## 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	Sweden	
1.2	Information on national contact respons	ible for preparation of the report:	
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1.4	Period of reporting	5/11 2010 to 30/04/2012	
1.5	Date the report was submitted	13/04/2012	

# 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	23.00 %			
	Daily smokers	10.00 %	13.50		
	Occasional smokers	13.00 %			
	Former smokers	17.00 %			
	Never smokers 60.00 %				
	Current smokers	21.00 %			
	Daily smokers	12.00 %	11.40		
	Occasional smokers	9.00 %			
	Former smokers	17.00 %			
	Never smokers	62.00 %			
	TOTAL (males and	females)			
	Current smokers	22.00 %			
	Daily smokers	11.00 %			
	Occasional smokers	11.00 %			
	Former smokers	17.00 %			
	Never smokers	61.00 %			

2.1.1.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:
	Cigarettes, cigarillos, cigars and pipes
2.1.1.2	Please indicate the age range to which the data used to answer question 2.1.1 refer:
	16-84 years
2.1.1.3	Please indicate the year and source of the data used to answer question 2.1.1:
	The Swedish National Institute of Public Health (2011). The National Survey of Public Health - Health of Equal Terms. See attachment "Tobacco use - The Swedish National Survey of Public Health 2004-2011"
	Please note that the data submitted relates to 2011 and that it is age- standardized using the Swedish population as reference. In the attached file columns named "No of responses" correspond to the number of responses after applying calibration weights
	Source regarding "Average number of the most consumed smoking tobacco product used per day" (please note that data relates to 2004-2005):
	Statistics Sweden (2007). Consumption of alcohol and tobacco. Living Conditions Report no 114. Stockholm: Statistics Sweden. See attachment "Levnadsförhållanden - Alkohol och tobaksbruk" (in Swedish)
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: Answered "Yes" to either the question "Do you smoke daily?" or "Do you smoke occasionally?"
	Daily smoker: Answered "Yes" to the question "Do you smoke daily?"
	Occasional smoker: Answered "Yes" to the question "Do you smoke occasionaly?" but "No" to the question "Do you smoke daily?"
	Former smoker: Answered "Yes" to the question "Have you ever smoked daily for a period of at least six months?" but "No" to the question "Do you smoke daily?" and "Do you smoke occasionally?"
	Never smoker: Answered "No" to being a daily smoker, an occasional smoker or a former smoker
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 prevalence of daily smoking has remained roughly the same over the period 2009-2011. There has been no significant changes in prevalence during this period for either males, females or in total. Seeing over a longer period of time, since the early 1980s, the prevalence of daily smoking has been steadily declining in Sweden. In the years 2009 and 2011 the share of daily smokers among females was marginally higher than the share of daily smokers among males

The prevalence of occasional smoking has remained roughly the same over the period 2009-2011. There has been no significant changes in prevalence during this period for either males, females or in total. The share of occasional smokers among males was significantly higher than the share of occasional smokers among females for each year between 2009 and 2011

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 <sup>1</sup>	16-29	8.00 %		
	smokers	30-44	9.00 %		
		45-64	13.00 %		
	Add age group	65-84	10.00 %		
			%		
	FEMALES				
	Current smokers <sup>1</sup>	16-29	13.00 %		
	smokers	30-44	8.00 %		
	Add and group	45-64	17.00 %		
	Add age group	65-84	11.00 %		
			%		
	TOTAL (mal	es and females)			
	Current	16-29	10.00 %		
	smokers <sup>1</sup>	30-44	9.00 %		
	Add are many	45-64	15.00 %		
	Add age group	65-84	10.00 %		
			%		

<sup>&</sup>lt;sup>1</sup> Please provide here data on either all current smokers or daily smokers only, whichever is available.

2.1.2.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.2:
	Cigarettes, cigarillos, cigars and pipes
2.1.2.2	Please indicate the year and source of the data used to answer question 2.1.2:
	The Swedish National Institute of Public Health (2011). The National Survey of Public Health - Health of Equal Terms. See attachment "Tobacco use - The Swedish National Survey of Public Health 2004-2011"
	Please note that the data submitted relates to 2011, that it is age-standardized using the Swedish population as reference and that it includes daily smoking only. In the attached file columns named "No of responses" correspond to the number of responses after applying calibration weights
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.
	As mentioned in 2.1.1.5, the share of daily smokers is relatively unchanged between 2009 and 2011
	Among women 16-29 years old the share of daily smokers has increased slightly, however the change is not statistically significant. Among women 30-44 years old, daily smoking has been decreasing over a longer period of time. This seems to relate to the years 2009-2011 as well, but the decrease is not statistically significant regarding these years. Among women 45-64 years old as well as 65-84 prevalence of daily smoking is relatively unchanged during 2009-2011
	Among young men 16-29 years old daily smoking seems to be declining, the change is not however statistically significant. Seeing over a longer period of time daily smoking in this group seems relatively unchanged. Among men 30-44 years old there is no significant changes in prevalence. Among men 45-64 years old there is a significant decrease in the share of daily smokers (from 18 to 13 percentage units, comparing 2010 and 2011. The share of daily smokers among men 65-84 years old is relatively unchanged

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	24.00 %				
	Daily users	18.00 %				
	Occasional users	6.00 %				
	Former users	9.00 %				
	Never users	67.00 %				
	FEMALES					
	Current users	7.00 %				
	Daily users	3.00 %				
	Occasional users	4.00 %				
	Former users	2.00 %				
	Never users	91.00 %				
	TOTAL (males and females)					
	Current users	16.00 %				
	Daily users	11.00 %				
	Occasional users	5.00 %				
	Former users	5.00 %				
	Never users	79.00 %				
L		L				

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:
	16-84 years
2.1.3.3	Please indicate the year and source of the data used to answer question 2.1.3:
	The Swedish National Institute of Public Health (2011). The National Survey of Public Health - Health of Equal Terms. See attachment "Tobacco use - The Swedish National Survey of Public Health 2004-2011"
	Please note that the data submitted relates to 2011 and that it is age- standardized using the Swedish population as reference. In the attached file columns named "No of responses" correspond to the number of responses after applying calibration weights
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 users: Answered "Yes" to either the question "Do you use snus daily?" or "Do you use snus occasionally?"
	Daily users: Answered "Yes" to the question "Do you use snus daily?"
	Occasional users: Answered "Yes" to the question "Do you use snus occasionaly?" but "No" to the question "Do you use snus daily?"
	Former users: Answered "Yes" to the question "Have you ever used snus daily for a period of at least six months?" but "No" to the question "Do you use snus daily?" and "Do you use snus occasionally?"
	Never users: Answered "No" to being a daily snus-user, an occasional snus-user or a former snus-user
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.
	Covering the years 2009-2011 daily snus-use has been relatively unchanged in Sweden. Comparing 2010 and 2011 the share of daily snus-users is lower among both men and women, these changes are however not statistically significant. Seeing over a longer period of time daily snus-use among men seems to be declining
	There is little or no change in prevalence regarding occasional snus-use
•	

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 <sup>2</sup>	16-29	17.00 %			
	Add age group	30-44	21.00 %			
		45-64	21.00 %			
		65-84	11.00 %			
			%			
	FEMALES					
	Current users <sup>2</sup>	16-29	5.00 %			
	Add age group	30-44	4.00 %			
		45-64	3.00 %			
		65-84	2.00 %			
			%			
	TOTAL (males	s and females)				
	Current users <sup>2</sup>	16-29	11.00 %			
	Add age group	30-44	12.00 %			
		45-64	12.00 %			
		65-84	6.00 %			
			%			

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

Please indicate the smokeless tobacco products included in the answer to question 2.1.4:			
Snus (moist snuff)			
Please indicate the year and source of the data used to answer question 2.1.4:			
The Swedish National Institute of Public Health (2011). The National Survey of Public Health - Health of Equal Terms. See attachment "Tobacco use - The Swedish National Survey of Public Health 2004-2011"			
Please note that the data submitted relates to 2011, that it is age-standardized using the Swedish population as reference and that it includes daily snus-use only. In the attached file columns named "No of responses" correspond to the number of responses after applying calibration weights			
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.			
Among women there is little or no change in the different age-groups regarding 2009-2011. Daily snus-use seems to be more common among younger women than older women  Among men there is little change in prevalence regarding most age-groups examining the years 2009-2011, excluding the group 16-29 years old. In this group prevalence shows signs of decreasing, however not significantly so strictly examining 2009-2011			

2.1.5	Tobacco use by ethnic group(s)				
		Ethnic group(s)	· <u>•</u>	Prevalence (%) all smoking or smo ucts in prevalence a Females	
			Maics	Temates	females)
	Current users <sup>3</sup>	Daily smoking (origin Sweden)	9.00 %	12.00 %	10.00 %
	Add ethnic group	Daily smoking (origin other nordic country)	14.00 %	21.00 %	19.00 %
		Daily smoking (origin Europe, nordic countries excluded)	18.00 %	14.00 %	16.00 %

<sup>&</sup>lt;sup>3</sup> Please provide data on either all current users or daily users only, whichever is available.

