

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	33.4	
FEMALE	22.2	
TOTAL (males and females)	27.5	

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	31.5	
FEMALE	20.8	
TOTAL (males and females)	25.8	

Occasional smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	1.9
FEMALE	1.5
TOTAL (males and females)	1.7

Former smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	22.1
FEMALE	15.3
TOTAL (males and females)	18.5

Never smokers

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

MALE	44.4
FEMALE	62.4
TOTAL (males and females)	53.9

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

manufactured cigarettes, hand-rolled cigarettes, cigars, cigarillos and pipe tobacco

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

	From	To
Age range	15	

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

2014

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

2014, European Health Interview Survey

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

Current smoker	those who smoke daily or occasionally
Daily smoker	those who smoke at least one cigarette per day
Occasional smoker	those current smokers who do not smoke every day
Former smoker	those who used to smoke but are not current smokers more than 12 month ago
Never smoker	those who never smoked

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.

We can compare the 2014 smoking prevalence data to the results of a similar population survey conducted in 2009. According to the data, we can observe some decrease in smoking prevalence in case of both sexes: among males aged 15+, the proportion of daily smokers decreased from 32.4% to 31.5%; among females from 22.3% to 20.8%.

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	17	22
MALES - current smokers ¹	18	34	42
MALES - current smokers ¹	35	64	35
MALES - current smokers ¹	65		18
FEMALES - current smokers ¹	15	17	14
FEMALES - current smokers ¹	18	34	29
FEMALES - current smokers ¹	35	64	27
FEMALES - current smokers ¹	65		7
TOTAL (males and females) - current smokers ¹	15	17	18
TOTAL (males and females) - current smokers ¹	18	34	35
TOTAL (males and females) - current smokers ¹	35	64	31
TOTAL (males and females) - current smokers ¹	65		11

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

manufactured cigarettes, hand-rolled cigarettes, cigars, cigarillos and pipe tobacco

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

2014

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

2014, European Health Interview Survey

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.

We can compare the 2014 smoking prevalence data to the results of a similar population health interview survey conducted in 2009. According to the data, we can observe some decrease in the smoking prevalence in the 18-34 age group in case of both sexes: while the proportion of current smokers was 44.3% for males and 34.1% for females in 2009, in 2014 it was 41.7% for males and 28.5% for females.

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	0.08
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Females

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

Current users	0.09
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TOTAL (males and females)**Prevalence (%)****(please include all smokeless tobacco products in prevalence data)**

Current users	0.09
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Please indicate the smokeless tobacco products included in calculating prevalence for question B13:

snuff, chewing tobacco

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

From	To
Age range	15

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

2014

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

2014, European Health Interview Survey

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

Current user

Daily user

Occasional user

Former user

Never user

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.

In lack of previous data, we cannot make comparisons.

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

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

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

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.

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

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

From To

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

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

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	Grade 7- 8-9 students	16.0	1.04	10.0
GIRLS - Current users ⁴	Grade 7- 8-9 students	20.0	0.96	8.0
TOTAL (boys and girls) - Current users ⁴	Grade 7- 8-9 students	18.0	1.0	9.0

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

We calculated the prevalence based on the questions about different tobacco products consumption.

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:

Global Youth Tobacco Survey 2016.

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

Smoking tobacco: cigarette;

Smokeless tobacco: snuff and chewing tobacco

Other tobacco: waterpipe

Current smoking: cigarette smoked/tobacco used in the 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 2013, 23,5% of students (7-8-9 grade students) used cigarette, 2,02% used smokeless tobacco (snuff, chewing tobacco) and 16,75% used waterpipe int the last 30 days. In 2016, 18% used cigarette, 1% used smokeless tobacco and 9% used waterpipe int the last 30 days.

In 2013, 9,5% of students who were current cigarette users, used cigarette on daily bases. 47% of the boys and 44% of the girls had ever tried smoking. 24% of the boys and 23,5% of the girls are current cigarette smokers. In 2016, 6,5% of students who were current cigarette users, used cigarette on daily bases. 32% of the boys and 32% of the girls had ever tried smoking. 16% of the boys and 20 % of the girls are current cigarette smokers.

