

2020 - CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC

A. ORIGIN OF THE REPORT

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Period of reporting:

	Month	Year
Start date	January (1)	2018 (19)
End date	2011 (12)	2019 (20)

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	28.4	
FEMALE	18.0	
TOTAL (males and females)	23.3	

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	15.7	
FEMALE	10.9	
TOTAL (males and females)	13.3	

Occasional smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	12.8
FEMALE	7.1
TOTAL (males and females)	10.0

Former smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	33.1
FEMALE	29.5
TOTAL (males and females)	31.3

Never smokers

Prevalence (%)
(please include all smoking tobacco products in prevalence data)

MALE	38.4
FEMALE	52.5
TOTAL (males and females)	45.4

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

Smoking status was consisted of two questions. First the respondents were asked whether they had ever smoked (yes/no) and for those who reported ever smoking, a follow-up question was asked 'Do you currently smoke'. The follow-up question included explicitly the use of cigarettes, cigars and pipe, but the question on ever use did not specify any type of smoked tobacco.

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

	From	To
Age range	20	64

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:

Data for the question B11 were derived from the National FinSote Survey, which was collected in May–September 2018. For the current survey, a random sample (n=5 000) of Finnish adults aged at least 20 years was derived from the Population Register Center. Information for this survey was collected with mail and online questionnaires. The number of respondents was 2306 (response rate 46 %).

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

Current smoker	Smoking status was acquired by two questions. First, the respondents were asked if they had ever smoked. If the respondent answered ‘yes’ to this question, it was further asked ‘Do you currently smoke’, with responses being ‘Yes, daily’, ‘Occasionally’, ‘Not at all’. "Current smokers" includes both daily and occasional smokers.
Daily smoker	Smoking status was acquired by two questions. First, the respondents were asked if they had ever smoked. If the respondent answered ‘yes’ to this question, it was further asked ‘Do you currently smoke’, with responses being ‘Yes, daily’, ‘Occasionally’, ‘Not at all’. "Daily smokers" includes daily smokers.
Occasional smoker	Smoking status was acquired by two questions. First, the respondents were asked if they had ever smoked. If the respondent answered ‘yes’ to this question, it was further asked ‘Do you currently smoke’, with responses being ‘Yes, daily’, ‘Occasionally’, ‘Not at all’. "Occasional smokers" includes occasional smokers.
Former smoker	Smoking status was acquired by two questions. First, the respondents were asked if they had ever smoked. If the respondent answered ‘yes’ to this question, it was further asked ‘Do you currently smoke’, with responses being ‘Yes, daily’, ‘Occasionally’, ‘Not at all’. "Former smokers" includes those respondents who had ever smoked but did not smoke currently.
Never smoker	The respondents were asked if they had ever smoked. “Never smokers” are those respondents who answered ‘no’ to this question.

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.

Trends in smoking prevalence 2017-2018

It must be noted that the age range since the 2016 reporting instrument has changed from 15–64 to 20–64. Some of the earlier changes in smoking prevalence may be attributed to this change. The prevalence of current smoking did not change since the 2018 reporting instrument (23 %). The prevalence of daily smoking plateaued at 13 % in 2017 and 2018. The prevalence of occasional smokers also stayed the same (10 %). The percentage of former smokers increased in women (from 28 % to 30 %) and stayed the same in men. The prevalence of never smokers decreased among men (from 40 % to 38 %) and plateaued among women (at ~52 %).

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	25	34	32
MALES - current smokers ¹	35	44	36
MALES - current smokers ¹	45	54	29
MALES - current smokers ¹	55	64	21
FEMALES - current smokers ¹	25	34	16
FEMALES - current smokers ¹	35	44	18
FEMALES - current smokers ¹	45	54	15
FEMALES - current smokers ¹	55	64	16
TOTAL (males and females) - current smokers ¹	25	34	24
TOTAL (males and females) - current smokers ¹	35	44	27
TOTAL (males and females) - current smokers ¹	45	54	22
TOTAL (males and females) - current smokers ¹	55	64	19

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

Smoking status was consisted of two questions. First the respondents were asked whether they had ever smoked (yes/no) and for those who reported ever smoking, a follow-up question was asked 'Do you currently smoke'. The follow-up question included explicitly the use of cigarettes, cigars and pipe, but the question on ever use did not specify any type of smoked tobacco.

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:

Data for the question B12 were derived from the National FinSote Survey, which was collected in May–September 2018. For the 2018 survey, a random sample (n=5 000) of Finnish adults aged at least 20 years was derived from the Population Register Center. Information for this survey was collected with mail and online questionnaires. The number of respondents was 2306 (response rate 46 %).

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

The trend in current smoking prevalence 2017–2018

Males

Smoking has increased in all age groups but among 55–64-year olds The changes may be attributable to rather small sample sizes.

Females

Smoking has decreased in all age groups.

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	9.0
Daily users	3.9
Occasional users	5.1
Former users	15.4
Never users	75.6

Females

Prevalence (%)
(please include all smokeless tobacco products in prevalence data)

Current users	1.0
Daily users	0.3
Occasional users	0.7
Former users	3.3
Never users	95.7

TOTAL (males and females)

Prevalence (%)
(please include all smokeless tobacco products in prevalence data)

Current users	5.1
Daily users	2.2
Occasional users	3.0
Former users	9.5
Never users	85.3

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

Swedish type moist snuff (snus).