12

	Daily smoking (origin outside Europe)	14.00 %	10.00 %	12.00 %
	Daily snu use (origi Sweden)	n 20.00 %	4.00 %	12.00 %
	Daily snur use (origi other nord country)	n ic 16.00 %	2.00 %	9.00 %
	Daily snu- use (origi Europe, nordic countries excluded	9.00 %	1.00 %	5.00 %
	Daily snu use (origi outisde Europe)		1.00 %	5.00 %
2.1.5.1	Please indicate the to	bacco products included	l in the answer to que	estion 2.1.5:
	Cigarettes, cigarillo	s, cigars, pipes and sn	us (moist snuff)	
2.1.5.2	Please indicate the ago	e range to which the data	a used to answer que	estion 2.1.5 refer:
	16-84 years			
2.1.5.3	Please indicate the ye	ar and source of the data	a used to answer que	estion 2.1.5:
	The Swedish National Institute of Public Health (2011). The National Survey of Public Health - Health of Equal Terms. See attachment "Tobacco use - The Swedish National Survey of Public Health 2004-2011"			
	Please note that the data submitted relates to 2011, that it is age-standardized using the Swedish population as reference and that it includes daily use only. In the attached file columns named "No of responses" correspond to the number of responses after applying calibration weights			

2.1.6	Tobacco use by young persons						
		Age range	Prevalence (%) (please include all smoking or smokeless tobacco products in prevalence data)				
			Smoking tobacco	Smokeless tobacco	Other tobacco (e.g. water pipe)		
	Boys						
	Current users <sup>4</sup>	15-16	19.00 %	12.00 %	40.00 %		
	Add youth	17-18	32.00 %	24.00 %	60.00 %		
	group		%	%	%		
			%	%	%		
			%	%	%		
	Girls						
	Current users <sup>4</sup>	15-16	26.00 %	3.00 %	38.00 %		
	Add youth group	17-18	39.00 %	7.00 %	59.00 %		
			%	%	%		
			%	%	%		
			%	%	%		
	TOTAL (boys and girls)						
	Current users <sup>4</sup>		%	%	%		
	Add youth		%	%	%		
	group		%	%	%		
			%	%	%		
			%	%	%		
2.1.6.1	Please indicate the tobacco products included in calculating prevalence for question 2.1.6:						
	Prevalences of smoking tobacco do not relate to any specified type of smoking tobacco, but to the question "Do you smoke?"						
			eless tobacco relate to wedish "Snusar du?")	-	Oo you use snus		

<sup>&</sup>lt;sup>4</sup> Please provide data on either all current users or daily users only, whichever is available.

Prevalences of other tobacco relate specifically to the use of water pipe-tobacco (with or without nicotine, or without knowledge of if the tobacco contained nicotine) at any point during the lifetime

1	
2.1.6.2	Please indicate the year and source of the data used to answer question 2.1.6:
	Henriksson, C. & Leifman, H. (2011). Skoleleversdrogvanor 2011. Rapport Nr 129. Stockholm: The Swedish Council for Information on Alcohol and Other Drugs (CAN). See attachment "Skolelevers drogvanor 2011" (in Swedish)
	Note that data pertains to 2011
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 users of smoking tobacco: Those repondents that answered the question "Do you smoke?" with one of the following; "Yes, every day", "Yes, almost every day", "Yes, but only at weekends", "Yes, but only at parties", "Yes, but only sometimes". Individuals that answered "No, I have only tried it" were not included in the current users-category
	Current users of smokeless tobacco: Those repsondents that answered the question "Do you use snus [moist snuff]?" (in Swedish "Snusar du?) with one of the following; "Yes, less than one box ["dosa" in Swedish] per week", "Yes, one box per week", "Yes, two boxes per week", "Yes, three boxes per week", "Yes, four boxes per week or more". Individuals that answered "No, I have only tried it" were not included in the current users-category
	Current users of other tobacco: Those respondents that answered "Yes, with nicotine", "Yes, without nicotine" or "Yes, but I do not know if the tobacco contained nicotine" when asked if they had ever smoked water pipe (lifetime prevalence)
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.
	Examining the years 2009-2011 the share of smokers (current users of smoking tobacco) has decreased among 15-year-olds (both among boys and girls). Among 17-year-olds (both boys and girls) the share of smokers increased between 2009 and 2010, but decreased between 2010 and 2011. The share of smokers among girls remains higher than the share of smokers among boys in both age-categories
	Looking at use of snus, boys have a higher prevalence than girls. This it true for both age-categories in the survey. Among 15-year-olds the share of snususers has decreased the last years, more so among boys than girls. Among 17-year-olds the share of snus-user has also been decreasing for a number of years, with an exception for 2009 and 2010
	Data on current users of other tobacco (water pipe-smoking) has only been collected since 2009, making it questionable to discuss any trends. Additional data suggest that it is relatively uncommon to use water pipe tobacco regularly. Among both 15-year-olds and 17-year-olds approximately one in ten respondents claimed to smoke water pipe once a month uptil as much as once a week

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).
	Data on exposure to tobacco smoke is shown in the categories; "Passive smoking", "Passive smoking - public environment", "Passive smoking - home environment", "Passive smoking - work environment" and "Passive smoking - other environment"
	Please note that data is age-standardized using the Swedish population as reference. In the attached file columns named "No of responses" corresponds to the number of responses after applying calibration weights
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1:
	The Swedish National Institute of Public Health (2011). The National Survey of Public Health - Health of Equal Terms. See attachment "Tobacco use - The Swedish National Survey of Public Health 2004-2011"
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? 6600
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.
	Cancer (lung cancer is the most common type): 2600 deaths Stroke and CHD (Coronary Heart Disease): 2500 deaths COPD (Chronic Obstructive Pulmonary Disease): 1300 deaths Passive smoking: 200 deaths
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:
	The number of deaths attributable to smoking was calculated concerning 2003 and later controlled concerning 2009 by the Swedish National Board of Health and Welfare by request of the Swedish National Institute of Public Health, but found to still be valid. Only the estimate of deaths attributable to passive smoking was changed, from 500 to 200 cases
	Boström, G. (2003). Hälsorelaterade levnadsvanor - vad vet vi och vad behöver vi veta? (R nr R 2003:27). Stockholm: The Swedish National Institute of Public Health. See attachment "Hälsorelaterade levnadsvanor - vad vet vi och vad behöver vi veta" (in Swedish)