Summarizing the data, from 2013 there is a clear downward trend in the prevalence of smoking of young people: the proportion of current users and daily smokers in both sexes decreased by 2016.

Please attach the relevant documentation.

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 (%)

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).

84.5% of the population (82.3% for males and 86.4% for females) is never exposed to passive tobacco smoking in their home; 80.3% (76.1% and 84.1%) is never exposed to passive tobacco smoking in other places.

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

2014

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

2014, European Health Interview Survey

Please attach the relevant documentation.

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?

25157

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

Lung cancer - Total numbers

2000 6341
2001 6397
2002 6407
2003 6598
2004 6655
2005 6173
2006 6319
2007 6692
2008 6827
2009 6966
2010 7102
2011 7006
2012 7283
2013 6992
2014 7081
2015 7054

Cardiovascular - Total numbers

2000 6546
2001 6458
2002 6312
2003 6580
2004 6724
2005 7574
2006 7125
2007 6903
2008 6697
2009 6786
2010 6716
2011 6509
2012 6334
2013 6078
2014 5999
2015 5975

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

2015

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

For indication of the year and source see the following papers: Wéber, András (2019). Hungarian trends and gender differences in the global smoking epidemic. Demográfia, 2019. Vol. No. 5. English Edition, pp. 5-43. Wéber, András (2017). The effect of smoking on mortality in Hungary between 2000 and 2014. Statisztikai Szemle, 95 (K21). pp. 3-28.

Please submit a copy of the study you refer to:

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).

Direct and indirect costs deriving from smoking of the Hungarian population in 2010 were more than HUF 441 billion.

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:

<http://www.fokuszpont.dohanyzasvisszaszoritasa.hu/hu/content/dohanyzasellenorzes-gazdasagtana>
http://www.fokuszpont.dohanyzasvisszaszoritasa.hu/sites/default/files/dohanyzas_tarsadalmi_terhe_OEFI_2012_.pdf The social burden of smoking in Hungary; 2012.

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	cigarette	1000 pieces	9500643	8190204	8208440	5872902
Smoking tobacco products	fine cut smoking tobacco	kg	1397141	4351155	2261363	2112275
Smoking tobacco products	other smoking tobacco	kg	819752	30303		1765308
Smoking tobacco products	cigar, cigarillo	1000 pieces	1670250	592568	1166179	100209
Other tobacco products	e-liquids	ml	1885300	16016	864882	8074739
Other tobacco products	new tobacco products	pieces		144288	56382	212842302

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

Quantities of 2019:

Cigars, cigarillos 107 563 pieces

Cigarettes 7 874 200 pieces

Fine cut tobacco 254,75 kg

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:

Domestic product, export and-import data (2019): National Tax and Customs Administration's Centralised Excise Information System, Retail sales data (2019): National Trade of Tobacco Non-profit Ltd.

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	1000 pieces	66244,207
Smoking tobacco products	2019	fine cut tobacco	kg	36552,06
Smoking tobacco products	2019	other cut tobacco	kg	9514,87
Smoking tobacco products	2019	cigars, cigarillos	1000 pieces	9018
Other tobacco products	2019	e-liquids	ml	18510
Other tobacco products	2019	new tobacco products	pieces	55421

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

Yes ✓

What percentage of the national tobacco market do illicit tobacco products constitute? (%)

9.7

What is the trend over the past two years or since submission of your last report in the percentage of illicit tobacco products in relation to the national tobacco market?

The best result of a decreasing era was experienced in 2016 (EPS result 2016: 6.4%, KPMG result: 4.1%, best in five years), then intensifying pressure from illicit white caused sharp return to an emerging illicit market in 2019 (only empty pack surveys available in 2019), but the dynamism of the process seemed to be slowed down by.

Please provide any further information on illicit tobacco products.

B63 result is from the latest days and shows the proportion of cigarettes untaxed in Hungary (includes non-domestic legal consumption). The closely estimated blackmarket of cigarettes in Hungary was at 6.4 %, compared to the overall tobacco market compared to the overall tobacco market according to the international researches (Project Stella 2018). Counterfeit cigarettes were around 0,5% (it is also an emerging trend parallel with intra-EU fake production sites as they are also more frequent). At smuggling, Belorussian cigarettes' role fades, Ukrainian products are back on the lead in illicit market.

