

2020 - CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC

A. ORIGIN OF THE REPORT

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Czech Republic

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Period of reporting:

| | Month | Year |
|------------|-------------|-----------|
| Start date | January (1) | 2018 (19) |
| End date | March (3) | 2020 (21) |

B1. TOBACCO CONSUMPTION

Prevalence of tobacco use

Smoking prevalence in the adult population (all)

(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see B112)

Current smokers

| | Prevalence (%) (please include all smoking tobacco products in prevalence data) | Average number of the most-consumed smoking tobacco product used per day |
|------------------------------|---|---|
| MALE | 34.7 | 10.0 |
| FEMALE | 22.7 | 8.6 |
| TOTAL (males and females) | 28.5 | 9.4 |

Daily smokers

| | Prevalence (%) (please include all smoking tobacco products in prevalence data) | Average number of the most-consumed smoking tobacco product used per day |
|------------------------------|---|---|
| MALE | 24.5 | 13.5 |
| FEMALE | 17.9 | 10.3 |
| TOTAL (males and females) | 21.1 | 12.1 |

Occasional smokers

| | Prevalence (%) (please include all smoking tobacco products in prevalence data) |
|---------------------------|---|
| MALE | 10.3 |
| FEMALE | 4.8 |
| TOTAL (males and females) | 7.4 |

Former smokers

| | Prevalence (%) (please include all smoking tobacco products in prevalence data) |
|---------------------------|---|
| MALE | 18 |
| FEMALE | 16.8 |
| TOTAL (males and females) | 17.4 |

Never smokers

| | Prevalence (%) (please include all smoking tobacco products in prevalence data) |
|---------------------------|---|
| MALE | 47.3 |
| FEMALE | 60.5 |
| TOTAL (males and females) | 54 |

Please indicate the smoking tobacco products included in calculating prevalence for question B11:

Cigarettes, cigars/cigarillos, pipes, water pipes
Average number of the most-consumed smoking tobacco product used per day - includes manufactured and hand rolled cigarettes

Please indicate the age range to which the data used to answer question B11 refer:

| | From | To |
|-----------|-------------|-----------|
| Age range | 15 | 100 |

Please indicate the year of the data used to answer question B11:

2018

Please indicate the source of the data used to answer question B11:

The use of tobacco and alcohol in the Czech Republic 2018 (Survey report). Csemy L., Dvorakova Z., Fialova A., Kodl M., Skyvova M. National Institute of Public Health in Prague 2019. http://www.szu.cz/uploads/documents/szu/aktual/uzivani_tabaku_alkoholu_cr_2018.pdf

Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report.

| | |
|-------------------|--|
| Current smoker | person who currently smokes tobacco over a period of a month or more |
| Daily smoker | person who currently smokes tobacco daily over a period of a month or more |
| Occasional smoker | person who currently smokes tobacco less than on a daily basis |
| Former smoker | person who smoked in the past and currently does not smoke tobacco |
| Never smoker | person who never smoked or smoked in rare instances of smoking or experimented with smoking (tried once or twice in lifetime). |

Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past two years or since submission of your last report.

The results of

the survey suggest that the percentage of current smokers reached 28.5% in 2018 (28.6 % in 2016; 25.2% in 2017). Three quarters of the current smokers were daily smokers. Statistically, there is a noticeable difference between the numbers of current smokers by sex ($p < 0.001$). In the daily smokers group there are significantly fewer female than male smokers. There is likewise a difference in the non-smoker group with a greater proportion of life-long female non-smokers.

Smoking prevalence in the adult population (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

| | Range - start age | Range - end age | Prevalence (%) (please include all smoking tobacco products in prevalence data) |
|---|----------------------|--------------------|---|
| MALES - current smokers ¹ | 15 | 24 | 29 |
| MALES - current smokers ¹ | 25 | 34 | 40 |
| MALES - current smokers ¹ | 35 | 44 | 43 |
| MALES - current smokers ¹ | 45 | 54 | 38 |
| MALES - current smokers ¹ | 55 | 64 | 31 |
| MALES - current smokers ¹ | 65 | 100 | 25 |
| FEMALES - current smokers ¹ | 15 | 24 | 24 |
| FEMALES - current smokers ¹ | 25 | 34 | 28 |
| FEMALES - current smokers ¹ | 35 | 44 | 29 |
| FEMALES - current smokers ¹ | 45 | 54 | 26 |
| FEMALES - current smokers ¹ | 55 | 64 | 25 |
| FEMALES - current smokers ¹ | 65 | 100 | 12 |
| TOTAL (males and females) - current smokers ¹ | 15 | 24 | 27 |
| TOTAL (males and females) - current smokers ¹ | 25 | 34 | 34 |
| TOTAL (males and females) - current smokers ¹ | 35 | 44 | 36 |
| TOTAL (males and females) - current smokers ¹ | 45 | 54 | 32 |
| TOTAL (males and females) - current smokers ¹ | 55 | 64 | 28 |
| TOTAL (males and females) - current smokers ¹ | 65 | 100 | 17 |

Please indicate the smoking tobacco products included in calculating prevalence for question B12:

Cigarettes,

cigars/cigarillos, pipes, water pipes; Note to B12: prevalence data in B12

rounded to whole numbers. 1 it refers to current smokers - includes both daily and occasional (less than daily).

Please indicate the year of the data used to answer question B12:

2018

Please indicate the source of the data used to answer question B12:

The use of tobacco and alcohol in the Czech Republic 2018 (Survey report). Csemy L., Dvorakova Z., Fialova A., Kodl M., Skyvova M. National Institute of Public Health in Prague 2019. http://www.szu.cz/uploads/documents/szu/aktual/uzivani_tabaku_alkoholu_cr_2018.pdf

Please provide a brief explanation of the trend in current smoking prevalence by age group in the past two years or since submission of your last report, if data are available.

As far as age groups are concerned, the highest prevalence of tobacco smoking was recorded for the first time at 25-44 years age group (35.2%) in 2018. So far, it was the highest in the youngest age group 15-24, now reaching 26.9 %. In the higher age groups, prevalence decreased from 30.1% in the 45-64 age group to 17.0% in people aged 65 and over. As in the previous year, the prevalence of smoking in persons aged 65 years and over is statistically significantly lower compared to younger age groups. Between 2012 and 2018, there was a statistically significant reduction in the prevalence of smoking ($p = 0.009$).

Prevalence of smokeless tobacco use in the adult population (all)

(Please provide prevalence data for total adult population, and identify the age considered in B132, e.g. 15 years old and over, 18–64 years; see B132)

Males

| | Prevalence (%) |
|--|----------------|
| (please include all smokeless tobacco products in prevalence data) | |
| Current users | 3.4 |
| Daily users | 0.6 |
| Occasional users | 2.8 |
| Former users | 6.6 |
| Never users | 90 |

Females

| | Prevalence (%) |
|--|----------------|
| (please include all smokeless tobacco products in prevalence data) | |
| Current users | 1.5 |
| Daily users | 0.2 |
| Occasional users | 1.3 |
| Former users | 1.9 |
| Never users | 96.5 |

TOTAL (males and females)

| Prevalence (%) | |
|---|------|
| (please include all smokeless tobacco products in prevalence data) | |
| Current users | 2.4 |
| Daily users | 0.4 |
| Occasional users | 2.1 |
| Former users | 4.2 |
| Never users | 93.3 |

Please indicate the smokeless tobacco products included in calculating prevalence for question B13:

Smokeless tobacco products

for snuffing, chewing or sucking, (heated tobacco products not included).

Please indicate the age range to which the data used to answer question B13 refer:

| | From | To |
|-----------|-------------|-----------|
| Age range | 15 | 100 |

Please indicate the year of the data used to answer question B13:

2018

Please indicate the source of the data used to answer question B13:

The use of tobacco and alcohol in the Czech Republic 2018 (Survey report). Csemy L., Dvorakova Z., Fialova A., Kodl M., Skyvova M. National Institute of Public Health in Prague 2019. http://www.szu.cz/uploads/documents/szu/aktual/uzivani_tabaku_alkoholu_cr_2018.pdf

Please provide the definitions of "current user", "daily user", "occasional user", "former user" and "never user" (of smokeless tobacco products) used in this report in the space below.

| | |
|-----------------|---|
| Current user | person who currently uses smokeless tobacco over a period of a month or more |
| Daily user | person who currently uses smokeless tobacco daily over a period of a month or more |
| Occasional user | person who currently uses smokeless tobacco less than on a daily basis |
| Former user | person who used smokeless tobacco in the past and currently does not use smokeless tobacco |
| Never user | person who never used smokeless tobacco or used it in rare instances or experimented with using (tried once or twice in lifetime) |

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.

The use of

smokeless tobacco products (for snuffing, chewing or sucking) was very limited in the respondent group; 2.4 % of current users used these tobacco types with only 0.4 % consuming these products daily. Smokeless tobacco products are more frequently used by men than women, with a statistically significant difference between these groups (3.4% vs. 1.5%, $p = 0.009$). Compared to 2016, there was a slight decrease (2.6% vs 2.4%) of current smokeless tobacco users.

Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

| | Range - start age | Range - end age | Prevalence (%) (please include all smoking tobacco products in prevalence data) |
|---|----------------------|--------------------|---|
| MALES - current smokers ² | 15 | 24 | 8 |
| MALES - current smokers ² | 25 | 34 | 8 |
| MALES - current smokers ² | 35 | 44 | 1 |
| MALES - current smokers ² | 45 | 54 | 4 |
| MALES - current smokers ² | 55 | 64 | 0 |
| MALES - current smokers ² | 65 | 100 | 2 |
| FEMALES - current smokers ² | 15 | 24 | 3 |
| FEMALES - current smokers ² | 25 | 34 | 3 |
| FEMALES - current smokers ² | 35 | 44 | 1 |
| FEMALES - current smokers ² | 45 | 54 | 2 |
| FEMALES - current smokers ² | 55 | 64 | 2 |
| FEMALES - current smokers ² | 65 | 100 | 0 |
| TOTAL (males and females) - current smokers ² | 15 | 24 | 6 |
| TOTAL (males and females) - current smokers ² | 25 | 34 | 5 |
| TOTAL (males and females) - current smokers ² | 35 | 44 | 1 |
| TOTAL (males and females) - current smokers ² | 45 | 54 | 3 |
| TOTAL (males and females) - current smokers ² | 55 | 64 | 1 |
| TOTAL (males and females) - current smokers ² | 65 | 100 | 1 |

Please indicate the smokeless tobacco products included in the answer to question B14:

Smokeless tobacco products

for snuffing, chewing or sucking; Note to B14: prevalence data in B14 rounded to whole numbers. Smokeless tobacco products for snuffing, chewing or sucking, (heated tobacco products not included). 2 It refers to all current users.

Please indicate the year of the data used to answer question B14:

2018

Please indicate the source of the data used to answer question B14:

The use of tobacco and alcohol in the Czech Republic 2018 (Survey report). Csemy L., Dvorakova Z., Fialova A., Kodl M., Skyvova M. National Institute of Public Health in Prague 2019. http://www.szu.cz/uploads/documents/szu/aktual/uzivani_tabaku_alkoholu_cr_2018.pdf

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.

Most

smokeless users were in the 15-24 age group. Compared to 2016, there was a slight decrease (6.0 % vs 5.5 %) of current smokeless tobacco users. Smokeless tobacco products are more frequently used by men than women.