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?  Yes  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).
	The overall cost of smoking in Sweden was approxametly SEK 30 billion in 2009. A study was conducted by the Division of Health Economics at Lund University in 2001 (see reference in 2.4.3 below). Costs relating to health care services and productivity losses was calculated in connection to a number of diseases associated with smoking. Costs related to passive smoking (exposure to tobacco smoke) was not included. The study included individuals in the ages 35 to 84. The estimate for 2001 was adjusted for inflation to give an estimate regarding 2009
	Health care services: SEK 2.5 billion Productivity losses (early retirement, early deaths): SEK 6.8 billion Sick leave allowance: SEK 21 billion
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:
	Bolin, K. & Lindgren, B. (2004). Rökning: Produktionsbortfall och sjukvårdskostnader (R nr R 2004:3). Stockholm: The Swedish National Institute of Public Health. See attachment "Rökning - Produktionsbortfall och sjukvårdskostnader" (in Swedish)
	Please note that the report pertains to 2001 and that it has been adjusted for inflation to give an estimate regarding 2009

2.5	SUPPLY OF TOBACCO AND TOBACCO PRODUCTS					
	(with reference to Articles 6.2(b), 20.4(c), and 15.5)					
2.5.1	Licit supply of tobacco products					
		Product	Unit (e.g. pieces, tonnes)	Domestic production	Exports	Imports
	Smoking tobacco	24021000	kg		1086.00	11343.00
	products	24022010	kg		0.00	0.00
	product	24022090	kg		88976.00	78854.00
	Smokeless tobacco	24031010	kg		38160.00	1567.00
	products Add	24031090	kg		0.00	0.00
	product	24039910	kg		1939108.00	23074.00
		24039990	kg		34427.00	10622.00
	Other tobacco	24011070	kg		0.00	841957.00
	products Add	24012070	kg		0.00	656577.00
	product	24013000	kg		0.00	2148406.00
	Tobacco	Leaves		0.00	0.00	
2.5.2		provide informaty), if available.	ation on the volume	es of duty-free sa	ales (e.g. produ	ict, unit,
2.5.3	Please 2.5.2:	indicate the yea	r and source of the	data used to ans	wer questions	2.5.1 and
	Rydén, Sune. National Specialist, Swedish Customs (sune.ryden@tullverket.se). (2012-02-22) E-mail to Jonas Nygren (jonas.nygren@fhi.se)					
	Please	note that data	relates to 2011			

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS				
	(with r	eference to Art	ticle 15.5)		
2.6.1		Year	Product	Unit (e.g. millions of pieces)	Quantity seized
	Smoking tobacco	2011	Cigarettes	Million sticks	17.90
	products	2010	Cigarettes	Million sticks	76 <b>.72</b>
	Add row	2009	Cigarettes	Million sticks	56.90
		2008	Cigarettes	Million sticks	19.10
		2007	Cigarettes	Million sticks	32.40
		2011	Cigars and cigarillos	Pieces	2310.00
		2011	Hand Rolling Tobacco	kg	3612.00
		2010	Hand Rolling Tobacco	kg	4750.00
		2009	Hand Rolling Tobacco	kg	974.00
		2008	Hand Rolling Tobacco	kg	905.00
		2007	Hand Rolling Tobacco	kg	685.00
	Smokeless tobacco	2011	Snus	kg	964.70
	products	2010	Snus	kg	1021.00
Add ro	Add row	2009	Snus	kg	928.00
		2008	Snus	kg	474.00
		2007	Snus	kg	312.00
	Other tobacco				
	products				
	Add row				
2.6.2	Do yo the na	 ou have any info tional tobacco r	ormation on the percentarket? Xes	 ntage of smuggled toba ] No	acco products on

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS
	(with reference to Article 15.5)
2.6.3	If you answered "Yes" to question 2.6.2, what percentage of the national tobacco market do smuggled tobacco products constitute? 0.20 %
2.6.4	If you answered "Yes" to question 2.6.3 and you have information available, what is the trend over the past two years or since submission of your last report in the percentage of smuggled tobacco products in relation to the national tobacco market?
	The estimated share of smuggled cigarettes (0.20 %) of the national cigarette market relates to research conducted by the Centre for Social Research on Alcohol And Drugs (SoRAD), which is a research centre connected to Stockholm University. The estimate stems from self-reported data on unregistered cigarettes (privately imported or smuggled cigarettes). The overall estimate of unregistered cigarettes was 2.90 % of the national cigarette market
	Please note that this estimate relates to 2011 and that it is a prognosis based on the first three quarters of 2011. As respondents' knowledge of whether store-sold cigarettes were smuggled is limited, the actual share of smuggled cigarettes is likely higher than the estimate indicates
	Sohlberg, T. (2011). Tal om tobak 2010 - Tobakskonsumtionen i Sverige 2010. SoRAD rapportserie nr 63. Stockholm: Stockholm University, Centre for Social Research on Alcohol and Drugs (SoRAD). See attachment "Tal om tobak 2010" (in Swedish)
2.6.5	Please provide any further information on illicit or smuggled tobacco products.
2.6.6	Please indicate the source of the data used to answer questions in section 2.6:
	Rydén, Sune. National Specialist, Swedish Customs (sune.ryden@tullverket.se). (2012-02-22) E-mail to Jonas Nygren (jonas.nygren@fhi.se)
2.7	TOBACCO-GROWING
2.7.1	Is there any tobacco-growing in your jurisdiction? Yes No
2.7.2	If you answered "Yes" to question 2.7.1, please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.
2.7.3	Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.
2.7.4	Please indicate the year and source of the data used to answer questions in section 2.7:
2.8	TAXATION OF TOBACCO PRODUCTS

(with reference to Articles 6.2(a) and 6.3)

2.8.1	What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))?							
2.8.2	How are the excise taxes levied (what types of taxes are levied)?							
	• Specif	⊠ No						
	Ad val	orem tax only		Yes	⊠ No			
	• Combi	nation of specifi	c and ad valorem	taxes	☐ No			
	• More	complex structure	e (please explain	: )				
2.8.3	_	rnment and be as		xation for tobacco ble (specify the typ	_			
		Product	Type of tax	Rate or amount	Base of tax <sup>5</sup>			
	Smoking tobacco products	Cigarettes	Specific excise	EUR 152.85	per 1000 cigarettes			
	Add product	Cigarettes	Ad valorem	1 %	of TIRSP (Tax Inclusive Retail Selling Price)			
		Cigarettes	VAT	20 %	of TIRSP			
		Cigars and cigarillos	Specific excise	EUR 135.38	per 1000 cigars and cigarillos			
		Cigars and cigraillos	VAT	20 %	of TIRSP			
		Fine cut smoking tobacco	Specific excise	EUR 187.57	per kg			
		Fine cut smoking tobacco	VAT	20 %	of TIRSP			
	Smokeless tobacco products	Snuff	Specific excise	EUR 41.70	per kg			
	Add product	Snuff	VAT	20 %	of TIRSP			
		Chewing tobacco	Specific excise	EUR 78.47	per kg			
		Chewing tobacco	VAT	20 %	of TIRSP			

<sup>&</sup>lt;sup>5</sup> 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				cigarillos
	Add product				
2.8.4	Please briefly des years or since sul			pacco products in the jurisdiction.	ne past two
	cigarette, the tar	x on cigars and of of from SEK 150 cco products (sn	cigarillos from 8 60 to 1718 per k luff) was raised	d from SEK 1.27 SEK 1.12 to 1.24 kg. The specific to from SEK 336 to	, fine cut ax on
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 pro	ovide details in the	space below.
2.8.7	Please indicate the 2.8.6:	e year and source	e of the data used	to answer question	ns 2.8.1 to
		skatteekonomis dish Ministry o	ka enheten i Fin f Finance. See a	kningskonvention ansdepartemente attachment	
	Please note that	the report perta	ins to 2012		

2.9		PRICE OF TOBACCO PRODUCTS  (with reference to Article 6.2(a))					
2.9.1		Please provide the retail prices of the three most widely sold brands of domestic and imported tobacco products at the most widely used point of sale in your capital city.					
		Most	widely sold bra	ınd	Number of	Retail price	
		Smoking	Smokeless	Other	units or		
		tobacco	tobacco	tobacco	amount per		
		products	products	products	package		
	Domestic						

1			1
Imported			

2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.
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.
	Relating to both section 2.8: EUR 1 = SEK 9.1592 = USD 1.3327 (Exchange-rate applied by the ECB on the 3 <sup>rd</sup> of October 2011)
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.

