

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".
- 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.

If you use a newer version of Microsoft Word:

- 1. When receiving the security warning "Some active content has been disabled", click "Enable content".
- 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

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1.4	Period of reporting	April 2012 – April 2014		
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	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	25%				
	Daily smokers	15%	14,6			
	Occasional smokers	10%				
	Former smokers	23%				
	Never smokers	56%				
	FEMALES					
	Current smokers	22%				
	Daily smokers	14%	11,2			
	Occasional smokers	7%				
	Former smokers	20%				
	Never smokers	60%				
	TOTAL (males and f	females)				
	Current smokers	24%				
	Daily smokers	15%	12,9			
	Occasional smokers	9%				
	Former smokers	21%				
	Never smokers	58%				

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:
	Prevalence: all tobacco products that can be smoked (cigarettes, roll-your-own, pipe, cigars etc)
	Average number: Cigarettes and roll-your-own
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:
	16-74 years
2.1.1.3	Please indicate the year and source of the data used to answer question 2.1.1:
	2013. Statistics Norway.
	http://www.ssb.no/english/subjects/03/01/royk_en/
	https://www.ssb.no/statistikkbanken/selecttable/hovedtabellHjem.asp?KortNavnWeb=royk&CMSSubjectArea=helse&PLanguage=1&checked=true
	Most of the data is presented on the above websites. Otherwise some data is analysed by the Norwegian Health Directorate itself for the purpose of this report.
	Current smokers: Data from 4 quarterly surveys.
	Former/never smokers: Data from 1 of the 4 quarterly surveys.
2.1.1.4	Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report.
	Current smoker=daily smoker + occasional smoker.
	Definitions of Daily smoker & Occasional smoker come from the answered survey questions: "Do you ever smoke?" and "If so, do you smoke daily or occasionally?"
	Former smoker: Have smoked daily, but does not smoke at all now.
	Never smoker: Have never smoked daily
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.
	A steady decline in daily smoking the last two years of one percentage point each year.

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	16-24	8%			
	smokers ¹	25-34	12%			
	Add age group	35-44	16%			
	Add age group	45-54	18%			
		55-64	20%			
		65-74	14%			
	FEMALES					
	Current smokers ¹	16-24	6%			
	SHIOKEIS	25-34	12%			
	Add age group	35-44	13%			
	Add age group	45-54	21%			
		55-64	19%			
		65-74	13%			
	TOTAL (males and females)					
	Current smokers ¹	16-24	7%			
	smokers	25-34	12%			
	Add age group	35-44	15%			
	Add age group	45-54	19%			
		55-64	20%			
		65-74	14%			

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:				
	Current smoking is here defined as daily smoking:				
	Daily smoking prevalence: all tobacco products that can be smoked (cigarettes, roll-your-own, pipe, cigars etc)				
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:				
	2013. Statistics Norway.				
	http://www.ssb.no/english/subjects/03/01/royk_en/				
	https://www.ssb.no/statistikkbanken/selecttable/hovedtabellHjem.asp?KortNavnWeb=royk&CMSSubjectArea=helse&PLanguage=1&checked=true				
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.				
	Current smoking is here defined as daily smoking:				
	Decline in all age groups, and particularly among the youngest. Small or no gender differences.				

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 (%)				
		(please include all smokeless tobacco products in prevalence data)				
	MALES					
	Current users	20%				
	Daily users	14%				
	Occasional users	5%				
	Former users	4%				
	Never users	79%				
	FEMALES					
	Current users	6%				
	Daily users	4%				
	Occasional users	3%				
	Former users	3%				
	Never users	92%				
	TOTAL (males and females)					
	Current users	13%				
	Daily users	9%				
	Occasional users	4%				
	Former users	4%				
	Never users	85%				

2.1.3.1	Please indicate the smokeless tobacco products included in calculating prevalence for question 2.1.3:
	Snus (moist snuff)
2.1.3.2	Please indicate the age range to which the data used to answer question 2.1.3 refer:
	16-74 years
2.1.3.3	Please indicate the year and source of the data used to answer question 2.1.3:
	2013. Statistics Norway.
	http://www.ssb.no/english/subjects/03/01/royk_en/
	https://www.ssb.no/statistikkbanken/selecttable/hovedtabellHjem.asp?KortNavnWeb=royk&CMSSubjectArea=helse&PLanguage=1&checked=true
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=daily user + occasional user.
	Definitions of Daily user and Occasional user come from answered survey question: "Do you use snus tobacco daily, occasionally or never?"
	Former user: Have used snus daily, but does not use at all now.
	Never user: Have never used snus daily
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.
	Very small or no changes last two years in current use of snus.
L	