Tobacco use by ethnic group(s)

(please include all smoking or smokeless tobacco products in prevalence data)

| | Ethnic group(s) | MALES - Prevalence (%) | FEMALES - Prevalence (%) | TOTAL (males and females) - Prevalence (%) |
|----------------------------|--|------------------------|--------------------------|--|
| Current users ³ | Roma population (smoking 5-7x/week) | 71.0 | 61.3 | 66.1 |

Please indicate the tobacco products included in the answer to question B15:

Cigarettes, cigars, pipe (smoking 5-7x/week)

Please indicate the age range to which the data used to answer question B15 refer:

| | From | To |
|-----------|------|-----|
| Age range | 15 | 100 |

Please indicate the year of the data used to answer question B15:

2017

Please indicate the source of the data used to answer question B15:

National Monitoring Centre for Drugs and Addiction Office of the Government of the Czech Republic; Annual Report: The Czech Republic drug situation 2016 + www.drogy-info.cz; Available: <https://www.drogy-info.cz/drogova-situace-2016/32594-uzivani-drog-v-populaci-2016/32594-uzivani-drog-ve-specifickych-skupinach-populace-2016/32594-uzivani-navykovych-latek-mezu-romy-2016/>

Tobacco use by young persons

(please include all smoking or smokeless tobacco products in prevalence data)

| | Age range | SMOKING TOBACCO - Prevalence (%) | SMOKELESS TOBACCO - Prevalence (%) | WATER PIPE - Prevalence (%) |
|---|----------------------|----------------------------------|------------------------------------|-----------------------------|
| BOYS - Current users ⁴ | 13-15 (year 2016) | 18.4 | 6.4 | |
| BOYS - Current users ⁴ | 17-18 (year 2018) | 28,5 | | |
| GIRLS - Current users ⁴ | 13-15 (year 2016) | 20.0 | 2.8 | |
| GIRLS - Current users ⁴ | 17-18 (year 2018) | 36,2 | | |
| TOTAL (boys and girls) - Current users ⁴ | 13-15 (year 2016) | 19.2 | 4.7 | 9.1 |
| TOTAL (boys and girls) - Current users ⁴ | 17-18 (year 2018) | 32,5 | | |

Please indicate the tobacco products included in calculating prevalence for question B16:

Age range 13 - 15 (year

2016): Smoking tobacco: cigarettes (produced + hand rolled), pipes, cigars,

cigarillos, water pipe Smokeless tobacco: snuff, chewing tobacco Age-range 17-18

(year 2018): Smoking tobacco: cigarettes

Please indicate the year of the data used to answer question B16:

2016

Please indicate the source of the data used to answer question B16:

Age range 13-15: GYTS – Global Youth Tobacco Survey 2016;[http://www.szu.cz/uploads/docu-](http://www.szu.cz/uploads/documents/czpzp/zavislosti/koureni/Country_Report_2016_GYTS.1.2018.pdf)

ments/czpzp/zavislosti/koureni/Country_Report_2016_GYTS.1.2018.pdf Age range 17-18: The European School Survey Project on Alcohol and Other Drugs - Validation Study (The National Monitoring Centre for Drugs and Addiction). These data from the Validation Study published in Annual report on the drug situation in the Czech Republic 2018 (page 54, table 2-4) on-line available here: [https://www.drogy-info.cz/publikace/vy-](https://www.drogy-info.cz/publikace/vyrocni-zpravy/vyrocni-zprava-o-stavu-ve-vecech-drog-v-ceske-republice-v-roce-2018/)

Please provide the definition of “current smoking/tobacco use” used to answer question B16 in the space below.

Age range 13-15: Current user – smoking tobacco: person who smoked

tobacco anytime during the past 30 days. Age range 13-15: Current user –

smokeless tobacco: person who used smokeless tobacco during the past 30 days.

Age range 17-18: smoking in last 30 days.

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.

In general, recent results of realized school studies in the Czech Republic (GYTS 2016, HBSC 2018, ESPAD 2016, ESPAD Validation study 2018) show that experience of tobacco smoking among adolescents decreases and e-cigarette experience grows. From long time perspective, e.g. according to GYTS data prevalence of cigarette smoking was relatively stable in years 2002 to 2011. Statistically significant decrease was observed in the last round of GYTS in 2016. This fact needs further investigation. In comparison to significant decrease in prevalence of current smokers, the susceptibility of never smokers to start smoking in future remains approximately the same. Exposition to tobacco smoke at home is high, even though data from 2016 signalize some slight decrease.

Please attach the relevant documentation.

| | | |
|---|------------|-----------------|
| The use of tobacco and alcohol in the Czech Republic in 2014 - survey report | No comment | File type "pdf" |
|---|------------|-----------------|

Use of novel and emerging tobacco and nicotine products

| | Age range | Heated tobacco products (HTPs) - Prevalence (%) | Electronic Nicotine Delivery Systems (ENDS) - Prevalence (%) | Electronic Non-Nicotine Delivery Systems (ENNDS) - Prevalence (%) | Other products - Prevalence (%) |
|--|-------------------|---|--|---|---------------------------------|
| ADULT POPULATION - Males | 15+ (year 2018) | | 5.0 | 0.9 | |
| ADULT POPULATION - Females | 15+ (year 2018) | | 2.6 | 0.7 | |
| ADULT POPULATION - Total (males and females) | 15+ (year 2018) | | 3.8 | 0.8 | |
| YOUNG PERSONS - Boys | 13-15 (year 2016) | | 12.5 | | |
| YOUNG PERSONS - Girls | 13-15 (year 2016) | | 9.8 | | |
| YOUNG PERSONS - Total (boys and girls) | 13-15 (year 2016) | | 11.2 | | |

B2-B9. HEALTH, SOCIAL AND ECONOMIC INDICATORS

Exposure to tobacco smoke

Do you have any data on exposure to tobacco smoke in your population?

Yes ✓

Please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).

Nearly 19% (18.7%) of all respondents, over one half are non-smokers, were exposed to tobacco smoke in their homes in 2018. The 15-24 years age group, including young people aged 15-18, continues to predominate in this category. Compared to 2016, the values are comparable (19.0% vs. 18.7%). Men are exposed to tobacco smoke in the workplace twice as often as women; the same is true for non-smokers. Compared to 2016, the number of non-smokers exposed to tobacco smoke in the workplace was reduced (15.9% vs. 12.1%). Data on exposure to tobacco smoke in public transport are not available.

Please indicate the year of the data used to answer question B21:

2018

Please indicate the source of the data used to answer question B21:

The use of tobacco and alcohol in the Czech Republic 2018 (Survey report). Csemy L., Dvorakova Z., Fialova A., Kodl M., Skyvova M. National Institute of Public Health in Prague 2019. http://www.szu.cz/uploads/documents/szu/aktual/uzivani_tabaku_alkoholu_cr_2018.pdf

Please attach the relevant documentation.

Tobacco-related mortality

Do you have information on tobacco-related mortality in your population?

No ✗

If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.

1/ Table with absolute numbers of deaths

from diagnoses that may be related to smoking in 2018 (as listed in the WHO methodology) attached (B35). However, Method of measurement is different from the indicator "Estimated total number of deaths attributable to tobacco use" as defined in WHO FCTC Indicator Compendium. 2/ Deaths and disease burden attributable to smoking for Czech Republic is estimated also in this study:

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30819-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30819-X/fulltext)

3/ Expert team from Department of Addictology of 1st Faculty of Medicine, Charles University, has collected data regarding tobacco related mortality and morbidity in the Czech Republic. A new methodology of quantification mortality attributable to tobacco has been developing.

Please indicate the year of the data used to answer question B32 and 33:

2018

Please indicate the source of the data used to answer questions B32 and B33:
the Institute of Health Information and Statistics of the Czech Republic, 2018 data

Please submit a copy of the study you refer to:

attachment_to_B33

No comment

File type "doc"

Tobacco-related costs

Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society?

Yes ✓

Please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).

Unfortunately, there is no detailed economic analysis of tobacco related costs in the country. According to indirect estimates it may be at least 77-103 billion CZK/year, as EU ASPECT study estimated in 2000. In 2019 Expert team from the Department of Addictology of the 1st Faculty of Medicine has started to develop a new methodology of econometrics quantification regarding cost of illness related to addictive substances use in the Czech Republic (including tobacco). The first outcomes are expected in 2020. Available are also studies: Social costs of alcohol, tobacco and illicit drug use in the Czech Republic in 2007 The study provides an estimate of the social costs of the use of the above-mentioned substances - alcohol, tobacco and illicit drugs - in the Czech Republic in the year 2007 Social costs of use of tobacco in the Czech Republic in 2007 estimated according to the study at 33,1 milliards CZK Beside a critical analysis of methodology of the Philip Morris study, Ross, an economist, offers properly calculated data of the cost of smoking in the Czech Republic (Ross H. Critique of the Philip Morris study of the cost of smoking in the Czech Republic. *Nicotine Tob Res.* 2004 Feb;6(1):181-9.). Etc.

Please indicate the year of the data used to answer question B42:

2007

Please indicate the source of the data used to answer question B42:

Zábranský, T., Běláčková, V., Štefunková, M., Vopravil, J., & Langrová, M. (2011). Společenské náklady užívání alkoholu, tabáku a nelegálních drog v ČR v roce 2007. Centrum adiktologie, PK 1. LF UK v Praze a VFN v Praze, Praha. ISBN: 978-80-260-1680-9,(Available on-line: <http://www.adiktologie.cz/cz/articles/detail/342/3727/Spolecenske-naklady-uzivani-alkoholu-tabaku-a-nelegalnich-drog-v-CR-v-roce-2007>);European Commission. Tobacco or health in the European Union – Past, present and future. 2004 ISBN 92-894-8219-2 (Available on-line: <http://bookshop.europa.eu/en/tobacco-or-health-in-the-european-union-pbND6204446/>);Ross H. Critique of the Philip Morris study of the cost of smoking in the Czech Republic. *Nicotine Tob Res.* 2004 Feb;6(1):181-9.

Please submit a copy of the study you refer to:

Supply of tobacco and tobacco products

(with reference to Articles 6.2(b), 20.4(c), and 15.5)

Licit supply of tobacco products

| | Product | Unit (e.g. pieces, tonnes) | Domestic production | Retail sales | Exports | Imports |
|----------------------------|---------------------------|----------------------------|---------------------|----------------|---------|---------|
| Smoking tobacco products | cigarettes | mil. pieces | 25936,9 | 19097,1* | 95* | 42.1* |
| Smoking tobacco products | cigars, cigarillos | mil. pieces | 7.9 | 98.7* | 0.1* | 284* |
| Smoking tobacco products | smoking tobacco | tonnes | 1663.3 | 1148.5* | 85.7* | 10.2* |
| Smokeless tobacco products | Snuff and chewing tobacco | tonnes | 0 | n.a. | 0.1* | 58.3* |
| Other tobacco products | Heated tobacco products | mil. pieces/tonnes | 0 | 987,1/300,3**) | n.a. | n.a. |
| Other tobacco products | Water pipe tobacco | tonnes | 2.5 | ***) | 0* | 11,2* |
| Other tobacco products | Tobacco residue (waste) | tonnes | 0 | 0* | 0* | 3959,7* |
| Tobacco leaves | tobacco leaves | tonnes | 0 | 0 | 0 | 4025,9 |

Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.
19.9 mil.

pieces of cigarettes 483 kg of smoking tobacco 466,650 kg of heated tobacco products (source of data: Vaclav Havel Airport, Prague)

Please indicate the year of the data used to answer question B51 and 52:
2019

Please indicate the source of the data used to answer questions B51 and B52:

internal applications of Customs administration of the Czech Republic; Explanatory notes: *) retail sales are calculated according to the inventories of the tax stamps in 2019, imports and exports do not include intra-EU trade; **) It is estimated that volume of heated tobacco products on the Czech market was twice as high as reported in 2019. The excise tax and was introduced as of 15 the of April 2019, but these products were available on the Czech market for the whole year 2019. Moreover, there was forestalling before April 2019; ***) retail sales of water pipe tobacco are included in the smoking tobacco category, because there is the same tax rate applicable in the Czech Republic

Please attach the relevant documentation.

