

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	March (3)	2018 (19)
End date	May (5)	2020 (21)

B1. TOBACCO CONSUMPTION

Prevalence of tobacco use

Smoking prevalence in the adult population (all)

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

Current smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most-consumed smoking tobacco product used per day
MALE	10.9	
FEMALE	11.6	
TOTAL (males and females)	11.3	

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	8.1	
FEMALE	8.4	
TOTAL (males and females)	8.2	

Occasional smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	2.8
FEMALE	3.2
TOTAL (males and females)	3.0

Former smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	37.8
FEMALE	35.5
TOTAL (males and females)	36.6

Never smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALE	51.3
FEMALE	52.9
TOTAL (males and females)	52.1

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

All smoking products

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

	From	To
Age range	18	79

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

2019

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

2020 Survey on determinates of health conducted by Gallup for Directorate of Health, Iceland

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

Current smoker	smokes daily or less than daily
Daily smoker	smokes daily
Occasional smoker	smokes less than daily
Former smoker	smoked but has stop smoking
Never smoker	has 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.

Smoking prevalence among adults has been decreasing last years in Iceland.

Results for each age group should be interpreted with caution due to small sample size.

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	18	34	9
MALES - current smokers ¹	35	54	12
MALES - current smokers ¹	54	79	12
FEMALES - current smokers ¹	18	34	8
FEMALES - current smokers ¹	35	54	13
FEMALES - current smokers ¹	55	79	13
TOTAL (males and females) - current smokers ¹	18	34	9
TOTAL (males and females) - current smokers ¹	35	54	12
TOTAL (males and females) - current smokers ¹	55	79	12

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

All smoking products.

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

2019

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

2020 Survey on determinates of health conducted by Gallup for Directorate of Health, Iceland

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.

Smoking prevalence among adults has been decreasing last years in Iceland in all age groups and in all areas. Comparison of prevalence of daily smoking by age group for last years can be seen in provided data.

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	11.5
Daily users	8.7
Occasional users	2.8
Former users	8.1
Never users	80.4

Females

Prevalence (%)	
(please include all smokeless tobacco products in prevalence data)	
Current users	3
Daily users	1.5
Occasional users	1.5
Former users	3.4
Never users	93.6

TOTAL (males and females)

Prevalence (%)	
(please include all smokeless tobacco products in prevalence data)	
Current users	7.3
Daily users	5.1
Occasional users	2.1
Former users	5.8
Never users	87

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

Old traditional nose tobacco, Swedish snus, all smokeless tobacco

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

	From	To
Age range	18	79

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

2019

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

2020 Survey on determinates of health conducted by Gallup for Directorate of Health, Iceland

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	use smokeless tobacco daily or less than daily
Daily user	use smokeless tobacco daily
Occasional user	use smokeless tobacco less than daily
Former user	have used smokeless tobacco but has stopped using smokeless tobacco
Never user	has never used smokeless tobacco

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.

Use of smokeless tobacco has been increasing in recent years. The only legal smokeless tobacco in Iceland is the old traditional nose tobacco. Production has increased year by year. Young men are using it increasingly as oral tobacco with similar pattern as the Swedish snus.

The aim of surveys in the year 2012, 2015 and 2018 was to get a better picture of use of all smokeless tobacco, especially among men, both the old traditional nose tobacco as a oral tobacco and the old traditional nose tobacco as a nose tobacco. The age group 18-34 year old men are still increasing the use of oral tobacco (snus use)

Sale of the old traditional nose tobacco has been decreasing first months of this year 2020.

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	18	34	24
MALES - current smokers ²	35	54	11
MALES - current smokers ²	55	79	2
FEMALES - current smokers ²	18	34	9
FEMALES - current smokers ²	35	54	1
FEMALES - current smokers ²	55	79	0
TOTAL (males and females) - current smokers ²	18	34	17
TOTAL (males and females) - current smokers ²	35	54	6
TOTAL (males and females) - current smokers ²	55	79	1

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

Oral use. The only legal smokeless tobacco in Iceland is the old traditional nose tobacco. Young men are using it increasingly as oral tobacco with similar pattern as the Swedish snus.

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

2019

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

2020 Survey on determinates of health conducted by Gallup for Directorate of Health, Iceland

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.

Use of smokeless tobacco has been increasing for many years. The only legal smokeless tobacco in Iceland is the old traditional nose tobacco. Production has increased year by year. Young men are using it increasingly as oral tobacco with similar pattern as the Swedish snus. Recently snus use has increased among young woman.

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	n/a			

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	15-16	3%	6%	
GIRLS - Current users ⁴	15-16	3%	5%	
TOTAL (boys and girls) - Current users ⁴	15-16	3%	6%	

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

All smoking products last 30 days.

Smokeless tobacco last 30 days.

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

2020

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

2020 Source: "Youth in Iceland research (Ungt fólk) 2019" by The Icelandic Centre for Social Research and Analysis (ICSRA)
<https://www.rannsoknir.is/lykiltolur-i-lifi-barna/>

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

Daily and occasional smoking

Oral use once or more often 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.

Smoking prevalence among young people in Iceland remains low. This is for the age group 15-16 year old or 10th graders. Smoking prevalence among this age group decreased in Iceland some years ago but only in the year 2009 it was around 10% daily smoking. Oral use among young female have been increasing last years in this age group in Iceland.

Please attach the relevant documentation.

