



WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

REPORTING INSTRUMENT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

In order to use the interactive features of the reporting instrument, please follow the instructions below. **It is essential to complete the reporting instrument by providing information/data in the required format to ensure consistency and for ease of data processing and analysis.**

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

1. Save the Microsoft Word-based document (WHO FCTC reporting instrument) to a folder on the computer that will be used to complete the questionnaire.
2. Ensure your Microsoft Word security settings allow you to run macros in this document:
 - (i) Under the "Tools" menu, select "Macro".
 - (ii) In the "Macro" menu, select "Security".
 - (iii) In the "Security" pop up menu, please ensure that you have selected "Medium".
3. Close and re-open the WHO FCTC reporting instrument (Microsoft Word-based document which you saved to your computer under step 1).
4. As the document is opening, a box will appear asking if you want to enable macros. The answer is yes. Click "Enable macros".
5. Once you have clicked "Enable macros", the buttons indicating that you can add new rows or new categories to the tables provided will be functional.

If you use a newer version of Microsoft Word:

1. When receiving the security warning "Some active content has been disabled", click "Enable content".
2. When receiving another security warning "Macros have been disabled", click "Enable content".

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

1. ORIGIN OF THE REPORT

1.1	NAME OF CONTRACTING PARTY	Sweden
1.2	Information on national contact responsible for preparation of the report:	
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1.3	Signature of government official submitting the report:	
	Name and title of officer	Per-Anders Sunesson, Deputy Director-General
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1.4	Period of reporting	30/04 2012 to 15/04 2014
1.5	Date the report was submitted	15 April 2014

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

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

2.1	PREVALENCE OF TOBACCO USE		
2.1.1	Smoking prevalence in the adult population (all) <i>(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see 2.1.1.2)</i>		
		Prevalence (%) <i>(please include all smoking tobacco products in prevalence data)</i>	Average number of the most-consumed smoking tobacco product used per day
MALES			
Current smokers			
		23	
Daily smokers			
		11	12
Occasional smokers			
		12	
Former smokers			
		17	
Never smokers			
		60	
FEMALES			
Current smokers			
		20	
Daily smokers			
		11	11
Occasional smokers			
		8	
Former smokers			
		18	
Never smokers			
		62	
TOTAL (males and females)			
Current smokers			
		21	
Daily smokers			
		11	
Occasional smokers			
		10	
Former smokers			
		17	
Never smokers			
		61	

2.1.1.1	<p>Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1:</p> <p>Cigarettes, cigarillos, cigars and pipes</p>
2.1.1.2	<p>Please indicate the age range to which the data used to answer question 2.1.1 refer:</p> <p>16-84 years</p>
2.1.1.3	<p>Please indicate the year and source of the data used to answer question 2.1.1:</p> <p>Public Health Agency of Sweden (2013). The National Survey of Public Health - Health of Equal Terms. See attachment "Tobacco use - The Swedish National Survey of Public Health 2004-2013"</p> <p>Please note that the data submitted relates to 2013 and that it is not age-standardised (in contrast to the previous report). In columns named "No of responses" correspond to the number of responses after applying calibration weights.</p> <p>Source regarding "Average number of the most consumed smoking tobacco product used per day" (please note that data relates to 2012): SoRAD (2012). Tal om tobak 2012. Tobakskonsumtionen i Sverige 2012, Forskningsrapport nr 66. Stockholm: SoRAD, see (in Swedish) http://su.diva-portal.org/smash/record.jsf?pid=diva2:581549</p>
2.1.1.4	<p>Please provide the definitions of "current smoker", "daily smoker", "occasional smoker", "former smoker" and "never smoker" used in this report.</p> <p>Current smoker: Answered "Yes" to either the question "Do you smoke daily?" or "Do you smoke occasionally?"</p> <p>Daily smoker: Answered "Yes" to the question "Do you smoke daily?"</p> <p>Occasional smoker: Answered "Yes" to the question "Do you smoke occasionally?" but "No" to the question "Do you smoke daily?"</p> <p>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?"</p> <p>Never smoker: Answered "No" to being a daily smoker, an occasional smoker or a former smoker.</p>
2.1.1.5	<p>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.</p> <p>There has been no significant changes in prevalence of either smoking, daily smoking or occasional smoking 2011-2013. Smoking among women shows signs of declining. Daily smoking among men have increased marginally 2012-2013. Seeing over a longer period of time, since the early 1980s, the prevalence of daily smoking has been steadily declining in Sweden, whereas occasional smoking has fluctuated somewhat but does not show the same tendency to decline.</p>

2.1.2	Smoking prevalence in the adult population (by age groups) <i>(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)</i>		
		Age group (adults)	Prevalence (%) <i>(please include all smoking tobacco products in prevalence data)</i>
	MALES		
	Current smokers ¹	16-29	29
		30-44	24
	Add age group	45-64	24
		65-84	14
	FEMALES		
	Current smokers ¹	16-29	31
		30-44	17
	Add age group	45-64	19
		65-84	14
	TOTAL (males and females)		
	Current smokers ¹	16-29	30
		30-44	21
	Add age group	45-64	21
		65-84	14

¹ Please provide here data on either all current smokers or daily smokers only, whichever is available.

2.1.2.1	Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.2:
	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:
	<p>Public Health Agency of Sweden (2013). The National Survey of Public Health - Health of Equal Terms. See attachment "Tobacco use - The Swedish National Survey of Public Health 2004-2013"</p> <p>Please note that the data submitted relates to 2013 and that it is NOT age-standardised (in contrast to the previous report). Historical figures computed without age-standardisation are available in the attachment specified above. Current smokers refers to the sum of daily and occasional smokers. In the attached file columns named "No of responses" correspond to the number of responses after applying calibration weights</p>
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.
	<p>As mentioned in 2.1.1.5, the share of current, daily and occasional smokers has not shown any significant changes 2011-2013.</p> <p>Among women 16-29 years old the share of daily smokers has increased slightly between 2012-2013, however the change is not statistically significant. Among women 30-44 years old, daily smoking has been decreasing over a longer period of time, with exception for 2011-2012 (however declining 2012-2013). Among women 45-64 years old daily smoking have been declining for a number of years. Among women 65-84 years old the prevalence of daily smoking is the same 2011-2013.</p> <p>Among young men 16-29 years old daily smoking is declining 2011-2013, a decrease that however is not 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 was a significant decrease in the share of daily smokers (from 18 to 13 percent, comparing 2010 to 2011). After that the prevalence of daily smoking have been showing signs of increasing slightly. The share of daily smokers among men 65-84 years old is unchanged 2011-2013</p>

2.1.3	Prevalence of smokeless tobacco use in the adult population (all) <i>(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)</i>	
		Prevalence (%) <i>(please include all smokeless tobacco products in prevalence data)</i>
	MALES	
	Current users	23
	Daily users	18
	Occasional users	5
	Former users	10
	Never users	67
	FEMALES	
	Current users	7
	Daily users	4
	Occasional users	3
	Former users	1
	Never users	92
	TOTAL (males and females)	
	Current users	15
	Daily users	11
	Occasional users	4
	Former users	6
	Never users	79