Seizures of illicit tobacco products

(with reference to Article 15.5)

Seizures of illicit tobacco

| | Year | Product | Unit (e.g. pieces, tonnes) | Quantity seized |
|--------------------------|------|-----------------------------|----------------------------|-----------------|
| Smoking tobacco products | 2018 | cigarettes | pieces | 42444401 |
| Smoking tobacco products | 2019 | cigarettes | pieces | 21013214 |
| Smoking tobacco products | 2018 | smoking tobacco | tonnes | 146 |
| Smoking tobacco products | 2019 | smoking tobacco | tonnes | 97 |
| Smoking tobacco products | 2018 | cigars,cigarillos | pieces | 0 |
| Smoking tobacco products | 2019 | cigars,cigarillos | pieces | 909 |
| Other tobacco products | 2018 | heated tobacco products | pieces | 0 |
| Other tobacco products | 2019 | heated tobacco products | pieces | 6740 |
| Other tobacco products | 2018 | raw tobacco, tobacco leaves | tonnes | 3 |
| Other tobacco products | 2019 | raw tobacco, tobacco leaves | tonnes | 16 |

Do you have any information on the percentage of illicit tobacco products on the national tobacco market?

No

Please provide any further information on illicit tobacco products.

only unofficial data are

available declaring that the volume of illicit trade in the Czech Republic is

one of the lowest within the EU

Please indicate the source of the data used to answer questions in section B6:

Czech Customs Administration, publicly available sources

Please attach the relevant documentation.

Tobacco-growing

Is there any tobacco-growing in your jurisdiction?

No

Please indicate the year of the data used to answer questions in section B7:

Please indicate the source of the data used to answer questions in section B7:

n.a.

Please attach the relevant documentation.

Taxation of tobacco products

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

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))?

77.5

How are the excise taxes levied (what types of taxes are levied)?

| | |
|---|-----|
| Specific tax only | No |
| Ad valorem tax only | No |
| Combination of specific and ad valorem taxes | Yes |
| More complex structure (please explain below) | Yes |

If a more complex structure of taxes (*please explain*):

Excise tax policy applied on tobacco products in the Czech Republic fully complies with requirements set by the EU legislation (structure and level of taxation). Combination of specific and ad valorem tax is applicable for cigarettes, while other tobacco products are subject to the specific excise tax only, as well as heated tobacco products. In addition to that, VAT, and import duty (in case of import from countries outside the EU) are imposed on all tobacco products.

If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)

| | Product | Type of tax | Rate or amount | Base of tax ⁵ |
|----------------------------|---|------------------|---------------------------------------|---|
| Smoking tobacco products | Cigarettes | Excise Tax | 27% + 1,46 CZK/pc or min. 2,63 CZK/pc | ad valorem (retail price); specific - pcs |
| Smoking tobacco products | Cigars | Excise Tax | 1,71 CZK | pieces |
| Smoking tobacco products | Smoking tobacco | Excise Tax | 2236 CZK | kg |
| Smoking tobacco products | All tobacco products | VAT | 21%;EU tariffs | retail price |
| Smoking tobacco products | All tobacco products | Import Duty | EU Tariffs | Value of goods |
| Smokeless tobacco products | Chewing tobacco, snuff tobacco, heated tobacco products | VAT, Import Duty | VAT:21 %; EU Tariffs | Retail price; value of goods |
| Other tobacco products | Raw tobacco | Excise Tax | 2236 CZK | kg |
| Other tobacco products | Heated tobacco products | VAT, Import Duty | VAT:21 %; EU Tariffs | Retail price; value of goods |
| Other tobacco products | Heated tobacco products | Excise duty | 2,236 CZK | g |

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.

In 2018, there was an increase in the excise tax on all tobacco products. There were 2 changes of the Act No. 353/2003 Coll., on excise tax, as amended, related to tobacco products in the past two years. As of 1 April 2019, a new excise tax on the heated tobacco products was introduced. Further excise tax increase will take effect as of 1 March 2020.

Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?

No

Please indicate the year of the data used to answer questions B81 to B86:

2019

Please indicate the source of the data used to answer questions B81 to B86:

Ministry of Finance of the Czech Republic (czech legislation)

Please attach the relevant documentation.

Price of tobacco products

(with reference to Articles 6.2(a))

Domestic

Please provide the retail prices of the three most widely sold brands of domestic tobacco products at the most widely used point of sale in your capital city.

| | Name of the most widely sold brands | Number of units or amount per package | Retail price | Currency |
|--------------------------|-------------------------------------|---------------------------------------|--------------|----------|
| Smoking tobacco products | cigarettes | 20 (amount per package) | 91.2* | CZK |

Imported

Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city.

| | Name of the most widely sold brands | Number of units or amount per package | Retail price | Currency |
|--------------------------|-------------------------------------|---------------------------------------|--------------|----------|
| Smoking tobacco products | - | | | |

Please indicate the year of the data used to answer question B91:

2019

Please indicate the source of the data used to answer question B91:

Explanatory Note:* MPPC, Ministry of Finance calculation; further information in B93

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.

Consumer prices of

tobacco products were growing only slightly in 2019 because after the gradual increase in excise duty tax on tobacco products during the period 2016 – 2018, there was no excise tax increase in 2019. However, there will be substantial increase of excise duty by 10% on all taxable tobacco products, including heated tobacco from 2020. Note to B91: Most widely sold brands in 2019 according to data provided to Ministry of Finance by tobacco industry: 1. L&M (98 CZK) 2. VICEROY (89 CZK) 3. CHESTERFIELD (93 CZK)

Please attach the relevant documentation.

C1. GENERAL OBLIGATIONS

With reference to Article 5

Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?

Yes ✓

Have you established or reinforced and financed:

| | |
|--|-----|
| a focal point for tobacco control? | Yes |
| a tobacco control unit? | No |
| a national coordinating mechanism for tobacco control? | Yes |

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).

Focal point for tobacco control is the Ministry of Health of the Czech Republic. In 2013, Inter-ministerial Working Group for the Comprehensive Protection against Harm Caused by Tobacco was established by the Minister of Health. All ministries relevant for tobacco control issues are involved in this group. Since 2015, the group has been recognised as one of the working groups and consulting bodies of the Government Council for Drug Policy Coordination. In February 2016, revised Mandate of this group and revised Rules of procedure were adopted by the Minister of Health. Since that time representatives of professional organisations, NGOs, National Public Health institute, etc. have been members of the group, as well.

Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (*General obligations*) in the past two years or since submission of your last report.

The Action

plan on tobacco control in the Czech Republic for the period 2015-2018 finished by the end of 2018. This first comprehensive tobacco control action plan was drafted in response to the requirements related to the implementation of Health 2020 – National Strategy for Health Protection and Promotion and Disease Prevention and also constituted a tool for the implementation of the FCTC and National Drug Policy Strategy for the period 2010-2018. In May 2019 New National Drug Policy Strategy for the period 2019-2027 was approved by the Government of the Czech Republic (Government resolution No. 329, strategy on-line available at:

https://www.vlada.cz/assets/ppov/protidrogova-politika/strategie-a-plany/Narodni_strategie_2019-2027_fin.pdf

). Action Plan for the implementation of the Strategy for the period 2019-2021)

was approved by the Czech Government later in 2019 (Government resolution No.

930 on-line available at:

https://www.vlada.cz/cz/ppov/protidrogova-politika/strategie-a-plany/akcni-plan-realizace-narodni-strategie-prevence-a-snizovani-skod-spojnych-se-zavislostnim-chovanim-2019_2021--178678/

) Tobacco control is integrated part of these strategic documents. Other relevant strategy for prevention of tobacco use is new Strategic Framework Health 2030, which was approved by the Government in November 2019 (Government resolution No. 817; on-line available at: <https://zdravi2030.mzcr.cz/>). In 2018 - 2019 there were regular meetings of Working Group for the Comprehensive Protection against Harm Caused by Tobacco. The Government Council for Drug Policy Coordination discussed some of the issues related to the tobacco control at some of its meetings, as well.

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

Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry

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:

protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?

Yes ✓

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?

No ✗

If you answered "Yes" to any of the questions under C121 or C122, please provide details in the space below (specifically, please refer, if relevant, to whether your government or any of its departments 1) have raised awareness on tobacco industry tactics and the need to prevent interference by the tobacco industry with decision making; 2) have avoided entering into any partnerships or voluntary agreements with the tobacco industry; 3) have established any measures to limit interaction of public officials with the tobacco industry, including in the form of a code of conduct; 4) have not granted any incentives, privileges, benefits or preferential tax exemptions to the tobacco industry to establish or run their business; etc.).

The Code of Ethics for state officials and employees in public administration, which was approved by the Government Resolution No. 331 of 9 May 2012, and the Codes of Ethics of relevant state authorities in general apply to this matter.

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.

For example, Article 5.3 FCTC

was promoted by Ministry of Health during consultations of the preparation of the draft act on lobbying (in the legislation process – currently – in the Parliament/Chamber of Deputies – Document of the Chamber No. 565). Aim of the act will be to make lobbyists (including tobacco industry) report their activities and thereby limit the undesirable effects connected with them, such as corruption, conflict of interest and clientelism. Article 5.3 FCTC (and its guidelines) should be taken into account, as appropriate.

Have you utilized the "Guidelines for implementation of Article 5.3 of the WHO FCTC" when developing or implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section I of the additional questionnaire. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=44kBQqNhtZTSQam&lang=en> (<https://extranet.who.int/dataform/655321?token=44kBQqNhtZTSQam&lang=en>)

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

Please attach the relevant documentation.

C2. MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO

With reference to Articles 6–14

Price and tax measures to reduce the demand for tobacco

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:

tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?

Yes ✓

prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?

Yes ✓

prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?

Yes ✓

Please provide a brief description of the progress made in implementing Article 6 (*Price and tax measures to reduce the demand for tobacco*) in the past two years or since submission of your last report.

The Czech Republic fulfils the conditions set up in EU directives 2011/64/EU (excise duty rate) and 2007/74/EC (travellers' allowances). Following these conditions the tax measures are laid down in Act No. 353/2003 Coll., on Excise Duties, as amended. In relation to restrictions for sale to international travellers coming from countries outside EU, the indicative limits are stipulated in Act No. 235/2004 Coll. on Value Added Tax, as amended. In 2018, there was further increase of all excise rates on tobacco products, according with the three-year timetable approved in 2015. In April 2019, a new excise tax on heated tobacco products was introduced. The excise rate is the same as for the smoking tobacco. The excise rate is the same as for the smoking tobacco. Further increase of excise duty by 10% on all taxable tobacco products, including heated tobacco is effective as of March 1, 2020.

Have you utilized the "Guidelines for implementation of Article 6 of the WHO FCTC" when developing or implementing policies in this area?

No ✘

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

Please attach the relevant documentation.

Protection from exposure to tobacco smoke

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:

banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?

Yes ✔

What is the type/nature of the measure providing for the ban?

| | |
|---|-----|
| national law | Yes |
| subnational law(s) | Yes |
| administrative and executive orders | No |
| voluntary agreements | Yes |
| other measures (please specify in C223 below) | No |

Please provide a brief explanation of the type/nature and content of the measures providing for the ban.

