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.

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

1. ORIGIN OF THE REPORT

1.1	NAME OF CONTRACTING PARTY	MONTENEGRO		
1.2	Information on national contact responsible for preparation of the report:			
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1.4	Period of reporting	2008-2011		
1.5	Date the report was submitted	28 November 2011		

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	36.70 %		
	Daily smokers	30.00 %		
	Occasional smokers	%		
	Former smokers	11.30 %		
	Never smokers	%		
	FEMALES			
	Current smokers	29.00 %		
	Daily smokers	23.00 %		
	Occasional smokers	%		
	Former smokers	5.40 %		
	Never smokers	%		
	TOTAL (males and	females)		
	Current smokers	32.70 %		
	Daily smokers	26.40 %		
	Occasional smokers	%		
	Former smokers	8.20 %		
	Never smokers	%		

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:
	All tobacco products
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:
	20+
2.1.1.3	Please indicate the year and source of the data used to answer question 2.1.1:
	2008, National Health Survey
2.1.1.4	Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report.
	We use terms that we used in National Health Survey
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.
	The last survey which was carried out with the adult population was in 2008. (The previous study was done in 2000.) During the period between the two studies, the prevalence of smoking decreased significantly.
	A new research was done in 2010, but only including students of medical colleges; the prevalence of smoking (daily and occasional) in this group was found to be about 25%. Most students smoked every day and about 9% of all respondents smoked occasionally.

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		%	
	Add age group		%	
			%	
	FEMALES			
	Current smokers ¹		%	
	SHOREIS		%	
	Add ago group		%	
	Add age group		%	
			%	
	TOTAL (male	es and females)		
	Current	20-34	29.60 %	
	smokers ¹	35-44	40.30 %	
		45-54	40.40 %	
	Add age group	55-64	32.80 %	
		65+	21.40 %	

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:
	All tobacco products
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:
	National Health Survey 2008.
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.
	The cited research's type is Living Standards Measurement Survey (LSMS). The National Health Survey of the population of Montenegro (2008) was conducted by the Ministry of Health of Montenegro, with financial and technical support from foreign donors. The methodology of the survey remained the same as in 2000. This study provides the largest single source of health information on the progress made in achieving the objectives and targets set by the latest national and international strategies and agreements. It is also a rich source of background information and comparative data to document any progress. Data from research conducted in 2008 show that smoking prevalence in all population groups was significantly higher than in the previous survey.

2.1.3	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	%				
	Daily users	%				
	Occasional users	%				
	Former users	%				
	Never users	%				
	FEMALES					
	Current users	%				
	Daily users	%				
	Occasional users	%				
	Former users	%				
	Never users	%				
	TOTAL (males and	females)				
	Current users	%				
	Daily users	%				
	Occasional users	%				
	Former users	%				
	Never users	%				

2.1.3.1	Please indicate the smokeless tobacco products included in calculating prevalence for question 2.1.3:
2.1.3.2	Please indicate the age range to which the data used to answer question 2.1.3 refer:
2.1.3.3	Please indicate the year and source of the data used to answer question 2.1.3:
2.1.3.4	Please provide the definitions of "current user", "daily user", "occasional user", "former user" and "never user" (of smokeless tobacco products) used in this report in the space below.
2.1.3.5	Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past two years or since submission of your last report.

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	s 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 l	y ethnic group	(s)		
		Ethnic group(s)	` -	Prevalence (%) all smoking or smo	
			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 inc	licate the age rar	nge to which the data	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		used to answer que	estion 2.1.5:		

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
	Boys				
	Current users ⁴	12-16 Years	4.90 %	1.80 %	1.60 %
	Add youth		%	%	%
	group		%	%	%
			%	%	%
			%	%	%
	Girls				
	Current users ⁴	12-16 Years	4.00 %	1.00 %	1.10 %
	Add youth		%	%	%
	group		%	%	%
			%	%	%
			%	%	%
	TOTAL (t	ooys and girls)			
	Current users ⁴	12-16 Years	4.60 %	1.50 %	1.40 %
	Add youth	12 Years	2.50 %	1.90 %	1.70 %
	group	13 Years	2.40 %	1.20 %	1.00 %
		14 Years	4.70 %	1.10 %	0.90 %
		15 Years	8.40 %	0.90 %	1.00 %
		16 Years	15.10 %	2.80 %	3.50 %
.1.6.1		indicate the toban 2.1.6:	acco products included	in calculating pre	evalence for
		ed: manufactur o in a pipe	red cigarettes; smokel	less tobacco - ch	new, snuff, dip;