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:
	<p>Public Health Agency of Sweden (2013). The National Survey of Public Health - Health of Equal Terms. See attachment "Tobacco use - The Swedish National Survey of Public Health 2004-2013"</p> <p>Please note that the data submitted relates to 2013 and that it is NOT age-standardised (in contrast to the previous report). Historical figures computed without age-standardisation are available in the attachment specified above. Current snus-user refers to the sum of daily and occasional snus-users. In the attached file columns named "No of responses" correspond to the number of responses after applying calibration weights.</p>
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.
	<p>Current users: Answered "Yes" to either the question "Do you use snus daily?" or "Do you use snus occasionally?"</p> <p>Daily users: Answered "Yes" to the question "Do you use snus daily?"</p> <p>Occasional users: Answered "Yes" to the question "Do you use snus occasionally?" but "No" to the question "Do you use snus daily?"</p> <p>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?"</p> <p>Never users: Answered "No" to being a daily snus-user, an occasional snus-user or a former snus-user</p>
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.
	<p>Covering the years 2011-2013 daily snus-use has been relatively unchanged in Sweden. Comparing 2012 and 2013 the share of daily snus-users has increased slightly among women and decreased slightly among men (however daily snus-use is significantly higher among men than women), these changes over time are however not statistically significant. Seeing over a longer period of time daily snus-use among men seems to be declining whereas daily use among women is fluctuating.</p> <p>There is a small decrease in prevalence of occasional snus-use, relating primarily to men</p>

2.1.4	Prevalence of smokeless tobacco use in the adult population (current users) by age group <i>(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)</i>	
		Age group (adults)
		Prevalence (%) <i>(please include all smokeless tobacco products in prevalence data)</i>
	MALES	
	Current users ²	16-29
	Add age group	30-44
		45-64
		65-84
	FEMALES	
	Current users ²	16-29
	Add age group	30-44
		45-64
		65-84
TOTAL (males and females)		
Current users ²	16-29	
Add age group	30-44	
	45-64	
	65-84	

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

2.1.4.1	Please indicate the smokeless tobacco products included in the answer to question 2.1.4:
	Snus (moist snuff)
2.1.4.2	Please indicate the year and source of the data used to answer question 2.1.4:
	<p>The Public Health Agency (2013). The National Survey of Public Health - Health of Equal Terms. See attachment "Tobacco use - The Swedish National Survey of Public Health 2004-2013".</p> <p>Please note that the data submitted relates to 2013 and that it is NOT age-standardised (in contrast to the previous report). Historical figures computed without age-standardisation are available in the attachment specified above. Current snus-user refers to the sum of daily and occasional snus-users. In the attached file columns named "No of responses" correspond to the number of responses after applying calibration weights.</p>
2.1.4.3	Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.
	<p>Daily snus-use has increased among both young men and young women (aged 16-29) 2011-2013, however not statistically significantly so. In the age-group 30-44 years daily snus-use has increased slightly among women while it has been fluctuating among men. The prevalence has also increased somewhat for women 45-64 years old, while it has decreased slightly for men in the same age-group. Among older women (65-84 years) daily snus-use has decreased marginally 2011-2013 whereas the prevalence among men is fluctuating. In all age-groups daily snus-use was significantly higher among men than among women.</p> <p>Gender-differences are not as pronounced when examining occasional snus-use, but in all age-groups except for 65-84 year-olds men's prevalence was higher than women's. Occasional snus-use is the most common among young individuals (16-29 years) while daily snus-use is most common among 30-44 year-olds.</p>

2.1.5		Tobacco use by ethnic group(s)			
	Ethnic group(s)	Prevalence (%)			
		<i>(please include all smoking or smokeless tobacco products in prevalence data)</i>			
		Males	Females	Total (males and females)	
Current users ³ <input type="button" value="Add ethnic group"/>	Daily smoking (origin Sweden)	9	11	10	
	Daily smoking (origin other Nordic country)	19	17	18	
	Daily smoking (origin Europe, Nordic countries excluded)	26	17	22	

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

		Daily smoking (origin outside Europe)	17	4	11
		Daily snus-use (origin Sweden)	20	4	12
		Daily snus-use origin other Nordic country	20	2	11
		Daily snus-use (origin Europe, Nordic countries excluded)	5	1	3
		Daily snus-use (origin outside Europe)	7	3	5
2.1.5.1	Please indicate the tobacco products included in the answer to question 2.1.5:				
	Cigarettes, cigarillos, cigars, pipes				
2.1.5.2	Please indicate the age range to which the data used to answer question 2.1.5 refer:				
	16-84 years				
2.1.5.3	Please indicate the year and source of the data used to answer question 2.1.5:				
	<p>The Public Health Agency (2013). The National Survey of Public Health - Health of Equal Terms. See attachment "Tobacco use - The Swedish National Survey of Public Health 2004-2013".</p> <p>Please note that the data submitted relates to 2013 and that it is NOT age-standardised (in contrast to the previous report). Historical figures computed without age-standardisation are available in the attachment specified above. The figures submitted relate to daily use of either smoking tobacco or snus (moist snuff). In the attached file columns named "No of responses" correspond to the number of responses after applying calibration weights.</p>				

2.1.6	Tobacco use by young persons			
	Age range	Prevalence (%) <i>(please include all smoking or smokeless tobacco products in prevalence data)</i>		
		Smoking tobacco	Smokeless tobacco	Other tobacco (e.g. water pipe)
Boys				
Current users ⁴	15-16	11.5	9.6	11
Add youth group	17-18	25.4	21.7	25
Girls				
Current users ⁴	15-16	16.4	2.0	14
Add youth group	17-18	31.4	4.5	24
TOTAL (boys and girls)				
Current users ⁴				
Add youth group				
2.1.6.1	Please indicate the tobacco products included in calculating prevalence for question 2.1.6:			
	<p>Prevalence of smoking tobacco do not relate to any specified type of smoking tobacco.</p> <p>Prevalence of smokeless tobacco relate only to snus [moist snuff].</p> <p>Prevalence 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).</p>			

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

2.1.6.2	<p>Please indicate the year and source of the data used to answer question 2.1.6:</p> <p>The data submitted relates to 2013.</p> <p>Gripe, Isabella (2013) Skolelevers drogvanor 2013 (Rapport nr 139) The Swedish Council for Information on Alcohol and Other Drugs (CAN), see http://www.can.se/sv/Rapporter/Skolelevers-drogvanor-2013/ (in Swedish)</p> <p>See http://can.se/sv/In-English/ for more information about The Swedish Council for Information on Alcohol and Other Drugs.</p>
2.1.6.3	<p>Please provide the definition of “current smoking/tobacco use” used to answer question 2.1.6 in the space below.</p> <p>Current users of smoking tobacco: Those respondents that answered yes to the question “have you smoked anytime during the last 12 month?” and then yes to the next question “do you still smoke?” (This figures can not be compared to previously reports. In contrast to the previous report, prevalens smokers were all pupils who answered yes to the question “Do you smoke?”. This means that the new definations to smokers are more narrow than the previously and that fewer pupils are classified as smokers).</p> <p>Current users of smokeless tobacco: Those respondents that answered yes to the question “have you used snus [moist snuff] anytime during the last 12 month? And then yes to the next question “do you still use snus [moist snuff]” (This figures can not be compared to previously reports. In contrast to the previous report, prevalens snus users were all pupils who answered yes to the question “Do you use snus?”. This means that the new definations to snus users are more narrow than the previously and that fewer pupils now are classified as snus users).</p> <p>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 “smoked water pipe last 12 month”.</p> <p>We also have data for used water pipe any time (lifetime prevalence). 26% of both boys and girls (15-15 years old) answered that they used water pipe any time. 52 % boys and 47 % girls (17-18 years old) answered that they used water pipe any time.</p>
2.1.6.4	<p>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.</p> <p>Since the definition of smokers and snuff users has changed it makes is difficult to say anything about the trend in a longer perspective but with the new definition the share of smokers continued to decrease between 2012 and 2013.</p> <p>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 is true for both age-categories in the survey.</p> <p>Among 15-year-olds the share of snus-users has decreased the last years, more so among boys than girls. Among girls there are no difference between 2012 and 2013. Among 17-year-olds the share of snus-user has also been decreasing latest years but since the change of defination (Between 2012 and 2013) snus-use increased among boys and remained the same for girls.</p> <p>Data on current users of other tobacco (water pipe-smoking) has only been collected since 2009 and the definition changed between 2012 and 2013. Among 15-year-old a decrease can be seen between 2012 and 2013 both among girls and boys. Among 17-year-old girls a decrease can be seen between the two latest years but no difference for boys. The latest year more common among boys than girls.</p> <p>All together between 2000 and 2012 the share of smokers, 15-year old,</p>

