No
		• nurses	☐ Yes	5	▼ No
		• midwives	☐ Yes	5	▼ No
		• pharmacists	☐ Yes	S	▼ No
		Community workers	☐ Yes	S	▼ No
		Social workers	☐ Yes	S	✓ No
		Others (please specify:	☐ Yes	S	□ 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	5	□ No
		• dental?	▼ Yes	3	□ No
		• nursing?	☐ Yes	5	▼ No
		• pharmacy?	☐ Yes	S	▼ No

		• other (please specify:)?	☐ Yes	□No
3.2.8.10	14.2(d)	facilitating accessibility a affordability of pharmace products for the treatment tobacco dependence?	utical	▼ Yes	□ No
3.2.8.11	14.2(d)	If you answered "Yes" to question 3.2.8.10, where and how can these products be legally purchased in your country?			
		pharmacies			
3.2.8.12	14.2(d)	If you answered "Yes" to ques products are legally available f your jurisdiction?		_	
		nicotine replacement there	apy	Yes	▼ No
		• bupropion		Yes	▼ No
		varenicline		▼ Yes	□ No
		• other (please specify:)	☐ Yes	□ No
3.2.8.13	14.2(d)	If you answered "Yes" to ques covered by public funding or re			f these products
		nicotine replacement there	apy	☐ Fully ☐ Parti	ally None
		• bupropion		☐ Fully ☐ Parti	ally None
		• varenicline		☐ Fully ☐ Parti	ally None
		• other (please specify:)	☐ Fully ☐ Parti	ally None
3.2.8.14	Please provide a brief description of the progress made in implementing Article 14 (<i>Demand reduction measures concerning tobacco dependence and cessation</i>) in the past two years or since submission of your last report.				ndence and
	Currently quit line is financed from the state budget. As for the pharmaceutical products for treatment of the dependency Varenicline available for sale in the pharmacies.				
		Draft version of guidelines exists and currently they are in the process of finalization and approval.			
3.2.8.15	US	E OF THE GUIDELINES ADOPT RTIES	ED BY TH	HE CONFERENC	E OF THE
	"G	ase use the space below to provide uidelines for implementation of Art isdiction (please refer to the section	icle 14 of t	the WHO FCTC"	in your

	instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary .
3.2.8.16	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.
	the answers are based on the state programme which is not approved by the government yet but it will be approved in the nearest future.
	Right now there are no cessation services avaialable except quitline which needs to be also strengthened.

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

3.3.1.7	15.4(a)	_	facilitating the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?	Yes	▼ No
3.3.1.8	15.4(b)	_	enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?	▼ Yes	□ No
3.3.1.9	15.4(c)	_	requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment-friendly methods where possible, or disposed of in accordance with national law?	▼ Yes	No
3.3.1.10	15.4(d)	_	adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties?	Yes	▼ No
3.3.1.11	15.4(e)	_	enabling the confiscation of proceeds derived from illicit trade in tobacco products?	✓ Yes	□ No
3.3.1.12	15.6	-	promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels?	☐ Yes	▼ No
3.3.1.13	15.7	_	licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?	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.
3.3.1.15	If you have any other 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 or 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? 	▼ Yes	□ No	
3.3.2.3	16.1(a)	 requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age? 	✓ Yes	□ No	
3.3.2.4	16.1(b)	 banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves? 	Yes	▼ No	
3.3.2.5	16.1(c)	 prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors? 	✓ Yes	□ No	
3.3.2.6	16.1(d)	prohibiting the sale of tobacco products from vending machines?	▽ Yes	□ No	
If	you answere	d "Yes" to question 3.3.2.6, please proceed to que	estion 3.3.2.8.		
3.3.2.7	16.1(d)	If you answered "No" to question 3.3.2.6, do you ensure that tobacco vending machines are not accessible to minors and/or do not promote the sale of tobacco products to minors?	Yes	□ No	
3.3.2.8	16.2	 prohibiting and/or promoting the proh free tobacco products: 	ibition of the d	istribution of	
		• to the public?	▼ Yes	□ No	

		• to minors?	▼ Yes	□ No		
3.3.2.9	16.3	 prohibiting the sale of cigarettes individually or in small packets? 	▼ Yes	□ No		
3.3.2.10	16.6	 providing for penalties against sellers and distributors in order to ensure compliance? 	▼ Yes	□ No		
3.3.2.11	16.7	 prohibiting the sales of tobacco products by minors? 	▼ Yes	□ No		
3.3.2.12	Please provide a brief description of the progress made in implementing Article 16 (<i>Sales to and by minors</i>) in the past two years or since submission of your last report.					
	According to current national tobacco control law above listed prohibitions are in place, but enforcment of this law is weak and is often infrindged with no adequate response due to the weak mechanism of enforcing administrative offense code which has relevant provisions on sanctions for each type of infringment. Amendment to administrative offense code has simplified the penalizing mechanisms but it is not passed in the parliament yet.					
3.3.2.13	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.					

3.3.3	Provision of support for economically viable alternative activities							
	(Please check "Yes" or "No". For affirmative answers, please provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, 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	ole alternative	es for:			
		• tobacco growers?	Yes	☑ No	Not applicable			
					• tobacco workers?	☐ Yes	▼ No	Not applicable
		tobacco individual sellers?	Yes	▼ No	Not applicable			
3.3.3.2	Please provide a brief description of the progress made in implementing Article 17 (<i>Provision of support for economically viable alternative activities</i>) in the past two years or since submission of your last report.							
3.3.3.3	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.							