 $^{^4}$ 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, GYTS; see annexes 1 and 2.
2.1.6.3	Please provide the definition of "current smoking/tobacco use" used to answer question 2.1.6 in the space below.
	The survey took into account all those who, during the last month, smoked at least one cigarette.
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.
	Compared to the previous report, which was presented in the previous implementation report, which was made using the same methodology (GYTS, made in Montenegro 2003 in the population of pupils of the sixth, seventh and eighth grade, 2004. in the population of students at all grade secondary schools and 2008., in the population of students of the sixth, seventh and eighth grade and first year students 2008.) smoking rates among children 15 years was reduced significantly among girls. After 2008 when GYTS was conducted with the students aged 12 to 16 years and the ESPAD with students aged over 16 years (see annex 3), there has not been new research conducted on the prevalence of smoking among young people, excluding the above research on smoking among medical students branch of the faculty.
2.2	EXPOSURE TO TOBACCO SMOKE

2.2	EXPOSURE TO TOBACCO SMOKE
2.2.1	Do you have any data on exposure to tobacco smoke in your population? ⊠Yes ☐No
2.2.2	If you answered "Yes" to question 2.2.1, please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).
	Table 4 of the 2008 GYTS provides data on exposure to smoke in public places. Non-smokers total (boys and girls) exposed to smoke in public places is 65.6%. Non-smokers - Boys exposed is 63.9%. Non-smokers - Girls exposed is 67.2%. Current smokers total (boys and girls) exposed to smoke in public places is 91.2%. Current smokers - Boys exposed is 87.7%. Current smokers - Girls exposed is 95.1%.
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:
	2008, GYTS

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.				
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:				

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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? \square Yes \square No					
2.4.2	If you answered "Yes" to question 2.4.1, please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).					
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 reference to Articles 6.2(b), 20.4(c), and 15.5)					
2.5.1	Licit s	supply of tobacco products				
		Product	Unit (e.g. pieces, tonnes)	Domestic production	Exports	Imports
	Smoking tobacco products	cigarettes	kg	119400.00	7170.00	1553460.0
	Add product	cigars and cigarillos	kg			1398.56
		smoking tobacco (pipe)	kg			108.00
	Smokeless tobacco products Add product					
	Other tobacco products Add product					
	Tobacco	Leaves	kg	200000.0		99593.00
2.5.2	Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.					
2.5.3	Please indicate the year and source of the data used to answer questions 2.5.1 and 2.5.2:					
	Data refer to the tobacco products sold in the domestic market in 2010 year. Resource: Tobacco Agency of Montenegro					

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS					
	(with r	reference to Arti	icle 15.5)			
2.6.1		Year	Product	Unit (e.g. millions of pieces)	Quantity seized	
	Smoking					
	tobacco products					
	products					
	Add row					
	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			" to question 2.6.2, vobacco products con	what percentage of the rastitute? 7-9 %	national tobacco	
2.6.4	is the	trend over the p ntage of smuggle	ast two years or sinc	nd you have information be submission of your later in relation to the nation	st report in the	
	Favorable results were achieved in the recent years with respect to the market of illegal sales of tobacco products. The market share of such products were reduced to low levels, currently ranging from 7-9% (in the previous period, the percentage was a few times this figure).					
2.6.5	Please	e provide any fur	rther information on	illicit or smuggled toba	acco products.	
	The subject of illegal sales were cigarettes, mostly without carrying excise stamps of Montenegro, or carrying the excise stamp of another state. The Government's Action Plan of measures to combat illegal sales of cigarettes (enacted in early 2007) gave very good results.					
2.6.6	Please indicate the source of the data used to answer questions in section 2.6:					
	Data are related to the previous 3 years.					
	Resou	urce: Tobacco	Agency of Monten	negro		
2.7	TOBA	CCO-GROWI	NG			
2.7.1	Is then	re any tobacco-g	rowing in your juris	sdiction? X Yes	No	
2.7.2	If you	answered "Yes"	" to question $2.7.1$, 1	please provide informat	ion on the number	

	of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.
	The number of families who are engaged in tobacco growing, mainly as a supplementary activity, is around 160, and the total land area devoted to tobacco growing is 60 hectares.
2.7.3	Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product. 0,01%
2.7.4	Please indicate the year and source of the data used to answer questions in section 2.7:
	Data are related to the year 2010.
	Resource: Tobacco Agency of Montenegro

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))? 57%					
2.8.2	How are the excis	e taxes levied (v	what types of taxe	s are levied)?		
	• Specif:	ic tax only		Yes	⊠ No	
	• Ad val	lorem tax only		Yes	No No	
	• Combi	ination of specif	ic and ad valorem	taxes Xes	☐ No	
	• More o	complex structur	e (please explain	<i>:</i>)		
2.8.3	If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)					
		Product	Type of tax	Rate or amount	Base of tax ⁵	
	Smoking tobacco products Add product	cigarettes	specific excise	10.00	1000 cigarettes	
		cigarettes	ad valorem excise	0.37	retail price	
	Smokeless tobacco products					
	Add product					
	products					