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

B61: National Tax and Customs Administration's internal information systems: Titan, RobotzsaruNeo, Themis, CDPS B62-B65: KPMG Project Stella (2018), GfK Hungary Empty pack survey 2018-2019)

Please attach the relevant documentation.

Tobacco-growing

Is there any tobacco-growing in your jurisdiction?

Yes ✓

Please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.

120 persons were directly participating in the activities of the companies involved in the tobacco sector, i.e. employees, persons employed for less than 60 hours a month and other employed persons.

934 farmers were involved in tobacco growing, contacted with first processors. The acreage of tobacco was 3366 ha. The provided data may be used for further calculation of the estimated number of workers involved in tobacco growing, taking into account the characteristics of regional practices.

Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.

0,012%

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

2016

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

Hungarian Central Statistical Office labour statistics; ISAMM communication of Hungary to the European Commission

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))?

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

Specific tax only	Yes
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*):

combination of ad valorem and specific tax, with a minimum excise duty tax

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	ad valorem	23,5%	tax included retail selling price
Smoking tobacco products	cigarettes	specific	19200 HUF	1 000 pieces
Smoking tobacco products	cigarettes	minimum	32200 HUF	1 000 pieces
Smoking tobacco products	cut tobacco	specific	19160 HUF	kg
Smoking tobacco products	cigars, cigarillos	ad valorem	14%	TIRSP
Smoking tobacco products	cigars, cigarillos	minimum	4 180 HUF	1 000 pieces
Smoking tobacco products	all smoking tobacco	VAT	21,26%	TIRSP
Smokeless tobacco products	all smokeless tobacco products	VAT	21,26%	TIRSP
Other tobacco products	e-liquids	specific	55 HUF	ml
Other tobacco products	new tobacco products	specific	10 HUF	pieces
Other tobacco products	new tobacco products	specific	70 HUF	ml
Other tobacco products	all other tobacco products	VAT	21,26%	TIRSP

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.

Conventional tobacco products have to face constantly emerging tax rates due to harmonisation duties. Steps (periodicity and raising volumes were announced well in advance.

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:

Source: Act LXVIII of 2016 on Excise Tax

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	Sopianae	1	60,11	HUF
Smoking tobacco products	Pall Mall	1	62,17	HUF
Smoking tobacco products	Dunhill	1	66,85	HUF

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	Marlboro	1	65,16	HUF
Smoking tobacco products	Multifilter	1	62,49	HUF
Smoking tobacco products	Philip Morris	1	60,32	HUF

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:

Data based on National Trade of Tobacco Non-profit Ltd. Period of time: From January to December 2019 (The prices are weighted average prices.)

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.

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?

No ✘

Have you partially developed and implemented tobacco control strategies by including tobacco control in national health, public health or health promotion strategies, plans and programmes?

Yes ✓

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?	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).

1) The Tobacco Focal Point functioned in the Ministry of Human Capacities. Main tasks of the Focal Point are:

- a) Design and coordination according to the 4th articles 2nd paragraph: comprehensive multi-sectoral measures and the construction and support of coordinated answers;
- b) comprehensive strategy and program planning tasks (5th article, 1st point);
- c) comprehensive monitoring and evaluation tasks (5th article, 1 st point) about tobacco politics contents and effects;
- d) the coordination of national research projects (20th article, 1st point);
- e) the surveillance of the collecting of social, economic and health indicators concerning and related to the tobacco consumption (20th article, 3rd paragraph, point a);
- f) the development and the maintenance of an up-to-date database of the laws and regulations (and the information about the appliance of them) related to the tobacco consumption control. (20th article, 4th paragraph, point a);
- g) the coordination of the participation in the international cooperation, mostly in the aforementioned fields;
- h) Providing reports about the appliance of the Framework Convention for the Conference of the Parties (21 st article, 1 st paragraph);
- i) contact with persons working in the field of tobacco control, including non-governmental organisations as well as institutions and authorities led by other departments;
- j) Processing and evaluating the working documents and preparing the draft governmental negotiation position related to the Conference of the Parties of the Framework Convention.