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

	From	To
Age range	20	64

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:

Data for the question B12 were derived from the National FinSote Survey, which was collected in May–September 2018. For the current survey, a random sample (n=5 000) of Finnish adults aged at least 20 years was derived from the Population Register Center. Information for this survey was collected with mail and online questionnaires. The number of respondents was 2306 (response rate 46 %).

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	In the question the respondents were asked whether they currently use snus. "Current users" includes both daily and occasional users of snus.
Daily user	In the question the respondents were asked whether they currently use snus. "Daily users" includes daily users of snus.
Occasional user	In the question the respondents were asked whether they currently use snus. "Occasional users" includes occasional users of snus.
Former user	In the question the respondents were asked whether they currently use snus. "Former users" includes respondents choosing the answer “Not at all nowadays”.
Never user	In the question the respondents were asked whether they currently use snus. “Never users” includes persons reporting that they never have used snus.

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.

It must be noted that the age-range since the last reporting instrument (in 2018) has changed from 20–54 to 20–64 considering snus use. Some of the changes in the prevalence of snus use may be attributed to this change.

Males

The prevalence of current smokeless tobacco (snus) use in the adult population has slightly decreased since 2017. Both daily and occasional snus use has decreased.

Females

Snus use among females remained to be very marginal.

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	25	34	20
MALES - current smokers ²	35	44	11
MALES - current smokers ²	45	54	5
MALES - current smokers ²	55	64	0
FEMALES - current smokers ²	25	34	2
FEMALES - current smokers ²	35	44	2
FEMALES - current smokers ²	45	54	1
FEMALES - current smokers ²	55	64	0
TOTAL (males and females) - current smokers ²	25	34	11
TOTAL (males and females) - current smokers ²	35	44	7
TOTAL (males and females) - current smokers ²	45	54	3
TOTAL (males and females) - current smokers ²	55	64	0

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

Swedish type moist snuff (snus).

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:

Data for the question B12 were derived from the National FinSote Survey, which was collected in May–September 2018. For the current survey, a random sample (n=5 000) of Finnish adults aged at least 20 years was derived from the Population Register Center. Information for this survey was collected with mail and online questionnaires. The number of respondents was 2306 (response rate 46 %).

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.

The trend in snus use 2017–2018

It must be noted that the age-range since the last reporting instrument (in 2018) has changed from 20–54 to 20–64 considering snus use. Some of the changes in the prevalence of snus use may be attributed to this change.

Males and females

There is not significant changes in snus use among males and females compared to the previous reporting instrument.

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	Russia and the former Soviet Union	32.7	18.6	25.3
Current users ³	Estonia	40.6	28.0	34.2
Current users ³	Middle East and Northern Africa	39.7	6.9	26.9
Current users ³	Other Africa	20.1	NA	12.2
Current users ³	Asia	21.2	5.0	11.8

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

Cigarettes, cigars and pipes.

Note an addition to B15 due to lack of rows:

EU, EFTA and North America

Male 20,5 %

Female 17,5 %

Total 18,6 %

Latin America, former Yugoslavia and other:

Male 26,9 %

Female 15,0 %

Total 21,3 %

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

	From	To
Age range	18	64

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

2018

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

Note: the prevalences in B15 are model adjusted prevalences of current smoking. FinMonik 2018-2019 is a survey among the population with foreign background born abroad living in Finland. It involved using a representative sample to collect data on population with foreign background at county level. Research data were collected regarding a wide range of different areas of life, including quality of life, experiences of discrimination, safety, perceived health, employment, and competence. Data were also collected about the need for and use of social and health care services as well as employment. The data were collected between May 2018 and January 2019. The research sample (n = 12,877) was obtained from the population data system of the Population Register Centre. All response types included, the response rate was 53.1 per cent (n= 6,836). The data were primarily collected using an electronic questionnaire. <https://thl.fi/en/web/thlfi-en/research-and-expertwork/projects-and-programmes/survey-on-well-being-among-foreign-born-population-finmonik->

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	14-16	16	15	
GIRLS - Current users ⁴	14-16	15	6	
TOTAL (boys and girls) - Current users ⁴	14-16	15	10	

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

Smoking tobacco = current (daily or occasional) use of cigarettes.

Smokeless tobacco = current (daily and occasional) use of snus.

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

2019

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

National School Health Promotion Survey, 8th and 9th grades of secondary school (14-16-year-olds)

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

Current use includes both daily and occasional use.

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.

Tobacco use trends 2017–2019 by 8th and 9th graders (14-16-year-olds)

Please note that the surveillance system, the age group, and the measures for the WHO FCTC reporting for young persons have been changed from 2018 report. Previously, data were used from the Adolescent Health and Lifestyle Survey (12-18-year-olds).

Among Finnish 14-16-year-olds, daily smoking and snus use is rare but current use is more common. Prevalence for daily smoking in 2019 was 6 % for boys, 5 % for girls, and 6 % for total. Prevalence for daily snus use was 8 % for boys, 2 % for girls, and 5 % for total.