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	16-24	27%	
	Add age group	25-34	23%	
		35-44	17%	
		45-54	12%	
		55-64	4%	
		65-74	3%	
	FEMALES			
	Current users ²	16-24	14%	
	Add age group	25-34	5%	
		35-44	3%	
		45-54	1%	
		55-64	0%	
		65-74	0%	
	TOTAL (males	and females)		
	Current users ²	16-24	21%	
	Add age group	25-34	14%	
		35-44	10%	
		45-54	7%	
		2%		
		65-74	1%	

 $^{^{2}}$ 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:				
	Daily use of snus (moist snuff)				
2.1.4.2	Please indicate the year and source of the data used to answer question 2.1.4:				
	2013. Statistics Norway.				
	http://www.ssb.no/english/subjects/03/01/royk_en/				
	https://www.ssb.no/statistikkbanken/selecttable/hovedtabellHjem.asp?KortNavnWeb=royk&CMSSubjectArea=helse&PLanguage=1&checked=true				
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.				
	Increase in daily use of snus last two years in most age groups. Use of snus is mainly concentrated among those under 45 years.				

2.1.5	Tobacco use by ethnic group(s)				
		Ethnic group(s)	Prevalence (%) (please include all smoking or smokeless tobacco products in prevalence data)		
			Males	Females	Total (males and females)
	Current users ³	Bosnia- Hercegovi na	36%	31%	34%
	Add ethnic group	Serbia- Montenegr o	41%	23%	33%
		Turkey	49%	22%	39%
		Iraq	37%	7%	27%
		Iran	31%	19%	26%
		Pakistan	24%	1%	13%
		Vietnam	35%	3%	18%
		Sri Lanka	15%	1%	9%
		Somalia	27%	1%	16%
		Chile	28%	27%	27%
2.1.5.1	Please ind	licate the tobacco	products included in	n the answer to qu	uestion 2.1.5:

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

	Daily smoking prevalence: all tobacco products that can be smoked (cigarettes, roll-your-own, pipe, cigars etc)
2.1.5.2	Please indicate the age range to which the data used to answer question 2.1.5 refer:
	16-70 years
2.1.5.3	Please indicate the year and source of the data used to answer question 2.1.5:
	No new data since last report.
	2005/2006. Report 2008/35. Innvandreres helse 2005/2006 (Immigrants' health 2005/2006 - in Norwegian only). Statistics Norway http://www.ssb.no/emner/00/02/rapp 200835/rapp 200835.pdf

2.1.6	Tobacco use	by young pers	sons			
		Age range	Prevalence (%) (please include all smoking or smokeless tobacco products in prevalence data)			
			Smoking tobacco	Smokeless tobacco	Other tobacco (e.g. water pipe)	
	Boys					
	Current users ⁴	11	1%	1%	%	
	Add youth	13	4%	6%	%	
	group	15	9%	18%	%	
		16	18%	31%	%	
			%	%	%	
	Girls					
	Current users ⁴	11	0%	0%	%	
	Add youth	13	0%	2%	%	
	group	15	8%	9%	%	
		16	16%	16%	%	
			%	%	%	
	TOTAL (boys and girls)					
	Current users ⁴	11	0%	0%	%	
		13	1%	5%	%	
	group	15	8%	13%	%	
		16	17%	25%	%	
			%	%	%	
2.1.6.1	Please indicate the tobacco products included in calculating prevalence for question 2.1.6:					
		g: Any kind of sess: Snus.	moking tobacco.			

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

2.1.6.2	Please indicate the year and source of the data used to answer question 2.1.6:
	2009/10. HBSC study (Health Behaviour in School-Aged Children)
	https://bora.uib.no/bitstream/handle/1956/6809/500161%20HEVAS-rapport%20materie%20NY.pdf?sequence=1
	The same survey was reported on in 2012 but with unpublished figures. Now the results are published, and there are some small corrections, mostly due to rounding off of the figures.
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 smoking / use of snus: Daily + weekly smoking / use of snus
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.
	No new data – same as last reporting.

2.2	EXPOSURE TO TOBACCO SMOKE					
2.2.1	Do you have any data on exposure to tobacco smoke in your population?					
	✓ Yes					
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).					
	Are never exposed to tobacco smoke at home: 90 %					
	Are never exposed to tobacco smoke at workplace. 94 %					
	Data can be split on gender, education, age.					
	- Are never exposed to tobacco smoke at home: Men 90%, Women 90%					
	- Are never exposed to tobacco smoke at workplace. Men 93%, Women 96%					
	- Are never exposed to tobacco smoke at home: Low education: 77%, middle education: 91%, high education: 94%					
	- Are never exposed to tobacco smoke at workplace: Low education: 94%, middle education: 94%, high education: 98%					
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:					
	2013. Statistics Norway. Not published.					