2) The National Methodology Center for Smoking Cessation Support is a Department of the National Koranyi Institute of Pulmonology and is functional since 2012. The Center is responsible for providing methodological assistance on evidence-based cessation support, cooperating in professional activities aimed at tobacco control, initiating the publication of relevant professional guidelines, providing training and education on cessation support, coordinating individual and group cessation programs, and operating the quitline center.

3) Intensive behavioral counseling is available in Outpatient Pulmonary Clinics, while Health Promotion Offices conduct brief advice and provide health promotion services for the public. Additionally, the health visitor service is increasingly involved in the counseling of pregnant smokers.

4) Government offices monitor compliance with tobacco control measures.

5) Schools must work within the framework of comprehensive health promotion to prevent smoking initiation among youth.

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

In the period of reports the followings have been functioning constantly:

- The Tobacco Focal Point
- The National Methodology Center for Smoking Cessation Support operates the quitline (06 80 44-20-44, available free of charge); website (www.leszokastamogatas.hu)
- Outpatient Pulmonary Clinics offer individual and group cessation support
- Government offices have been monitoring the restrictions and prohibitions related to smoking.

The European Parliament and The Council released their 2014/40/EU directive on 3rd April 2014. (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), based on it, Hungary was obliged to take measures on the harmonisation of legislations. We have successfully implemented the Directive.

From 2016, August 20th the introduction of plain (without brand designation) packaging: the new brand of cigarettes and RYO tobacco products can only be circulated with this packaging. Products already in circulation will have temporary exemption, however from 2022 May 20th every cigarette and tobacco product must have the integrated (plain) packaging.

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

Based on the WHO FCTC enounced through the Act III of 2005, the Parties, as Hungary establishes or strengthens and finances a national coordination mechanism or focal points for combatting the tobacco consumption (Article 5, item 2.a.) in order to efficiently implement the Framework Agreement.

The Tobacco Focal Point is a national institution which provides decision-making and daily objects of the coordinating, policy-monitoring and evaluation, data-collectioning and planning, national reporting as well as international communication tasks during the implementation of national coordination activities related to the control of tobacco consumption.

Its further activities are:

Comprehensive and evaluation activities,

Supervision of collecting social, economic and health indicators related to the tobacco consumption, research, organization, coordination,

Implementation of multi-sectoral strategic planning and coordination activity related to the reduce of tobacco use,

Tobacco-using prevention related to the youth, preparing prevention programmes, collecting the best practices, registry-creating and suggesting programmes for the educational institutions. Preparation of framework of the national spreading and participation in the realisation process,

Implementation of model-programmes and supervision of its efficiency,

Implementation of national and international programmes, cooperation with several foreign partners at all levels active in the reducing of tobacco use, utilization of international experiences in the national programming,

Monitoring of activities of the NGOs, cooperation, joint programming,

Creating and running database related to the laws, regulations of the reducing of tobacco use and the information of their adaptations.

Participation in the preparation, implementation and evaluation processes related to the Framework Convention on Tobacco Control and in the national implementation of the convention.

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.).

No further steps have been made in the implementation of Article 5.3.

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.

The State Secretariat for Health of the Ministry of Human Capacities is not related to the representatives of the tobacco industry.

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

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.

In 2019 the rate of specific duty on cigarettes was increased to 19200 HUF per 1000 pieces and 23.5 per cent of the retail price and the rate of the minimum excise duty was raised to 32200 HUF per 1000 pieces. The rate of excise duty on fine cut smoking tobacco and other smoking tobacco was raised to 19160 forints per kilogram. The amount of excise tax for cigars and cigarillos was 14 per cent of the retail price, or 4,180 forints per thousand units, whichever is higher. The amount of excise tax for fluid charge was 55 forints per millilitre; and the amount of it for novel tobacco products containing or consumed together with tobacco was 10 forints each (for single use products) and 70 forints per millilitre (for fluid charges).