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						
	Add product						
2.8.4	.4 Please briefly describe the trends in taxation for tobacco products in the past to years or since submission of your last report in your jurisdiction. The first amendments to the Act was made in late 2008 Year and referred.						
	the further harmonization of existing solutions to the acquis communau in particular with EU Council Directive 92/79 / EEC and 92/80/EEC, concerning the determination of the amount of excise tax on cigarettes a other tobacco products. Namely, these Directives provides the minimum amount of excise that tax on cigarettes in the EU can not be less than 57 of the retail price of cigarettes from the most popular price range, but no less than 64 € per kilo, and for other tobacco products the lowest amoun excise duty can not be less from 11 € per kg (for cigars and cigarillos), per kilo (for pipe tobacco) and 20 € per kilo (for other smoking tobacco). Other amendments made in late July 2009 Year. This law also provides solution for increasing the amount of specific excise on cigarettes from to 5 € per 1000 units and proportionate to the 30% to 35% of the retail pof cigarettes in force since 01 October 2009 Year instead of 01 January 2010 Year, as it was prescribed earlier amendment to the Act.						
	The third change to the Act was made at the end of December 2010 Year, which made further adjustments of existing solutions to the acquis communautaire, in particular with EU Council Directive 92/79 / EEC and 92/80/EEC, concerning the determination of the amount of excise tax on cigarettes and other tobacco products. According to the above changes mato increase the specific excise duty on cigarettes from $5 \in 10 \in 1000$ cigarettes and the proportional excise duty from 35% to 37% of their retail price, and increase excise tax on other tobacco products, such as excise tax on cigarettes and cigarillos is $25 \in 1000$ / kg. and other smoking tobacco 1000 / kg. The increase in prices was caused by the increase in excise rates.						
2.8.5	Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction? Yes No (In reference to Article 26)						
2.8.6	If you answered "Yes" to question 2.8.5, please provide details in the space below.						
2.8.7 Please indicate the year and source of the data used to answer question 2.8.6: Data refer to 2010. The specific excise figure in table 2.8.3 is given Euros, while the ad valorem figure is % of the retail price.					ns 2.8.1 to		
					ven in		
	Resource: Minis	stry of Finance					

2.9	PRICE OF TOBACCO PRODUCTS (with reference to Article 6.2(a))					
2.9.1			e provide the retail prices of the three most widely sold brands of domestic imported tobacco products at the most widely used point of sale in your capital			
		Most Smoking tobacco products	widely sold bra Smokeless tobacco products	Other tobacco products	Number of units or amount per package	Retail price
	Domestic	Point 85			20 cigarettes/pack	0,50 Eur/pack
		Lovćen 85			20 cigarettes/pack	0,55 Eur/pack
		Lovćen Lux			20 cigarettes/pack	0,65 Eur/pack
	Imported	Drina denifine			20 cigarettes/pack	0,70 Eur/pack
		Code			20 cigarettes/pack	0,60 Eur/pack
		Bond Red			20 cigarettes/pack	0,85 Eur/pack

2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.				
	Data refers to year 2010. Source: Tobacco Agency of Montenegro				
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.				
	Prices are presented in euros/pack. The exchange rate on 31.12.2010. was 0,754 Euros for one USD. Point 85, a domestic pack of cigarettes, is €0,50.				
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.				
	Prices of tobacco products increased in the 2008-2011 period twice, in early 2009 and in early 2011. Price increases were caused by the increase of excise rates.				

3. LEGISLATION, REGULATION AND POLICIES

3.1	Article	GENERAL OBLIGATIONS					
		(with reference to Article 5)	(with reference to Article 5)				
3.1.1	5	General obligations					
3.1.1.1	5.1	Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?	⊠ Yes	☐ No			
3.1.1.2	5.1	If you answered "No" to question 3.1.1.1, have you partially developed and implemented tobacco control strategies by including tobacco control in national health, public health or health promotion strategies, plans and programmes?	Yes	□ No			
3.1.1.3	5.1	If you answered "No" to question 3.1.1.2, is any aspect of tobacco control that is referred to in the Convention included in any national strategy, plan or programme?	Yes	□ No			
3.1.1.4	5.2(a)	Have you established or reinforced and finance	ed				
		a focal point for tobacco control	⊠ Yes	☐ No			
		a tobacco control unit	⊠ Yes	☐ No			
		a national coordinating mechanism for tobacco control	X 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).						