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? 5100
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.
	1523 (30%) lung cancer
	915 (18%) ischemic heart disease
	1218 (24%) COPD
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:
	2009 (the same data was also reported in 2012)
	Rapport 2006:4 Nasjonalt folkehelseinstitutt, Hvor dødelig er røyking? Rapport om dødsfall og tapte leveår som skyldes røyking (in Norwegian only). By Stein Emil Vollset, Randi Selmer, Aage Tverdal og Håkon K. Gjessing http://www.fhi.no/dokumenter/F96A862E2C.pdf
	Update of main tables (2009): http://www.fhi.no/dokumenter/45d7c26ad4.pdf

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).
	English Summary in the report
	What is the magnitude of the societal costs associated with tobacco smoking in Norway? This report addresses this question by transferring cost estimates from Denmark and Sweden to a Norwegian context. The Norwegian cost estimates vary from NOK 8 billion to NOK 80 billion per year. The lower part of the interval includes healthcare costs and production losses associated with morbidity and premature mortality. The upper part of the interval includes an economic valuation of the welfare loss (lost life years and health related life quality) due to tobacco smoking.
	The economic value of the welfare loss is one of the parameters that affect the cost estimates the most. But the magnitude of welfare loss associated with smoking also depends on assumptions related to the existence of market failures. Are consumers acting as fully informed individuals in a perfect market or are they not? Cost stimates that include the valuation of welfare loss would generally assume some level of market failure (consumers not taking into account the full consequences of their behaviour in a long-term perspective).
	The cost estimates do indicate that interventions with the potential to reduce the number of daily and occational smokers can result in substantial benefits to society. But in order to guide decision makers towards identifying which

interventions are cost-effective or not, interventions need to be systematically compared in terms of their potential costs and consequences. This report argues that welfare effects are important to include in such analyses. This report also briefly addresses the question of the societal costs related to passive smoking. Based on an assumption that passive smoking contributes to about 5 percent of smoking related deaths and a welfare loss, the societal costs related to passive smoking are estimated to be about NOK 4 billion per year. Without an economic valuation of welfare loss the estimate is between NOK 400 million and NOK 1 billion per year. Health care costs related to passive smoking affecting children are assumed to be about NOK 21,5 million per year. In addition, there will be relatives' production loss and welfare effects. Such costs could easily reach a magnitude of hundreds of millions NOK per year. 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: 2010 (the same data was reported in 2012). http://www.helsedirektoratet.no/publikasjoner/samfunnsokonomiskekostnader-av-royking-en-vurdering-av-metodikk-og-kostnadenesstorrelsesorden/Publikasjoner/samfunnsokonomiske-kostnader-av-royking-envurdering-av-metodikk-og-kostnadenes-storrelsesorden.pdf

2.5	SUPPLY OF TOBACCO AND TOBACCO PRODUCTS						
	(with reference to Articles 6.2(b), 20.4(c), and 15.5)						
2.5.1	Licit supply of tobacco products						
		Product	Unit (e.g. pieces, tonnes)	Domestic production	Retail sales	Exports	Imports
	Smoking tobacco products	Cigarette s	mill pieces	0			1 556.22
	Add product	Pipe and roll- your- own	tons	0			566.27
		Cigars/ci garillos	tons	0			18.24
	Smokeless tobacco	Snus	tons	0			1 245.43
	products	Chew	tons	0			10.84
	product						

	Other tobacco products Add product	Cigarette s paper (for roll- your- own)	mill papers	0			898.18
	Tobacco	Leaves					
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:						
		2013. Registered and taxed sales of tobacco products. Norwegian Directorate for Customs and Excise. Not published.					

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS						
	(with	reference to Arti	cle 15.5)				
2.6.1		Year	Product	Unit (e.g. millions of pieces)	Quantity seized		
	Smoking tobacco	2013	Cigarettes	Pieces	8 909 787		
	products	2013	Roll-your-own	Kg	1 502		
	Add row	2013	Cigars/ cigarillos	Kg	3 156		
	Smokeless tobacco products	2013	Snus	Kg	397		
	Add row						
	Other tobacco products						
	Add row						
2.6.2		ou have any infornal tobacco mark		ntage of illicit tobacco	products on the		
2.6.3	-		'to question 2.6.2, we co products constitut	what percentage of the re? %	national tobacco		
2.6.4	If you answered "Yes" to question 2.6.3 and you have information available, what is the trend over the past two years or since submission of your last report in the percentage of illicit tobacco products in relation to the national tobacco market?						
2.6.5	Please provide any further information on illicit tobacco products.						
2.6.6	Please indicate the source of the data used to answer questions in section 2.6:						
	Customs statistics for 2013 (Norwegian Directorate of Customs and Excise)						

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.