Mainly 2 acts apply to the smoking ban: 1/ act No. 65/2017 Coll. on the protection of health against harmful effects of addictive substances, as subsequently amended 2/act No. 262/2006 Coll. Labour Code, as subsequently amended Ad act No. 65/2017 Coll.: Section 8 - Smoking ban; The areas where smoking ban is imposed are stipulated in this section: e.g.: means of public transport, schools and educational facilities; indoor entertainment areas such as cinemas, theatres, indoor areas of all types of sporting grounds, premises of playgrounds etc. Smoking is prohibited also in indoor areas of hospitality establishments (e.g. restaurants, pubs, bars etc.), with the exception of the use of water pipes. The use of electronic cigarettes is allowed in this type of places, as well. A municipality with independent authority may by means of decree of general application prohibit smoking and the use of electronic cigarettes in public spaces located near schools, educational establishments or other spaces designated for activities of persons under 18 years of age. Ad Labour Code: Section 103 paragraph 1 letter l) The employer shall ensure compliance with the ban on smoking at workplaces laid down in other statutory provisions referred to in act no. 379/2005 Coll. /mentioned above/ Section 106 paragraph 4 letter e) - The employee shall [...] not smoke at workplaces and other premises where non-smokers would be exposed to the effects of smoking. For prisons Decree No. 345/1999 Coll., of the Ministry of Justice applies, by which Order of execution of imprisonment (regulates that non-smokers on their request shall not be in the cell with smokers) and Internal Order of the Prison are issued

Do any of these measures provide for a mechanism/ infrastructure for enforcement?

Yes ✓

Please provide details of this system.

National body responsible for the enforcement: Municipality with delegated power; The Police of the Czech Republic; Municipal police; Public Health Authority, Czech School inspectorate; State Labour inspection office and regional labour inspectorates (as regards workplaces) Sanctions for non-compliance with national legislation/requirements are imposed (e.g. fine for operators which allow smoking at places with smoking ban up to 50 000 CZK, and for persons who smoke at places with smoking ban – up to 5 000 CZK).

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor workplaces:

| | |
|-------------------------------------|----------|
| government buildings | Partial |
| health-care facilities | Complete |
| educational facilities ⁶ | Complete |
| universities | Complete |
| private workplaces | Partial |
| other (please specify below) | Partial |

Please provide a brief explanation of any "other" policies in the space below

please see explanation in C223

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Public transport:

| | |
|--|----------|
| airplanes | Complete |
| trains | Complete |
| ferries | Complete |
| ground public transport (buses, trolleybuses, trams) | Complete |
| motor vehicles used as places of work (taxis, ambulances, delivery vehicles) | Complete |
| private vehicles | None |
| other (please specify below) | Complete |

Please provide a brief explanation of any "other" policies in the space below

platforms, public transport shelters and waiting rooms

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Indoor public places:

| | |
|------------------------------|----------|
| cultural facilities | Complete |
| shopping malls | Partial |
| pubs and bars | Partial |
| nightclubs | Partial |
| restaurants | Partial |
| other (please specify below) | Complete |

Please provide a brief explanation of any "other" policies in the space below

indoor places of all types of sport facilities; playgrounds for children

Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented:

Banning tobacco smoking in indoor workplaces

Please see answer C223

Banning tobacco smoking in public transport

There

is total ban of smoking in the means of public transport, on platforms and in public transport shelters or waiting rooms. Smoking and the use of electronic cigarettes are prohibited also in transit areas of international airports, except structurally separated areas designated for smoking.

Banning tobacco smoking in indoor public places

As regards freely accessible interior public places - smoking is banned with the exception of structurally separated areas designated for smoking. There are some conditions for smoking rooms which must be fulfilled by owner stipulated in Section10 (ban of entry to persons under 18 years of age, appropriate marking etc.).

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

On

February 14, 2018, Proposal for amending Act No. 65/2017 Coll. on the protection of health against harmful effects of addictive substances, as subsequently amended (Chamber Document No. 87) was submitted in the Chamber of Deputies of the Parliament of the Czech Republic by Deputies Marek Benda, and others. In particular, it proposed alleviating the smoking bans etc. This proposal was rejected by the Chamber of Deputies of the Parliament of the Czech Republic at first reading in May 2018. A similar proposal was submitted in August 2018 by a group of Senators headed by Senator Ivo Valenta to the Senate of the Parliament of the Czech Republic (Senate document No. 319). This Senate proposal was rejected at the Senate meeting on 15 November 2018. On April 18, 2018 Constitutional Court rejected proposal submitted by a group of 20 Senators of the Parliament of the Czech Republic for the abolition of certain parts (also related to smoking bans etc). of the Act 65/2017 Coll. (constitutional court ruling on-line available at: https://www.usoud.cz/fileadmin/user_upload/Tiskova_mluvci/Publikovane_nalezky/2018/PI_US_7_17_vc_disentu.p)

Have you utilized the “Guidelines for implementation of Article 8 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C229 please provide details in the space below or refer to section B of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=44kBQqNhTZTSQam&lang=en> (<https://extranet.who.int/dataform/655321?token=44kBQqNhTZTSQam&lang=en>)

For example – for the purposes of preparation and advocacy of the new Act No. 65/2017 Coll.

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

Please attach the relevant documentation.

Regulation of the contents of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

testing and measuring the contents of tobacco products?

Yes ✓

testing and measuring the emissions of tobacco products?

Yes ✓

regulating the contents of tobacco products?

Yes ✓

regulating the emissions of tobacco products?

Yes ✓

Please provide a brief description of the progress made in implementing Article 9 (*Regulation of the contents of tobacco products*) in the past two years or since submission of your last report.

Regulation of the contents of tobacco products is included in following national law: • Act No. 110/1997 Coll. on Foodstuffs and Tobacco Products, on the amendment and additions to some related acts, as amended subsequently • Decree No. 261/2016 Coll. on Tobacco Products (providing the list of prohibited additives of tobacco products) This is a national act of law implementing the current EU Tobacco Products Directive (2014/40/EU). The revision of the mentioned law was done in 2016. Main reason was the transposition of Directive 2014/40/EU of the European Parliament and of the Council of 3 April 2014 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products and repealing Directive 2001/37/EC, to the national law. The Directive includes among others provisions regarding regulation of the contents of tobacco products.

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C236 please provide details in the space below or refer to section C of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=44kBQqNhTZTSQam&lang=en> (<https://extranet.who.int/dataform/655321?token=44kBQqNhTZTSQam&lang=en>)

Directive 2014/40/EU which was implemented is based on Guidelines for implementation of Articles 9 and 10 of the WHO FCTC

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g., whether your country 1) has incorporated product regulation in the national tobacco control legislation; 2) has access to either governmental or independent – not owned or controlled by the tobacco industry – laboratories for testing contents and/or emissions of tobacco products; 3) has regulated ingredients, such as flavours (e.g. menthol); 4) has regulated product characteristics, such as design features (e.g., cigarette ventilation); etc.).

1) Legislation: The draft amendment of the Act No. 110/1997 Coll. on Foodstuffs and Tobacco Products, on the amendment and additions to some related acts, as amended subsequently, is currently discussed by the Parliament. The amendment involves mainly provisions connected with the traceability of tobacco products and secondary legislation of the TPD (e.g. Czech Agriculture and Food Inspection Authority is appointed to be a national administrator, State Printing Works of Securities are appointed as the ID issuer). There is an ongoing discussion on the classification of nicotine pouches without tobacco (KILLA, ZYN, Lyft etc.). 2) Access to laboratories: The laboratory of Czech Agriculture and Food Inspection Authority in Prague is on the list of approved laboratories available publicly according to the Article 4(2) of the Directive 2014/40/EU in 2019 (see https://ec.europa.eu/health/sites/health/files/tobacco/docs/approved_laboratories_en.pdf) Measurement: The laboratory uses for measurements of tar, nicotine and carbon monoxide yields of cigarettes accredited methods described in attachment (please see C239). 3) The placing on the market of tobacco products with a characterising flavour is prohibited since 2016 (Transposition of Tobacco Products Directive). The only exception are tobacco products with a characterising flavour whose EU-wide sales volumes represent 3 % or more in a particular product category which in practice involves only menthol cigarettes. Their placing on the market will be prohibited from 20. 5. 2020. In accordance with the Tobacco Products Directive producers and importers notify the Czech Republic the data on priority additives in the tobacco product. For instance, there were 37 notifications of the cigarettes containing diacetyl on the Czech market. The studies provided are examined by the control authority. 4) Design features are regulated to some extent. For example, there is prohibition of the placing on the market of tobacco products containing flavourings in any of their components such as filters, papers, packages, capsules or any technical features allowing modification of the smell or taste of the tobacco products concerned or their smoke intensity.

Please attach the relevant documentation.

No comment

File type "doc"

Regulation of tobacco product disclosures

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:

requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:

| | |
|--------------------------------|-----|
| contents of tobacco products? | Yes |
| emissions of tobacco products? | Yes |

requiring public disclosure of information about the:

| | |
|--------------------------------|-----|
| contents of tobacco products? | Yes |
| emissions of tobacco products? | Yes |

Please provide a brief description of the progress made in implementing Article 10 (*Regulation of tobacco product disclosures*) in the past two years or since submission of your last report.

Regulation of the contents of tobacco products is included in following national law: • Act No. 110/1997 Coll. on Foodstuffs and Tobacco Products, on the amendment and additions to some related acts, as amended subsequently • Decree No. 261/2016 Coll. on Tobacco Products (providing the list of prohibited additives of tobacco products) This is a national act of law implementing the current EU Tobacco Products Directive (2014/40/EU). Information on tobacco products intended to be placed on the market is publicly available on the websites of the Czech Agriculture and Food Inspection Authority: <http://www.szpi.gov.cz/IstDoc.aspx?nid=11323> <https://www.szpi.gov.cz/clanek/informacni-povinnost-seznam-tabakovych-vyrodku-a-bylinnych-vyrodku-urcenych-ke-koureni.aspx?q=JmNobnVtPTEmaGw9ZW1pc2U%3d>. There is an ongoing discussion with the EC and other Member States on the extent of the information on the tobacco that must be available for the public.

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C244 please provide details in the space below or refer to section C of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=44kBQqNhTZTSQam&lang=en> (<https://extranet.who.int/dataform/655321?token=44kBQqNhTZTSQam&lang=en>)

Directive 2014/40/EU which was implemented is based on Guidelines for implementation of Articles 9 and 10 of the WHO FCTC

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether your country has incorporated tobacco product disclosures in the national tobacco control legislation; has regulated the public disclosure of toxic constituents and emissions of tobacco products, aiming to raise public awareness and advance tobacco control policy; etc.).

In accordance with the tobacco product disclosure rule incorporated in the Act No. 110/1997 Coll. the information on tobacco products intended to be placed on the market is publicly available on the websites of the Czech Agriculture and Food Inspection Authority

Please attach the relevant documentation.

Packaging and labelling of tobacco products

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:

requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?

Yes ✓

requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?

Yes ✓

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use?

Yes ✓

ensuring that the health warnings are approved by the competent national authority?

Yes ✓

ensuring that the health warnings are rotated?

Yes ✓

ensuring that the health warnings are clear, visible and legible?

Yes ✓

Does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?

Yes ✓

ensuring that the health warnings occupy no less than 30% of the principal display areas?

Yes ✓

ensuring that the health warnings occupy 50% or more of the principal display areas?

Yes ✓

ensuring that health warnings are in the form of, or include, pictures or pictograms?