Among the Finnish adolescents, the decreasing trend in both current and daily smoking continued over the past two years, both among boys and girls. Use of snus is still more prevalent among boys. In this group, daily use remained on the same level and current use decreased. Among girls, both daily and current use of snus increased in this age group in 2017-2019.

Information from different age groups and longer trends is available from the publication Tobacco Statistics 2018 (tables have English translations): <http://urn.fi/URN:NBN:fi-fe2019121046603>

Please attach the relevant documentation.

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	20-64		3,1 (current)		
ADULT POPULATION - Females	20-64		1,2 (current)		
ADULT POPULATION - Total (males and females)	20-64		2,2 (current)		
YOUNG PERSONS - Boys	14-16		3,5 (daily)		
YOUNG PERSONS - Girls	14-16		1,1 (daily)		
YOUNG PERSONS - Total (boys and girls)	14-16		2,3 (daily)		

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).

Exposure to tobacco smoke at work, at home or other places (an hour a day or more): men 6,0 % and women 3,3 %.

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

2017

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

Data for the question B21 were derived from National FinHealth Study. The purpose of the FinHealth Study is to collect up-to-date information on the health and well-being of adults residing in Finland, and on the factors influencing their health and well-being. The study is carried out at 50 localities in 2017, with the objective of studying 10,000 randomly selected persons over the age of 18. The study consists of a physical examination and questionnaires. <https://thl.fi/en/web/thlfi-en/research-and-expertwork/population-studies/national-finhealth-study>.

Please attach the relevant documentation.

**FinHealth 2017
report**

No comment

File type "pdf"

Tobacco-related mortality

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

Yes ✓

What is the estimated total number of deaths attributable to tobacco use in your population?

4310

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

Below are the estimated fractions of all deaths attributable to conditions that were used in calculating the total smoking-attributable deaths:

Cancer / Malignant neoplasm (47 % of deaths attributable to cancer/malignant neoplasm)

Respiratory Conditions (48 % of deaths attributable to respiratory conditions)

Cardiovascular conditions (8 % of deaths attributable to cardiovascular conditions)

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

2012

Please indicate the source of the data used to answer questions B32 and B33:

"Social costs of smoking and their assessment methods", a report by National Institute for Health and Welfare (THL). In this report, social costs of smoking are estimated, and as a part, tobacco-related deaths are estimated as well (see table 2, page 21). Report is in Finnish but includes English summary.

Please submit a copy of the study you refer to:

**Social costs of
smoking and
their assessment
methods**

No comment

File type "pdf"

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).

It is estimated that the direct costs of smoking totalled around EUR 290–294 million in 2012. Smoking-attributable income transfers are estimated to total some EUR 327 million. The total direct economic burden of smoking is, thus, estimated to be around EUR 617–621 million. The indirect costs of smoking are estimated at around EUR 840–930 million. The total economic burden of smoking is, thus, estimated to be around EUR 1.5 billion.

The smoking-attributable fractions were calculated using the adjusted relative risk estimates of the CPS-II-study and the survey data on gender- and age-specific proportions of smokers and former smokers in the Finnish population.

Productivity costs for smoking-attributable mortality and morbidity costs were estimated by using a human capital method and they were discounted with 3 % discount rate.

Data on healthcare services utilization for specialized somatic healthcare and for basic healthcare were derived from the national care register for health care. Data on medical reimbursements came from the Finnish statistic on medicines. The occupational health care costs were estimated according to the distribution of the smoking attributable basic health care utilization.

The other direct costs of smoking included the costs of fires and monitoring and prevention costs due to smoking. The costs of fires attributable to smoking were estimated using the national fire statistics and the monitoring and prevention costs were estimated from the annual report of the authorities that conduct tobacco monitoring and prevention.

The productive losses included also the costs of lost productivity due to smoking breaks and the lost productivity due to sickness leave. The productivity losses due to smoking breaks were estimated using the method presented in Berman et al. (Berman M et al. Estimating the cost of a smoking empolyee. Tobacco Control 2014; 23: 428-433, doi:10.1136/tobaccocontrol-2012-050888). The productivity losses due to sick leaves due to smoking were estimated using the gender and age-group information on average wages and the smoking attributable fraction on sick leaves.

The direct income transfers attributable to smoking were also estimated. The sick leave compensations and disability pensions were estimated with the smoking attributable fraction method. The family pension compensations attributable to smoking were estimated indirectly according to the smoking attributable mortality and aggregate level information on family pension.

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

2012

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

"Social costs of smoking and their assessment methods", a report by National Institute for Health and Welfare (THL). In this report, social costs of smoking are estimated. Report is in Finnish but includes English summary.

Please submit a copy of the study you refer to:

Cost analysis No comment

File type "pdf"

Finland

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	pieces				3107000000
Smoking tobacco products	Smoking tobacco	kilogrammes				551000
Smoking tobacco products	Cigars	pieces				122000000
Smokeless tobacco products	Rolling paper	pieces				321000000
Other tobacco products	Liquids used in e-cigarettes	millilitres				7700000

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

Not available

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:

Finnish Tax Administration

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	2019	Cigarettes	pieces	2700000
Smoking tobacco products	2019	Snuff	kilogrammes	4940

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.

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

National Board of Customs

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:

2019

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

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))?