### 3. LEGISLATION, REGULATION AND POLICIES

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

The focal point for tobacco control with regards to policymaking is a government official based at the Ministry of Health and Social Affairs

The Swedish National Institute of Public Health, a government agency, functions as the national coordinating mechanism concerning evidence-based tobacco prevention and tobacco statistics. The agency has central supervisory responsibility with regard to the Tobacco Act (1993:581), relating to smoke-free environments, sales, labelling och product control

The Swedish Consumer Agency exercise central supervisory responsibility regarding marketing

The Swedish Work Environment Authority has central supervisory responsibility relating to smoke-free work environments

The county administrative boards have regional supervisory responsibility whereas the municipalities and the police exercise immediate supervisory responsibility in accordance with the Tobacco Act (1993:581)

Swedish Customs is responsible for making sure that customs duties, taxes and charges associated with tobacco trade is are collected and that illicit import of tobacco products is counteracted

3.1.1.6 Please provide a brief description of the progress made in implementing Article 5.1

and 5.2 (General obligations) in the past two years or since submission of your last report.

In March 2011, the Riksdag passed a coherent strategy for alcohol, narcotics, doping and tobacco (ANDT) policy aimed, among other things, at facilitating central government governance of support in this area. The strategy states the goals and direction of how society's measures are to be implemented, coordinated and followed up in 2011-2015. The measures are described in the Government's annual action plan for ANDT policy.

The overall objective of ANDT policy is a society free from narcotics and doping, with a reduction in medical and social harm caused by alcohol and a reduction in tobacco use.

This means a policy of zero tolerance towards narcotics and doping, reducing all tobacco use and preventing minors from starting to use tobacco, as well as preventing all harmful alcohol consumption, e.g. by reducing consumption and harmful drinking habits.

Apart from the overall objective, there are seven long-term objectives for ANDT policy, which can in turn be broken down into a number of priority objectives for the strategy period.

A coherent strategy for alcohol, narcotics, doping and tobacco policy, (Govt. Bill 2010/11:47) See attachament "A coherent strategy for alcohol, narcotics, doping and tobacco policy, a summarized version of Govt. Bill 2010/11:47"

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

3.1.2	5.3	Protection of public health policies with re commercial and other vested interests of the			
		(Please check "Yes" or "No". For affirmative answers, please provide a least summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in on the six official languages.)			
	Have you adopted and implemented, where appropriate, legislative administrative or other measures or have you implemented, where appropriate, programmes on any of the following:				
3.1.2.1		<ul> <li>protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?</li> </ul>	Yes	⊠ No	
3.1.2.2		<ul> <li>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?</li> </ul>	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	
3.1.2.4		Please provide a brief description of the progress made in implementing Article 5.3 in the past two years or since submission of your last report.			
3.1.2.5		f you have any relevant information pertaining to blease provide details in the space below.	but not covered in	this section,	
Regarding 3.1.2.1: Sweden has not adopted any program measures explicitly aimed at protecting public health pole commercial and other vested interests of the tobacco ind however general rules of public law that have a similar exprinciples of everyone's equality before the law, objective Provisions relating to disqualification of officials due to serve a related purpose			health policies for bacco industry. The similar effect, ear, objectivity and	rom There are e.g. the I impartiality.	

3.2	Article	Article  MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO (with reference to Articles 6–14)			
3.2.1	6	Price and tax measures to reduce the demand for tobacco			
		(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)			
		Have you adopted and implemented, where executive, administrative or other measures where appropriate, programmes on any of the state o	or have you imple		
3.2.1.1	6.2(a)	<ul> <li>tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?</li> </ul>	⊠ Yes	□ No	
3.2.1.2	6.2(b)	<ul> <li>prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?</li> </ul>	⊠ Yes	□ No	
3.2.1.3		<ul> <li>prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?</li> </ul>	⊠ Yes	□ No	
3.2.1.4	(Pr	ase provide a brief description of the progress mice and tax measures to reduce the demand for the submission of your last report.			
		ase see section 2.8.4. Increased taxation in 2 reases	2012 has resulted	l in price	
	Sales of tax- and duty-free tobacco products are only permitted to passengers travelling to a country outside the EU. Such sales are only allowed in outlets having attained a special permit. Permits relating to tax- and duty-free tobacco sales are regulated by the Act on Export Outlets (SFS 1999:445) (concering airports) and the Act (1999:446) on the provisioning of ships and aircraft (concerning ships and aircrafts)				
	The	ere are no tax- or duty-free sales when travel	lling within the I	EU	
	When travellers enter into Sweden from a country outside the EU, only a limited amount of tobacco products may be brought into the country tax- and duty-free. Each traveller may bring 200 cigaretter or 100 cigarillos or 50 cigars or 250 grams om smoking tobacco, alternatively a proportional mix of these products. Individuals under the age of 18 may not import tobacco. If the traveller has it's domicile in Sweden, as a further condition, the voyage to Sweden should take place through a commercial airplane or the voyage should have exceeded 20 hours or the goods must have been taxed in Åland				

	or Norway. If none of these conditions are met, only a smaller amout of tobacco may be brought in tax- and duty-free (40 cigarettes or 20 cigarillos or 20 cigars or 100 grams of other tobacco products)
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.

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 provided the six official languages.)	nd of the section and	attach the	
		Have you adopted and implemented, what administrative or other measures or have appropriate, programmes on any of the	e you implemented,		
3.2.2.1		<ul> <li>banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places?</li> </ul>	⊠ Yes	□ No	
3.2.2.2		If you answered "Yes" to question 3.2.2 measure providing for the ban?	" to question 3.2.2.1, what is the type/nature of the r the ban?		
		national law	⊠ Yes	□ No	
		subnational law(s)	⊠ Yes	☐ No	
		administrative and executive orders	⊠ Yes	□ No	
		<ul> <li>voluntary agreements</li> </ul>	⊠ Yes	□ No	
		• other measures ( <i>please</i> specify: policy)	⊠ Yes	☐ No	
3.2.2.3		Please provide a brief explanation of the type/nature and content of the measures providing for the ban.			
		In Sweden's second (five-year) report to the WHO, regulations concerning protection from exposure to tobacco smoke were described as "Complete" (see questions 3.2.2.2, 3.2.2.4 and 3.2.2.6 of the previous questionnaire). These interpretations were based on the fact that other measures, apart from legislation, had been taken which "in the public eye" made most areas completely smoke-free. In this report the answers have been chosen to describe the current protection from a legal point of view.			
	Smoking is banned in all described areas. It is however possible to arrange designated smoking areas. In addition to legal requirement social norm of none-smoking in public areas has been widely access which in turn has resulted in relatively few designated smoking are This is in a large part due to individual policy's on completely smother free airplanes, trains, ferries, hotels and health-care facilities			equirements, the videly accepted moking areas.	
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?					
3.2.2.5		If you answered "Yes" to question 3.2.2.4 please provide details of this system.					
		It is possible, according to 19 a 2.a § local authority to apply an administrative fine property. The sanction should be used property to stop and to prevent that snaccording to e.g. 2 § of the Tobacco A	tive injunction for the owner of to make the omnoking occurs	which can or user of wner or us	the ser of the		
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 <sup>1</sup>					
		<ul> <li>universities</li> </ul>					
		• private workplaces					
		• other (please specify: )					
		Public transport:			_		
		• airplanes		$\boxtimes$			
		• trains		$\boxtimes$			
		• ferries		$\boxtimes$			
		ground public transport (buses, trolleybuses, trams)		$\boxtimes$			
		<ul> <li>motor vehicles used as places of work (taxis, ambulances, delivery vehicles)</li> </ul>					
		private vehicles			$\boxtimes$		
		• other (please specify: )					