	substantially decreased.
2.2	EXPOSURE TO TOBACCO SMOKE
2.2.1	Do you have any data on exposure to tobacco smoke in your population? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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). Please note that the data submitted (see reference below) relates to 2013 and that it is NOT age-standardised (in contrast to the previous report). Historical figures computed without age-standardisation are available in the attachment specified below. The figures submitted relate to exposure to passive smoking 1) in general, 2) in public environments, 3) in home environments, 4) in work environments and 5) in other environments. In the attached file columns named "No of responses" correspond to the number of responses after applying calibration weights Figures are presented; by age-group, highest educational attainment, occupation, socio-economic status and origin.
2.2.3	Please indicate the year and source of the data used to answer question 2.2.1: The data submitted relates to 2013. Public Health Agency of Sweden (2013). The National Survey of Public Health - Health of Equal Terms. See attachment "Tobacco use - The Swedish National Survey of Public Health 2004-2013".
2.3	TOBACCO-RELATED MORTALITY
2.3.1	Do you have information on tobacco-related mortality in your population? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? 12000
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 most common): 5 250 deaths Chest diseases (COPD most common): 2 855 deaths Diseases of the circulatory system (Stroke and CHD most common): 3 513 deaths Other: 263 Deaths among smokers (excluding passive smokers and deaths from other tobacco use). Estimated the numbers of incidence caused of smoking to about 100 000.
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 numbers are calculated concerning year 2010-2012 and are estimated numbers of deaths per year. The study was conducted by the National Board of Health and Welfare, published in 2014, “Registeruppgifter om tobaksrökningens skadeverkningar” http://www.socialstyrelsen.se/publikationer2014/2014-3-4 (only

	<p>in Swedish)</p> <p>In March 2011 the Swedish parliament passed a strategy on alcohol, narcotics, tobacco and doping (ANDT) (http://www.government.se/sb/d/15661/a/183499). In October 2013 the Swedish government decided on several indicators to follow up the goals set in the strategy. Numbers of deaths from lung cancer (both underlying and contributing causes of death) and numbers of deaths from COPD (both underlying and contributing causes of death) per 100 000 inhabitants age 15 + were decided to measure tobacco-related mortality in Sweden. The death rates per year and definitions can be found in the ANDT database at the Public Health Agency website: http://www.andtuppfoljning.se/ (only in Swedish).</p> <p>Important to note that 2014 year answer not can be compared to last report from Sweden when the mortality calculation was based on responses from another calculation. The National Board of Health and Welfare katarina.baatz@socialstyrelsen.se</p>
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2.4	TOBACCO-RELATED COSTS
2.4.1	<p>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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
2.4.2	<p>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).</p> <p>The estimated total cost due to smoking in Sweden 2013 was 31 billion SEK. The cost for health care services (direct costs) accounted for 2.5 billion SEK and productivity losses (indirect costs) for 7.2 billion SEK. Productivity losses included costs due to early retirement and early death. Other costs associated with sick leave caused by smoking were approximately 21.3 billion SEK. The study employed a top-down methodology to estimate the different cost components and used lost gross annual income as the measure of lost production during a person-year. For the estimates on relative risks and Swedish smoking patterns, published studies on attributable risks for smokers and former smokers were used. These were applied to cost estimates for smoking-related diseases based on data from public Swedish registers</p>
2.4.3	<p>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:</p> <p>Bolin, K and Lindgren, B (2007). Smoking, healthcare cost, and loss of productivity in Sweden 2001. Scand J Public Health. 2007; 35(2):187-96.</p> <p>Please note that the cost figures are adjusted from 2001 to 2013 by using the Swedish Consumer Price Index.</p> <p>The study can be found on this LINK or HERE for the Swedish version</p>

2.5	SUPPLY OF TOBACCO AND TOBACCO PRODUCTS <i>(with reference to Articles 6.2(b), 20.4(c), and 15.5)</i>					
2.5.1	Licit supply of tobacco products					
	Product	Unit (e.g. pieces, tonnes)	Domestic production	Retail sales	Exports	Imports

	Smoking tobacco products	2402 10 00 00	Kg			1267	17480	
	Add product	2402 20 10 00	Kg			0	1	
		2402 20 90 00	Kg			73263	46093	
	Smokeless tobacco products	2403 11 00 00	Kg				1250	
	Add product	2403 19 10 00	Kg			42195	2289	
		2403 19 90 00	Kg			464	7.5	
		2403 91 00 00	Kg			0	2	
		2403 99 10 00	Kg			2126405	9989	
		2403 99 90 00	Kg			157013	13544	
	Other tobacco products	2401 10 70 10	Kg			0	0	
	Add product	2401 10 70 90	Kg			0	588079	
		2401 20 70 10	Kg			0	10741	
		2401 20 70 90	Kg			0	792142	
		2401 30 00 00	Kg			3556	1200944	
	Tobacco	Leaves						
	2.5.2	Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.						
	2.5.3	Please indicate the year and source of the data used to answer questions 2.5.1 and 2.5.2:						
		Data relates to 2013.						
	Rydén, Sune. National Specialist, Swedish Customs (sune.ryden@tullverket.se).							

2.6		SEIZURES OF ILLICIT TOBACCO PRODUCTS <i>(with reference to Article 15.5)</i>			
2.6.1		Year	Product	Unit (e.g. millions of pieces)	Quantity seized
	Smoking tobacco products Add row	2012	Cigarettes	Million sticks	26.08
		2013	Cigarettes	Million sticks	21.9
		2012	Cigars & cigarillos	Pieces	449474
		2013	Cigars & cigarillos	Pieces	3890
		2012	Hand rolling tobaccos	Kg	149.6
		2013	Hand rolling tobaccos	Kg	7590
	Smokeless tobacco products Add row	2012	Snus	Kg	4628
		2013	Snus	Kg	346
	Other tobacco products Add row				
	2.6.2	Do you have any information on the percentage of illicit tobacco products on the national tobacco market? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2.6.3	If you answered “Yes” to question 2.6.2, what percentage of the national tobacco market do illicit tobacco products constitute? 4.7 %				
2.6.4	If you answered “Yes” to question 2.6.3 and you have information available, what is the trend over the past two years or since submission of your last report in the percentage of illicit tobacco products in relation to the national tobacco market?				
	A decrease since last submission. Year 2010 7,1%, year 2011 6,3%				
2.6.5	Please provide any further information on illicit tobacco products.				
	<p>2.6.2 relates only to cigarettes. We do not have figures for snuff.</p> <p>2.6.3, 4,7 % represents estimate of unregistered cigarettes (both not taxed cigarettes, smuggle cigarettes and privately imported). Please note that this estimate relates to 2012 and that it is a prognosis based on the first three quarters of 2012.</p> <p>The numbers for only smuggle cigarettes year 2010: 1%, 2011: 3% and 2012: 0,5%.</p> <p>The estimated share of illicit tobacco of the national cigarette market relates to research conducted by the Centre for Social Research on Alcohol And Drugs</p>				