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

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

Passengers from third countries may import tobacco products in their personal luggage to Hungary without incurring customs duty and taxes: (these maximum quantities only applicable to passengers over the age 17. Passengers under 17 are not allowed to import any tobacco products)

Air passengers:

- 200 cigarettes, or
- 100 cigarillos (not exceeding 3 grams per piece in weight), or
- 50 cigars, or
- 250 grams of tobacco
- 75 millilitre e-liquid
- 200 piece or 75 millilitre new tobacco products.

Other passengers:

- 40 cigarettes, or
- 20 cigarillos (not exceeding 3 grams per piece in weight), or
- 10 cigars, or
- 50 grams of tobacco
- 15 millilitre e-liquid
- 40 piece or 15 millilitre new tobacco products for consumption.

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	Yes
voluntary agreements	No
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.

Based on the the Act XLII of 1999 on the Protection of Non-Smokers and Certain Regulations on the Consumption and Distribution of Tobacco Products, it is forbidden to smoke in commercial enclosed public spaces and community places.

It is still forbidden to smoke in, apart from the selected sites, public institutions open to public premises, or public transport vehicles, workplaces, underpasses open to pedestrian traffic, and other, enclosed public traffic sites, connecting spaces, as well as in public playgrounds and within 5 meters measured from the outer zone of playgrounds.

It is also forbidden to smoke in areas used by passengers in railway stations, as well as in bus, trolleybus and tram stops, and in waiting areas and within their 5 meter zone.

It is forbidden to set up / establish smoking areas in public institutions and workplaces' enclosed premises, local public transport vehicles, in the HÉV (inter-urban train), in the coach, and in scheduled passenger trains.

Not only in the public education, child welfare and child protection institutions, but in the health care providers it is forbidden to set up / establish smoking areas, even in open air-space places. In correctional institutions, for the detainees – including the mentally ill -, in psychiatric institutes for the psychiatric patients, and for those employees working in places where the corrected workspace climate temperature exceeds 24°, and under certain conditions in increased flammable and explosive areas, flammable and explosive areas, and also in flammable workplaces, it is possible to set up / establish enclosed smoking areas.

However, the workplaces were not indicated as a non-smoker workplace, an open air-space smoking area must be set up / established. It is prohibited to smoke in shared, enclosed premises in apartment-houses and housing cooperatives if minimum four-fifths of the owners or housing cooperative members do not decide otherwise.

The local government can mark public spaces as non-smoker public spaces in their regulation.

The legislative amendment, in effect from 2016.05.20.,

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

Yes ✓

Please provide details of this system.

Yes the Article 12 of the Decree 39/2013 (II.14.) on the production, the entry into service and the controlling of tobacco products, the joint warnings and the detailed rules of the application of health-care fine includes the rules related to the health-care fine.

The government body responsible for health monitors the observing of smoking restrictions and in case of their breach, it imposes health-care fine on the infringing natural/legal person or institution without legal personality. The amount of the fine did not change, it means:

a) in case of breach of smoking-related prohibitions or restrictions: minimum HUF 20,000, maximum HUF 50,000;

b) the non-execution or improper execution of the obligation of setting up smoking areas, as well as the failure to adhere to the obligation to oversee smoking-related prohibitions and restrictions:

ba) minimum HUF 100,000, maximum HUF 250,000 in case of the person responsible for the observation of these rules;

bb) minimum HUF 1,000,000, maximum HUF 2,500,000 in case of institutions, organisations, operators or business organisations.

The Office of the Chief Medical Officer and government offices constantly examine the observation of the smoking-related prohibitions and restrictions, in case of breach of the smoking prohibition, it is possible to make a report.

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	Complete
health-care facilities	Complete
educational facilities ⁶	Complete
universities	Complete
private workplaces	Complete
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	Partial
trains	Complete
ferries	Partial
ground public transport (buses, trolleybuses, trams)	Complete
motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	Partial
private vehicles	None
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	Complete
shopping malls	Complete
pubs and bars	Complete
nightclubs	Complete
restaurants	Complete
other (please specify below)	None

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 Legislation, the smoking in enclosed workplaces is forbidden, regarding the following exceptions. Act XLII of 1999:

„2. §

(5) According to the provisions of Subsections (7)-(9) indoor smoking areas may be designated:

a) in the cases described in Section 9;

b) in penal institutions, police detention facilities, lockups and compounds of restricted access for the inmates and detainees,

including those suffering in some form of mental disorder;

c) in the psychiatric institutions referred to in Paragraph a) of Section 188 of the HCA, for psychiatric patients;

d) for workers, where the adjusted effective temperature - defined in specific other legislation - in indoor workplaces is higher than

24 °C;

e) for workers working in places rated extremely or highly flammable or in workplaces and facilities of moderate fire risk where

areas may not be designated outdoors for smoking:

ea) in harmony with break-times provided under the Labor Code,

eb) in compliance with fire regulations, and

ec) in accord with the nature of the activity pursued,

or may be designated only at the expense of causing serious danger to safety of life or property, or to the national economy.”

(Section 9

(1)10 10 Amended: by paragraph f) Section 13 of Act XLI of 2011. In force: as of 1. 01. 2012. Any enclosed smoking area existing at the time of Amending Act entering into force in a public institutions that is recognized as accommodation under the Trade Act, and operated as a hotel in accordance with the relevant legislation, and that is authorized according to Subsections (3) and (4) may be retained and operated as a cigar room. Such continued operation shall be authorized by the government body in charge of the healthcare system. (2) In the cigar rooms described in Subsection (1) no other service may be provided as of 1 January 2012, specifically, food and beverages may not be served, and employees may not be compelled to perform that function of their job that may require them to enter the cigar room in the presence of any guest to whom the service is supplied. (3)-(4)11 11 Repealed by Point 5 of Section 172 of Act LXVII of 2016, effective as of 1 January 2017. (5)-(6)12

9 Enacted: by Section 12 of Act XLI of 2011. In force: as of 9. 05. 2011.)

Banning tobacco smoking in public transport

The following rule is still in force:.

No area can be designated for smoking in case of

-public transport

- local public transport services,

- trains

- local railway services,

- buses/coaches

- domestic intercity public transport services based on service schedules as well as of passenger trains in

scheduled railway services.

The same rule applies for

- areas of railway operation facilities in place for the provision of public railway services and in the accessories of the railway track that are open to the public,

- the stops and stations constructed or designated as passenger boarding or alighting from the means of public transport,

- waiting areas or rooms, and

- within a distance of 5 metres of the external borderlines of outdoor stops or waiting areas.

In case of other means of public transport in service in the public transport system or in private transport services, decision on the designation of smoking areas shall be made by the operator of the service.

Banning tobacco smoking in indoor public places

No smoking area can be designated for smoking in public institutions, in rooms of closed air spaces, even in open air spaces in

public education institutions, in child welfare and child protection institutions, in the premises of health service providers.

Smoking area may also be designated in a closed air space for detainees held in penitentiary institutions and prisons, for

psychiatric patients in psychiatric institutions.

Public spaces can be designated as non-smoking public space by the local government through regulations.

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.

In Hungary it is a milestone, that the Parliament decided the modification of the Act XLII of 1999 on the certain rules of the protection of non-smokers and of the consumption and marketing of tobacco products by extremely high – 84 % - qualified majority on 26 April 2011 whereby it has been forbidden since 1 January 2012 to smoke in enclosed public places and public spaces. According to the surveys and the monitorings it can be stated that the legislative amendment is highly appreciated (85%) in the society and people comply with it properly. By modifying the law, Hungary has joined those countries, which had implemented one of the most modern anti-smoking legislation of Europe. Based on it, they meet the criteria of the health policy, technical requirements and recommendations of the EU and the WHO. After the amendment of national property law, the average concentration of the indoor air pollution, which is mainly attributable to the tobacco smoke, has been reduced by 90% in the entertainment and dining areas. According to the results of the European population health survey done in 2014 it can be stated that there has been a further significant improvement in relation with the exposure to passive smoking compared to the 2009 data. Smoke-free Hungary Case Study (2014) The Smoking Focal Point (NOEFI) has prepared a case study (Smoke-free Hungary) on the impact assessment of the amendment of legislation on the protection of non-smokers with the support of WHO. The case study is aimed to present the actions effectively enhancing the reducement of smoking which were introduced in the past years. The introduction of these measures is unique among the FCTC Parties of WHO and the Member States of the EU.
<http://www.euro.who.int/en/countries/france/publications3/tobacco-control-in-practice/article-8-protection-from-exposure-totobacco-smoke-the-story-of-hungary>

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

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.