<sup>&</sup>lt;sup>1</sup> except universities

	Indoor public places:				
	cultural facilities		$\boxtimes$		
	• shopping malls		$\boxtimes$		
	pubs and bars		$\boxtimes$		
	• nightclubs		$\boxtimes$		
	• restaurants		$\boxtimes$		
	• other (please specify: )				
3.2.2.7	Please provide a brief summary of com- specific details of the partial measures to			vith	
	Banning tobacco smoking in indoc	r workplaces			
	All indoor public places are smoke-free including restaurants and bars. Designated smoking rooms are however permitted, but only if they are situated so that nobody has to pass through them in order to reach other parts of the premises. No serving is allowed in the smoking rooms. Smoking rooms must have adequate ventilation to ensure that pollutants from the smoking do not spread to other parts of the premises. Some areas do not have legal support to be qualified as non-smoking areas, but due to successful policys these areas are perceived as non-smoking areas. There is a notion that the law is "complete", when it is more accurate to say that it has contributed to a national standard stating that certain areas should be smoke-free  Employers are responsible to assure that employees do not become exposed to tobacco smoke in the workplace (or at a similar place where the employee is active) against his or her will				
	Banning tobacco smoking in publi				
	It is permitted to arrange design		reas	eas	
	Banning tobacco smoking in indoc  It is permitted to arrange design		<b>**</b>		
3.2.2.8	Please provide a brief description of the prog (Protection from exposure to tobacco smoke) submission of your last report.	ress made in imp	lementing A		
	In addition to the Tobacco Act (1993:581 require individuals in jail or custody to be regulations came into effect in 2011 (KV) http://www.kriminalvarden.se/upload/om_2011_1.pdf	) new subnation s smoke-free ind FS 2011:1 and I _kriminalvarde	nal regulati doors. The KVFS 2011 n/foreskrift	ons 1:2) ter/KVFS	
	_2011_2.pdf				

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.
	The legal restrictions regarding designated smoking areas are stricter for restaurants, pubs, bars, nightclubs and cafés than for other public places. However, the Swedish National Institute of Public Health will examine the need for further progress relating to smoke-free public environments in 2012-2013

3.2.3	9 Regulation of the contents of tobacco products				
		<ul> <li>(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.)</li> <li>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:</li> </ul>			
3.2.3.1		<ul> <li>testing and measuring the contents of tobacco products?</li> </ul>	⊠ Yes	□No	
3.2.3.2		<ul> <li>testing and measuring the emissions of tobacco products?</li> </ul>	⊠ Yes	□ No	
3.2.3.3		<ul><li>regulating the contents of tobacco products?</li></ul>	∑ Yes	☐ No	
3.2.3.4		<ul><li>regulating the emissions of tobacco products?</li></ul>	∑ Yes	☐ No	
3.2.3.5	(.	Please provide a brief description of the progress management and the contents of tobacco products) in ubmission of your last report.			
	7	Sweden has implemented the requirements Tobacco Act (1993:581), the Tobacco Decree FHIFS 2001:2 and FHIFS 2002:4			
	Regarding 3.2.3.1 and 3.2.3.2: According to 23 § of the Tobacco Act it is possible for a supervisory authority to make investigations and take samples to fulfill its responsibilities in accordance with the law and connecting regulations. So far, this possibility has had quite limited use but it gives e.g. the Swedish Institute of Public Health a possibility to send tobacco products to a laboratory with the purpose of analyzing their contents. The agency has for example sent water pipe tobacco for analysis regarding contents and cigarettes regading emissions				
3.2.3.6	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.				

3.2.4	10	Regulation of tobacco product disclosures		
		(Please check "Yes" or "No". For affirmativ summary in the space provided at the end of relevant documentation. Please provide docu the six official languages.)	the section and att	ach the
		Have you adopted and implemented, where a administrative or other measures or have you appropriate, programmes on any of the follow	implemented, wh	
3.2.4.1	<ul> <li>requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:</li> </ul>			to disclose to
		contents of tobacco products?	X Yes	☐ No
		emissions of tobacco products?	X Yes	☐ No
3.2.4.2		<ul> <li>requiring public disclosure of information about the:</li> </ul>		
		• contents of tobacco products?	X Yes	☐ No
		emissions of tobacco products?	X Yes	☐ No
3.2.4.3	(	Please provide a brief description of the progress management of the progress of Regulation of tobacco product disclosures) in the ubmission of your last report.	_	-
	a e F a I C	Sweden is participating in the Regulatory Committee under Dir 2001/37/EG and receives reports from tobacco manufaturers regarding ingredients and emissions in accordance with the EU-directive, national legislation and EU's practical guide. Using available personnel resources Sweden conducts some analysis of the information which is reported to the European Commission. During 2012 Sweden is preparing to make a list of ingredients (annex II as described in EU's practical guide) available through the website of the Swedish National Institute of Public Health		
3.2.4.4		f you have any relevant information pertaining to lease provide details in the space below.	but not covered in	this section,

3.2.5	11	Packaging and labelling 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 executive, administrative or other measures where appropriate, programmes on any of	s or have you ir	_
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)	<ul> <li>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?</li> </ul>	⊠ Yes	□ No
3.2.5.3	11.1(b)	<ul> <li>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?</li> </ul>	⊠ 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 3.2.5.9, 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	<ul> <li>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?</li> </ul>	Yes	⊠ No	
3.2.5.14	11.3	<ul> <li>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?</li> </ul>	⊠ Yes	□ No	
3.2.5.15	(Paci	e provide a brief description of the progress makaging and labelling of tobacco products) in the ission of your last report.	_	-	
	on ac	arding 3.2.5.1: The law only gives a few excellentising. According to practice, it is not posses package, in an onsert, insert etc.	-	•	
	Regarding 3.2.5.4: No authority in Sweden approve the health warnings but the required health warnings follow the EU Dir 2001/37/EG. However, the Swedish National Institute of Public Health can act towards the manufacturer or importer with administrative injuctions and the local council and the police can act with administrative injuctions respectively criminal penalties				
3.2.5.16	•	a have any relevant information pertaining to or e provide details in the space below.	not covered in	this section,	

3.2.6	12	Education, communication, training and public awareness				
		(Please check "Yes" or "No". For affirmative answers, plead brief summary in the space provided at the end of the section the relevant documentation. Please provide documentation, 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 targeted?	, to whom are the	se programmes		
		adults or the general public	Yes	☐ No		
		children and young people	Yes	☐ No		
		• men	Yes	☐ No		
		• women	Yes	☐ 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	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
		<ul> <li>nongovernmental organizations not affiliated with the tobacco industry?</li> </ul>	⊠ Yes	☐ No
		• private organizations?	Yes	⊠ No
		• other (please specify: )?	Yes	⊠ No
3.2.6.6	12	Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?	⊠ Yes	□ No
3.2.6.7	12(d)	Are appropriate and special training or ser programmes on tobacco control addressed		areness
		• health workers?	X Yes	☐ No
		community workers?	Yes	⊠ No
		• social workers?	× 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.
	In March 2011, the Riksdag passed a coherent strategy for alcohol, narcotics, doping and tobacco (ANDT) policy aimed, among other things, at facilitating central government governance of support in this area. The strategy states the goals and direction of how society's measures are to be implemented, coordinated and followed up in 2011-2015. The measures are described in the Government's annual action plan for ANDT policy.
	One of the priority objectives for the strategy period is greater awareness among the population of the health impact of ANDT use.
	During the strategy period new research findings on the impact of ANDT on health should be disseminated to the general public. The aim during the strategy period shold be to introduce innovative and target group-oriented measures to enhance public awareness of the adverse health effects of ANDT.
	Please see attachament "A coherent strategy for alcohol, narcotics, doping and tobacco policy, a summarized version of Govt. Bill 2010/11:47"
	During 2011 and 2012 the Swedish National Institute of Public Health will support the project "Mobilizing non-smoking school grounds". It is an educational effort to motivate effective tobacco prevention efforts aimed at providing children and young people with a tobacco-free environment, focusing on school grounds
	Please see: http://www.fhi.se/Publikationer/Alla-publikationer/Nationell-strategi-for-rokfria-skolgardar1/
	The Swedish National Institute of Public Health also has a mandate during 2012 to support activities conducted by maternal and child health care, in order to increase awareness of the risks associated with alcohol, narcotic drugs, doping and tobacco during pregnancy.
	Please see: http://www.fhi.se/Publikationer/Alla-publikationer/Tobaksfria-barn1/
	During the strategy period 2011-2014, the government has comissioned the National Agency for Education to develop the education on ANDT.
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 spo	nsorship	
		(Please check "Yes" or "No". For affirma brief summary in the space provided at the relevant documentation. Please provide do of the six official languages.)	end of the section	and attach the
		Have you adopted and implemented, where executive, administrative or other measures where appropriate, programmes:		
3.2.7.1	13.2	<ul> <li>instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?</li> </ul>	⊠ Yes	☐ No
If	you answe	red "No" to question 3.2.7.1, please proceed to	question 3.2.7.3.	
3.2.7.2		If you answered "Yes" to question 3.2.7.1,	does your ban cov	ver:
		display and visibility of tobacco products at points of sales?	Yes	No No
		• the domestic Internet?	⊠ Yes	□ No
		• the global Internet?	Yes	⊠ No
		• brand stretching and/or brand sharing?	⊠ Yes	☐ No
		<ul> <li>product placement as a means of advertising or promotion?</li> </ul>	⊠ Yes	☐ No
		the depiction of tobacco or tobacco use in entertainment media products?	☐ Yes	⊠ No
		<ul> <li>tobacco sponsorship of international events or activities and/or participants therein?</li> </ul>	⊠ 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