2.6	SEIZURES OF ILLICIT TOBACCO PRODUCTS <i>(with reference to Article 15.5)</i>
	(SoRAD), which is a research centre connected to Stockholm University. The estimate stems from self-reported data. 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
2.6.6	Please indicate the source of the data used to answer questions in section 2.6:
	Sohlberg, T. (2012). Tal om tobak - Tobakskonsumtionen i Sverige 2012. (Annual statistical report about tobacco from the Monitor project). SoRAD rapportserie nr 66. Stockholm: Stockholm University, Centre for Social Research on Alcohol and Drugs (SoRAD), see (in Swedish) http://su.diva-portal.org/smash/record.jsf?pid=diva2:581549

2.7	TOBACCO-GROWING
2.7.1	Is there any tobacco-growing in your jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <i>(with reference to Articles 6.2(a) and 6.3)</i>
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)?
	<ul style="list-style-type: none"> • Specific tax only <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Ad valorem tax only <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Combination of specific and ad valorem taxes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No • More complex structure (<i>please explain:</i>)
2.8.3	If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)

		Product	Type of tax	Rate or amount	Base of tax ⁵	
	Smoking tobacco products Add product	Cigarettes	Specific excise	166.41	EUR/1000 cigarettes	
		Cigarettes	Ad valorem	1	% of TIRSP (Tax Inclusive Retail Selling Price)	
		Cigarettes	VAT	20	% of TIRSP	
		Cigars and cigarillos	Specific excise	147.53	EUR/1000 cigars and cigarillos	
		Cigars and cigarillos	VAT	20	% of TIRSP	
		Cigars and cigarillos	Specific excise	147.53	EUR/1000 cigars and cigarillos	
		Cigars and cigarillos	VAT	20	% of TIRSP	
		Fine cut smoking tobacco	Specific excise	204.41	EUR/kg	
		Fine cut smoking tobacco	VAT	20	% of TIRSP	
		Smokeless tobacco products Add product	Snuff	Specific excise	45.45	EUR/kg
	Snuff	VAT	20	% of TIRSP		
	Chewing tobacco	Specific excise	52.89	EUR/kg		
	Chewing tobacco	VAT	20	% of TIRSP		
	Other tobacco products Add product					
	2.8.4	Please briefly describe the trends in taxation for tobacco products in the past two years or since submission of your last report in your jurisdiction.				
		There is no big difference in taxation for tobacco products since 2012 as you can see: In 2014 the specific tax on cigarettes was 1.41 SEK. In 2013 the tax was 1.41 SEK				

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

	<p>per cigarette and year 2012 1.40 per cigarette.</p> <p>Also, for cigars and cigarillos there has been no big change in taxation from 1.24 SEK year 2012 to 1.25 SEK year 2014. For fine cut smoking tobacco the tax was raised from 1718 SEK per kg to 1733 per kg between the year 2012 and 2014. The specific tax on smokeless tobacco products (snuff) was raised from 382 SEK per kg to 385 SEK per kg between 2012 and 2014 the tax on chewing tobacco from SEK 444 per kg to 448 SEK per kg during the same time period. These changes in taxation are due to changes in inflation.</p> <p>Revenue from tobacco taxes have decreased since 2012.</p>
2.8.5	<p>Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>(In reference to Article 26)</i></p>
2.8.6	<p>If you answered “Yes” to question 2.8.5, please provide details in the space below.</p>
2.8.7	<p>Please indicate the year and source of the data used to answer questions 2.8.1 to 2.8.6:</p> <p>The Swedish Ministry of Finance (2014). Beräkningskonventioner 2014 - En rapport från skatteenkonomiska enheten i Finansdepartementet. Stockholm: Swedish Ministry of Finance. See "Beräkningskonventioner 2014", Section 8.2 (in Swedish), http://www.regeringen.se/sb/d/108/a/225482</p> <p>Please note that the report pertains to 2014.</p>

2.9	PRICE OF TOBACCO PRODUCTS					
	<i>(with reference to Article 6.2(a))</i>					
2.9.1	<p>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.</p>					
		Most widely sold brand			Number of units or amount per package	Retail price
		Smoking tobacco products	Smokeless tobacco products	Other tobacco products		
	Domestic	Marlboro			19	SEK 55

	Imported					
2.9.2	Please indicate the year and source of the data used to answer question 2.9.1.					
	The data submitted relates to 2013.					
	The Swedish Ministry of Finance (2014). Beräkningskonventioner 2014 - En rapport från skatteeconomiska enheten i Finansdepartementet. Stockholm: Swedish Ministry of Finance. See "Beräkningskonventioner 2014", Section 8.2 (in Swedish), http://www.regeringen.se/sb/d/108/a/225482					
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 8.8603 = 1.3768 (Exchange-rate applied by the ECB on the 3 rd of March 2014). In section 2.8.3 the tax rates are collected from the European Commission's excise duty tables for 2014, the exchange rate they use is for 1 october 2013; 1 EUR= SEK 8,4731.					
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.					
	Year 2012 a package of Marlboro, 19 pack, cost SEK 48 and 2013 SEK 55.					

3. LEGISLATION, REGULATION AND POLICIES

3.1	<i>Article</i>	GENERAL OBLIGATIONS <i>(with reference to Article 5)</i>		
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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.2		If you answered “No” to question 3.1.1.1, have you partially developed and implemented tobacco control strategies by including tobacco control in national health, public health or health promotion strategies, plans and programmes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.3		If you answered “No” to question 3.1.1.2, is any aspect of tobacco control that is referred to in the Convention included in any national strategy, plan or programme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.1.1.4	5.2(a)	Have you established or reinforced and financed		
		• a focal point for tobacco control	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• a tobacco control unit	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• a national coordinating mechanism for tobacco control	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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).			

	<p>The focal point for tobacco control with regards to policymaking is a government official based at the Ministry of Health and Social Affairs</p> <p>The Public Health Agency, 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</p> <p>The Swedish Consumer Agency exercise central supervisory responsibility regarding marketing.</p> <p>The Swedish Work Environment Authority has central supervisory responsibility relating to smoke-free work environments.</p> <p>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).</p> <p>Swedish Customs is responsible for making sure that customs duties, taxes and charges associated with tobacco trade are collected and that illicit import of tobacco products is counteracted.</p>
3.1.1.6	<p>Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (<i>General obligations</i>) in the past two years or since submission of your last report.</p> <p>In March 2011, the Parliament passed a cohesive 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.</p> <p>This ANDT-policy and annual action plans are still running since last report was submitted.</p> <p>A cohesive strategy for alcohol, narcotics, doping and tobacco policy, (Govt. Bill 2010/11:47) see Annex 4 to Sweden's third implementation report, A cohesive strategy for alcohol, narcotics, doping and tobacco policy, a summarized version of Govt. Bill 2010/11:47.</p>
3.1.1.7	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.1.2	5.3	<p>Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>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:</p>		
3.1.2.1		– protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.1.2.2		– ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.1.2.3	<p>If you answered “Yes” to any of the questions under 3.1.2.1 or 3.1.2.2, please provide details in the space below.</p>			
3.1.2.4	<p>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.</p>			
3.1.2.5	<p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 5.3 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 5.3 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p>			
	<p>Regarding 3.1.2.1: Sweden has not adopted any program or any legal measures explicitly aimed at protecting public health policies from commercial and other vested interests of the tobacco industry. There are however general rules of public law that have a similar effect, e.g. the principles of everyone's equality before the law, objectivity and impartiality. Provisions relating to disqualification of officials due to personal interest serve a related purpose.</p>			
3.1.2.6	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>			

3.2	Article	MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO <i>(with reference to Articles 6–14)</i>		
3.2.1	6	Price and tax measures to reduce the demand for tobacco <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.2.1.1	6.2(a)	– tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.1.2	6.2(b)	– prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.1.3		– prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.1.4	Please provide a brief description of the progress made in implementing Article 6 (<i>Price and tax measures to reduce the demand for tobacco</i>) in the past two years or since submission of your last report.			
	No tax increases since January 2012. Changes since January 2013, Tobacco tax be paid for the Customs Service directly at import when cigarettes, cigars, cigarillos, smoking tobacco, snuff or chewing tobacco imported from a country <u>outside</u> the EU			
3.2.1.5	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.			