Yes ✓

Does the Government own the copyright to these pictures and pictograms?

No ✗

Would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?

No ✗

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? | No |
| emissions of tobacco products? | No |

requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?

Yes ✓

Please provide a brief description of the progress made in implementing Article 11 (*Packaging and labelling of tobacco products*) in the past two years or since submission of your last report.

Act No. 110/1997 Coll. on Foodstuffs and Tobacco Products, on the amendment and additions to some related acts, as amended subsequently, and related decree No. 261/2016 Coll., on tobacco products, apply. The revision of the mentioned law was finished in 2016. Main reason was the transposition of Directive 2014/40/EU of the European Parliament and of the Council of 3 April 2014 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products and repealing Directive 2001/37/EC, to the national law. The Directive includes among others provisions regarding regulation of tobacco packaging and labelling. For example combined health warnings on tobacco products are after the transposition required.

Have you utilized the "Guidelines for implementation of Article 11 of the WHO FCTC" when developing or implementing policies in this area?

Yes ✓

If you answered "Yes" to question C2516 please provide details in the space below or refer to section D of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=44kBQqNhTZTSQam&lang=en> (<https://extranet.who.int/dataform/655321?token=44kBQqNhTZTSQam&lang=en>)
Directive 2014/40/EU

which was implemented is based on Guidelines for implementation of Article 11 of the WHO FCTC. The Guidelines to Article 11 (and 13) of WHO FCTC has been translated to the Czech language and will be published in 2020 as a part of the WHO publication called "Regulation of Tobacco Advertising, Promotion and Sponsorship in the Czech Republic - A background paper for the policy brief" (more information in C2714)

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

There is an ongoing discussion how to implement Art. 7 of the Directive (EU) 2019/904 of the European Parliament and of the Council of 5 June 2019 on reduction of the impact of certain plastic products on the environment taking into account the current packaging and labelling regulation of tobacco products according to the TPD. This provision involves marking on appropriate waste management options or waste disposal means and information on the presence of plastics in tobacco products with filters and filters marketed for use in combination with tobacco products. (see section C41.)

Please attach the relevant documentation.

Education, communication, training and public awareness

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:

educational and public awareness programmes? *(Please refer to programmes implemented since submission of your two-year report.)*

Yes ✓

To whom are these programmes targeted?

- adults or the general public
 - children and young people
 - men
 - women
 - pregnant women
 - ethnic groups
 - other (please specify)
 - Other
- people at risk poverty and social exclusion

Do you reflect the following key differences among targeted population groups in educational and public awareness programmes?

- age
- gender
- educational background
- cultural background
- socioeconomic status
- other (please specify)
- Other

Do these educational and public awareness programmes cover:

- health risks of tobacco consumption?
- health risks of exposure to tobacco smoke?
- benefits of the cessation of tobacco use and tobacco-free lifestyles?
- adverse economic consequences of tobacco production?
- adverse economic consequences of tobacco consumption?
- adverse environmental consequences of tobacco production?
- adverse environmental consequences of tobacco consumption?

awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control:

- public agencies?
- nongovernmental organizations not affiliated with the tobacco industry?
- private organizations?
- other (please specify)?
- Other

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?

No ✗

Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:

- health workers?
 - community workers?
 - social workers?
 - media professionals?
 - educators?
 - decision-makers?
 - administrators?
 - other (please specify)
 - Other
-

Please provide a brief description of the progress made in implementing Article 12 (*Education, communication, training and public awareness*) in the past two years or since submission of your last report.

The Office of the Government of the Czech Republic, The Drug Policy Department: Since 2016 the National Monitoring Centre for Drugs and addiction (Unit of the Drug Policy Department) run national website promoting smoking cessation (www.koureni-zabiji.cz). This website is advertised through cigarette package health warning. The number of visits of the website rises more steeply whenever the issue of tobacco is medialised, and after a decline of media interest, it is again at a stable level. New visitors made up 14 % of the website's users in 2019. The Drug Policy Department had limited budget to finance also campaigns to prevent smoking. Prevention was mainly funded via grants provided by Ministry of Health and Ministry of Education, however those campaigns are rare due to financial restrains. In 2018 and in 2019 National Conference on Alcohol and Tobacco in the Czech Republic was organised. Tobacco control issues were part of the conference program. Ministry of Education, Youth and Sports of the Czech Republic: In March 2019 new core strategic documents for the area of school-based prevention - the National Strategy for the Primary Prevention of Risk Behaviour of Children and Youth for the period 2019-2027 and its Action plan - were approved by the Government of the Czech Republic (resolution of the government No. 190, documents available on-line at: <http://www.msmt.cz/vzdelavani/socialni-programy/strategie-a-koncepcie-ap-msmt>) There is a Methodical Recommendation on Primary Prevention of Risk Behavior in Children and Youth (document of Ministry of Education, Youth and Sports of the Czech Republic), which defines the current terminology that is in line with terminology in the EU countries and the inclusion of prevention into the school curriculum and the school regulations etc. It includes different attachments – one of them is recommendation for pedagogical staff (concept of intervention) related to prevention of tobacco use at school. Its revised version was published in January 2019. All schools have a “prevention methodologist” who is responsible for the smoking prevention activities. Each school implement its preventive programme which includes prevention of tobacco use, as well. The Ministry of Education, Youth and Sports of the Czech Republic yearly financially supports the prevention programs in which smoking prevention is one of the priorities. The programs are aimed at work with pupils, teachers and teacher's education in this field. Unified Online Preventive Reporting System is operational. It is based on websites www.preventivni-aktivita.cz. The National Institute for Education, the Clinic of Addictology of the First Medical Faculty of the Charles University and the Ministry of Education, Youth and Sports cooperate on its development and implementation. It is used for reporting of implemented preventive activities of each school, the occurrence of individual forms of risk behavior in schools etc. There are examples of successful school-based preventive programs such as UNPLUGGED (topic of tobacco use included among other examples of risk behaviour), which has been carried out in many schools of the Czech Republic (confirmed efficacy of the program in prevention of tobacco use). Ministry of Health of the Czech Republic: The Ministry of Health financially supported from its funding programs several projects promoting prevention of tobacco use in 2018 – 2019. For example, in 2018 and 2019 the Ministry of Health supported projects promoting of Quit line etc. On the occasion of World No Tobacco Day in 2018 and 2019 press conferences of Health Minister and other invited experts took place. They aimed at effectiveness of new anti-smoking law (Act No. 65/2017 Coll.) and increasing of public awareness of the harm related to tobacco. Some information related to tobacco control were shared by the MoH at social networks, as well. Ministry of Health participated in organisation of National conference on Alcohol and Tobacco 2019, in consultations of primary prevention strategic documents etc. Further activities were carried out by directly managed organizations of the Ministry of Health – mainly National Institute of Public Health in Prague:

National Institute of Public Health in Prague /NIPH/: In 2018 a five year project „Effective support of Health of people at risk poverty and social exclusion” was launched. The aim of the project is to support through field interventions in the process of decision-making for the sake of one’s health, by changing knowledge, attitude and conduct while making health connected decisions. The people concerned are people affected by poverty and social exclusion. 68 preventive programmes were created and one preventive programme concerns tobacco use and health consequences of tobacco use. On the occasion of the World No Tobacco Day in 2019, NIPH in cooperation with schools and local authorities prepared 5 “Health days” focused on the issue of tobacco dependence. The aim was to raise awareness of passive smoking, the emergence of smoking related diseases and measures that major target groups, including the public and governments can take to reduce lung health risks caused by tobacco. For the target group - students of secondary schools, information activities focused on smoking prevention were implemented within the interactive game "How (Not) Becoming a Dependent". For children of pre-school age and younger schoolchildren, the programs "Prevention of Smoking Playfully", which inform children about negative consequences of smoking, have been implemented. In 2018 and 2019, the issue of the educational material "Diary of the schoolboy/schoolgirl" continued, containing a chapter on the prevention of the use of illicit drugs. Between 2018 and 2019, the "Short Intervention in Practice" project was implemented at national level, including tobacco dependence and motivation to quit smoking. The project is a two-stage education, first of all health workers (especially nurses) who, after acquiring skills in the methodology, have short interventions with their patients. In the same way, students of health care schools are taking part in short interventions in their practice. Department of Addictology of Charles University in Prague - the First Faculty of Medicine and General University Hospital in Prague: In 2018 newly established Centre for Tobacco Use Prevention and Research of the 1st Faculty of Medicine provides support to prevention workers, teachers and other prevention professionals (e.g., training, consultations). A specialized training program for professionals in Addiction science is continuously implemented in the Czech Republic, it includes issues related to tobacco use and working with tobacco users, both in terms of prevention and treatment. The curricula and scope of the topic associated with tobacco are harmonised with an international certificate ICCE. The institution is a coordinating body for the whole Europe as regards the implementation of the comprehensive Universal Prevention Curriculum (UPC) and Universal Treatment Curriculum (UTC) and is part of a of university educators in addictions (ICUDDR), partly funded by the Colombo Plan. Further, a European adaptation of the Universal Prevention Curriculum (EUPC; upc-adapt.eu) was developed and introduced, funded by European Commission. Three forms of training for the use of EUPC were developed: online training (10 e-learning lectures); a shorter non-academic training (16 hours); and an academic training (40 hours). All training modules are manual-based and all materials are publicly available and free to use. Implementation of the whole curriculum or only parts of it may contribute to introducing quality to prevention through training. There has been implemented (and conducted RCT studying the effect of) the Unplugged intervention (delivered to 6th graders) combined with an independent follow-up intervention, called the nPrevention (delivered to 7th graders), focusing on tobacco (and other drugs). Ministry of Defence: There is a new conception of Primary prevention of risky behaviour of personnel of Ministry of Defence (2020 – 2027). Among others, issue of addictions is included. Society for Treatment of Tobacco dependence in collaboration with the Center for Treatment of Tobacco Dependence at the General University Hospital in Prague and Charles University – the first Faculty of Medicine: Society for Treatment of Tobacco dependence in collaboration with the Center for Treatment of Tobacco -Dependence at the General University Hospital in Prague and Charles University – the first Faculty of Medicine organized every year 2 events for general public (World No

Tobacco Day and International Non-smoking Day) with CO measurement and possibility of expert consultations. In the cooperation with the Czech Medical Chamber are organized 2-3 times/year certified courses for physicians concerning intensive tobacco dependence treatment. Two conferences for physicians and nurses are organized every year (since 2006), focusing on tobacco dependence treatment (Tobacco and Health in November and conference for the staff of Centers for Tobacco-Dependent in April). Medical doctors from the Center and other members of SLZT (Society for Tobacco Dependence Treatment) have lectured on various aspects of tobacco use and treatment at many other conferences (psychiatric, cardiologic, pneumologic etc.) Since 2012 The Society for Tobacco Dependence Treatment has organised, in the frame of a project with ISNCC (International Society of Nurses in Cancer Care) , 16 one-day workshops and 36 educational seminars for nurses focusing on brief intervention in smoking cessation. The project finished in 2019. SLZT and the Working group for prevention and treatment of tobacco dependence of the Czech Medical Association of J. E. Purkyně are active in effort to support implementation of effective tobacco control policies in the Czech Republic in collaboration with main medical associations. Other educational activities for health professionals in C2814. Czech Coalition against Tobacco is operator of the National Quit line (more information about Quit line in C2814) and in 2018 - 2019 ran campaign aimed at its promotion (social media, posters - <https://chciodykat.cz/ke-stazeni/> etc.) Other Programs/campaigns: Some local events or campaigns focused on education, communication, public awareness related to prevention of tobacco use or exposure to tobacco smoke were organised by some municipalities – members of The National Healthy Cities Network (e.g. Ústí and Labem, Opava, Jihlava etc.). Presentation of events related to No Tobacco Day 2018 and 2019 of some municipalities is available on-line here: <https://www.zdravamesta.cz/cz/kampane/kampan-den-bez-tabaku> Events related to No Tobacco Day 2018 and 2019 were organised also by some hospitals and health care facilities (e.g. by Motol University Hospital in Prague 2019).