				<del>                                     </del>
	13.7	<ul> <li>the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply?</li> </ul>	⊠ 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	<ul> <li>applying restrictions on all tobacco advertising, promotion and sponsorship?</li> </ul>	Yes	□ No
3.2.7.5	13.3	<ul> <li>applying restrictions on cross-border advertising, promotion and sponsorship originating from your territory with cross-border effects?</li> </ul>	Yes	□ No
3.2.7.6	13.4(a)	<ul> <li>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?</li> </ul>	Yes	□ No
3.2.7.7	13.4(b)	<ul> <li>requiring that health or other appropriate warnings or messages accompany all tobacco advertising, promotion and sponsorship?</li> </ul>	Yes	□ No
3.2.7.8	13.4(c)	<ul> <li>restricting the use of direct or indirect incentives that encourage the purchase of tobacco products by the public?</li> </ul>	Yes	□ No
3.2.7.9	13.4(d)	<ul> <li>requiring the disclosure to relevant         Government authorities of         expenditures by the tobacco industry         on advertising, promotion and         sponsorship not yet prohibited?</li> </ul>	Yes	□ No

3.2.7.10	0   13.4(e) - restricting tobacco advertising, promotion and sponsorship on:					
		• radio?	Yes	☐ No		
		• television?	Yes	☐ No		
		• print media?	Yes	☐ No		
		• the domestic Internet?	Yes	☐ No		
		• the global Internet?	Yes	☐ No		
		• other media ( <i>please specify:</i> )?	Yes	☐ No		
3.2.7.11	13.4(f)	<ul> <li>restricting tobacco sponsorship of:</li> </ul>				
		<ul> <li>international events and activities?</li> </ul>	Yes	☐ No		
		• participants therein?	Yes	☐ No		
	Whether you answered "Yes" or "No" to question 3.2.7.1, are you:					
3.2.7.12	13.6	<ul> <li>cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?</li> </ul>	Yes	⊠ No		
3.2.7.13	13.7	<ul> <li>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?</li> </ul>	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.					
3.2.7.15		ou have any relevant information pertaining to base provide details in the space below.	out not covered in	this section,		
	Regarding 3.2.7.1 and 3.2.7.2 (display and visibility of tobacco products at points of sales): In the "Step by step instructions" a "comprehensive ban" is described as including cross-border advertising, promotion and sponsorship. These areas are covered by the Tobacco Act (1993:581) and connecting EU-legislation. There is however an ambiguity as to the definition of "comprehensive" vis-à-vis "complete". Sweden does not have a complete ban on advertising of tobacco products. Tobacco products are allowed to be displayed and made visible at points of sales. This marketing area is evolving as manufacturers now use flatscreen tvs and other marketing					

strategies to draw attention to their products. The points of sales exemption to the ban on advertising is conditioned upon; commercial messages not being intrusive, seeking or encouraging the consumption of tobacco

Regarding 3.2.7.2 (the domestic Internet): A business operator who markets tobacco products to consumers may not make use of commercial advertisements in transmissions or technical recordings (excluding radio broadcasting, television programs or satellite television broadcasting subject to the Radio and Television Act (1996:844)) to which the Fundamental Law on Freedom of Expression applies

Regarding 3.2.7.2 (brand streching and/or brand sharing, product placement as a means of advertising or promotion): A business operator who either markets a product other than a tobacco product or a service to consumers may not use a trademark that is completely or partly used for a tobacco product or that in accordance with the applicable provisions on trademarks is registered or has been established by long usage for such product, if the marketing is effected in commercial advertisements

If a business operator uses such a trademark as referred to above in connection with marketing to consumers in some other way than as referred to above, the business operator shall observe the moderation that is called for by the distinctive sign also being associated with the tobacco product

The provisions described above shall not be applied with regards to trademarks that only to a limited extent occur in marketing of tobacco products or with regards to trademarks that appear in a form that clearly differs from the appearance of the tobacco product's distinctive sign or in other cases where it would be unreasonable

Regarding 3.2.7.2 According to constitutional rights (tryckfrihetsförordningen/yttrandefrihetsgrundlagen) it is possible for a writer or movie director to write about or show a specific tobacco product in a book or a film. Nevertheless, it is forbidden, according to chapter 6 and paragraph 2.1 in the Radio- and TV Act (2010:696) - to make product placement of tobacco products in Radio- or Television programs.

Regarding 3.2.7.2 (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): Manufacturers, wholesale distributors and importers of tobacco products may not sponsor an event or an activity to which the general public has access or which may be assumed to have a cross-border effect, if the sponsorship may be assumed to promote the sale of tobacco products

3.2.8	14	Demand reduction measures concerning tobacco dependence and cessation			
		(Please check "Yes" or "No". For affirm brief summary in the space provided at th the relevant documentation. Please provi one of the six official languages.)	he end of the section	on and attach	
		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	<ul> <li>developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?</li> </ul>	⊠ Yes	□ No	
3.2.8.2	14.1	<ul> <li>programmes to promote cessation of</li> </ul>	f 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	X Yes	☐ No	
		telephone quitlines	X 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?	X Yes	☐ No	
		• sporting environments?	Yes	⊠ No	

• other (please specify: )?	Yes	⊠ No
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3.2.8.4	14.2(b)	<ul> <li>inclusion of diagnosis and treatmen counselling services for cessation o programmes, plans and strategies for</li> </ul>	f tobacco use in national		
		• tobacco control?	⊠ Yes	□No	
		• health?	⊠ Yes	□ No	
		• education?	Yes	⊠ No	
3.2.8.5		<ul> <li>inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?</li> </ul>	∑ 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	
		<ul> <li>specialized centres for cessation counselling and treatment of tobacco dependence</li> </ul>	⊠ 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	