86.1

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

Specific tax only	
Ad valorem tax only	
Combination of specific and ad valorem taxes	Yes
More complex structure (please explain below)	Yes

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

The excise duty on cigarettes, fine-cut smoking tobacco and cigars and cigarillos comprises of a combination of specific and ad valorem taxes and a minimum excise duty, which is levied as a specific tax if the combination of the specific and ad valorem tax does not exceed a certain threshold.

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 tax⁵
Smoking tobacco products	Cigarettes	Specific tax	69,75 EUR	1000 pieces
Smoking tobacco products	Cigarettes	Ad valorem tax	52 %	Retail price
Smoking tobacco products	Cigarettes	Minimum tax	282,75 EUR	1000 pieces
Smoking tobacco products	Cigars	Specific tax	0,03 EUR	piece
Smoking tobacco products	Cigars	Ad valorem tax	34 %	Retail price
Smoking tobacco products	Fine-cut smoking tobacco	Specific tax	46,50 EUR	kg
Smoking tobacco products	Fine-cut smoking tobacco	Ad valorem tax	52 %	Retail price
Smoking tobacco products	Fine-cut smoking tobacco	Minimum tax	173,50 EUR	kg
Other tobacco products	Rolling paper	Ad valorem tax	60 %	Retail price
Other tobacco products	Other tobacco products	Ad valorem tax	60 %	Retail price
Other tobacco products	Liquids used in e-cigarettes	Specific tax	0,30 EUR	millilitre

Please briefly describe the trends in taxation for tobacco products in the past two years or since submission of your last report in your jurisdiction.

The tax rates were increased by on average 21% in 2018 and 2019. The increases came into force every 6 months, that is, tax rates were increased four times in 2018 and 2019.

The tax rates will be further increased in 2020 and 2021 by altogether four times, totalling on average 14%. The new tax rates for 2020 and 2021 are already implemented in the relevant tax law. The tax rates in question B83 reflect the tax rates in force from 1.1.2020 to 30.6.2020. In addition to the tax rates in the table, the minimum tax for cigars and cigarillos is 0,28 EUR per piece.

The government has also decided to increase tax rates further in 2022 and 2023.

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:

2020

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

Act on Tobacco Excise Duty: <https://www.finlex.fi/fi/laki/ajantasa/1994/19941470>

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

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	Blue L&M	20	8	euro
Smoking tobacco products	White Marlboro	20	8.20	euro
Smoking tobacco products	Green L&M	20	8	euro

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

2020

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

Personal observation (MP), Helsinki 13.5.2020

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.

The average price of cigarettes has increased by 15 % from 2017 to 2019.

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?	Yes
a national coordinating mechanism for tobacco control?	No

Please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).

The Ministry of Social Affairs and Health has a leading role in tobacco control in Finland. The Ministry is responsible for law-drafting, general strategic guidance as well as international cooperation in this field.

Finnish institute for health and welfare (THL) has a small tobacco control unit (2 persons). THL is responsible for monitoring, research and development of activities related to reducing tobacco use. The Finnish Institute of Occupational Health (TTL) is a specialist body in activities to reduce smoking at work environment. The Regional State Administrative Agency is responsible for guiding municipalities to implement the Tobacco Act and the municipalities supervise locally prohibitions and restrictions of the Act. The regulations of the Tobacco Act are overseen by the National Supervisory Authority for Welfare and Health (Valvira). There is active coordination between these state authorities but no official coordinating structure.

In addition, there is a Tobacco-free Finland 2030 network, where about 25 different organisations (mainly NGOs but also authorities) are working together to promote a non-tobacco, nicotine-free Finland.

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 reform of the Tobacco Act was made in 2016. The aim of the Act is to end the use of tobacco and nicotine-containing products

In order to achieve the aim, systematic actions must be developed and implemented. In 2018, a working group (appointed by the Ministry of Social Affairs and Health) prepared a Roadmap, 44 proposals to tobacco legislation and other tobacco policy measures. The proposals of the working group are focused on taxation, prevention, smoke-free environments, smoking cessation, communication, marketing, new nicotine products, improving the effectiveness of enforcement and monitoring. The Roadmap is available (in English):

<http://julkaisut.valtioneuvosto.fi/handle/10024/161214>

Tobacco Act (549/2016) in English (not official translation):

<http://www.finlex.fi/en/laki/kaannokset/2016/en20160549>

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.).

Finnish public health policy is well protected from the tobacco industry interference. There is no tobacco industry in Finland. The interaction with the representatives of industry is limited mainly to open requests for comment. However there is no extensive public repository on industrys activities.

ASH Finland is an NGO, which actively disseminate information and raise discussion on the industrys activities, interests and methods in Finland. In addition, many other NGOs have adopted the policy not to interact with the tobacco companies, their affiliates or any other companies which work with tobacco industry, such as advertising companies.

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.

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=4h6f3kt4tvippzw&lang=en> (<https://extranet.who.int/dataform/655321?token=4h6f3kt4tvippzw&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.

Tobacco tax has been increased in 2018 and 2019 by on average 21%. In the years 2020-2021 tax rates will be increased 4 times every 6 months altogether by on average 13 %. The first tax increase of this series of tax increases has taken place in January 2020. The government has decided that tax rates will be increased further in 2022-2023.

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)	No
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.