Have you utilized the “Guidelines for implementation of Article 12 of the WHO FCTC” when developing and implementing policies in this area?

Yes ✓

If you answered “Yes” to question C269 please provide details in the space below or refer to section E of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=44kBQqNhTZTSQam&lang=en> (<https://extranet.who.int/dataform/655321?token=44kBQqNhTZTSQam&lang=en>)

Guidelines for implementation of Article 12 of the WHO FCTC were used e.g. during implementation of the Action plan for the area of tobacco control in the Czech Republic for the period 2015-2018

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

Please attach the relevant documentation.

Tobacco advertising, promotion and sponsorship

Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:

instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?

No ✘

are you precluded by your constitution or constitutional principles from undertaking a comprehensive ban on tobacco advertising, promotion and sponsorship?

No ✘

applying restrictions on all tobacco advertising, promotion and sponsorship?

Yes ✔

applying restrictions on cross-border advertising, promotion and sponsorship originating from your territory with cross-border effects?

Yes ✔

prohibiting those forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?

Yes ✔

requiring that health or other appropriate warnings or messages accompany all tobacco advertising, promotion and sponsorship?

Yes ✔

restricting the use of direct or indirect incentives that encourage the purchase of tobacco products by the public?

Yes ✔

requiring the disclosure to relevant Government authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited?

No ✘

restricting tobacco advertising, promotion and sponsorship on:

- radio?
- television?
- print media?
- the domestic Internet?
- the global Internet?
- other media (please specify below)?
- all other communication tools - e.g. leaflets, billboards Other

restricting tobacco sponsorship of:

- international events and activities?
- participants therein?

cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?

No ✘

imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law?

Yes ✔

Please provide a brief description of the progress made in implementing Article 13 (*Tobacco advertising, promotion and sponsorship*) in the past two years or since submission of your last report.

Legislative process of transposition of Directive (EU) 2018/1808 of the European Parliament and of the Council amending Directive 2010/13 / EU on the coordination of certain provisions laid down by law, regulation or administrative action in Member States concerning the provision of audiovisual media service measures (Audiovisual Media Services Directive) in view of the changing market reality in the Czech legal order started. This Directive also includes ban of all forms of commercial communications for tobacco products and electronic cigarettes in the framework of video sharing platform services. Based on Biennial Collaborative Agreement 2018-19 between the World Health Organization and the Ministry of Health of the Czech Republic, two publications WHO regarding tobacco advertisement has been preparing in 2019 by multidisciplinary team of addiction treatment specialists and marketing experts from the Centre for Tobacco Use Prevention and Research of the 1st Faculty of Medicine, Charles University: 1) Regulation of Tobacco Advertising, Promotion and Sponsorship in the Czech Republic: A policy Brief 2) Regulation of Tobacco Advertising, Promotion and Sponsorship in the Czech Republic: A background paper for the policy brief Both documents will be finally published online in 2020. The Policy brief document was introduced at the National Conference on Alcohol and Tobacco in the Czech Republic 2019.

Have you utilized the "Guidelines for implementation of Article 13 of the WHO FCTC" when developing and implementing policies in this area?

Yes ✔

If you answered "Yes" to question C2715 please provide details in the space below or refer to section F of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=44kBQqNhTZTSQam&lang=en> (<https://extranet.who.int/dataform/655321?token=44kBQqNhTZTSQam&lang=en>)

The Guidelines for implementation of Article 13 (and Article 11) of WHO FCTC has been translated to the Czech language and will be published in 2020 as a part of the WHO publication called "Regulation of Tobacco Advertising, Promotion and Sponsorship in the Czech Republic - A background paper for the policy brief"

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

Study of marketing strategies of heated tobacco products on social media in the Czech Republic was performed by experts from the Centre for Tobacco Use Prevention and Research of the 1st Faculty of Medicine of the Charles University in Prague in cooperation with marketing experts from Faculty of Social sciences of the Charles University in Prague. Preliminary results were published as a scientific paper: Hejlová, D., Schneiderová, S., Klabíková Rábová, T., & Kulhánek, A. (2019). Analysis of Presumed IQOS Influencer Marketing on Instagram in the Czech Republic in 2018–2019. *Adiktologie*, 19(1), 7–15

Please attach the relevant documentation.

Demand reduction measures concerning tobacco dependence and cessation

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:

developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?

Yes ✓

programmes to promote cessation of tobacco use, including:

- media campaigns emphasizing the importance of quitting?
 - programmes specially designed for underage girls and young women?
 - programmes specially designed for women?
 - programmes specially designed for pregnant women?
 - telephone quitlines?
 - local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?
 - other (please specify)?
- trainings of health professionals - for more details please see C2814
- Other

design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:

- educational institutions?
- health-care facilities?
- workplaces?
- sporting environments?
- other (please specify)?
- Other

inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for:

- tobacco control?
- health?
- education?

inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?

Yes ✓

Which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?

- primary health care
- secondary and tertiary health care
- specialist health-care systems (please specify below)
- specialized centres for cessation counselling and treatment of tobacco dependence rehabilitation centres
- Addictologists, Centers of Medical Services of the Military Medical Agency Other

Are the services provided in these settings covered by public funding or reimbursement schemes?

- | | |
|--|-----------|
| primary health care | Partially |
| secondary and tertiary health care | Partially |
| specialist health-care systems (please specify below) | None |
| specialized centres for cessation counselling and treatment of tobacco dependence rehabilitation centres | Partially |
| other (please specify below) | None |

Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services?

Health professionals including:

- physicians
- dentists
- family doctors
- practitioners of traditional medicine
- other medical professionals (please specify below)
- nurses
- midwives
- pharmacists
- Community workers
- Social workers
- other (please specify)
- addictologists, psychiatrists, pneumologists, cardiologists etc. Other

training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:

- medical?
- dental?
- nursing?
- pharmacy?
- addictologists Other

facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?

Yes ✓

Where and how can these products be legally purchased in your country?

In Pharmacies. Nicotine

replacement therapy over the counter (OTC); Bupropion and varenicline: with prescription only.

Which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction?

- nicotine replacement therapy
 - bupropion
 - varenicline
 - other (please specify)
 - Other
-

Are the costs of these products covered by public funding or reimbursement?

| | |
|------------------------------|-----------|
| nicotine replacement therapy | Partially |
| bupropion | Partially |
| varenicline | Partially |
| other (please specify below) | None |

Please provide a brief description of the progress made in implementing Article 14 (*Demand reduction measures concerning tobacco dependence and cessation*) in the past two years or since submission of your last report.

There is a legally binding obligation for health professionals to conduct a brief intervention consisting of the timely diagnosis of abuse among persons who use tobacco products which is incorporated in revised version in the above mentioned new Act No. 65 /2017 Coll. The brief intervention is mostly offered by physicians and increasingly also by nurses. There are specialised courses in place on prevention of harmful use of addictive substances and treatment of addictions is obligatory for all physicians of all branches as a part of specialization trainings (as mentioned already above). The Society for Treatment of Tobacco Dependence (www.SLZT.CZ) provides continuing education in treatment of tobacco dependence for physicians (CME credits of the Czech medical Chamber, one-day courses), nurses (CME credits of the Czech Association of Nurses, one-day course) and pharmacists (CME credits of the Pharmacist's Chamber, 2-day course). It provides also education and regular update for nurses and physicians of Centres for Tobacco-Dependent, including regular conferences at least twice a year. There was a collaboration of nurses from the General University Hospital in Prague and the Society for Treatment of Tobacco Dependence with International Society of Nurses in Cancer Care (www.isncc.org) which was focused on educating nurses in brief interventions. Most of health professions undergo occasional trainings in treatment of tobacco dependence, but it is not systematic. Trainings include treatment of pregnant, psychiatric, adolescent and other disadvantaged smokers, as well. Tobacco Guidelines for treatment of tobacco dependence (from 2015) are used. (Available on-line: <http://www.vnitrnilekarstvi.eu/vnitрни-lekarstvi-clanek/doporuceni-pro-lecbu-zavislosti-na-tabaku-52291>). New guidelines for psychiatric care, including a chapter about tobacco dependence treatment for psychiatric patients were published in 2018 (available: <https://postupy-pece.psychiatrie.cz/specialni-psychiatrie/f1-zavislost-latky/lzt-obecny-postup>). Intensive treatment is offered in the frame of the Centres for Tobacco-Dependent, based in hospitals mostly at pneumology, cardiology, internal clinics - currently 43 Centres across the country (see <http://www.slzt.cz/centra-lecby>). They are under supervision of the Society for Treatment of Tobacco Dependence. Treatment is also provided by some physicians, pneumologists and other medical specialists. It is not systematic. Treatment can be provided also by addictologists (a official branch of health professionals in the Czech Republic who focus on prevention and treatment of addictive diseases). Addictologist services should supplement the existing network of Centres for Tobacco-Dependent in future and could focus on smokers with dual substance abuse and dependence. In terms of coverage of treatment by public funding, there are two treatment codes covered by the health insurance companies (60 minutes intervention, 30 minutes follow-up visit). From January 2017, these treatment codes for ambulant patients can be contracted by insurance companies also in some other types of health care facilities (not only in centres for Treatment of Tobacco Dependence). A legislation adopted in 2013 allows to cover a treatment provided by addictologists from health insurance system. These agreements also include the work with users of tobacco. The treatment service is free of charge apart from medication for patients. The pharmacotherapy is not reimbursed generally by health insurance companies - only some of them financially support pharmacotherapy for their clients treated in the specialized Centres for Tobacco-Dependent and addictologic centers or in certified pharmacies. Treatment of tobacco dependence is provided also in the Army of the Czech Republic (ACR). There is new Conception of primary prevention of risk behaviour at personnel of Ministry of Defence (2020 – 2027). Among tasks of conception are also preventive intervention as regards tobacco use. Czech Pharmacist's Chamber continued to organise program "Smoking Cessation in Pharmacies" in 2018 and 2019. The Office of the Government of the Czech Republic, The Drug Policy Department: A phone

number of "Quit line" was changed in 2016 (new number 844 35 00 00) and (from 2017) is quitline called "National". The telephone number is provided by the Office of the Government of the Czech Republic (National Monitoring Centre for Drugs and Addictions), however operated by the NGO "Czech Coalition against Tobacco" with financial support of the Office of the Government of the Czech Republic and of Ministry of Health (as regards promotion of the number). It is available between 10 – 18 hours during working days. On national websites www.koureni-zabiji.cz is available (among others) map of help (with overview of services for treatment of tobacco dependence etc). National Public Health Institute: Between 2018 and 2019, the "Short Intervention in Practice" project was implemented at national level, including tobacco dependence and motivation to quit smoking. The project is a two-stage education, first of all health workers (especially nurses) who, after acquiring skills in the methodology, have short interventions with their patients. In the same way, students of health care schools are taking part in short interventions in their practice.