	The Tobacco Agency is the administrative authority responsible for licensing all participants in the chain of production and trade of tobacco, as well as to monitor the situation on the market of tobacco products.
	The Institute of Public Health, in coordination with the Ministry of Health, works in the following areas: smoking prevention, including development of prevention programs; smoking cessation, with counseling programs implemented in all health centers of Montenegro; initiates legislation related to the restriction of use of tobacco products, including amendments of the already existing legislation.
	The Institute of Public Health also collaborates with other departments in the area of tobacco control. The National Coordinator for Tobacco Control was appointed from the Institute of Public Health, and the Coordinator also acts as Chairman of the Commission for Tobacco Control, which is defined by the National Strategy for Tobacco Control.
	The Institute of Public Health coordinates all research in the field of epidemiology of tobacco. The National Coordinator and the Commission do not receive financial compensation for their work done in tobacco control
3.1.1.6	Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (<i>General obligations</i>) in the past two years or since submission of your last report.
	The National Commission for Tobacco Control, in collaboration with the Ministry of Health, has developed amendments to the "Law on limiting the use of tobacco products". Activities implemented in the areas of promotion and prevention is now confirmed by various studies (GYTS, LSMS and ESPAD surveys) which found a reduced number of smokers in the population. The number of smokers in the adult population and among young people decreased, according to surveys implemented in 2008, as compared to the same survey dated 2000 and 2004.
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.
	The Law on limiting the use of tobacco products, serving as legal basis for tobacco control in Montenegro, was adopted in 2004. (amendments were made in 2011). The text of the law is provided in Annex 4.
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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 a 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	⊠ No	
3.1.2.3		If you answered "Yes" to any of the questions under 3.1.2.1 or 3.1.2.2, please provide details in the space below.			
	We provide the tobacco industry can not finance any activity related to the protection of public health (activities of promotion, prevention, treatment and rehabilitation). Additionally, it is forbidden any covert promotion of tobacco industry sponsorship and public events by the manufacturer or retailer of tobacco products. The Law prohibits the sale of any products which imitate tobacco products or containing names (logos) of tobacco products or tobacco companies.				
3.1.2.4	1.2.4 Please provide a brief description of the progress made in implementing Arti in the past two years or since submission of your last report.			ing Article 5.3	
	te	n Montenegro, there is no significant promotion obacco industry, and we managed through a vector prompletely prevent any visibility of tobacco prompletely prevent and the promp	ariety of activitie		
3.1.2.5		If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			

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 executive, administrative or other measures where appropriate, programmes on any of the	or have you imple	
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.			
3.2.1.5	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			
	The policy of price and tax policy was adopted, but not in line with the achievement of health goals, because recources received from tax policy a not used for treatment of diseases caused by tobacco use. Specifically, the funds that are raised on the basis of price increases and excise duties on tobacco products, do not impact directly on the health needs of the population, or to meet the health needs resulting from the consumption of tobacco products.			

3.2.2	8.2	Protection from exposure to tobacco s	smoke		
		(Please check "Yes" or "No". For affirm summary in the space provided at the enterelevant documentation. Please provide the six official languages.)	nd of the section d	and attack	the
		Have you adopted and implemented, what administrative or other measures or have appropriate, programmes on any of the	e you implemente		e, executive,
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 typ	pe/nature	of the
		national law	Yes		☐ No
		• subnational law(s)	Yes		☐ No
		administrative and executive orders	Yes		□ No
		voluntary agreements	Yes		☐ No
		• other measures (please specify:	Yes		□ No
3.2.2.3		Please provide a brief explanation of the measures providing for the ban.	type/nature and o	content of	the
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	details of	this system.
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	\boxtimes	
health-care facilities	\boxtimes	
• educational facilities ¹	\boxtimes	
• universities		
private workplaces	\boxtimes	
• other (please specify:)		
Public transport:		
• airplanes	\boxtimes	
• trains	\boxtimes	
• ferries		
• ground public transport (buses, trolleybuses, trams)		
motor vehicles used as places of work (taxis, ambulances, delivery vehicles)		
• private vehicles		
• other (please specify:)		

¹ except universities

	Indoor public places:				
	cultural facilities				
	shopping malls				
	pubs and bars				
	• nightclubs				
	• restaurants				
	• other (please specify:)				
3.2.2.7	Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented.				
	Banning tobacco smoking in indoor workplaces				
	Smoking in public places is forbidden (Article 4, paragraph 1 1 and paragraph 2, items 1, 2 and 5 of the Law.)	, item			
	Notwithstanding above paragraph 1, medical institutions providing care to psychiatric patients can allocate a space for smokers.	• ·			
	Public space is a space intended for communal use, and incluareas in facilities where	ides			
	1) the following activities are performed: teaching, health care, production, control and trade of medical devices; facilities which provide accommodation/lodging for children, students; receive, accommodate and meet social needs of elderly people;				
	2) places for performing cultural, entertainment, sports and o activities, events, performances and competitions, meetings a other gatherings;				
	3) commercial services and manufacturing, warehousing and in food products is provided;	trade			
	4) public spaces, as defined in paragraph 1 of this Article sha include: discos, pastry shops, bistros, pizzerias and fast food outlets;	ıll also			
	5) restaurants where food is served.				
	Banning tobacco smoking in public transport				
	Public transport by air, road and rail transport and maritime a inland navigation; airport terminal waiting room and closed trailway and road traffic, as well as taxi transport and official transportation;	the			
	Banning tobacco smoking in indoor public places				
	In addition to the above listed public spaces, the use of tobac products is also forbidden in places such as playgrounds for children, catering facilities which provide accommodation, preparing and serving food, drinks and beverages; facilities f playing games of chance; facilities for the accommodation of persons to serving penalty; halls and other common areas of	or			

buildings; cabin lifts and public toilets.

Under the terms of the Law, a "public place" also includes an outdoor courtyard area of educational and health care facilities and open limited spaces where public broadcasting and recordings of any kinds are held, including cultural and entertainment events."