3.2.2	8.2	<p>Protection from exposure to tobacco smoke <i>(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p> <p>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:</p>		
3.2.2.1		<ul style="list-style-type: none"> - banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.2.2		<p>If you answered "Yes" to question 3.2.2.1, what is the type/nature of the measure providing for the ban?</p>		
		<ul style="list-style-type: none"> • national law 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • subnational law(s) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • administrative and executive orders 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • voluntary agreements 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> • other measures (<i>please specify:</i>) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.2.3		<p>Please provide a brief explanation of the type/nature and content of the measures providing for the ban.</p>		
		<p>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.</p> <p>Smoking is banned in all described areas. It is however possible to arrange designated smoking areas. In addition to legal requirements, the social norm of none-smoking in public areas has been widely accepted which in turn has resulted in relatively few designated smoking areas. This is in a large part due to individual policy's on completely smoke-free airplanes, trains, ferries, hotels and health-care facilities.</p>		
3.2.2.4		<p>If you answered "Yes" to any options in 3.2.2.2, do any of these measures provide for a mechanism/ infrastructure for enforcement?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.2.2.5	If you answered "Yes" to question 3.2.2.4 please provide details of this system.			
<p>It is possible, according to 19 a 2.a § and 20 § of the Tobacco Act, for a local authority to apply an administrative injunction which can be combined with an administrative fine for the owner or user of the property. The sanction should be used to make the owner or user of the property to stop and to prevent that smoking occurs where it forbidden according to e.g. 2 § of the Tobacco Act</p>				
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		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• health-care facilities		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• educational facilities ¹		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• universities		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• private workplaces		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• other (<i>please specify:</i>)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transport:				
• airplanes		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• trains		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• ferries		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• ground public transport (buses, trolleybuses, trams)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• motor vehicles used as places of work (taxis, ambulances, delivery vehicles)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• private vehicles		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• other (<i>please specify:</i>)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ except universities

	Indoor public places:			
	• cultural facilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• shopping malls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• pubs and bars	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• nightclubs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• restaurants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	• other (<i>please specify:</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.2.7	Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented.			
	<ul style="list-style-type: none"> Banning tobacco smoking in indoor workplaces 			
	<p>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 policies 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</p> <p>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.</p>			
	<ul style="list-style-type: none"> Banning tobacco smoking in public transport 			
	It is permitted to arrange designated smoking areas			
	<ul style="list-style-type: none"> Banning tobacco smoking in indoor public places 			
	It is permitted to arrange designated smoking areas			
3.2.2.8	Please provide a brief description of the progress made in implementing Article 8 (<i>Protection from exposure to tobacco smoke</i>) in the past two years or since submission of your last report.			
	<p>More municipalities in Sweden have adopted smoke-free work time since the last report. Last report 146 out of 290 municipalities have adopted smoke-free work time and now (January 2014) 200 out of 290. (only in Swedish, source: http://tobaksfakta.se/tema/rokfri-arbetstid/).</p> <p>The legal restrictions regarding designated smoking areas are stricter for restaurants, pubs, bars, nightclubs and cafés than for other public places. However, the Public Health Agency of Sweden are examine the need for further</p>			

	<p>progress in Sweden relating to smoke-free public environments. A report will be submitted to the Ministry of Health and Social Affairs October 2014.</p>
3.2.2.9	<p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 8 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 8 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p>
3.2.2.10	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.2.3	9	<p>Regulation of the contents of tobacco products</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>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:</p>		
3.2.3.1		– testing and measuring the contents of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.2		– testing and measuring the emissions of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.3		– regulating the contents of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.4		– regulating the emissions of tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.3.5	<p>Please provide a brief description of the progress made in implementing Article 9 (<i>Regulation of the contents of tobacco products</i>) in the past two years or since submission of your last report.</p> <p>Sweden has implemented the requirements in Dir 2001/37/EG in the Tobacco Act (1993:581), the Tobacco Decree (2001:312) and the provisions FoHMFS 2014:9.</p> <p>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.</p>			
3.2.3.6	<p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 9 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p>			
3.2.3.7	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>			

3.2.4	10	<p>Regulation of tobacco product disclosures</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>		
		<p>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:</p>		
3.2.4.1		<p>– requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:</p>		
		<p>• contents of tobacco products?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<p>• emissions of tobacco products?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.4.2		<p>– requiring public disclosure of information about the:</p>		
		<p>• contents of tobacco products?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<p>• emissions of tobacco products?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.4.3	<p>Please provide a brief description of the progress made in implementing Article 10 (<i>Regulation of tobacco product disclosures</i>) in the past two years or since submission of your last report.</p>			
	<p>Sweden is participating in the Regulatory Committee under Dir 2001/37/EG and receives reports from tobacco manufacturers 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.</p> <p>Today the list of ingredients (annex 11 as described in EU’s practical guide) are available through the website of Public Health Agency of Sweden. http://www.folkhalsomyndigheten.se/amnesomraden/tillsyn-och-regelverk/tillsyn-tobak/ingredienser-i-tobaksvaror/2012/</p>			
3.2.4.4	<p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 10 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p>			
3.2.4.5	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>			

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

3.2.5.11		If you answered “Yes” to question 3.2.5.10, does the Government own the copyright to these pictures and pictograms?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.13	11.2	– requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant:		
		• constituents of tobacco products	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• emissions of tobacco products	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.5.14	11.3	– requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.5.15	Please provide a brief description of the progress made in implementing Article 11 (<i>Packaging and labelling of tobacco products</i>) in the past two years or since submission of your last report.			
	<p>Regarding 3.2.5.1: The law only gives a few exceptions to the general ban on advertising. According to practice, it is not possible to have advertising on the package, in an onsert, insert etc.</p> <p>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 injunctions and the local council and the police can act with administrative injunctions respectively criminal penalties.</p>			
3.2.5.16	<p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 11 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 11 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p>			
3.2.5.17	If you have any other relevant information pertaining to or not covered in this section, please provide details in the space below.			

3.2.6	12	<p>Education, communication, training and public awareness <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p> <p>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:</p>		
3.2.6.1	12(a)	– educational and public awareness programmes? <i>(Please refer to programmes implemented since submission of your two-year report.)</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.6.2		If you answered “Yes” to question 3.2.6.1, to whom are these programmes targeted?		
		• adults or the general public	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• children and young people	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• men	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• women	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• pregnant women	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• ethnic groups	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• other <i>(please specify:)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.3		If you answered “Yes” to question 3.2.6.1, do you reflect the following key differences among targeted population groups in educational and public awareness programmes?		
		• age	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• gender	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• educational background	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• cultural background	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• socioeconomic status	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• other <i>(please specify:)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.2.6.4	12(b)	If you answered “Yes” to question 3.2.6.1, do these educational and public awareness programmes cover:		
		• health risks of tobacco consumption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• health risks of exposure to tobacco smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• benefits of the cessation of tobacco use and tobacco-free lifestyles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	12(f)	• adverse economic consequences of		
		- tobacco production?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		- tobacco consumption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• adverse environmental consequences of				
- tobacco production?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		- tobacco consumption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.5	12(e)	– awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control:		
		• public agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• nongovernmental organizations not affiliated with the tobacco industry?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• private organizations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• other (<i>please specify:</i>)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.6.7	12(d)	Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:		
		• health workers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• community workers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• social workers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• media professionals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