Department of Addictology, First Faculty of Medicine, Charles University and General University Hospital in Prague: Public health Centre for Tobacco Use Prevention and Research was established at the Department of Addictology of 1st Faculty of Medicine in 2018. It's multidisciplinary expert team has started working in 2019. Concept of a smoke-free detoxification unit at the Department of Addictology was prepared by Centre for Tobacco Use Prevention and Research. Smoking cessation support program at detoxification unit was launched at the end of the year 2019. RCT study of eHealth intervention for smoking cessation and recruitment of respondents has been ongoing in 2019/2020. Preliminary results will be presented in scientific journal in 2020. Smoking cessation support is offered to patients under the addiction treatment at outpatient services of Department of Addictology. Application of accredited training in smoking cessation for nurses was prepared and was sent to the certification process to the General University Hospital. Several hospitals are active in Health Promoting Hospitals/Smokefree Hospitals Program As of 1 July 2017, a National network of non-smoking hospitals of the Czech Republic (official name in English: The National GNTH Network of the Czech Republic) was established at the Ministry of Health, which is now the main and official platform for the non-smoking hospital program in Czech Republic. In 2018 and 2019 implementation of the program continued. Up to March 2020 the National Network consists of 10 members. The main platform for discussions and information sharing of GNTH coordinators, responsible members of hospital management and authorized employees of the Ministry of Health is currently a newly established working group (Working Group for the Implementation of International Health Promotion Principles in Quality Management in Healthcare Services, Pracovní skupina pro rozvoj a implementaci mezinárodních principů na podporu zdraví do systémů řízení kvality ve zdravotnických zařízeních; or PSRIPZ in Czech), with its first meeting held in January 2020. Further related activities/Campaigns/projects: In January 2020 new expert group focusing on the preparation of the Lung Carcinoma Early Detection Program was established at Ministry of Health of the Czech Republic. There have not been any national specially designed programmes for specific social groups in the past two years. Campaigns/projects were rather generally focused. There were some local events, mainly related to World No Tobacco Day, organised by some municipalities, hospitals, NGOs every year (more information in C268)

Have you utilized the "Guidelines for implementation of Article 14 of the WHO FCTC" when developing and implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section G of the additional questionnaire. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=44kBQqNhTZTSQam&lang=en> (<https://extranet.who.int/dataform/655321?token=44kBQqNhTZTSQam&lang=en>)

Guidelines for

implementation of Article 14 of the WHO FCTC were used e.g. during implementation of the Action plan for the area of tobacco control in the Czech Republic for the period 2015-2018 and preparation of the new Action plan.

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

Explanatory notes: Note to C288: Except

for physicians, nurses and pharmacists are mostly involved. The theme of tobacco dependence is also included in the education of addictologists. Note to C2813: The pharmacotherapy is not reimbursed generally by health insurance companies – only some of them financially support pharmacotherapy for their clients treated in the specialized Centres for Tobacco-Dependent and addictology centres or in certified pharmacies. Information on National Register of Therapy of Drug users is in C434. Further information on some related activities to Article 14 (training of health professionals, campaigns etc.) is also mentioned in C268.

Please attach the relevant documentation.

C3. MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO

With reference to Articles 15–17

Illicit trade in tobacco products

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:

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product?

Yes ✓

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market?

Yes ✓

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?

No ✗

developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?

Yes ✓

requiring that marking is presented in legible form and/or appears in the principal language or languages of the country?

Yes ✓

requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?

No ✗

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?

No ✗

enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?

Yes ✓

requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment-friendly methods where possible, or disposed of in accordance with national law?

Yes ✓

adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties?

Yes ✓

enabling the confiscation of proceeds derived from illicit trade in tobacco products?

Yes ✓

promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels?

Yes ✓

licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?

Yes ✓

Please provide a brief description of the progress made in implementing Article 15 (*Illicit trade in tobacco products*) in the past two years or since submission of your last report.

On 10 October

2019, the Protocol to Eliminate Illicit Trade in Tobacco Products to the WHO Framework Convention on Tobacco Control entered into force for the Czech Republic. In the Czech Republic is implementation of the Protocol the responsibility of the General Directorate of Customs of the Czech Republic. Due to its recent entry into force, it is too early to evaluate it. The traceability system is fully functional since May 2019. The Czech Republic appointed the ID Issuer in October 2018 and was one of the first Member States of the EU which started the registration of economic operators (April 2019) in order to ensure the traceability system as laid down in Art.15 of the Directive 2014/40/EU. In addition to that, according to the Art. 16 of the above-mentioned Directive, all units of cigarettes and roll-your-own tobacco placed on the market after May 2019 have to carry a required security feature in order to prove that respective product is genuine. In the Czech Republic a tax stamp for fiscal purposes is used as this security feature. Public administration regularly organises meetings with stakeholder associations in order to inform about developments and problems connected with the system. The ID issuer operates a helpdesk for the economic operators.

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

Please attach the relevant documentation.

Sales to and by minors

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:

prohibiting the sales of tobacco products to minors?

Yes ✓

Please specify the legal age:

18

requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors?

Yes ✓

requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?

Yes ✓

banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?

No ✗

prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?

Yes ✓

prohibiting the sale of tobacco products from vending machines?

No ✗

Do you ensure that tobacco vending machines are not accessible to minors and/or do not promote the sale of tobacco products to minors?

Yes ✓

prohibiting and/or promoting the prohibition of the distribution of free tobacco products:

- to the public?
- to minors?

prohibiting the sale of cigarettes individually or in small packets?

Yes ✓

providing for penalties against sellers and distributors in order to ensure compliance?

Yes ✓

prohibiting the sales of tobacco products by minors?

Yes ✓

Please provide a brief description of the progress made in implementing Article 16 (*Sales to and by minors*) in the past two years or since submission of your last report.

On 31st May 2017 new act No. 65/2017 Coll., on the protection of health against harmful effects of addictive substances, came into effect. This act replaced act No. 379/2005 Coll. Act No. 65/2017 Coll. contains for example:

- stronger restrictions on the availability of tobacco products, smoking accessories, herbal products for smoking, electronic cigarettes (containing nicotine and nicotine-free) e.g. stricter regulation of the sale of tobacco products by vending machines*, alongside restrictions on the places where tobacco products, electronic cigarettes, etc. can be sold, and more stringent regulations on the distance sale of tobacco products and related products through a communication device (internet sale),
- a broadening of the range of control authorities and specification of their competencies in the area of the protection of health against addictive substances.
- distance sales of tobacco products are regulated in both cross-border sales as required by the Directive 2014/40/EU and national sales. Economic operators must operate an age verification system which verifies that the purchasing consumer is adult.
- a broadening of the acts constituting an administrative offence and more stringent penalties for certain administrative offences, e.g. for those who sell a tobacco products or related products to minors. etc. *According to section 3 paragraph 3 act No. 65/2017 Coll. It is prohibited to sell tobacco products, smoking accessories, herbal products for smoking and electronic cigarettes through a vending machine unless it can be excluded that these products will be sold to a person under 18 years of age; for this purpose, the seller selling through a vending machine shall verify the age of the buyer by means of a designated person.

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

Please attach the relevant documentation.

Provision of support for economically viable alternative activities

Have you adopted and implemented, where appropriate, measures or programmes on any of the following:

promoting economically viable and sustainable alternatives for:

| | |
|-----------------------------|----------------|
| tobacco growers? | Not applicable |
| tobacco workers? | Not applicable |
| tobacco individual sellers? | Not applicable |

Please provide a brief description of the progress made in implementing Article 17 (*Provision of support for economically viable alternative activities*) in the past two years or since submission of your last report.

not applicable

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

No

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

Please attach the relevant documentation.

C4. OTHER MEASURES AND POLICIES

With reference to Articles 18–21

Protection of the environment and the health of persons

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:

implementing measures in respect of tobacco cultivation within your territory, which take into consideration:

| | |
|---|----------------|
| the protection of the environment? | Not applicable |
| the health of persons in relation to the environment? | Not applicable |

implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:

| | |
|---|-----|
| the protection of the environment? | Yes |
| the health of persons in relation to the environment? | Yes |

Please provide a brief description of the progress made in implementing Article 18 (*Protection of the environment and the health of persons*) in the past two years or since submission of your last report.

General rules concerning protection of the environment (integrated pollution prevention and control) and occupational health apply also to manufacturing of tobacco products. There is an ongoing discussion how to implement Art. 7 of the Directive (EU) 2019/904 of the European Parliament and of the Council of 5 June 2019 on reduction of the impact of certain plastic products on the environment taking into account the current packaging and labelling regulation of tobacco products according to the Tobacco Products Directive. This provision involves marking on appropriate waste management options or waste disposal means and information on the presence of plastics in tobacco products with filters and filters marketed for use in combination with tobacco products. (see section C25.)

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

No

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

Please attach the relevant documentation.

Liability

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:

Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?

No

Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?

Yes

Do you have any civil liability measures that are specific to tobacco control?

No

Do you have any general civil liability provisions that could apply to tobacco control?

Yes

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?

No

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?

No

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?

No

Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (*Liability*) in the past two years or since submission of your last report.

A significant

improvement in prosecuting capabilities was introduced by the act No. 418/2011 Coll. – On Criminal Liability of Legal Persons. This law has substantially changed the basics of criminal liability in the Czech Republic by introducing liability of legal persons for criminal offences. This Act was amended by the Act No. 183/2016 Coll. with effect since 1 December 2016. The amendment introduced a change in the existing concept of determination of criminal offences in the Section 7 - the original positive list of offences that a legal person may commit was replaced by a negative list of offences whose commission cannot be attributed to a legal person. Thus, the Act now covers a wider range of serious offensive behaviour, thereby extending the scope of criminal liability of legal persons. In principle, this concept excludes criminal liability of legal persons only in cases where due to the nature of the matter it cannot be presumed that a criminal offence was committed by a legal person. Criminal offences for which legal persons may be held criminally liable include newly all offences that may be related to tobacco control within the meaning of the Framework Convention. According to this regulation, a legal person can thus commit criminal offences pursuant to Sections 156, 157, 272 and 273 of the Criminal Code (see also information below).

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

Explanatory notes: C422: Although there is no specific criminal offence related to tobacco control legislation, there are general offences covering the more serious forms of offensive behaviour. There are criminal offences of Endangering Public Health by Unhealthy Food and other Objects (Section 156) and its negligent form (Section 157), more extreme cases are covered by criminal offences of Public Menace (Section 272) and Negligent Public Menace (Section 273) incorporated into the Criminal Code (Act No. 40/2009 Coll.). C424: One can be awarded damages in case of intentional action contra bonos mores, culpable breach of law or breach of a contract. (Sections 2909 – 2913 of Act No. 89/2012, Civil Code)

Please attach the relevant documentation.

Research, surveillance and exchange of information

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:

developing and/or promoting research that addresses:

- determinants of tobacco consumption?
- consequences of tobacco consumption?
- social and economic indicators related to tobacco consumption?
- tobacco use among women, with special regard to pregnant women?
- the determinants and consequences of exposure to tobacco smoke?
- identification of effective programmes for the treatment of tobacco dependence?
- identification of alternative livelihoods?
- Other

training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?

No

a national system for epidemiological surveillance of:

- patterns of tobacco consumption?
 - determinants of tobacco consumption?
 - consequences of tobacco consumption?
 - social, economic and health indicators related to tobacco consumption?
 - exposure to tobacco smoke?
 - Other
-

Please list all surveys, including the year of the survey, that you have undertaken in the past.