3.4	Article	Article OTHER MEASURES AND POLICIES				
		(with reference to Articles 18–21)				
3.4.1	18	Protection of the environment and the health of persons				
		(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 executive, administrative or other where appropriate, programmes or	measures or ha	ve you	implemented,	
3.4.1.1	18	 implementing measures in respecterritory, which take into consider 		ltivation	n within your	
		the protection of the environment?	☐ Yes	✓ No	Not applicable	
		• the health of persons in relation to the environment?	☐ Yes	▽ No	Not applicable	
3.4.1.2 18 — implementing measures in respect of tobacco meterritory, which take into consideration:			ınufactu	nring within your		
		• the protection of the environment?	☐ Yes	▼ No	Not applicable	
		• the health of persons in relation to the environment?	☐ Yes	▽ No	Not applicable	
3.4.1.3	Please provide a brief description of the progress made in implementing Article 18 (<i>Protection of the environment and the health of persons</i>) in the past two years or since submission of your last report.					
3.4.1.4	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.					

3.4.2	19	Liability (Please check "Yes" or "No". For affirmative summary in the space provided at the end of the documentation. Please provide documentation languages.)	ne section and	attach the	relevant
3.4.2.1	19.1	Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?	☐ Yes	▼ No	Not applicable
3.4.2.2	19.1	Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?	☐ Yes	▽ No	Not applicable
3.4.2.3	19.1	Do you have any civil liability measures that are specific to tobacco control?	☐ Yes	▼ No	Not applicable
3.4.2.4	19.1	Do you have any general civil liability provisions that could apply to tobacco control?	☐ Yes	▼ No	Not applicable
3.4.2.5	19.1	Do you have civil or criminal liability provisions that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs?	☐ Yes	I ✓ No	Not applicable
3.4.2.6	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	Not applicable
3.4.2.7	19.1	Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?	☐ Yes	▼ No	Not applicable
3.4.2.8		Please provide a brief description of any primplementing Article 19 (<i>Liability</i>) in the pyour last report.			

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

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

		• other relevant information (please specify:)	☐ Yes	□No	
3.4.3.4	20.3(a) If you answered "Yes" to any question under 3.4.3.3, please list all surveys, including the year of the survey, that you have undertaken in the past.				
	The Alcohol and other Drug Use in Georgian Students, 2008; WHO Global Youth Tobacco Survey (GYTS), 2008; WHO STEPwise Survey: Health Risk factors Survey in Migrant Population, 2012				
3.4.3.5	20.3(a) In reference to any question under 3.4.3.3, does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below.			acco survey	
		GYTS is currently being conducted; in collaborate Atlanta, GA several other studies are being conduct tobacco use and reactions to tobacco control poli representative sample of individuals in Georgia. 2 clinic-based practices related to smoking among hemore trainees. 3. Assess tobacco use and attitute among female smokers. It is planned to conduct via 2015	eted currently: cies among a . Assess tobac nealthcare pro des toward to	1. Assess nationally co use and viders and bacco use	
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	
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	Please provide a brief description of the progress made in implementing Article 20 (Research, surveillance and exchange of information) in the past two years or since submission of your last report.				
3.4.3.9	If you have any other 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
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	Par	you answered "Yes" to any of questions 4.1–4.6 rties from which assistance was received or to was sistance was received by the WHO FCTC Secretant)	which assistance w	vas provided.

4.8	Please provide information about any assistance provided or received in the space below.
	Assistance was received for conducting the Joint Needs Assessment Mission in June, 2013. Also Secretariat revised the National Tobacco Control Strategy and Action Plan. With the Support of Secretariat post-needs assessment stakeholder meeting was conducted. WHO FCTC Secretariat also provided financial support for the participation of national expert in the legal training on NCDs with the Focus on WHO FCTC at McCabe Center for Law and Cancer in Melbourne, Australia.
	Assistance from Bloomberg Foundation. Project name: "Enforcment of 100% free policy in healthcare insituttions and secondary schools in Georgia.". Project was approved in January 2012 and continued for 24 months. Scope of implementation is national. approved budget is 219,596 USD. Objectives are to promote the success of smoke-free policy to date and increase protection of the public from tobacco smoke and to implement of smoke-free legislation in key institutions and build the capacity of managers, health care professionals and others to promote more extensive smoke-free areas.
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?
	(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?
	Simplify the process of fining of the violators, as well as increase amount of fines – amendments to Administrative offense Code
	Total ban of advertisement and promotion of tboacco products (including on the internet). – Amendments to the Tobacco Control Law and Advertisement Law
	Periodic increase of taxation on tobacco products - Amendment to National Tax Code
5.2	Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control? Yes No
5.3	If you answered "Yes" to question 5.2, please provide details in the space below.

	1. Strengthening smoking secession services. There is a lack of trained medical personnel who would provide counselling and quitline capacity needs to be strengthened.
	2. Although there are some educational campaigns on tobacco on the small scale there is need of launching a national anti-tobacco campaign including development of video clips and transmitting by all means of media and communication.
	3. There is need to strengthen capacity of human resources working on tobacco control issues. Study tours and workshops are needed.
	4. There is a need to conduct routine monitoring of implementation of smoking ban/restriction especially in hospitality sector
	5. There is need to conduct systematic surveys on smoking prevalence and factors influencing it in different groups of population, as well as studies assessing implementation levels of different articles of the FCTC and assessing economic impact of tobacco.
	It is necessary to seek for state and donor resources for implementing tobacco control activities. In order to improve existing reality it is essential that government seeks for relevant resources and also to receive relevant technical and financial assistance through Convention financial mechanisms of assistance.
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).)
	Besides lack of sufficient resources, tobacco industry influence and lack of political will also serve as barriers.
5.5	Please provide any other relevant information not covered elsewhere that you consider important.
5.6	Your suggestions for further development and revision of the reporting instrument:

End of reporting instrument