	<ul style="list-style-type: none"> educators? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<ul style="list-style-type: none"> decision-makers? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<ul style="list-style-type: none"> administrators? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<ul style="list-style-type: none"> other (<i>please specify:</i>)? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.6.8	<p>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.</p> <p>Sweden has since 2011 had a strategy for alcohol, narcotics, doping and tobacco (ANDT) policy aimed, among other things, at facilitating central government governance of support in this area.</p> <p>During the strategy period, according to the strategy above, new research findings on the impact of ANDT on health should be disseminated to the general public. The aim during the strategy period should be to introduce innovative and target group-oriented measures to enhance public awareness of the adverse health effects of ANDT. Since the last report submission this measures unfortunately have included only alcohol and not tobacco.</p> <p>One measure during the strategy period is aimed at school personnel. Research has shown that schools in Sweden find it difficult to implement a tobacco-free school playground and tobacco-free school hours. The Swedish National Agency for Education has arranged different educational efforts for principals and other school personnel during 2012 to 2014. The Agency has also produced material to support teachers in their teaching concerning these matters.</p> <p>In 2011 the Swedish National Board of Health and Welfare (NBHW) published national guidelines for methods of preventing disease, to support governance and management of health care. The guidelines cover tobacco use. The NBHW has provided support to organizations for health professionals to disseminate knowledge of the guidelines among their members and engage their members in the implementation of the guidelines. A Web based training on tobacco cessation has been developed (read more, 3.2.8.14).</p> <p>During 2013 the government have arranged conferences on addiction to Alcohol, narcotics, doping and tobacco.</p>		
3.2.6.9	<p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 12 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 12 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p>		
3.2.6.10	<p>If you have any other relevant information pertaining to but not covered in this</p>		

	section, please provide details in the space below.

3.2.7	13	<p>Tobacco advertising, promotion and sponsorship <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p> <p>Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:</p>		
3.2.7.1	13.2	– instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered “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 cover:		
		• display and visibility of tobacco products at points of sales?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• the domestic Internet?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• the global Internet?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• brand stretching and/or brand sharing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• product placement as a means of advertising or promotion?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• the depiction of tobacco or tobacco use in entertainment media products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• tobacco sponsorship of international events or activities and/or participants therein?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• cross-border advertising, promotion and sponsorship originating from your territory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

	13.7	<ul style="list-style-type: none"> the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Please proceed 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.4	13.3	– applying restrictions on all tobacco advertising, promotion and sponsorship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.5	13.3	– applying restrictions on cross-border advertising, promotion and sponsorship originating from your territory with cross-border effects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.6	13.4(a)	– prohibiting those forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.7	13.4(b)	– requiring that health or other appropriate warnings or messages accompany all tobacco advertising, promotion and sponsorship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.8	13.4(c)	– restricting the use of direct or indirect incentives that encourage the purchase of tobacco products by the public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.9	13.4(d)	– requiring the disclosure to relevant Government authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.2.7.10	13.4(e)	– restricting tobacco advertising, promotion and sponsorship on:		
		• radio?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• television?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• print media?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• the domestic Internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• the global Internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• other media (<i>please specify:</i>)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.7.11	13.4(f)	– restricting tobacco sponsorship of:		
		• international events and activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		• participants therein?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Whether you answered “Yes” or “No” to question 3.2.7.1, are you:				
3.2.7.12	13.6	– cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.2.7.13	13.7	– imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.			
	In June 2013 an investigation was presented commissioned by the Ministry of Health and Social Affairs, which surveyed the marketing of tobacco and alcohol particularly in digital media. Their particular mission was to suggest measures for more effective surveillance. The report has been on consultation and the way forward is being considered by the government. http://www.regeringen.se/sb/d/16827/a/220763 (only in Swedish).			
3.2.7.15	<p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 13 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 13 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of</p>			

	<p>guidelines. Response to this section or to the additional questionnaire is voluntary.</p>
3.2.7.16	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p> <p>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 all advertising and promotion including sponsorship, without exemption. 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. The points of sales exemption to the ban on advertising is conditioned upon; commercial messages that are intrusive, seeking or encouraging the consumption of tobacco are forbidden.</p> <p>Regarding 3.2.7.2 (the domestic Internet): If not covered by Swedish constitutional rights (The Fundamental Law on Freedom of Expression), marketing of tobacco products on the internet is prohibited. However, the use of commercial advertisements is never allowed.</p> <p>Regarding 3.2.7.2 (brand stretching 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 in periodic publications or comparable publications to which The Freedom of the Press Act applies (tryckfrihetsförordningen), radio broadcasting, television programs or satellite television broadcasting subject to the Radio and Television Act (2010:696) or other transmissions or technical recordings to which the Fundamental Law on Freedom of Expression (yttrandefrihetsgrundlagen) applies.</p> <p>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.</p> <p>Regarding 3.2.7.2 (depiction of tobacco or tobacco use in entertainment media products): According to constitutional rights (the Freedom of the Press Act/ The Fundamental Law on Freedom of Expression) 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 paragraph 2.1 in the Radio- and TV Act (2010:696) to make product placement of tobacco products in Radio- or Television programs.</p> <p>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</p>

	promote the sale of tobacco products.
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3.2.8	14	Demand reduction measures concerning tobacco dependence and cessation <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.2.8.1	14.1	– developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.8.2	14.1	– programmes to promote cessation of tobacco use, including:		
		• media campaigns emphasizing the importance of quitting?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• programmes specially designed for:		
		○ underage girls and young women	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		○ women	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		○ pregnant women	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• telephone quitlines	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• other (<i>please specify: Web based information on tobacco cessation is available to the public</i>)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.2.8.3	14.2(a)	– design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:		
		• educational institutions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• health-care facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• workplaces?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

		<ul style="list-style-type: none"> sporting environments? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> other (<i>please specify:</i>)? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.4	14.2(b)	– inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for:			
		<ul style="list-style-type: none"> tobacco control? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> health? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> education? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
3.2.8.5		– inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.6	14.2(b)	If you answered “Yes” to question 3.2.8.5, which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?			
		<ul style="list-style-type: none"> primary health care 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> secondary and tertiary health care 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> specialist health-care systems (<i>please specify:</i> for example, smoke-free surgery) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> specialized centres for cessation counselling and treatment of tobacco dependence 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> rehabilitation centres 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> other (<i>please specify:</i>) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.7	14.2(b)	If you answered “Yes” to question 3.2.8.5, are the services provided in these settings covered by public funding or reimbursement schemes?			
		<ul style="list-style-type: none"> primary health care 	<input type="checkbox"/> Fully	<input checked="" type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> secondary and tertiary health care 	<input type="checkbox"/> Fully	<input checked="" type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> specialist health-care systems (<i>please specify:</i>) 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None

		<ul style="list-style-type: none"> specialized centres for cessation counselling and treatment of tobacco dependence 	<input type="checkbox"/> Fully	<input checked="" type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> rehabilitation centres 	<input type="checkbox"/> Fully	<input checked="" type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> other (<i>please specify:</i>) 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
3.2.8.8	14.2(b)	If you answered “Yes” to question 3.2.8.5, which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services?			
		Health professionals including:			
		<ul style="list-style-type: none"> physicians 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> dentists 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> family doctors 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> practitioners of traditional medicine 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> other medical professionals (<i>please specify:</i> for eg physiotherapists, psychologists) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> nurses 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> midwives 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> pharmacists 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		Community workers	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		Social workers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		Others (<i>please specify:</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.9	14.2(c)	– training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:			
		<ul style="list-style-type: none"> medical? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> dental? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<ul style="list-style-type: none"> nursing? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> pharmacy? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