3.2.2.8

Please provide a brief description of the progress made in implementing Article 8 (*Protection from exposure to tobacco smoke*) in the past two years or since submission of your last report.

The adopted amendments of the earlier version of the Law significantly improved the control of its implementation, including the complete prohibition or restriction of the use of tobacco products in public places as marked. The original law was created in 2007 and has recently been amended in 2011.

Amended Article 31 should read:

"Supervision of implementation this Law is performed by the state administration responsible for the area to which the measures of restriction and prohibition of tobacco products, by inspection, in accordance with the law.

Survey activities referred to in paragraph 1 of this Article shall:

1) Sanitary inspector to the content of tar, nicotine and carbon monoxide, a ban on the sale of products referred to in Article 20 of this law, the obligation to display signs prohibiting smoking and the ban on smoking in public area, except in facilities that provide services in health activities, production, control and trade of medical resources and public areas according to Article 4, paragraph 2.

Article 3 of this Law;

- 2) Health inspector in relation to the ban on advertising and sponsorship of tobacco products, prohibition of smoking tobacco products during media appearances, the prohibition of printing photographs and drawings, and persons who smoke, the duty to display signs prohibiting smoking and the ban on smoking in facilities that provide services in health service or production, control and trade of medical devices;;
- 3) Market inspector in relation to the obligation to display on the packaging of tobacco products prescribed combined warnings on the hazards of smoking, data on tar, nicotine and carbon monoxide, as well as in relation to the prohibition in Article 17, 18 and 19 of this Law;
- 4) Travel inspector in relation to the obligation to display smoking signs and the prohibition of smoking in public places referred to in Article 4, paragraph 2, item 3 of this Act.

In the process of inspection, inspectors from paragraph 2 of this article exercise supervision over the designation of premises where smoking is

	allowed.
	Authorities referred to in paragraph 1 of this Article shall provide annual reports on inspections carried out, and measures taken, to the Ministry by the end of January for the previous year, and more often if necessary."
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.
	Enclosed space is a space made of any material that has roof or ceiling that is immovable or movable, doors, windows and passages that are fully closed permanently or from time to time or space in which less than half the surface of the outer walls of the space consists of holes which are not counted openings for windows and doors."

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? 	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 Yes	☐ No	
3.2.3.4		regulating the emissions of tobacco products?	Yes 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 law regulates testing and measuring the contents of tobacco products, with a very precisely defined by the quantity of products in which an individual may contain tobacco products. Measures to control the contents of tobacco products, under the Act shall be implemented by the Institute of Public Health. So far, the Institute was unable to provide the necessary equipment, which is the main reason why this measure prescribed by the Act, have not yet implemented. All vendors of tobacco products are required to submit to the Institute of Public Health reports on the contents of tobacco products that are distributed on the territory of Montenegro, and on the basis this reports Institute for Public health prepare global report and submit it to the EU.				
3.2.3.6		If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.			
	Т	There are problems in implementation of the L	aw		

3.2.4	Regulation of tobacco product disclosures				
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)			
	Have you adopted and implemented, where appropriate, legislative, exadministrative or other measures or have you implemented, where appropriate, programmes on any of the following:				
3.2.4.1		 requiring manufacturers or importers of Government authorities information about 		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 implementing Article (Regulation of tobacco product disclosures) in the past two years or since submission of your last report.			-	
	All manufacturers and importers of tobacco products, as specified in sect 3.2.3.5. required to submit to the subjects (the Institute of Public Health) the Government information on the contents and emissions of tobacco products. However, due to the impossibility of adequate controls, for the reasons stated in the same part, can not be done in connection with the evaluation of the above information.				
		In Article 16 after paragraph 3 the following not the Act) which reads:	ew paragraph (A	mendments	
		"The information referred to in paragraph 1 of submit to the European Commission."	this Article the I	nstitute shall	
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	
		(Please check "Yes" or "No". For affirma brief summary in the space provided at the the relevant documentation. Please provide in one of the six official languages.)	end of the sect	ion and attach
		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 package of tobacco products and any outside packaging and labelling of such products contain information on relevant constituents and emissions of tobacco products? 	⊠ Yes	□ No		
3.2.5.14	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.					
	Images and icons for the marking of cigarette packs can be used from the available sources of WHO.					
	In relation to the Law on limitation use of tobacco products in 2004 year, amendments to this Act and the inclusion of image provides warnings on the harmful effects of tobacco products. In addition, increasing the surface to be occupying a warning on the packaging from 30% to 40% of packaging					
	"In t	"In the introductory sentence of Article 9 paragraph 1 is amended to read:				
	"Market of tobacco products is not allowed, except snuff and tobacco chewing, which do not have a warning printed on a combination that consists of color photographs or other illustrations, and one of the following warning, namely: ".					
	Paragraph 2 is amended to read:					
	"A warning referred to in paragraph 1 of this Article has to cover at least 40% of the best visual surface on one side or the other 30% of individual packages of tobacco products					
	Afte	r paragraph 3, a new paragraph to read as fo	llows:			
	"Ima	gery warnings prescribed by the Ministry."				