Yearly cross-sectional adult

population (15+) survey Tobacco use in the Czech Republic (since 1998 - last survey in 2018, publication in 2019); Global Youth Tobacco Survey (GYTS) 2002, 2007, 2011, 2016 Global Health Professions Students Survey (GHPSS) 2007, 2011 Cross-national survey of school students: Health Behaviour in School-aged Children (HBSC): 1994, 1998, 2002, 2006, 2010, 2014, 2018 European Health Information Survey (EHIS) in the Czech Republic in 1993, 1996, 1999, 2002, 2008, 2014, 2019 carried out by the Institute of Health Information and Statistics of the Czech Republic. The latest wave of EHIS was performed in the Czech in 2019 in cooperation with the Czech Statistical Office. Czech Mental Health Study, 2017 (CZEMS) : A cross-sectional survey on a representative sample of the general adult noninstitutionalized population of the Czech Republic was conducted. National Register of Therapy of Drug Users collects data on patients treated for addiction on legal or illegal drugs, including tobacco. Registry was launched in 2015 National Survey on Substance Use in the Czech Republic in 2016 (Special study targeted on licit and illicit substance use in the Czech Republic in the general population aged 15+ years, N=3601, carried out by Czech National Monitoring Centre for Drugs and Addictions in collaboration with MindBridge Consulting research agency in September-November 2016). - The European School Survey Project on Alcohol and Other Drugs (ESPAD) since 1995. The last data collection wave performed in 2019 -carried out by Czech National Monitoring Centre for Drugs and Addictions in collaboration with Focus research agency. Analysis of data 2019 under way. - ESPAD Validation study 2016: ESPAD-like study focusing on substance use and other forms of risky behaviour among 15-16 years old students; study aimed at validation of the trends seen in ESPAD 2015. ESPAD Validation study 2016 was carried out by Czech National Monitoring Centre for Drugs and Addictions in collaboration with ppm factum research agency, N=2471 valid questionnaires of the ESPAD comparable target group) + Validation study 2018. - Study Health and Substance Use in Roma Population - study carried out by Czech National Monitoring Centre for Drugs and Addictions in collaboration with ppm factum research agency in 2017, focusing on Roma population, extent and patterns of licit and illicit substance use, gambling, life satisfaction etc., N=546. the Center for Treatment of Tobacco Dependence at the General University Hospital evaluates the 12-months abstinence rates, CO-validated, regularly (about 7,000 patients so far)

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.

Yes, Yearly cross-sectional adult population (15+) survey Tobacco use in the Czech Republic. National Survey on Substance use in the Czech Republic will be performed in 2020, as well. It will be more focused on ENDS, heated tobacco products use, exposure to advertisement etc. Global Youth Tobacco Survey /GYTS/ in 2021.

regional and global exchange of publicly available national:

- scientific, technical, socioeconomic, commercial and legal information?
 information on the practices of the tobacco industry?
 information on the cultivation of tobacco?
-

an updated database of:

laws and regulations on tobacco control?
information about the enforcement of laws on tobacco control?
pertinent jurisprudence?

Please provide a brief description of the progress made in implementing Article 20 (*Research, surveillance and exchange of information*) in the past two years or since submission of your last report.

Surveys on tobacco use in the Czech Republic were carried out by the National Institute of Public Health in 2016 and 2017 (on a yearly basis since 1998). - new wave of National Survey on Substance Use in the Czech Republic was carried out in 2016, its results were published in 2017 in the National Report on Drug Situation in the Czech Republic 2016 - ESPAD Validation study 2016 was carried out, its results were published in 2017 in the National Report on Drug Situation in the Czech Republic 2016 - European Health Interview Survey (EHIS): data were collected between June 2014 and January 2015. Results were published in 2016 and data on smoking prevalence are published by regions (this was not possible for previous surveys). - Global Youth Tobacco Survey 2016 (Czech Republic) – results were published in February 2018. - In 2015 the National Register of Therapy of Drug Users was set up in order to provide data on patient starting and finishing therapy of addiction including contact consulting and resocialization programmes for drug users. Unfortunately, data on patients treated for smoking (2016 – 2017), are very incomplete and underestimated and thus of only limited possibilities of use. The Ministry of Health in cooperation with other ministries and stakeholders internationally exchanged some information on different tobacco control issues.

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether you included information on WHO FCTC implementation in your Voluntary National Review (VNR) on the Sustainable Development Goals (SDGs), related to target 3.a).

Cross-sectional adult population (15+) survey Tobacco use in the Czech republic – yearly; next survey 2019; (results will be published in May 2020)
 The latest wave of European Health Information Survey (EHIS) was performed in the Czech Republic in 2019. The latest wave of cross-national survey of school students: Health Behaviour in School-aged Children (HBSC) was performed in the Czech Republic in 2018. ESPAD is regularly repeated every 4 years since 1995 (data collection in 1995, 1999, 2003, 2007, 2011, 2015,2019) – currently analysis of collected data 2019 under way. (+ in 2018 Evaluation study) the Center for Treatment of Tobacco Dependence at the General University Hospital evaluates the 12-months abstinence rates, CO-validated, regularly (about 7,000 patients so far) Research paper presenting changes in tobacco use pattern and motivation to quit after implementation of the new smoke-free law (Act No. 65/2017 Coll.) in the Czech Republic has been published in 2019: Kulhánek, A., Lukavská, K., Švancarová, I., Fidesová, H., & Gabrhelík, R. (2019). Changes in tobacco use patterns and motivation to quit related to the new smoke-free legislation in the Czech Republic. *Journal of Public Health*. doi:10.1093/pubmed/fdz156 Qualitative study on mapping patters of heated tobacco products use among adult tobacco smokers (N=10) was performed at the Department of addictology. Based on cooperation of Department of adictology of the First Medicine Faculty, Charles University, and marketing experts from Faculty of Social Sciences, research on tobacco industry marketing on social media was performed. Preliminary results has been published as a research paper. Hejlová, D., Schneiderová, S., Klabíková Rábová, T., Kulhánek, A. (2019). Analysis of Presumed IQOS Influencer Marketing on Instagram in the Czech Republic in 2018–2019. *Adiktologie*, 19(1), 7–15. Etc.

Please attach the relevant documentation.

D. INTERNATIONAL COOPERATION AND ASSISTANCE

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:

development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?

| | |
|---------------------|----|
| Assistance provided | No |
| Assistance received | No |

provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?

Assistance provided No
Assistance received No

appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?

Assistance provided No
Assistance received No

provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?

Assistance provided No
Assistance received No

identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?

Assistance provided No
Assistance received No

promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?

Assistance provided No
Assistance received No

Please provide information about any assistance provided or received in the space below, including any support received from nongovernmental organizations (please, specify).

World Health

Organization under Biennial Collaborative Agreement between the Ministry of Health of the Czech Republic and the Regional Office for Europe of WHO (2018 – 2019) provided expert support – expertise and recommendations regarding mainly regulation of tobacco advertisement, promotion and sponsorship in the Czech Republic. More information in C2714. There was also financial support from WHO/Convention Secretariat covering participation (travel expenditures) of Czech experts at workshops: 1/ WHO FCTC Article 5.3 and Novel Tobacco Products, Copenhagen, Denmark, 01-02 October 2019 2/ Multisectoral workshop for WHO Framework Convention on Tobacco Control (WHO-FCTC) Parties in the European Union to promote the Protocol to Eliminate Illicit Trade in Tobacco Products, Riga, Latvia, 09 – 10 December 2019

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.

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?

No ✘

E. PRIORITIES AND COMMENTS

What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?

Implementation of tobacco control related priorities and activities set in National Drug Policy Strategy for the period 2019 to 2027 and its Action Plan for the period 2019 to 2021

Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control?

Yes ✓

Please provide details in the space below.

For example lack of personal capacities at the Ministry of Health, the Office of the Government, Ministry of Agriculture etc. for full implementation of all tobacco control measures.

What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?

There is lack of accredited laboratories to analyse tobacco products, e.g. novel tobacco products, smokeless tobacco (excluding the emission measurement in cigarettes)

Do you have any of the following products available on your national tobacco market?

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | smokeless tobacco products |
| <input checked="" type="checkbox"/> | water pipe tobacco |
| <input checked="" type="checkbox"/> | Electronic Nicotine Delivery Systems (ENDS) |
| <input checked="" type="checkbox"/> | Electronic Non-Nicotine Delivery Systems (ENNDS) |
| <input checked="" type="checkbox"/> | heated tobacco products (HTPs) |
| <input type="checkbox"/> | Other |
- nicotine pouches, tobacco products with content of CBD, smokeless heated herbal products, herbal cigarette papers, shisha steam stones and gels, vitamin inhalators

Have you adopted and implemented any policy or regulation that is specific to the following tobacco products?

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | smokeless tobacco products |
| <input checked="" type="checkbox"/> | water pipe tobacco |
| <input checked="" type="checkbox"/> | Electronic Nicotine Delivery Systems (ENDS) |
| <input checked="" type="checkbox"/> | Electronic Non-Nicotine Delivery Systems (ENNDS) |
| <input checked="" type="checkbox"/> | heated tobacco products (HTPs) |
| <input type="checkbox"/> | Other |

If you have any relevant information related to questions E5 and E6, please provide details in the space below.

Smokeless tobacco

products, ENDS/ENNDS are covered specifically to different extent by current national legislation. For example, as regards smokeless tobacco products, there are provisions related to packaging and labelling, prohibition of sale of snus etc. in place. Legislation, transposing EU Tobacco products Directive (2014/40/EU), brought more specific regulation mainly as regards of ENDS/ENNDS, new tobacco products (heated tobacco products) and herbal products for smoking. Newly, since 2019 nicotine pouches have been placed on the market. The tobacco products with content of CBD are placed on the market (the content of THC is below 1 %). We suppose the labelling of these products as including element or feature that suggests that this tobacco product has vitalizing, energetic, healing properties or has other health or lifestyle benefits. However, this problem is ongoing and has not been solved successfully yet. There is a lack of methods within EU that could be used to differentiate the oral and chewing tobacco. Some oral tobacco could be labelled as chewing tobacco and this way it could be placed on the market. There is a problem with categorizing of some product according the legislation, e.g. smokeless heated herbal products, herbal cigarette papers, shisha steam stones and gels.

Please provide any other relevant information not covered elsewhere that you consider important.

This report was completed by

the Ministry of Health in close cooperation with other relevant ministries and the Office of the Government of the Czech Republic (coordinated within the inter-ministerial Working group for the Comprehensive Protection against Harm caused by Tobacco) and with other stakeholders including the National Public Health Institute and nongovernmental organizations. Information/notes to B17: According to data of National Public Health Institute in 2018 3.8 % of people used electronic Nicotine Delivery Systems (ENDS) (5.0 % males, 2.6 % females). Users of ENDS included current daily and occasional users (less often than daily). Compared to 2016 percentage users both men and women declined. The highest percentage of users was in the youngest age group 15-24. GYTS, 2016. ELECTRONIC NICOTINE DELIVERY SYSTEMS: 11.2% of students, 12.5% of boys, and 9.8% of girls currently used electronic cigarettes (Used electronic cigarettes anytime during the past 30 days; Students refer to persons aged 13-15 years who are enrolled in school.) Comprehensive (on tobacco industry independent) information on use of heated tobacco products (HTPs) has not been available yet. New data (2019) will be published by National Public Health Institute later this year. (According to published data of tobacco industry in October 2019 there were 350 000 registred users of HTPs (3,3% of the population of the Czech Republic) of Heets (IQOS) and Neo (Glo). Other products are expected to be placed on the market in coming months.)

Your suggestions for further development and revision of the reporting instrument:

Download of completed on-line

questionnaire (in reader friendly version) could be possible before submission.

Possibility of notes to B17 /use of novel tobacco products/ could be added to the questionnaire.