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

2.8	TAXATION OF TOBACCO PRODUCTS						
	(with reference to Articles 6.2(a) and 6.3)						
2.8.1	What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))? 69 %						
2.8.2	How are the excise taxes levied (what types of taxes are levied)?						
	• Spec	ific tax only		☐ Yes	▽ No		
	• Ad v	alorem tax only		☐ Yes	▼ No		
	• Com	bination of speci	fic and ad valorem	n taxes	□ No		
	• More	complex structu	are (please explain	<i>u</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	Cigarettes	Specific (tobacco)	239	100 cigarettes		
	Add product	Cigarettes	Ad valorem (VAT)	25%	25% of hanufacture rs price + specific bacco tax)		
		Pipe and oll-your-own	Specific (tobacco)	239	100 gram		
		Pipe and oll-your-own	Ad valorem (VAT)	25%	25% of nanufacture rs price + specific bacco tax)		
		Cigars and cigarillos	Specific (tobacco)	239	100 gram		
		Cigars and cigarillo	Ad valorem (VAT)	25%	25% of nanufacture rs price +		

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.

					specific bacco tax)		
	Smokeless tobacco products	Snus	Specific (tobacco)	97	100 gram		
	Add product	Snus	Ad valorem (VAT)	25%	25% of nanufacture rs price + specific bacco tax)		
		Chew	Specific (tobacco)	97	100 gram		
		Chew	Ad valorem (VAT)	25%	25% of nanufacture rs price + specific bacco tax)		
	Other tobacco products	Cigarette paper	Specific (tobacco)	3,65	00 papers		
	Add product	Cigarette paper	Ad valorem (VAT)	25%	25% of nanufacture rs price + specific bacco tax)		
2.8.4	Please briefly de	scribe the trend	ds in taxation for to	bacco products	in the past two		
	Please briefly describe the trends in taxation for tobacco products in the past two years or since submission of your last report in your jurisdiction.						
	The proportion of (specific + VAT	of the retail price) is down from	ised with the expected of 20-pack cigard 73 till 69%. (For a T (25%) comprises	ettes that consistence 20-pack of cig	sts of taxes arettes: Specific		
2.8.5	Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction? Yes No (In reference to Article 26)						
2.8.6	If you answered "Yes" to question 2.8.5, please provide details in the space below.						
2.8.7	Please indicate the year and source of the data used to answer questions 2.8.1 to 2.8.6:						

2.9	PRICE OF TOBACCO PRODUCTS					
	(with	reference to Art	icle 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 tobacco products	Smokeless tobacco products	Other tobacco products	units or amount per package	
	Domestic		-			
	Imported	Prince	_		20	97,90
		Marlboro	_		20	97,90
		Kent			20	97,90
			General		42 gram	89,50
			neral portion		24 gram	79,90
			kruf portion		24 gram	79,90
				terøes (RYO)	50 gram	216,50
				liver Twist (chew)	7 gram	56,20
2.9.2	Pleas	se indicate the year	ar and source of	the data used to	answer question	n 2.9.1.
	2014	1. Personal obse	rvation in one	major chain of	retail stores.	
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.
	NOK 1 = 0.165578 USD (3 March 2014)
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.
	From 2012 (last report) to 2014, the price of cigarettes, roll-your own and snus increased with 9–12%.

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

3.1	Article	GENERAL OBLIGATIONS			
		(with reference to Article 5)			
3.1.1	5	General obligations			
3.1.1.1	5.1	Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?	▼ Yes	□ No	
3.1.1.2		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 finance	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	(e.g.	u answered "Yes" to any of the questions under 3.1 the nature of the national coordinating mechanism, point for tobacco control or the tobacco control un	the institution		
	The 1	Norwegian focal point is located at The Ministry of	Health and (Care Services.	
	The Norwegian tobacco control unit is the Directorate of Health, a governmental health agency subordinate to the Ministry. The Directorate's Public Health Division has designated tobacco control employees, and is responsible for implementing national tobacco control strategies. Number of staff: app. 13.				
	Financing through the national budget. In 2013 about NOK 41 mill was spent on tobacco control (including staff, quitline, campaigns, and other activities).				
	High political commitment to tobacco control over last four decades. Parliamentary decision to establish Directorate of Health.				
3.1.1.6		se provide a brief description of the progress made is 5.2 (<i>General obligations</i>) in the past two years or sixt.	_	-	