	In Article 12, paragraph 1, item 1 is amended to read:
	"1) in the Montenegrin language,".
	Paragraph 2 is amended to read as follows:
	"The data referred to in Article 8 paragraph 1 of this Act and warnings from Article 9 paragraph 1 of this law must be framed with black frame, whose width may be less than 3 mm or greater than 4 mm, but that may not cover the text or visual part of the combined warning."
	In paragraph 3 the word "brand" is replaced by the words "control excise stamps."
	After paragraph 4 the following new paragraph to read as follows:
	"Each individual package of tobacco products must be marked serial number or any other appropriate manner, in order to identification place and time of production."
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, whe executive, administrative or other measur where appropriate, programmes on any of	es or have you im		
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 programmes 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 (please specify:)	Yes	☐ No	
3.2.6.3		If you answered "Yes" to question 3.2.6.1 key differences among targeted populatio public awareness programmes?	-		
		• age	X 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?	X Yes	☐ No
3.2.6.5	2.6.5 12(e) - awareness and participation of the following agencies and orga in development and implementation of intersectoral programme strategies for tobacco control:			
		• public agencies?	∑ Yes	☐ No
		 nongovernmental organizations not affiliated with the tobacco industry? 	⊠ Yes	☐ No
		• private organizations?	Yes	⊠ No
		• other (please specify:)?	Yes	☐ No
3.2.6.6	12	Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?	⊠ Yes	□ No
3.2.6.7	12(d)	Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:		
		• health workers?	X Yes	☐ No
		• community workers?	Yes	⊠ No
		• social workers?	Yes	⊠ No
		media professionals?	Yes	⊠ No
		• educators?	X 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.
	According to the policy of the Ministry of Health, within the existing budget for the health of the population of Montenegro since 2009 implements the program in smoking cessation counseling for young people - centers for the prevention of all health centers. These Centres meet the health needs of young people. The smoking cessation program is implemented by specially trained doctors selected for children assisted by a team that is responsible for program implementation.
	In addition, counseling in the area of reproductive health for pregnant women is also implemented, to educate pregnant women about the harmful effects of tobacco smoke on their health and their babies. This program is implemented by selected gynecologists.
	Moreover, students of the seventh, eighth and ninth grade, within the frame of the subject "healthy lifestyles" get adequate information on the prevention of the uptake of smoking.
	We also use the opportunity of National and International Tobacco Control Days to organize workshops and communicate through the mass- media to inform and educate people about the harmful effects of 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 o	question 3.2.7.3.					
3.2.7.2		If you answered "Yes" to question 3.2.7.1,	does your ban cov	er:				
		display and visibility of tobacco products at points of sales?	Yes	⊠ No				
		• the domestic Internet?	Yes	⊠ No				
		• the global Internet?	Yes	⊠ No				
		 brand stretching and/or brand sharing? 	⊠ Yes	☐ No				
		 product placement as a means of advertising or promotion? 	⊠ Yes	□No				
		 the depiction of tobacco or tobacco use in entertainment media products? 	⊠ Yes	☐ No				
		 tobacco sponsorship of international events or activities and/or participants therein? 	⊠ Yes	☐ No				
		contributions from tobacco companies to any other entity for "socially responsible causes" and/or any other activities implemented under the umbrella of "corporate social responsibility" by the tobacco industry?	⊠ Yes	□ No				
		 cross-border advertising, promotion and sponsorship originating from your territory? 	Yes	⊠ No				

				T 1
	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	hether 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	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.						
	The amendment of the Law on limiting the use of tobacco products emphasises the ban of advertising, promotion and sponsorship of tobacco products.						
	In Article 21, paragraph 1 the sentence "to advertise tobacco products is prohibited" replaced by "manufacturers and importers of tobacco products must not advertise tobacco products through the Internet".						
	After paragraph 3, a new paragraph was inserted to read as follows:						
	of	Ianufacturers and importers of tobacco produ hidden or open encouragement of the use of ents, activities or individuals through radio p	tobacco product				
3.2.7.15	If y	ou have any relevant information pertaining to b	out 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, whe executive, administrative or other measur where appropriate, programmes on any o	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: 					
		o 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 progracessation of tobacco use, in such loc	•	romoting the			
		educational institutions?	Yes	⊠ No			
		health-care facilities?	X 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 treatmen counselling services for cessation of 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? 	⊠ Yes	□ No		
3.2.8.6	14.2(b)	If you answered "Yes" to question 3.2.8. health-care system provide programmes tobacco dependence?		-		
		• primary health care	⊠ Yes	□No		
		secondary and tertiary health care	Yes	⊠ No		
		• specialist health-care systems (please specify:)	Yes	⊠ No		
		 specialized centres for cessation counselling and treatment of tobacco dependence 	⊠ Yes	□ No		
		• rehabilitation centres	Yes	⊠ No		
		• other (please specify:)	Yes	□No		
3.2.8.7	14.2(b)	If you answered "Yes" to question 3.2.8. these settings covered by public funding		-		
		primary health care	Fully Parti	ally None		
		secondary and tertiary health care	Fully Parti	ally None		
		• specialist health-care systems (please specify:)	Fully Parti	ally None		