		<ul style="list-style-type: none"> • other (<i>please specify:</i>)? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.10	14.2(d)	– facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.11	14.2(d)	If you answered “Yes” to question 3.2.8.10, where and how can these products be legally purchased in your country?			
		Pharmacies, supermarkets or equivalent			
3.2.8.12	14.2(d)	If you answered “Yes” to question 3.2.8.10, which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction?			
		<ul style="list-style-type: none"> • nicotine replacement therapy 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> • bupropion 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> • varenicline 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<ul style="list-style-type: none"> • other (<i>please specify:</i>) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.8.13	14.2(d)	If you answered “Yes” to question 3.2.8.10, are the costs of these products covered by public funding or reimbursement?			
		<ul style="list-style-type: none"> • nicotine replacement therapy 	<input type="checkbox"/> Fully	<input checked="" type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> • bupropion 	<input type="checkbox"/> Fully	<input checked="" type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> • varenicline 	<input type="checkbox"/> Fully	<input checked="" type="checkbox"/> Partially	<input type="checkbox"/> None
		<ul style="list-style-type: none"> • other (<i>please specify:</i>) 	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> None
3.2.8.14	Please provide a brief description of the progress made in implementing Article 14 (<i>Demand reduction measures concerning tobacco dependence and cessation</i>) in the past two years or since submission of your last report.				
	<p>In 2011 the Swedish National Board of Health and Welfare (NBHW) published national guidelines for methods of preventing disease, to support governance and management of health care. The guidelines cover tobacco use, hazardous use of alcohol, insufficient physical activity and unhealthy eating habits.</p> <p>The NBHW has provided support to organizations for health professionals to disseminate knowledge of the guidelines among their members and engage their members in the implementation of the guidelines. A Web based training on tobacco cessation has been developed. National stakeholders are coordinated in a network to promote exchange of experiences regarding implementation of the guidelines. A pilot on documentation of disease prevention (including tobacco cessation) in medical records has been set up.</p>				

3.2.8.15	<p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 14 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 14 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p>
3.2.8.16	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.3	<i>Article</i>	MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO <i>(with reference to Articles 15–17)</i>		
3.3.1	15	Illicit trade in tobacco products <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.3.1.1	15.2	– requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.2	15.2(a)	– requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.1.3	15.2(a)	– requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: “Sales only allowed in ...” or carry any other effective marking indicating the final destination of the product?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.1.4	15.2(b)	– developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.1.5	15.3	– requiring that marking is presented in legible form or appears in the principal language and/or languages of the country?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.3.1.7	15.4(a)	– facilitating the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.9	15.4(c)	– requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment-friendly methods where possible, or disposed of in accordance with national law?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.11	15.4(e)	– enabling the confiscation of proceeds derived from illicit trade in tobacco products?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.1.13	15.7	– licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

3.3.1.14	<p>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.</p> <p>Question 3.3.1.10 EU common procedure framework handling tobacco, alcohol, and certain energy commodities. Council Directive 2008/118/EC of 16 December 2008 on the general arrangements for excise duty and repealing Directive 92/12/EEC.</p> <p>Sweden have EMCS (Excise Movement and Control System) as control system. EMCS is an electronic system that must be used by authorized operators when products are moved under duty, which is meant to ease the administrative management of the company and to enable an effective fiscal control of the delivery of alcohol, tobacco and certain energy products across the EU.</p> <p>Customs Service noted major problems with smuggling of Tax Free snuff sold at ferries between Finland, Åland and Sweden. The tobacco business decided after contacts with Customs that all snuff cans that are sold on the ferries must be marked with "only for duty free sales" to reduce the risk that tax-free snus can be sold ashore for private use.</p>
3.3.1.15	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

3.3.2	16	Sales to and by minors <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.3.2.1	16.1	– prohibiting the sales of tobacco products to minors? If “Yes”, please specify the legal age: 18	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.2	16.1(a)	– requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.3	16.1(a)	– requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.4	16.1(b)	– banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.5	16.1(c)	– prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.2.6	16.1(d)	– prohibiting the sale of tobacco products from vending machines?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If you answered “Yes” to question 3.3.2.6, please proceed to question 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.8	16.2	– prohibiting and/or promoting the prohibition of the distribution of free tobacco products:		
		• to the public?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• to minors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3.3.2.9	16.3	– prohibiting the sale of cigarettes individually or in small packets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.10	16.6	– providing for penalties against sellers and distributors in order to ensure compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.3.2.11	16.7	– prohibiting the sales of tobacco products by minors?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.3.2.12	<p>Please provide a brief description of the progress made in implementing Article 16 (<i>Sales to and by minors</i>) in the past two years or since submission of your last report.</p> <p>Regarding 3.3.2.4: According to 12 § and 12 a § of the Tobacco Act the business operator needs to ensure that the buyer of tobacco products is 18 years or older.</p> <p>Regarding 3.3.2.7: According to 19 a 3 § in the Tobacco Act business operators are responsible to ensure that the placement and use of vending machines do not make tobacco products accessible to minors</p> <p>Regarding 3.3.2.10: According to 12 c § and 27 § in the Tobacco Act a business operator do need to register at the local council before he or she starts selling tobacco. If a business operator with intent or due to carelessness sell tobacco without first having registered, the police can act upon it. This could result in a criminal fine or imprisonment for a maximum time of six months for the business operator.</p> <p>Regarding 3.3.2.11: A legal minimum age applicable for the selling of tobacco has not been implemented in Sweden. However, requirements according to 12 c § of the Tobacco Act (1993:581) on the business operator to hand in a self-regulation program when registering for tobacco sales has become obligatory. The program should for example describe the support given by the business operator to young staff to handle situations when someone under the age of 18 tries to buy tobacco. Also, according to 12 d § of the Tobacco Act (1993:581) a business operator should train its staff about the legal requirements which exist when selling tobacco</p>			
3.3.2.13	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>			

3.3.3	17	Provision of support for economically viable alternative activities <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>			
		Have you adopted and implemented, where appropriate, measures or programmes on any of the following:			
3.3.3.1	17	– promoting economically viable and sustainable alternatives for:			
		• tobacco growers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not applicable
		• tobacco workers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• tobacco individual sellers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.3.3.2	Please provide a brief description of the progress made in implementing Article 17 <i>(Provision of support for economically viable alternative activities)</i> in the past two years or since submission of your last report.				
3.3.3.3	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.				

3.4	<i>Article</i>	OTHER MEASURES AND POLICIES <i>(with reference to Articles 18–21)</i>			
3.4.1	18	Protection of the environment and the health of persons <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i>			
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:			
3.4.1.1	18	– implementing measures in respect of tobacco cultivation within your territory, which take into consideration:			
		• the protection of the environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not applicable
		• the health of persons in relation to the environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not applicable
3.4.1.2	18	– implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:			
		• the protection of the environment?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
		• the health of persons in relation to the environment?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.1.3	Please provide a brief description of the progress made in implementing Article 18 (<i>Protection of the environment and the health of persons</i>) in the past two years or since submission of your last report.				
3.4.1.4	If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.				