	A new national Tobacco Control Strategy was launched in 2013, "A tobacco-free future. National strategy for tobacco control 2013–2016". http://www.regjeringen.no/pages/1664238/National_strategy_tobacco.pdf
	Other relevant plans are:
	Public Health Report. Good health – a common responsibility. Meld. St. 34 (2012–2013) Report to the Storting (White Paper). http://www.regjeringen.no/en/dep/hod/documents/regpubl/stmeld/2012-2013/meld-st-34-20122013-3.html?id=745941
	NCD-Strategy. For the prevention, diagnosis, treatment and rehabilitation of four non communicable diseases: cardiovascular disease, diabetes, COPD and cancer. http://www.regjeringen.no/pages/38449517/ncd_strategy_060913.pdf
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 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		f you answered "Yes" to any of the questions underovide details in the space below.	er 3.1.2.1 or 3.1.2.	2, please		
	<u>h</u>	Ethical standards set in guidelines excluding tobacco producing companies from the Norwegian Government Pension Fund Global (GPFG). http://www.regjeringen.no/en/dep/fin/Selected-topics/the-government-pension-fund/responsible-investments/guidelines-for-observation-and-exclusion.html?id=594254				
3.1.2.4		Please provide a brief description of the progress ment the past two years or since submission of your la		ing Article 5.3		
3.1.2.5		USE OF THE GUIDELINES ADOPTED BY THE PARTIES	E CONFERENCE	OF THE		
	jų ji w o	Please use the space below to provide additional information regarding use of the "Guidelines for implementation of Article 5.3 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 5.3 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 .				
3.1.2.6		f you have any other relevant information pertaini ection, please provide details in the space below.	ng to but not cove	ered in this		
		In the national tobacco strategy 2013-2016 the following Review the guidelines to FCTC Art. 5.3 and assess mplementing guidelines." The work is currently at	s the need for nati	ional		

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 den	nand 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 state o	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.					
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.					
	(inc	ere are quotas on how much travellers can impor cluding display ban) and health warning provision d at duty-free areas.		•		

3.2.2	8.2	Protection from exposure to tobacco s	smoke				
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)					
		administrative or other measures or have	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:				
3.2.2.1		 banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places? 	✓ Yes	□ No			
3.2.2.2		If you answered "Yes" to question 3.2.2 measure providing for the ban?	.1, what is the type/n	ature of the			
		• national law	▼ Yes	□ No			
		• subnational law(s)	Yes	☑ No			
		administrative and executive orders	☐ Yes	✓ No			
		voluntary agreements	☐ Yes	☑ No			
		• other measures (<i>please</i> specify:)	☐ Yes	□ No			
3.2.2.3		Please provide a brief explanation of the measures providing for the ban.	type/nature and cont	ent of the			
		Ban on smoking in indoor workplaces, indoor public places, and indoor public transport regulated in the Tobacco Control Act, Sections 25–27. Designated smoking areas are allowed in certain institutions and on oil/gas platforms offshore. Enters into force 1 July 2014.					
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.					
		In workplaces, the Labour Inspection Authority supervises compliance with the smokefree provisions. In other public areas, the municipal councils supervise compliance. See Section 29 of the Tobacco Control Act. Persons in breach of the law can be removed from the premises. The owners/employers can be fined for non-compliance.					

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	V		
	health-care facilities	>		
	• educational facilities ¹	>		
	 universities 	>		
	private workplaces	>		
	• other (please specify:)			
	Public transport:			
	• airplanes	>		
	• trains	>		
	• ferries	>		
	 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	V					
	• 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					
	Ban on smoking in indoor workp. Act, Sections 25-27. As of 1 July be forbidden everywhere except in platforms offshore.	2014, designated	smoking ro	oms will			
	Banning tobacco smoking in pub.	Banning tobacco smoking in public transport					
	Ban on smoking regulated in the	Ban on smoking regulated in the Tobacco Control Act, Section 25.					
	Banning tobacco smoking in indoor public places						
	Ban on smoking in indoor public places regulated in the Tobacco Contr Act, Sections 25-27. As of 1 July 2014, designated smoking rooms will be forbidden everywhere except certain institutions.						
3.2.2.8	Please provide a brief description of the progress made in implementing Article 8 (<i>Protection from exposure to tobacco smoke</i>) in the past two years or since submission of your last report.						
	Amendments to the Tobacco Control Act we legislation.	Amendments to the Tobacco Control Act were adopted in 2013, strengthening the legislation.					
	As of 1 July 2013 a Tobacco Control Act provision states that children have the right to be protected from second hand smoking.						
	As of 1 July 2014, designated smoking rooms are forbidden everywhere except in certain institutions and on oil/gas platforms offshore. All tobacco use (smoking and smokeless on school premises, both indoors and outdoors), is forbidden. In addition, students are not allowed to use any form of tobacco products during school hours. Smoking at the entrances of public offices and both public and private health facilities, is also banned.						