Smoking bans enacted in the Tobacco Act (549/2016) apply nationally.
In addition, almost all Finnish municipalities have declared themselves smoke-free.

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

Yes ✓

Please provide details of this system.

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	Partial
educational facilities ⁶	Complete
universities	Partial
private workplaces	Partial
other (please specify below)	

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	Partial
ferries	Partial
ground public transport (buses, trolleybuses, trams)	Partial
motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	Partial
private vehicles	Partial
other (please specify below)	

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	Partial
shopping malls	Partial
pubs and bars	Partial
nightclubs	Partial
restaurants	Partial
other (please specify below)	

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

Under Section 74(1)(1) of the Tobacco Act (549/2016), smoking is prohibited in the indoor areas of buildings, vehicles or similar places that are accessible to the public or employees or accessible to customers for the purpose of providing commercial or public services.

Section 76: In the indoor rooms referred to in section 74(1)(1), smoking may be allowed in a separate smoking room that has been approved for smoking purposes under the Land Use and Building Act (132/1999). In such cases, it shall be ensured that tobacco smoke can not enter areas where smoking is prohibited. Smoking rooms shall not be located in connection with indoor areas that are mainly used by persons under the age of 18. Further provisions on technical requirements concerning the structural and functional properties of smoking rooms have been given by government decree 601/2016 (transitional provision until 20 May 2018).

Under Section 77, smoking can be allowed on the indoor premises of restaurants only in a separate smoking area approved for smoking. In that case it must, however, be seen to it that tobacco smoke does not spread to the area where smoking is prohibited. It is prohibited to serve food or drink, or to eat or drink in the smoking area. Further provisions are given by government decree 601/2016.

Banning tobacco smoking in public transport

Under Section 74 of the Tobacco Act (549/2016), smoking is prohibited the indoor areas of vechiles that are accessible to the public or employees or accessible to customers for the purpose of providing commercial or public services.

Under Section 75, however, smoking is allowed in the home or private vechile of a customer, employee, economic operator, or self-employed person and any other indoor areas that are in the exclusive use of persons belonging to the same family and others living in the same household.

Banning tobacco smoking in indoor public places

Under Section 74(1)(1) of the Tobacco Act (549/2016), smoking is prohibited in the indoor areas of buildings, vechiles or similar places that are accessible to the public or employees or accessible to customers for the purpose of providing commercial or public services.

Under section 75 there are derogations from general smoking bans and smoking is allowed:

- in the home or private vechile of a customer, employee, economic operator, or self-employed person and any other indoor areas that are in the exclusive use of persons belonging to the same family and others living in the same household.
- in a maximum of one out of ten rooms for customer accommodation in a hotel or other tourist accommodation establishment or, depending on the number of rooms, in a maximum of three rooms;
- the indoor areas of a restaurant on board a vessel used in international maritime transport when the serving area is not larger than 50 square metres or in larger establishments no more than 50 per cent of the area.

Under Section 76: In the indoor rooms referred to in section 74(1)(1), smoking may be allowed in a separate smoking room that has been approved for smoking purposes under the Land Use and Building Act (132/1999). In such cases, it shall be ensured that tobacco smoke can not enter areas where smoking is prohibited. Smoking rooms shall not be located in connection with indoor areas that are mainly used by persons under the age of 18. Further provisions on technical requirements concerning the structural and functional properties of smoking rooms have been given by government decree 601/2016 (transitional provision until 20 May 2018).

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.

Under section 74: Smoking is also prohibited in private vehicles with anyone under the age of 15 present in the vehicle. The prohibition does not apply to living areas inside vehicles.

Under section 79: Imposition of smoking bans in housing corporations:

A housing corporation may submit an application requesting the municipality to impose a ban that forbids smoking on the balconies of individual apartments in a building belonging to the housing corporation, in the outdoor areas to which the apartments have access, and inside apartments.

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=4h6f3kt4tviipzw&lang=en> (<https://extranet.who.int/dataform/655321?token=4h6f3kt4tviipzw&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.

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.

The Tobacco Products Directive (EU/2014/40) harmonized the regulation of the contents of tobacco products in the Member States of EU. The regulation of Chapter 3 of Tobacco Act (249/2016) "Requirements and notifications concerning tobacco products" is following the regulations of the TPD.

Section 10: General obligations of manufacturers and importers of tobacco products

Section 11: Prohibited additives and properties

Section 12: Maximum levels of emissions and methods for measuring emissions

Section 14: Notifications regarding ingredients, emissions and fire safety

Section 15: Notifications of modifications

Section 16: Market research and sales volumes

Section 17: Studies on primary additives

Section 18: Enhanced reporting obligation

Section 19: Derogation for small and medium-sized enterprises

Section 20: Notification of a novel tobacco product

Section 21: Method, format and time of submitting information on 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=4h6f3kt4tvippzw&lang=en> (<https://extranet.who.int/dataform/655321?token=4h6f3kt4tvippzw&lang=en>)

EUs Tobacco Products Directive (2014/40/EU)

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.).

Yes, the regulation comes from the Tobacco Products Directive (2014/40/EU)

Please attach the relevant documentation.

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.