		 specialized centres for cessation counselling and treatment of tobacco dependence 	⊠ Fully	Partia	lly None
		rehabilitation centres	☐ Fully	Partia	lly None
		• other (please specify:)	☐ Fully	Partia	lly None
3.2.8.8	14.2(b)	If you answered "Yes" to question 3.2.8. professionals are involved in programme dependence and counselling services?			
		Health professionals including:			
		• physicians		Yes	☐ No
		• dentists		Yes	No No
		• family doctors		Yes	☐ No
		 practitioners of traditional medicine 		Yes	No No
		• other medical professionals (please specify:)		Yes	☐ No
		• nurses		Yes	☐ No
		• midwives		Yes	☐ No
		• pharmacists		Yes	No No
		Community workers		Yes	No No
		Social workers		Yes	No No
		Others (please specify:		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 No
		• pharmacy?		Yes	⊠ No
		• other (please specify:)?		Yes	☐ No
3.2.8.10	14.2(d)	 facilitating accessibility and/or 		Yes	⊠ No

			products	oility of phase for the transfer dependen	eatment					
3.2.8.11	14.2(d)	_		red "Yes" egally pur	_		.10, where untry?	and how	can 1	these
3.2.8.12	14.2(d)	prod		legally av	_		.10, which	_		
		•	nicotine	replacem	ent thera	ару	,	Yes		☐ No
		•	bupropio	on			,	Yes		☐ No
		•	varenicl	ine				Yes		□ No
		•	other (pl	lease spec	rify:)?		Yes		☐ No
3.2.8.13	14.2(d)	_		red "Yes" ublic fund	_		.10, are the	e costs of	these	e products
		•	nicotine	replacem	ent thera	ару	☐ Fully	☐ Parti	ally	None
		•	bupropio	on			☐ Fully	Parti	ally	None
		•	varenicl	ine			☐ Fully	Parti	ally	None
		•	other (pl	lease spec	rify:)?	Fully	Parti	ally	None
3.2.8.14	Art	icle 14 (Demand 1	reduction	measure	es concerr	s made in interest in the second in second in the second i	co depen	dence	e and
	It has already been stated that from 2009 at the primary health care level, prevention centers can be found in all of health units, and these centers implement the smoking cessation program among the young people. The program is implemented by selected doctors (doctors often chosen for children). The program is available to children and young people, and implementers are additionally trained in the implementation of this program and able to provide counseling. The program includes psychologists, and a nurse who works in the counseling center. This program is in compliance with the policy of the Ministry of Health and funded by the Health Fund. To prevent the complications of extended tobacco use it is very important					nters le. The for and s is				
	to work in smoking cessation programs. Students of medicine and dentistry in the framework of public health study and are educated about negative effects of tobacco smoke on human health.									
3.2.8.15	If y	ou have	any relev	ant inforn	nation p	ertaining	to but not	covered	in this	s section,

please provide details in the space below.

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 docun 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? 	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? 	⊠ 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)	If you answered "Yes" to question 3.3.1.6, do you facilitate the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?	⊠ Yes	□ No
3.3.1.8	15.4(b)	 enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes? 	⊠ Yes	□ No
3.3.1.9	15.4(c)	 requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment- friendly methods where possible, or disposed of in accordance with national law? 	⊠ Yes	□No
3.3.1.10	15.4(d)	 adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties? 	⊠ Yes	□No
3.3.1.11	15.4(e)	 enabling the confiscation of proceeds derived from illicit trade in tobacco products? 	X Yes	☐ No
3.3.1.12	15.6	- promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels?	⊠ Yes	□ No
3.3.1.13	15.7	 licensing or other actions to control or regulate production and distribution in order to prevent illicit trade? 	X 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 relevant information pertaining to but not covered in this section, please provide details in the space below.
	There is not any other official document on this subject apart from Action Plan. It can be said that Tobacco Agency continually monitors the situation of the tobacco market. In the case of significant disorders, the Agency informs the Ministry of Finance, that coordinates activities in this field and after that Government is informed.