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 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:				
	-	 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 management of the contents of tobacco products) in ubmission of your last report.				
3.2.3.6	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 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 pertaining ection, please provide details in the space below.	ng to but not cove	red in this		
	The maximum limit of tar, nicotine and CO is regulated in accordant directive 2001/37/EU.			dance with EU		

3.2.4	Regulation of tobacco product disclosures					
	(Please check "Yes" or "No". For affirmative answers, please pro summary in the space provided at the end of the section and attach relevant documentation. Please provide documentation, if available the six official languages.)					
		Have you adopted and implemented, where a administrative or other measures or have you appropriate, programmes on any of the follow	implemented, wh			
3.2.4.1		 requiring manufacturers or importers of 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 Artic (Regulation of tobacco product disclosures) in the past two years or since submission of your last report.					
3.2.4.4		USE OF THE GUIDELINES ADOPTED BY THE PARTIES	E CONFERENCE	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 instruction 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.			red in this		

3.2.5	Packaging and labelling of tobacco products				
		(Please check "Yes" or "No". For affirmative answers, please probrief summary in the space provided at the end of the section and a the relevant documentation. Please provide documentation, if avail in one of the six official languages.)			
		Have you adopted and implemented, where executive, administrative or other measures where appropriate, programmes on any of	ner measures or have you implemented,		
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 "" 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 outside packaging and labelling of such packet 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.				
3.2.5.16	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 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.				
	An amendment to the Tobacco Control Act adopted in 2013, prohibits the sale of cigarettes in packets smaller than 20 cigarettes. The provision entered into force 1 July 2013 with a transition period of six months for distribution to retailers and additional six months for sale to consumers.				
	The p	pictorial health warnings are in line with the pro	ovisions in the I	EU directive on	

tobacco products 2001/37/EU.

3.2.6	12	Education, communication, training and public awareness				
		(Please check "Yes" or "No". For affirm brief summary in the space provided at th the relevant documentation. Please provid one of the six official languages.)	on and attach			
	Have you adopted and implemented, where appropriate, legis 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		, to whom are the	se programmes			
		adults or the general public	▼ Yes	□ No		
		children and young people	V 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, do you reflect the follo key differences among targeted population groups in educational a 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 awareness programmes cover:	, do these educati	onal and public
		• health risks of tobacco consumption?	▼ Yes	□No
		• health risks of exposure to tobacco smoke?	✓ Yes	□No
		• benefits of the cessation of tobacco use and tobacco-free lifestyles?	▼ Yes	□ No
	12(f)	adverse economic consequences of		
		- tobacco production?	☐ Yes	✓ No
		- tobacco consumption?	✓ Yes	□ No
		adverse environmental consequences	s of	
		- tobacco production?	☐ Yes	▼ No
		- tobacco consumption?	☐ Yes	▼ No
3.2.6.5	12(e)	awareness and participation of the follow in development and implementation of in strategies for tobacco control:		-
		• public agencies?	▼ Yes	□ No
		 nongovernmental organizations not affiliated with the tobacco industry? 	▼ Yes	□ No
		• private organizations?	☐ Yes	▼ No
		• other (please specify:)?	☐ Yes	□No
3.2.6.6	12	Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?	▼ Yes	□ No
3.2.6.7	12(d)	Are appropriate and special training or ser programmes on tobacco control addressed		rareness
		• 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.				
	A five year strategy of mass media tobacco campaigns, including extra for of 19 million NOK, started in 2012. In the period of 2012-2014 (as of Approximate topics like health risks, secon smoke, occasional smoking and smoking cessation.				
3.2.6.9	9 USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF TH PARTIES				
	Please use the space below to provide additional information regarding use of the "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 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 .				
3.2.6.10	.2.6.10 If you have any other relevant information pertaining to but not covere section, please provide details in the space below.				