The regulation is coming from the Tobacco Products Directive (EU/2014/40):

Section 14: Notifications regarding ingredients, emissions and fire safety

Section 15: Notifications of modifications

Section 16: Market research and sales volumes

Section 17: Studies on primary additives

Section 18: Enhanced reporting obligation

Section 19: Derogation for small and medium-sized enterprises

Section 20: Notification of a novel tobacco product

Section 21: Method, format and time of submitting information on 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 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=4h6f3kt4tvippzw&lang=en> (<https://extranet.who.int/dataform/655321?token=4h6f3kt4tvippzw&lang=en>)

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.).

EUs Tobacco Products Directive (2014/40/EU), attached

Please attach the relevant documentation.

No comment

File type "pdf"

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.

EUs Tobacco Products Directive (EU/2014/40) has changed the Finnish regulation, Tobacco Act/ Chapter 5 is about Unit packets.

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=4h6f3kt4tvippzw&lang=en> (<https://extranet.who.int/dataform/655321?token=4h6f3kt4tvippzw&lang=en>)

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

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
-

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?

Yes ✓

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.

Tobacco-free Finland 2030 –network was created to coordinate concrete measures to influence political decision-making and action towards the Endgame aim (Tobacco Act). The network includes various kind of organizations such as NGOs, governmental organizations, medical professionals, networks, associations and municipalities. A strength of the network is the consensus and cooperation among members of the Finnish tobacco control community. There exists fruitful and active co-operation between different stakeholders. The network and the members of the network organize continuously activities like seminars, events, statements, initiatives, trainings and media actions. NGOs have also different projects. More details => C2611

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=4h6f3kt4tvippzw&lang=en> (<https://extranet.who.int/dataform/655321?token=4h6f3kt4tvippzw&lang=en>)

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

- ASH Finland disseminates information by training, newsletters, traditional and social media, and press releases. The topics deal with f.ex. tobacco industry tactics, tobacco/nicotine and health, public opinion and awareness, tobacco policy and the effects of tobacco control measures. The aim is to keep the idea of tobacco- and nicotine-free future on the agenda in (political) decision-making and in public.

ASH Finland organizes strategy meetings and briefings for those active in tobacco control. ASH Finland also carries out and coordinates the activities of the Tobacco-free Finland 2030 network which supports the objective of the Finnish Tobacco Act to have tobacco- and nicotine-free Finland by 2030. The network organizes seminars and events, prepares statements, initiatives and emphasizes the positive health and social gains from tobacco- and nicotine-free environment. ASH Finland shares the Finnish experiences in international meetings, seminars and conferences. In addition, training and consulting related tobacco control plays an important role.

- The Cancer Society of Finland has had a programme to prevent the uptake of tobacco product use and to promote their cessation among adolescents since 2001. In addition to cigarettes, emphases have been put on smokeless tobacco and in recent years on e-cigarettes. The programme increasingly emphasized participatory approaches with the adolescents and developing tools and structures for the environments of young people (etc. schools, youth work, sports). It also collaborates widely with other NGOs and with the relevant public sector segments.

The program has in 2018-2019 emphasized following activities: 1) communication and campaigns to adolescents through new digital services including websites Fressis.fi and Tobaccobody.fi, active social media channels and Ask the expert -service, campaign of health effects of nicotine (#protectyourbrain) and co-operation with social media influencers, website NikEdu.fi for professionals (such as teachers, youth workers) and parents and campaigns for parents of nicotine addiction (radio) and snus ("Snus is invisible", social media), 3) education for teachers and youth workers, 4) strengthening nicotine free trade schools, youth work and sports by developing good practices together with the adolescents and the adults working in these places and spreading these practices, 5) Policy work on protecting young people from tobacco and nicotine products: Reviews and research over the following: enforcing ban on e-cigarettes, tobacco control in vocational schools, snus in sports association, organizing seminars on tobacco research together with civil servants in relevant organizations. To ensure that the work is evidence-based the program conducts small-scale research on strengthening smoke free environment for vocational school students and young athletes in sport clubs.

- EHYT (Finnish Association for Substance Abuse Prevention) is organizing a school-based tobacco and nicotine use prevention action called Smokefree which is mainly targeted at pupils in elementary schools and leisure time activity groups nationwide. The objective of Smokefree is to promote tobacco- and nicotine-free lifestyle among young people.

Snus Agent is a volunteer peer mentoring program for pupils in secondary schools, which purpose is to prevent the use of Swedish snus among young people, and increase knowledge about tobacco and nicotine products and their effects on health, society and environment.

EHYT is also organizing a Nicotine project (2018-2020), which aims to prevent the use of Swedish snus, enhance critical attitude towards tobacco industry among 13-16 year-olds, and increase parents' and teachers' knowledge about snus prevention.

- The Finnish Heart Association support smoke-free domestic environments to children and their parents by the Smart Family Programme.
- The Organization for Respiratory Health in Finland maintains a tobacco cessation phone line and an Internet portal called Stumppi (www.stumppi.fi).
- FILHA has several projects for smoking cessation, targeting especially vulnerable groups (more details C2817).

Please attach the relevant documentation.

No comment

File type "pdf"

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?