3.4.2	19	<p>Liability <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p>			
3.4.2.1	19.1	Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.2	19.1	Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.3	19.1	Do you have any civil liability measures that are specific to tobacco control?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.4	19.1	Do you have any general civil liability provisions that could apply to tobacco control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.5	19.1	Do you have civil or criminal liability provisions that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.6	19.1	Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.7	19.1	Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable
3.4.2.8		<p>Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (<i>Liability</i>) in the past two years or since submission of your last report.</p>			

3.4.2.9		<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>
		<p>3.4.2.1 The tobacco control legislation in Sweden contains measures regarding criminal liability. For example if a store sell tobacco to minors.</p> <p>3.4.2.2 For example in tax law.</p> <p>The Tobacco Act provides possibilities for supervisory authorities to issue orders or prohibitions. However, these are not criminal liability measures or civil liability measures.</p> <p>No specific liability clause exists in the Tobacco Act for tobacco related liability claims on the tobacco industry due to health effects occurred due to smoking or being exposed to second hand smoke.</p>

3.4.3	20	Research, surveillance and exchange of information (Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)		
		Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:		
3.4.3.1	20.1(a)	– developing and/or promoting research that addresses:		
		• determinants of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• consequences of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• social and economic indicators related to tobacco consumption?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• tobacco use among women, with special regard to pregnant women?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• the determinants and consequences of exposure to tobacco smoke?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• identification of effective programmes for the treatment of tobacco dependence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• identification of alternative livelihoods?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		• other (<i>please specify:</i>)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.4.3.2	20.1(b)	– training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.4.3.3	20.3(a)	– a national system for epidemiological surveillance of:		
		• patterns of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• determinants of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• consequences of tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• social, economic and health indicators related to tobacco consumption?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• exposure to tobacco smoke?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		• other relevant information (<i>please specify:</i>)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

3.4.3.4	20.3(a)	<p>If you answered "Yes" to any question under 3.4.3.3, please list all surveys, including the year of the survey, that you have undertaken in the past.</p>
		<p>With the purpose of assigning goals and a general direction to society's efforts within alcohol, narcotics, doping and tobacco prevention for 2011–2015, the Swedish Parliament has adopted the Government bill "A Cohesive Strategy for Alcohol, Narcotic Drugs, Doping and Tobacco Policy" (prop. 2010/11:47), also known as "the ANDT-strategy". An important part of the strategy is to develop a long-term system of indicators, making it possible to monitor development in the field of alcohol, narcotic drugs, doping and tobacco. This system was implemented in 2013 and include indicators as mortality. http://www.andtuppfoljning.se/ (only in Swedish).</p> <p>The public health agency conducts a national public health survey annually titled "Health on equal terms?" involving a randomized sample of 20 000 individuals, 16-84. The aim of the survey is to monitor how people in general perceive their health and to monitor changes in the population over time. Both smoking and snuff habits and exposure to tobacco smoke. For more information on the survey please visit: http://folkhalsomyndigheten.se/ammesomraden/statistik-och-undersokningar/enkater-och-undersokningar/nationella-folkhalsoenkaten/levnadsvanor/tobaksvanor/ (only in Swedish)</p> <p>CAN (The Swedish Council for Information on Alcohol and Other Drugs) conducts a yearly nation-wide school survey on tobacco and other drugs among students in year nine and eleven. The results from the survey are published in a report called "Skolelevers drogvanor" (Alcohol and Drug Use Among Students). http://can.se/sv/Undersokningar/Skolelevers-drogvanor1/ (only in Swedish).</p> <p>The government has given The National Board of Health and Welfare to investigate the possibility of developing a method for measuring tobacco-related morbidity and mortality from existing records. This new report from 2014 calculates mortality and morbidity from smoking-related diseases based on records from The National Board of Health and Welfare and Statistic Sweden. http://www.socialstyrelsen.se/publikationer2014/2014-3-4 (only in Swedish).</p> <p>Bolin, K and Lindgren, B (2007). Smoking, healthcare cost, and loss of productivity in Sweden 2001. Scand J Public Health. 2007; 35(2):187-96.</p>
3.4.3.5	20.3(a)	<p>In reference to any question under 3.4.3.3, does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below.</p> <p>The Public Health survey "Health on equal terms" annual survey since 2004.</p> <p>CAN (The Swedish Council for Information on Alcohol and Other Drugs) annual survey. Will be repeated.</p>
3.4.3.6	20.4	<p>– regional and global exchange of publicly available national:</p>

		<ul style="list-style-type: none"> scientific, technical, socioeconomic, commercial and legal information? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> information on the practices of the tobacco industry? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<ul style="list-style-type: none"> information on the cultivation of tobacco? 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3.4.3.7	20.4(a)	– an updated database of:		
		<ul style="list-style-type: none"> laws and regulations on tobacco control? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> information about the enforcement of laws on tobacco control? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<ul style="list-style-type: none"> pertinent jurisprudence? 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.4.3.8	<p>Please provide a brief description of the progress made in implementing Article 20 (<i>Research, surveillance and exchange of information</i>) in the past two years or since submission of your last report.</p> <p>With the purpose of assigning goals and a general direction to society's efforts within alcohol, narcotics, doping and tobacco prevention for 2011–2015, the Swedish Parliament has adopted the Government bill "A Cohesive Strategy for Alcohol, Narcotic Drugs, Doping and Tobacco Policy" (prop. 2010/11:47), also known as "the ANDT-strategy". One important part of the strategy is to support more research and develop evidence based methods concerning alcohol, Narcotic Drugs, Doping and Tobacco.</p> <p>The government have financed several studies latest years as through the strategy as;</p> <ul style="list-style-type: none"> A research study on alcohol and tobacco use during pregnancy. Studied included reasons for why pregnant women use the products and methods to prevent such use. There is an ongoing study of how dentistry should be able to provide brief counseling about tobacco and recommend tobacco cessation. Will be finished 2015. Study of water pipe-smoking among adolescents in Sweden: prevalence, risk factors, risk assessment and the surrounding culture. Study of the importance of a school policy for school management, pupils and their parents' in Sweden. <p>The National Board of Health and Welfare presented National guidelines for methods for preventing disease 2011. The guidelines include recommendations for smokeless tobacco and smoking for different populations.</p> <p>Legislation regarding tobacco is made available through the parliament website (www.riksdagen.se), on the Governmental website (www.regeringen.se) and through the website of Public Health Agency of Sweden (http://www.folkhalsomyndigheten.se/). Public Health Agency of Sweden give to</p>			

	<p>some respect guidance in a handbook about the application of the law, including some court cases. 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.</p>
3.4.3.9	<p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p>

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.

	<i>Article</i>	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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.2	22.1(b)	– provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.3	22.1(c)	– appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.4	22.1(d)	– provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.5	22.1(e)	– identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.6	22.1(f)	– promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.7	If you answered “Yes” to any of questions 4.1–4.6, please identify the Party or Parties from which assistance was received or to which assistance was provided.			

4.8	Please provide information about any assistance provided or received in the space below.
	Swedish development cooperation funds for tobacco control are channelled via core voluntary contribution to the WHO. In this regard Sweden is supporting WHO:s work on tobacco control Christina Larsson. Lead Health Expert, Swedish International Development Agency (SIDA) (Christina.larsson@sida.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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?
	<p>In March 2011, the Riksdag passed a cohesive 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>For details on priorities related to tobacco prevention and tobacco control, please see Annex 4 to Sweden’s third implementation report, A cohesive strategy for alcohol, narcotics, doping and tobacco policy, a summarized version of Govt. Bill 2010/11:47.</p>
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

5.3	If you answered “Yes” to question 5.2, please provide details in the space below.
5.4	<p>What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?</p> <p><i>(Please refer to Article 21.1(b).)</i></p>
5.5	<p>Please provide any other relevant information not covered elsewhere that you consider important.</p>
5.6	<p>Your suggestions for further development and revision of the reporting instrument:</p>

End of reporting instrument