3.2.7	3.2.7 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	

				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.				
	As of 1 July 2013 tobacco surrogates and tobacco imitations are covered by the Norwegian ban on tobacco advertising. Surrogates/imitations include e.g. electronic cigarettes.				
3.2.7.15		E OF THE GUIDELINES ADOPTED BY THE RTIES	CONFERENCE	OF THE	
	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.
	Cross border advertising is forbidden if its main target country is Norway, i.e Internet advertising where the server is placed in another country but the advertising is for example in the Norwegian language, and the promoted products are meant specifically for the Norwegian market.

3.2.8	14	Demand reduction measures concerning tobacco dependence an 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, i one of the six official languages.)				
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:				
3.2.8.1	14.1	 developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices? 	✓ Yes	□ No		
3.2.8.2	14.1	 programmes to promote cessation 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 progra cessation of tobacco use, in such loc		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	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: Learning and Mastery Centres in specialist health care and in the municipal health and care services)	V 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	□ None	
		secondary and tertiary health care	Fully Partia	ally None	
		• specialist health-care systems (please specify:NRT at hospital admission)	▼ Fully	ally None	

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

		• other (please specify:)?	□ Y€	es	□No	
3.2.8.10	14.2(d)	 facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence? 	▼ Ye	ès	□ No	
3.2.8.11	14.2(d)	If you answered "Yes" to question 3.2.8. products be legally purchased in your co				
		Nicotine replacement therapy is sold stores etc and not only in pharmacies only sold in pharmacies, by prescripti	. Bupropio			
3.2.8.12	14.2(d)	If you answered "Yes" to question 3.2.8. products are legally available for the trea your jurisdiction?	-			
		nicotine replacement therapy	▼ Ye	es	□ No	
		• bupropion	▼ Ye	es	□No	
		• varenicline	▼ Ye	es	□No	
		• other (please specify:)	☐ Yes ☐ No		□ No	
3.2.8.13	14.2(d)	If you answered "Yes" to question 3.2.8. covered by public funding or reimbursen		costs of t	these products	
		nicotine replacement therapy	☐ Fully	☐ Partiall	ly None	
		• bupropion	☐ Fully	☐ Partiall	ly None	
		• varenicline	☐ Fully	☐ Partiall	ly ✓ None	
		• other (please specify:)	☐ Fully	☐ Partiall	☐ None	
3.2.8.14	Art	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.				
	In 2012, The Directorate of Health launched a National plan for systematic and evidence-based services for tobacco cessation. "Helsedirektoratets plan for et systematisk og kunnskapsbasert tilbud om røyke- og snusavvenning": http://www.helsedirektoratets.no/folkehelse/tobakk/snus-og- roykeslutt/Documents/Helsedirektoratets-plan-systematisk-kunnskapsbasert- tilbud-royke-og-snusavvenning.pdf Established 'healthy living centres' locally, in all geographic regions, to support change of behaviours that have significance for health. The goal is to establish					
		such centres in all municipalities. Cessation counsellors have been educated for the purpose of individual or group counselling in tobacco cessation. So far about				

	50 % of the municipalities are covered.
	There is improved involvement in / interaction with health personnel and community health services in mass media campaigns focusing on cessation.
3.2.8.15	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 14 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 14 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 .
3.2.8.16	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.
	Use of new media has improved the availability of cessation services, as they can be used anywhere in (and outside of) the country and also at any time of the day.
	The smartphone app <i>Slutta</i> was launched January 2013, and was downloaded about 150 000 times the first year. The app is particularly popular among snus user who wish to quit, and receives good rating from its users.
	In November 2013, a Facebook page was set up to facilitate the exchange of advice, experience and support between ex-smokers and smokers who wish to quit. In three months it gained 25 000 users who are very active and supportive of each other.

3.3	Article	MEASURES RELATING TO THE REDUCTION OF THE SU 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 encrelevant documentation. Please provide documentation 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	1	. 1	
		(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	П No	
3.3.2.5	16.1(c)	 prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors? 	☐ Yes	No No	
3.3.2.6	16.1(d)	 prohibiting the sale of tobacco products from vending machines? 	▼ Yes	□ No	
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.				
	An amendment to the Tobacco Control Act adopted in 2013, prohibits the sale of cigarettes in packets smaller than 20 cigarettes. The provision entered into force 1 July 2013 with a transition period of six months for distribution to retailers and an additional six months for sale to consumers.				
	A ban on self-service of tobacco products was also adopted in 2013, and is in force from 1 July 2014.				
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.				
	tobac	perning question 3.3.2.5, sales of sweets, snacks, to co products to minors (below 18) is forbidden, as ay of such products at points of sale.	•		

3.3.3	17	Provision of support for econ	omically viabl	e alternativ	e activities
		(Please check "Yes" or "No". summary in the space provided relevant documentation. Please the six official languages.)	at the end of th	he section an	nd attach the
		Have you adopted and impleme programmes on any of the following the foll	-	propriate, m	easures or
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 other relevant information pertaining to but not covered in this section, please provide details in the space below.			