A new legislation of the relevant field has been adopted: 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. The relevant provisions of the Directive have been transposed at national level.

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

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.).

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.

A new legislation of the relevant field has been adopted: 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. The relevant provisions of the Directive have been transposed at national level.

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

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.).

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? | Yes |
-

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.

With regard to the protection of non-smokers it has been determined in 2016.05.20., that the package unit, the package labeling

and the tobacco products can not contain any element or solution as follows:

- Which advertises the tobacco product in a false impressive manner with regard to the product specifications, its effects on health, its risks or the emissions, moreover in this way, it encourages its consumption;
- Which does mark no information of the nicotine-, tar-, and carbon monoxide content of the tobacco product;
- Which suggests, that the particular tobacco product is less harmful than other products, or it refers to its revitalizing, energizing, healing, rejuvenating, natural and organic characteristics;
- Which refers to taste, smell, flavor or other additives or lack of them by misleading the consumers;
- Which reminds of food or cosmetic product;
- Which suggests, that certain tobacco products can decompose biologically easily or have other environmental benefits;
- Which refers to economic advantage (e.g.: „buy one, get one free”)

Tobacco products distance sales is prohibited.

From 2016, August 20th the introduction of integrated (without brand designation) packaging: the new cigarettes and tobacco

products can only be circulated with this packaging. Products already in circulation will have temporary exemption, however from

2019 May 20th every cigarette and tobacco product must have the integrated packaging.

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

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

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

1. Comprehensive School Health Promotion (Hungarian abbreviation: TIE). Chapter X of EMMI Decree 20/2012 (VIII. 31.) on the Functioning of Educational Institutions and the Use of Public Educational Institutions, deals with the tasks related to the health and safety of students: educational institution should design its health promotion program in a measurable way and it has to be a part of the local pedagogical program. The program should deal with smoking prevention and has to provide motivation to quit. In addition, it may also encourage employees to quit, such as having a home race to cease smoking, etc.
2. The WHO Regional Office and the Hungarian Government are working on a program called "Capacity Building in the Design of Public Health Services and Government Measures to Support Tobacco Control". It's aim is to analyse the situation of tobacco control measures and explore opportunities for improvement.
3. The National Institute of Pharmaceuticals and Nutrition has a health-development programme for schools named "What can we know about e-cigarettes?" This programme has the professional recommendation of an institution designated by the minister responsible for health.
4. Focal Point for Tobacco Control produced a prevention book specifically for public educational institutions, entitled "Tobacco Smoke Free: A Secret to a Healthy and Happy Life!". In addition, they have a Preschool Smoking Prevention Program. The methods and tools of this program can be used to develop and deepen childrens non - smoking attitudes and knowledge about the harmful effects of smoking. An important objective of the program is to develop the ability to combat passive smoking. The program has been proven to be effective through several studies, including an impact assessment with the support of the WHO Regional Office for Europe.

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?

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?

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.

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

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
- Pulmonology 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)	Partially
specialized centres for cessation counselling and treatment of tobacco dependence	None
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)
- health visitors 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?
- health visitors 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?

Nicotine replacement products can be purchased at pharmacies as an OTC product or based on the recommendation of a cessation counselling specialist. Varenicline purchase is prescription based and can only be offered by a physician.

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	None
bupropion	None
varenicline	None
other (please specify below)	

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 National Methodology Centre for Smoking Cessation Support continued its wide array of smoking cessation programs. The Centre is responsible for running the national quitline service, providing courses on tobacco dependence and cessation training, being present at public community events aiming at health promotion and collaborating nationally with specialists for comprehensive tobacco dependence treatment. In 2018-2020 213 healthcare workers attended brief advice training and 200 professionals learned behavioral counseling. The Center coordinated the development of a cessation support application for mobile phones.