		<ul> <li>specialized centres for cessation counselling and treatment of tobacco dependence</li> </ul>	☐ Fully ⊠ Pa	artially None
		rehabilitation centres	☐ Fully ☐ Pa	artially None
		• other (please specify: )	☐ Fully ☐ Pa	artially 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:		
		<ul> <li>physicians</li> </ul>	⊠ 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)	<ul> <li>training on tobacco dependence trea curricula of health professional train levels at the following schools:</li> </ul>	_	
		• medical?	Yes	⊠ No
		• dental?	Yes	⊠ No
		• nursing?	Yes	⊠ No
		• pharmacy?	Yes	⊠ No
		• other (please specify: )?	Yes	⊠ No
3.2.8.10	14.2(d)	<ul> <li>facilitating accessibility and/or</li> </ul>	⊠ Yes	□No

		affordability of pharmaceutical products for the treatment of tobacco dependence?				
3.2.8.11	14.2(d)	If you answered "Yes" to question 3.2.8 products be legally purchased in your co		and how	can 1	these
		Pharmacies, supermarkets or equi	valent			
3.2.8.12	14.2(d)	If you answered "Yes" to question 3.2.8 products are legally available for the treatyour jurisdiction?	-	•		
		nicotine replacement therapy		Yes		☐ No
		• bupropion		Yes		☐ No
		• varenicline		Yes		☐ 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 reimburser		e costs of	fthese	products
		nicotine replacement therapy	☐ Fully	Parti	ally	None None
		• bupropion	Fully	⊠ Parti	ally	None
		• varenicline	☐ Fully	⊠ Parti	ally	None
		• other (please specify: )?	Fully	☐ Parti	ally	None None
3.2.8.14	Art	ase provide a brief description of the progres icle 14 ( <i>Demand reduction measures concernsation</i> ) in the past two years or since submiss	ning tobac	co depen	dence	e and
	nat for haz	2011 the Swedish National Board on Heational guidelines for methods of preventing governance and management. The guide transport arous use of alcohol, insufficient physicing habits	ng disease lines cove	to funti er; tobac	on as	s support se,
	sm alro tha	e healthcare system should offer advance oke. Methods to help patients quite smok eady, but the Swedish National Board of at the recommendations raise the ambition sociated healthcare costs	ing are pr Health an	resumab id Welfa	ly co re be	mmon elieves
	Mo bre	noking refers to daily smoking, regardless ore sporadic smoking is also included for eastfeeding or facing surgery; they are sub- commendations	people w	ho are p	_	
	Th	e National Board of Health and Welfare (	(2011). Na	ationella	ı riktl	injer för

	sjukdomsförebyggande metoder 2011. Tobaksbruk, riskbruk av alkohol, otillräcklig fysisk aktivitet och ohälsosamma matvanor. Stöd för styrning och ledning. Stockholm: The National Board of Health and Welfare. See attachment "National Guidelines for Methods of Preventing Disease 2011" (in Swedish)
3.2.8.15	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.

3.3	Article	MEASURES RELATING TO THE REDU OF TOBACCO	CTION OF TI	HE SUPPLY
		(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 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	<ul> <li>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?</li> </ul>	⊠ Yes	□ No
3.3.1.2	15.2(a)	<ul> <li>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?</li> </ul>	Yes	⊠ No
3.3.1.3	15.2(a)	<ul> <li>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?</li> </ul>	Yes	⊠ No
3.3.1.4	15.2(b)	<ul> <li>developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?</li> </ul>	Yes	⊠ No
3.3.1.5	15.3	<ul> <li>requiring that marking is presented in legible form or appears in the principal language and/or languages of the country?</li> </ul>	⊠ 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)	<ul> <li>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?</li> </ul>	⊠ 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 relevant information pertaining to but not covered in this section, please provide details in the space below.

3.3.2	16	Sales to and by minors		
		(Please check "Yes" or "No". For affirmative brief summary in the space provided at the enter the relevant documentation. Please provide of the six official languages.)	nd of the sectio	n and attach
		Have you adopted and implemented, where a executive, administrative or other measures of where appropriate, programmes on any of the	or have you im	
3.3.2.1	16.1	<ul> <li>prohibiting the sales of tobacco products to minors? If "Yes", please specify the legal age: 18?</li> </ul>	⊠ Yes	□No
3.3.2.2	16.1(a)	<ul> <li>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?</li> </ul>	⊠ Yes	□ No
3.3.2.3	16.1(a)	<ul> <li>requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?</li> </ul>	⊠ Yes	□ No
3.3.2.4	16.1(b)	<ul> <li>banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?</li> </ul>	⊠ Yes	□No
3.3.2.5	16.1(c)	<ul> <li>prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?</li> </ul>	Yes	⊠ No
3.3.2.6	16.1(d)	<ul> <li>prohibiting the sale of tobacco products from vending machines?</li> </ul>	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	<ul> <li>prohibiting the sale of cigarettes individually or in small packets?</li> </ul>	⊠ Yes	☐ No
3.3.2.10	16.6	<ul> <li>providing for penalties against sellers and distributors in order to ensure compliance?</li> </ul>	⊠ Yes	□ No
3.3.2.11	16.7	<ul> <li>prohibiting the sales of tobacco products by minors?</li> </ul>	Yes	⊠ No
3.3.2.12		ase provide a brief description of the progress mad les to and by minors) in the past two years or since ort.	_	-
	bus yea beh Reş ope	garding 3.3.2.4: According to 12 § and 12 a § 6 iness operator needs to ensure that the buyer or or older. The simplest way to do this is to h ind the counter and not in open store shelves garding 3.3.2.7: According to 19 a 3 § in the Tarators are responsible to ensure that the placer chines do not make tobacco products accessible.	of tobacco pro ave the tobacco Tobaccoo Act be ment and use of	ducts is 18 co products ousiness
	bus star car upo	garding 3.3.2.10: According to 12 c § and 27 iness operator do need to register at the local of the selling tobacco. If a business operator with elessness sell tobacco without first having region it. This could result in a criminal fine or imple of six months for the business operator.	council before intent or due t istered, the po	he or she to lice can act
	tob acc to l bec giv son req on	garding 3.3.2.11: A legal minimum age application has not been implemented in Sweden. He ording to 12 c § of the Tobacco Act (1993:58) and in a self-regulation program when register ome obligatory. The program should for examen by the business operator to young staff to he neone under the age of 18 tries to buy tobacco uirement has been implemented in 12 d § of the business operator to train its staff about the st when selling tobacco	owever, requirely on the busing for tobacomple describe to andle situation. In addition and Tobacco Action	rements ness operator co sales has the support ns when new ct (1993:581)
3.3.2.13	-	ou have any relevant information pertaining to but use provide details in the space below.	not covered in	this section,

3.3.3	17	Provision of support for econo	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 ar	nd attach the
		Have you adopted and impleme programmes on any of the follo	•	propriate, m	neasures 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 Provision of support for economical wo years or since submission of you	lly viable altern		
3.3.3.3		f you have any relevant information lease provide details in the space be		ut not cover	red in this section,

3.4	Article	OTHER MEASURES AND POL	ICIES		
		(with reference to Articles 18–21)			
3.4.1	18	Protection of the environment an	d the healt	h of perso	ons
		(Please check "Yes" or "No". For brief summary in the space provide relevant documentation. Please pro of the six official languages.)	d at the ena	l of the sec	ction and attach the
		Have you adopted and implemented executive, administrative or other n where appropriate, programmes on	neasures or	have you	implemented,
3.4.1.1	18	implementing measures in respect territory, which take into considerate.		cultivation	n within your
		the protection of the environment?	Yes	□ No	Not applicable
		the health of persons in relation to the environment?	Yes	□No	Not applicable
3.4.1.2	18	implementing measures in respect territory, which take into considerate.		manufacti	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	(Pi	ease provide a brief description of the pro- rotection of the environment and the hea- ce submission of your last report.	-	_	-
3.4.1.4		you have any relevant information pertai case provide details in the space below.	ning to but	not cover	ed in this section,