3.4	Article	OTHER MEASURES AND POI	LICIES	
		(with reference to Articles 18–21)		
3.4.1	18	Protection of the environment an	nd the health of pers	sons
		(Please check "Yes" or "No". For brief summary in the space provid relevant documentation. Please prof the six official languages.)	ed at the end of the se	ection and attach the
		Have you adopted and implemented executive, administrative or other where appropriate, programmes or	measures or have you	i implemented,
3.4.1.1	18	 implementing measures in respecterritory, which take into consider 		on 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 respecterritory, which take into consider		turing within your
		• the protection of the environment?	☐ Yes ☐ No	Not applicable
		• the health of persons in relation to the environment?	☐ Yes ☐ No	Not applicable
3.4.1.3	(P	ease provide a brief description of the protection of the environment and the heat case 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.		

19	Liability			
	summary in the space provided at the end of the	ne section and	attach the	relevant
19.1	Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?	▼ Yes	□ No	Not applicable
19.1	Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?	☐ Yes	▼ No	Not applicable
19.1	Do you have any civil liability measures that are specific to tobacco control?	☐ Yes	▼ No	Not applicable
19.1	Do you have any general civil liability provisions that could apply to tobacco control?	▼ Yes	□ No	Not applicable
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	□ No	Not applicable
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
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
	19.1 19.1 19.1 19.1	(Please check "Yes" or "No". For affirmative summary in the space provided at the end of the documentation. Please provide documentation languages.) 19.1 Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation? 19.1 Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)? 19.1 Do you have any civil liability measures that are specific to tobacco control? 19.1 Do you have any general civil liability provisions that could apply to tobacco control? 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? 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? 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? Please provide a brief description of any primplementing Article 19 (Liability) in the primplemen	(Please check "Yes" or "No". For affirmative answers, pleasummary in the space provided at the end of the section and documentation. Please provide documentation, if available, languages.) 19.1 Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation? 19.1 Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)? 19.1 Do you have any civil liability measures that are specific to tobacco control? 19.1 Do you have any general civil liability provisions that could apply to tobacco control? 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? 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? 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? Please provide a brief description of any progress made, implementing Article 19 (Liability) in the past two years	(Please check "Yes" or "No". For affirmative answers, please provide summary in the space provided at the end of the section and attach the documentation. Please provide documentation, if available, in one of the languages.) 19.1 Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation? 19.1 Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)? 19.1 Do you have any civil liability measures that are specific to tobacco control? 19.1 Do you have any general civil liability provisions that could apply to tobacco control? 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? 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? 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? Please provide a brief description of any progress made, as approprimplementing Article 19 (Liability) in the past two years or since su

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 infor	rmation		
		(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 relevant documentation. Please provide documentation, if available, in o of the six official languages.)			
		Have you adopted and implemented, where apprexecutive, administrative or other measures or where appropriate, programmes on any of the form	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? 	▼ 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 unde surveys, including the year of the survey, the past.		
		Statistics Norway: - Tobacco use. Yearly surveys from 1973 users - Survey on living conditions, every three years.		2
3.4.3.5	20.3(a)	In reference to any question under 3.4.3.3, or plans to repeat any of the above or to under within three to five years of your last survey the space below.	take a new tob	acco survey
		Yes, the national survey on tobacco use is re The survey on living conditions will also lik years.	•	•
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.			red in this
	The National Institute of Public Health undertakes various research and studies regarding health risks and consequences of tobacco use and exposure.			

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		you answered "Yes" to any of questions 4.1–4.6 rties from which assistance was received or to w	•	•

4.8	Please provide information about any assistance provided or received in the space below.
	In 2010, the WHO TFI assisted us in performing a Joint assessment of tobacco control in Norway. This was very useful and formed the basis for further implementation work.
	Norway contributes with 19 million NOK to WHO, specific earmarked funding for tobacco control and alcohol work.
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?
	At the moment, we plan to better implement Article 5.3. Other priorities follow from the new EU Tobacco Products Directive. Also, ratifying the Protocol on illicit trade.
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? No
5.3	If you answered "Yes" to question 5.2, please provide details in the space below.
5.4	What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention? (Please refer to Article 21.1(b).)
	Political fatigue of tobacco control and the misconception that "the problem is solving itself".
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