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=4tggaxxhtbmyje&lang=en>)

Healthcare professionals are uniquely positioned to implement Article 14 of the World Health Organization Framework Convention on Tobacco Control, which requires that countries "develop and disseminate evidence-based guidelines to promote cessation and the treatment of tobacco dependence", include "cessation as integral part of the national healthcare system, specifically establishing programs in healthcare facilities", and offer cessation assistance to patients given that they are in contact with patients and family during hospitalization and follow-up visits. Education on cessation support has been increasingly offered to nurses and midwives. Nonetheless, considering that "effective programs must also be implemented in educational institutions, workplaces and sporting environments" education on cessation support has been extended to health visitors – who work with pregnant mothers and youth - and health promotion specialists.

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.

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?

No ✘

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.

The government proposal draft of Hungarian ratification of the Protocol is prepared for decision.

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.

Electronic cigarettes can be only purchased in the National Tobacco stores according to the amendment of the Act CXXXIV of 2012 on "Reducing Smoking Prevalence among Young People and Retail of Tobacco Products. (Introduced: 23 December 2015, entry into force: 20 May 2016)

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?	Yes
tobacco workers?	No
tobacco individual sellers?	No

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.

The EU based subvention of the sector was phased out in 2014, a new national based aid scheme has been adopted according to Regulation No 53/2015(IX.14.) FM

The main elements of the production restructuring program are :

- 500 hours of work for payment entitlement per calendar year in an approved activity
 - realized revenue of 200 000 HUF per year for each approved activity
-

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?

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?	Yes
the health of persons in relation to the environment?	No

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

the protection of the environment?	No
the health of persons in relation to the environment?	No

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.

FM (Ministry of Agriculture) Regulation No 13/2015 (III.30) amending FVM (Ministry of Agriculture and Rural Development)Regulation No 50/2008. (IV. 24.) laying down set of criteria necessary for the maintenance of Good Agricultural and Environmental Condition to be met for demanding the payments under the single payment scheme and certain rural development aid schemes as well as the rules for conversion rates of calculation of livestock units for farm animals.

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?

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)?

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?

No

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?

Not applicable

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.

No further steps have been made in the implementation of Article 19 in the reporting period.

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

Our Criminal Code does not provide for any specific regulation on the eventual criminal liability of the tobacco industry.

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.

European Health Interview Survey 2014

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.

Youth Tobacco Survey, European Health Interview Survey, Adult Tobacco Survey

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.

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).

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	Yes

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

Assistance provided	No
Assistance received	Yes

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

Assistance provided	No
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	No
Assistance received	Yes

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

Assistance provided	No
Assistance received	Yes

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

Assistance provided	No
Assistance received	Yes

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

Hungary participates in every European Union Commission and Committee work established to reduce the tobacco use, additionally Hungary is the member of the working groups and expert groups.

The Hungarian experts have actively participated in the preparation and consultation process of the new 2014/40/EU directive and in the preparation of Commission resolutions related to its implementation.

Hungary is represented in the following commissions and expert groups established by WHO and the European Union:

European Union:

- Tobacco Product Committee established under Article 25 of the Tobacco Products Directive (2014/40/EU)
- Expert Group on Tobacco Policy established under Commission Decision C(2014) 3509
- Expert Subgroup Group on E-cigarettes
- Subgroup on Traceability and Security Features of the Expert Group on Tobacco Policy
- Subgroup on Ingredients established by the Expert Group on Tobacco Policy

World Health Organization:

- Working group on sustainable measures to strengthen implementation of the WHO FCTC

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

Received and the information provided in the majority of cases are mutual, in recent times occurred in the following areas:

- regulate the packaging of tobacco products, including single package
- regulation of additives used in tobacco products
- flavoring regulation of tobacco products
- herbal products for smoking control
- Opportunities to regulate electronic cigarettes
- Putting the new Tobacco Products Directive in domestic law,
- Tobacco product prices
- Smoking restrictions affected areas

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?

Highest level of protection of health, protection from exposure to tobacco smoke, the composition of the tobacco legislation, tobacco packaging, labeling, education, training, public health conscious behavior strengthen, smoking cessation support, special protection of minors.

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?

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.

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

From 2018 Mr. János Lázár, Prime Ministers Commissioner responsible for the protection of non-smokers.

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

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