3.4.2	19	Liability		
		(Please check "Yes" or "No". For affirmative brief summary in the space provided at the end relevant documentation. Please provide docum of the six official languages.)	l of the section	and attach the
		Have you adopted and implemented, where appropriate, programmes on any of the	have you imple	
3.4.2.1	19.1	<ul> <li>dealing with criminal and civil liability, including compensation where appropriate?</li> </ul>	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	im	ease provide a brief description of any progress mac aplementing Article 19 ( <i>Liability</i> ) in the past two years are last report.		
	re	4.2.1. No specific liability clause exists in the T lated liability claims on the tobacco industry due to smoking or being exposed to second hand	e to health eff	
	th in fo	4.2.2 No legal action against the tobacco indust e last two years. However, earlier legal actions dividuals against tobacco companies within the or example the Acts on product responsibility (1 972:207).	has been taker general legal	n by framework;
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 informative (Please check "Yes" or "No". For affirmative	answers, pleas	_
		brief summary in the space provided at the end relevant documentation. Please provide docum of the six official languages.)		
		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
		<ul> <li>social and economic indicators related to tobacco consumption?</li> </ul>	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)	<ul> <li>training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?</li> </ul>	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 ( <i>please</i> specify: )	Yes	⊠ No

3.4.3.4  20.3(a)  If you answered "Yes" to any question under 3.4.3.3, please list all sincluding the year of the survey, that you have undertaken in the pass.  With the purpose of assigning goals and a general direction to efforts within alcohol, narcotics, doping and tobacco preventio 2011–2015, the Swedish Parliament has adopted the Governme "A Cohesive Strategy for Alcohol, Narcotic Drugs, Doping and Tobacco Policy" (prop. 2010/11:47), also known as "the AND strategy". An important part of the strategy is to develop a long system of indicators, making it possible to monitor development field of alcohol, narcotic drugs, doping and tobacco. This systemains to be launched  The Swedish National Insitute has released the "The Public He Policy Report 2010: The future of public health - everyone's responsibility". The report presents two main purposes. One put to provide the Government with an overview of developments health determinants along with a presentation of the results of undertaken activities. The other purpose is to recommend future activities in a way that enables the Government to make strategic choices and prioritize among the proposed measures  The Swedish National Institute of Public Health (2011). The Public Health Policy Report 2010: The Future of Public Health - Everyone's proposed in the Public Health - Everyone's propo
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Policy Report 2010: The future of public health - everyone's responsibility". The report presents two main purposes. One put to provide the Government with an overview of developments health determinants along with a presentation of the results of undertaken activities. The other purpose is to recommend future activities in a way that enables the Government to make strategic choices and prioritize among the proposed measures  The Swedish National Institute of Public Health (2011). The Puthealth Policy Report 2010: The Future of Public Health - Even
Health Policy Report 2010: The Future of Public Health - Ever
Responsibility (R nr R 2010:16). Östersund: The Swedish Nati Institute of Public Health. See attachment "Folkhälsopolitisk R 2010" (in Swedish, but with summary in English)
The agency conducts a national public health survey annually to "Health on equal terms?" involving a randomized sample of 20 individuals, 16-84. The aim of the survey is to monitor how per general perceive their health and to monitor changes in the poper over time. For more information on the survey please visit: http://www.fhi.se/Statistik-uppfoljning/Nationella-folkhalsoen
3.4.3.5 20.3(a) In reference to any question under 3.4.3.3, does your country have at repeat any of the above or to undertake a new tobacco survey within five years of your last survey? Please provide details in the space bel
Further information on the system of long-term indicators is per implementation being fully undertaken
As mentioned in 3.4.3.4 the national public health survey is coannually
3.4.3.6   20.4   - regional and global exchange of publicly available national:
• scientific, technical, socioeconomic, commercial and legal information?
information on the practices of the

		tobacco industry?			
		• 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.				
	The Swedish National Insitute has released the "The Public Health Polic Report 2010: The future of public health - everyone's responsibility". The report presents two main purposes. One purpose is to provide the Government with an overview of developments in public health determinants along with a presentation of the results of undertaken active. The other purpose is to recommend future activities in a way that enable Government to make strategic choices and prioritize among the propose measures  The Swedish National Institute of Public Health (2011). The Public Health Policy Report 2010: The Future of Public Health - Everyone's Responsi (R nr R 2010:16). Östersund: The Swedish National Institute of Public Health. See attachment "Folkhälsopolitisk Rapport 2010" (in Swedish, but summary in English)			oility". The he he he ken activities. hat enables the e proposed	
				Responsibility f Public	
	Between 2008 and 2010 several national projects were funded with financial aid from the National Tobacco Commission (please see 3.1.1.6). The purpose of these projects was to develop methods of tobacco prevention and to support the dissemination of evidence-based methods, surveys and scientific findings. Drawing upon conclusions and experiences from these projects has strenghtend tobacco prevention at the national level. For more information please visit: http://www.fhi.se/Vart-uppdrag/Alkohol-narkotika-dopning-tobak-och-spel/Tobak/Uppdrag/Tobaksuppdraget/Nationella-projekt/				
	Legislation regarding tobacco is made available through the parliamental website (www.riksdagen.se), on the Governmental website (www.regeringen.se) and through the website of the Swedish National Institute of Public Health (www.fhi.se). The Swedish National Institute of Public Health give to some respect guidance in a handbook about the application of the law, including some courtcases. The agency also produce method-based information such as examples of self- regulation programs, registration forms, inspection protocols etc. The handbook is currently being updated. However, none of the material is to be regarded as a constantly				

	updated database, but rather as a source of information
3.4.3.9	If you have any relevant information pertaining to but not covered in this section, please provide details in the space below.

## 4. INTERNATIONAL COOPERATION AND ASSISTANCE

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

	Article	Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:	Assistance provided	Assistance received
4.1	22.1(a)	development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?	Yes No	☐ Yes ⊠ No
4.2	22.1(b)	<ul> <li>provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?</li> </ul>	☐ 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)	<ul> <li>provision of the necessary material,</li> <li>equipment and supplies, as well as logistic</li> <li>support, for tobacco control strategies,</li> <li>plans and programmes?</li> </ul>	☐ 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	_	-

4.8	Please provide information about any assistance provided or received in the space below.
	Swedish development cooperation funds for tobacco control is channeled via core voluntary contribution to the WHO. In this regard Sweden is supporting WHO:s work on tobacco control
	Anders Molin. Lead Health Expert, Swedish International Development Agency (SIDA) (anders.molin@sida.se). (2012-03-09) Telephone call with Jonas Nygren (jonas.nygren@fhi.se)
4.9	If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.
4.10	Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention?   Yes No
	(Please refer to Article 26.4.)
4.11	If you answered "Yes" to question 4.10, please provide details in the space below.

## 5. PRIORITIES AND COMMENTS

5.1	What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?
	In March 2011, the Riksdag passed a coherent strategy for alcohol, narcotics, doping and tobacco (ANDT) policy aimed, among other things, at facilitating central government governance of support in this area. The strategy states the goals and direction of how society's measures are to be implemented, coordinated and followed up in 2011-2015.
	The overall objective of ANDT policy is a society free from narcotics and doping, with a reduction in medical and social harm caused by alcohol and a reduction in tobacco use.
	This means a policy of zero tolerance towards narcotics and doping, reducing all tobacco use and preventing minors from starting to use tobacco, as well as preventing all harmful alcohol consumption, e.g. by reducing consumption and harmful drinking habits.
	Apart from the overall objective, there are seven long-term objectives for ANDT policy, which can in turn be broken down into a number of priority objectives for the strategy period.
	One of the priority objectives during the strategy period is an EU and international approach to ANDT that is restrictive and based on public health.

	Sweden is dependent on, and increasingly affected by, the rest of the world. It is crucial that ANDT policy issues are actively pursued within the EU and internationally. Sweden is also working to ensure that the strategies and conventions that it supports or has signed up to have an impact on national policy.
	The long-term goal is to contribute to an EU and international approach to alcohol, narcotics, doping and tobacco that is restrictive and based on public health.
5.2	Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control?   Yes No
5.3	If you answered "Yes" to question 5.2, please provide details in the space below.
5.4	What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?
	(Please refer to Article 21.1(b).)
5.5	Please provide any relevant information not covered elsewhere that you consider important.
5.6	Your suggestions for further development and revision of the reporting instrument:

End of reporting instrument