Yes ✓

Does your ban cover:

- display and visibility of tobacco products at points of sales?
 - the domestic Internet?
 - the global Internet?
 - brand stretching and/or brand sharing?
 - product placement as a means of advertising or promotion?
 - the depiction of tobacco or tobacco use in entertainment media products?
 - tobacco sponsorship of international events or activities and/or participants therein?
 - contributions from tobacco companies to any other entity for "socially responsible causes" and/or any other activities implemented under the umbrella of "corporate social responsibility" by the tobacco industry?
 - cross-border advertising, promotion and sponsorship originating from your territory?
 - the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply?
-

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

Yes ✓

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.

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=4h6f3kt4tviipzw&lang=en> (<https://extranet.who.int/dataform/655321?token=4h6f3kt4tviipzw&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.

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)?
 - 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
- Other

Occupational health care
system, private health care
clinic

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)	Partially
specialized centres for cessation counselling and treatment of tobacco dependence	Partially
rehabilitation centres	None
other (please specify below)	

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)
 - 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?
 - 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?

NRT: Pharmacies, supermarkets, restaurants

Other medicines then NRRs: Pharmacies by prescription of physician

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

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

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

nicotine replacement therapy	None
bupropion	None
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.

The Current Care Guidelines for “Tobacco and nicotine dependency, prevention and treatment” were updated in 2018. The guidelines are developed by the Finnish Medical Society Duodecim in association with various medical specialist associations. These guidelines are drawn up in support of health care professionals and for the benefit of patients.

<https://www.kaypahoito.fi/en/ccs00026>

The task of the Council for Choices in Health Care in Finland (Palko) is to issue recommendations on services that should be included in the range of public health services. The Council is a permanent body appointed by the Government that works in conjunction with the Ministry of Social Affairs and Health. The Council started to prepare the recommendations for smoking cessation in 2018. The recommendations are expected to be ready in 2020.

Finnish Lung Health Association (FILHA) has several projects for smoking cessation, targeting especially vulnerable groups (=> more details C2817).

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**.

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(<https://extranet.who.int/dataform/655321?token=4h6f3kt4tvippzw&lang=en>)

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

- STUMPPPI, a tobacco cessation phone line and an Internet portal (www.stumppi.fi) organized by the Organisation for Respiratory Health

FILHA (Finnish Lung Health Association):

- During 2018 a special emphasis was put on developing tobacco cessation for mental health and substance abuse patients in a government funded project including 11/21 hospital districts in Finland. The work was executed by training health professionals, improving e.g. medical record documentation and referral practices as well as including peer support elements in the cessation support provided by health professionals.

- Filha has developed cessation practices and tobacco dependence treatment for maternal health care and pregnant women in 2018-2019. The practical tool kit developed by the project can be found at www.filha.fi/tupakka (in Finnish).

- During 2019 Filha produced an online training course on Tobacco-free surgery for surgeons as part of the nation-wide Health Village (www.terveyskyla.fi) online service for health professionals. The course focus on how to start the discussion about tobacco cessation with the patient and why it is beneficial to counsel tobacco users to stop before surgery.

- Filha has developed a peer support-based tobacco cessation counselling model including group and individual face-to-face as well as online counseling. The model has during 2018-2019 been developed especially taking into consideration vulnerable population groups that on average use a lot of tobacco products such as mental health patients, unemployed, certain immigrant groups and prisoners.

- Filha has conducted nation-wide trainings (face-to-face and online) of health professionals in tobacco dependence treatment best practices ever since the national Current Care guideline first was introduced in 2002.

- Filha continues to work in collaboration with the Defense Forces of Finland influencing attitudes and practices in tobacco control. This is done by increasing general knowledge and cessation support about tobacco products and especially regarding the use of Swedish snuff (snus). Implementation of the Guideline for Tobacco-free Defence Forces is also enforced with the help of Filha. As part of the project Filha also conducts research about tobacco and nicotine use among military conscripts and personnel of the Defense Forces.

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?

Yes ✓

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?

Yes ✓

facilitating the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?

Yes ✓

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.

Finland has implemented EU Tobacco Products Directive (2014/40/EU) articles by the Tobacco Act. The new regulation has entered into force in 2019. The new national legislation covers issues relating to tracking&tracing, markings and security features, record-keeping, licencing, penalties and remedies.

No progress with the ratification of the Protocol.

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?

Yes ✓

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

No ✗

prohibiting the sale of tobacco products from vending machines?

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.

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.

No any program / activities for sellers of tobacco products.

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?	Not applicable
the health of persons in relation to the environment?	Not applicable

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.

The new EU directive for Single used plastics (“SUP-directive”) was adopted in 2019 and will be implemented in all EU Member States. The directive introduces new restrictions on certain single-use plastic products like tobacco products with filters containing plastic.

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?

Yes

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

No

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?

Yes

Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?

Yes

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.

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.

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?

Yes ✓

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.

The Finnish Institute for Health and Welfare (THL) has been conducting regular national health surveys that include several questions on tobacco use, passive smoking and cessation for adults since the 1970s.

In 1978-2014, the main tobacco surveillance systems were the Health Behaviour and Health among the Finnish Adult Population (AVTK) and Health Behaviour and Health among the Finnish Elderly (EVTK). In 2014, the AVTK and EVTK were discontinued and replaced by a new surveillance system, Regional Health and Well-being Study (ATH), in 2015-2016. Since 2017, the ATH has been replaced by the national FinSote-survey.