3.3.2	16	Sales to and by minors						
		(Please check "Yes" or "No". For affirmative answers, please provided brief summary in the space provided at the end of the section and attathe relevant documentation. Please provide documentation, if availab one of the six official languages.)						
		executive, administrative or other measures of	Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented where appropriate, programmes on any of the following:					
3.3.2.1	16.1	 prohibiting the sales of tobacco products to minors? If "Yes", please specify the legal age: 18? 	⊠ 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?	X 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	(Sale	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.					
	The	The item is referred to in the Law.					
	that shov	"If the seller in the store as referred in paragraph 1 of this Article, suspects that the buyer is less than 18 years of age, may require from that person to show appropriate documents to prove legal age, and if they refuse, the seller will not sell to such person a tobacco product."					
	Penalties were increased through amending the Law on limitation of tobacco products, and the group of subjects related to the prohibition significantly expanded, we therefore see improvements in the implementation of this area.						
3.3.2.13	•	•	y relevant information pertaining to but details in the space below.	not covered in	this section,		

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

3.4	Article	OTHER MEASURES AND POLICIES				
		(with reference to Articles 18–21)				
3.4.1	18	Protection of the environment 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 n 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?	Yes	⊠ No	☐ Not applicable	
		the health of persons in relation to the environment?	Yes	⊠ No	☐ Not applicable	
3.4.1.2	18	implementing measures in respect territory, which take into considerate.		manufactı	uring within your	
		the protection of the environment?	Yes	⊠ No	☐ Not applicable	
		the health of persons in relation to the environment?	Yes	⊠ No	☐ Not applicable	
3.4.1.3	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 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 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 approximate, administrative or other measures or where appropriate, programmes on any of the factorial description.	have you imple			
3.4.2.1	19.1	dealing with criminal and civil liability, including compensation where appropriate?	Yes	⊠ No		
3.4.2.2	19.1	Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?	Yes	⊠ No		
3.4.2.3	19.1	Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?	Yes	⊠ No		
3.4.2.4	Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (<i>Liability</i>) in the past two years or since submission of your last report.					
3.4.2.5		you have any relevant information pertaining to but ease provide details in the space below.	not covered in	this section,		

3.4.3	20	Research, surveillance and exchange of info	rmation	
		(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	and attach the
		Have you adopted and implemented, where approximate 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	lresses:	
		determinants of tobacco consumption?	⊠ Yes	☐ No
		consequences of tobacco consumption?	⊠ Yes	☐ No
		 social and economic indicators related to tobacco consumption? 	\(\sum \text{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?	X 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	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.					
		See under 3.4.3.8.				
3.4.3.5	In reference to any question under 3.4.3.3, does your country have repeat any of the above or to undertake a new tobacco survey with five years of your last survey? Please provide details in the space by					
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	(Re	ase provide a brief description of the progress made esearch, surveillance and exchange of information) is omission of your last report.				
	Since submission of the previous implementation report some research data became available based on surveys on the prevalence of smoking in certain population groups.					
		SYTS, 2003 and 2008 year				
	- National Health Survey (LSMS), 2000 and 2008					
	- ESPAD, 2004 and 2008					
	 survey that was conducted among students of medical faculty in 2008 some other studies conducted on smaller samples. 					
	Although there is no established database that relates to existing laws and regulations on tobacco control in other countries through electronic media and international cooperation progress in this area is monitored.					
3.4.3.9	-	you have any relevant information pertaining to but asse provide details in the space below.	not covered in	this section,		

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		If you answered "Yes" to any of questions 4.1–4.6 Parties from which assistance was received or to w						
	1 1	We received assistance from WHO in materials, as well as educational programmes in form of seminars, workshops and other meetings. The Government of Montenegro and the Ministry of Health provide guidance, training materials necessary for the implementation of tobacco control programmes within the country, to health and educational institutions. However, it is not ensured distribution of any specified element outside the						

country.

We think that we need more frequent and comprehensive communication aid by international entities and countries with a longer tradition in the field of tobacco control (exchange of experience, training, expert assistance in the development and improvement plans, programs, strategies, promotional materials, development of resources for monitoring implementation activities, etc.) and to work more closely towards the development of human resources and other capacities in the area of tobacco control. In addition, it is important to strengthen research on the prevalence of smoking, in order to create appropriate policies on basis of the available data. It is necessary to ensure inter-agency cooperation and to define the tobacco control as a priority.

4.8	Please provide information about any assistance provided or received in the space below.
	WHO provided assistance concerning travel and accommodation at international meetings, as well as ideas for promotional materials to mark dates of importance for 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.
	Exchange of experience, training, expert assistance in the development and improvement plans, programs, strategies, promotional materials, development of resources for monitoring the implementation of activities, etc.
4.10	Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention? Yes No
	(Please refer to Article 26.4.)
4.11	If you answered "Yes" to question 4.10, please provide details in the space below.

5. PRIORITIES AND COMMENTS

5.1	What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?
	The priorities are the prevention of the uptake of smoking, prevention of smoking-related morbidity and mortality, adoption of normative acts in the area of restrictions and bans the use of tobacco products and their implementation.
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.
	Very small number of trained personnel in the field of public health that would follow the relationship of tobacco control and health, as well as a number of staff who monitor the implementation of laws and principles of general application FCTC.
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).)
	lack of human and technical resources
5.5	Please provide any relevant information not covered elsewhere that you consider

	important.
	We consider it necessary to work on capacity building for implementation of the FCTC.
5.6	Your suggestions for further development and revision of the reporting instrument:

End of reporting instrument