In addition to the postal surveys, a health examination survey FinRISK has been carried out for the adult population every five years since 1972. In 2017, it was merged with another health examination survey Health2000/Health 2011 and the new survey continues with the name FinHealth.

Monitoring youth tobacco use by THL begun in the 1990s, with the launch of the national School Health Promotion (SHP) survey for 8th and 9th graders of secondary schools in 1996. General upper secondary schools joined the survey in 2000, and vocational institutions in 2008. In 2017, elementary schools (4th and 5th grades) joined the survey.

THL has also participated in the European School Survey Project on Alcohol and Other Drugs (ESPAD) - study since the beginning, 1995.

Other important national surveys for tobacco control monitoring have been carried out by other institutes. The University of Tampere has been conducting Adolescent Health and Lifestyle Survey every second year since 1976.

The University of Jyväskylä has been coordinating the participation to the Health Behaviour in School-aged Children (HBSC) since 1983/84.

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.

The main national tobacco control monitoring systems by THL will continue with the same cycle. New data from adult tobacco use will be available annually, and from youth tobacco use every second year.

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.

New data for both adults and youth has been collected in 2019. In 2018, the WHO FCTC Secretariats Knowledge Hub at THL carried out a project to support surveillance and monitoring especially in LMICs.

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).

No more relevant information

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	Yes
Assistance received	Yes

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

Assistance provided Yes

Assistance received Yes

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

Assistance provided Yes

Assistance received Yes

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

Assistance provided Yes

Assistance received Yes

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

Assistance provided Yes

Assistance received Yes

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

Assistance provided No

Assistance received No

Please identify the Party or Parties from which assistance was received or to which assistance was provided.

Finnish Institute for Health and Welfare (THL): Assistance provided globally from the WHO FCTC Secretariat's Knowledge Hub on Surveillance, through website and a separate project in 2018 to assist Parties from LMICs in the implementation of Article 20. The webinars organized in this project had either participants or later viewings of the recorded presentations from altogether 30 countries, of which 25 are Parties to the WHO FCTC. These are: Afghanistan, Australia, Austria, Belgium, Brazil, Burkina Faso, Canada, Costa Rica, Czech Republic, Egypt, El Salvador, Finland, Georgia, India, Jordan, Luxembourg, Malta, Nigeria, Philippines, Saudi Arabia, Serbia, South Africa, Spain, Thailand and United Kingdom.

The Knowledge Hub website has had visitors from 111 WHO FCTC Parties.

In addition, assistance has been provided to Nepal (Web-training for the participants in the FCTC2030 workshop in Nepal 30.4.2019), India (Presentation in a webinar organized by the Indian Knowledge Hub 17.5.2019) and France (France was exploring the possibility to host a new knowledge hub, and experts from the OFDT (Observatoire français des drogues et des toxicomanies) visited the hub to learn from its experiences).

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

Finnish authorities are participating in the work of the Nordic Network of Tobacco control. The Network representatives are state authorities in the field of tobacco control. The group meets once per year in one of the Nordic countries. The Network is sharing information and collaborating in tobacco control issues with colleagues from the other Nordic countries.

National Institute for Health and Welfare (THL): FCTC Knowledge Hub in the field of article 20 (surveillance). In addition, in 2019, assistance was provided to WHO EURO in a smoking cessation workshop.

A model for community-based tobacco control have been developed and implemented by Finnish Lung Health Association (Filha) in Kyrgyzstan since 2011 in accordance with the FCTC recommendations. During 2018-2019 the project has been expanded to include the whole country as well as to neighboring Tajikistan and Uzbekistan. The project trains key groups in society in tobacco control issues and this way increase the knowledge level of the population regarding tobacco issues, influence attitudes and supporting tobacco cessation. A Central-Asian tobacco control network has been established in 2019 between Kyrgyzstan, Tajikistan and Uzbekistan. This work is planned in close collaboration with the governments of the Central-Asian countries and WHO country offices as well as relevant scientists and NGO's.

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?

The priority is to implement the strategy, "Endgame" strategy. The focus of Finnish tobacco control has enlarged to the prevention of nicotine addiction and to regulate also nicotine-containing products (others than medicines).

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

No ✘

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

None.

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

- smokeless tobacco products
- water pipe tobacco
- Electronic Nicotine Delivery Systems (ENDS)
- Electronic Non-Nicotine Delivery Systems (ENNDS)
- heated tobacco products (HTPs)
- Other

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

- smokeless tobacco products
- water pipe tobacco
- Electronic Nicotine Delivery Systems (ENDS)
- Electronic Non-Nicotine Delivery Systems (ENNDS)
- heated tobacco products (HTPs)
- Other

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

Tobacco Act (549/2016) regulates all tobacco products and ENDS/ENNDS

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

Finland was the first country in the world to set the tobacco endgame aim in legislation (in 2010) and the aim was broadened in 2016 to cover also nicotine products (not medical products). In practice, the aim is to have less than 5 % of the population using tobacco or nicotine products by the year 2030. Also, it means not to promote products based on "harm reduction" (e.g. e-cigarettes or snus).

Tobacco Act (549/2016) in English (not official translation):

<http://www.finlex.fi/en/laki/kaannokset/2016/en20160549>

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

Technically this system is very good.

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