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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	18-69		4,8		
ADULT POPULATION - Females	18-69		4,6		
ADULT POPULATION - Total (males and females)	18-69		4,7		
YOUNG PERSONS - Boys	15-16		4		
YOUNG PERSONS - Girls	15-16		5		
YOUNG PERSONS - Total (boys and girls)	15-16		5		

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).

The study refers to exposure to tobacco smoke at home of 3 year old children.

Environmental Tobacco Smoke in Icelandic Homes: Infant Exposure and Parental Attitudes and Behavior

Development within Iceland between 1995 and 2006

The full report of this survey is given in Annex 3.

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

2007

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

Two data sets are available; one from 1995 and the other from 2006.

Please attach the relevant documentation.

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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?

370

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

We estimate the number of deaths and disability diagnoses attributed to cigarette smoking in Iceland in 2015 by fitting the percentage of daily smokers to the so-called SAMMEC (Smoking Attributed Mortality, Morbidity and EconomicCost) model

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:

2017, Institute of Economics Studies, University of Iceland. Full report is in annex 6 to this report. Summary in english on page 64-67.

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).

We estimate the number of deaths and disability diagnoses attributed to cigarette smoking in Iceland in 2015 by fitting the percentage of daily smokers to the so-called SAMMEC (Smoking Attributed Mortality, Morbidity and Economic Cost) model. The cost of these adverse smoking-related health effects are then evaluated by a so-called "willingness-to-pay"-approach. Furthermore, we evaluate the total economic cost of smoking in Iceland in 2015 by conducting a cost-benefit analysis on the possible negative and positive effects of cigarette use. The cost was estimated to be in the range of 13 to 90 billion ISK as no assumption was given on how well-informed consumers are of the harmfulness of smoking. Our results seemed to be inline with the results of four other cost-benefit analyses when scaled to fit the population and the smoking prevalence in Iceland in 2015

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

2017

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

2017, Institute of Economics Studies, University of Iceland. Full report is in annex 6 to this report. Summary in English on page 64-67.

Please submit a copy of the study you refer to:

No comment

File type "pdf"

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	173 tonnes				173 tonnes
Smoking tobacco products	Cigars, Cigarillos	4353786 pieces				4353786 pieces
Smokeless tobacco products	Old traditional nose tobacco	46 tonnes				46 tonnes

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

Please indicate the year of the data used to answer question B51 and B52:

2019

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

2019 The State Alcohol and Tobacco Company of Iceland

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		n/a		

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:

Please attach the relevant documentation.

Tobacco-growing

Is there any tobacco-growing in your jurisdiction?

No

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

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

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))?

56

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	No
More complex structure (please explain below)	No

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

	Product	Type of tax	Rate or amount	Base of tax ⁵
Smoking tobacco products	cigarettes	Specific	515,95 kr	each pack of 20 cigarettes
Smoking tobacco products	cigarettes	VAT	24%	
Smoking tobacco products	Pipe tobacco and other	Specific	28,70 kr	per gram
Smoking tobacco products	Pipe tobacco and other	VAT	24%	
Other tobacco products	old traditional nose tobacco	Specific	28,70 kr	per gram
Other tobacco products	old traditional nose tobacco	VAT	24%	

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

In January 2017 specific tax on tobacco was raised to be the same amount per. gram on all tobacco products. This means that the specific tax is the same pr. gram on cigarettes, RYO, pipe tobacco and old traditional nose tobacco. The purpose was to harmonise tobacco taxes on all tobacco products and raise the tax on RYO and old traditional nose tobacco that was considerably lower before the change.

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

Yes ✓

Please provide details in the space below.

0,9% of all sold tobacco is earmarked for tobacco control and tobacco prevention (not as a percentage of taxation)

In May 2011 the Public Health Institute was merged with the Directorate of Health (DH) in Iceland. At that time specialist committees on prevention in specific areas, such as tobacco and alcohol appointed by the Directorate replaced the independent Tobacco Control committee. All earmarked funding of tobacco and alcohol prevention was joined in a new Public Health Fund, in accordance with a regulation from the Minister of Health. Board members include, among others, participants from the specialist committees of the Directorate. The current regulation defines that 65% are to be allocated to programs run by or in conjunction with the Directorate of Health and 35% of the funds to specific projects by application.

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:

2016, source www.atthingi.is

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	Winston Classic, Red Box	20 cigarettes in a pack	1449	icelandic kronur
Smoking tobacco products	Marlboro Gold Box	20 cigarettes in a pack	1449	icelandic kronur
Smoking tobacco products	Winston balanced blue box	20 cigarettes in a pack	1449	icelandic kronur
Smokeless tobacco products	Old Traditional Nositobacco	50 gram unit	3329	icelandic kronur

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:

Retail price is from the date 6st of Mars 2020 in icelandic kronur. Currency rate against US dollar for this date: 1000 isl. kronur = 7,90 US dollars

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.

In January 2017 specific tax on tobacco was raised to be the same amount per. gram on all tobacco products. This means that the specific tax is the same pr. gram on cigarettes, RYO, pipe tobacco and old traditional nose tobacco. The purpose was to harmonise tobacco taxes on all tobacco products and raise the tax on RYO and old traditional nose tobacco that was considerably lower before the change.

This has resulted in higher price on RYO, pipe tobacco and old traditional nose tobacco.

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).

Issues of tobacco control is a collaboration between the Ministry of Welfare and the Directorate of Health. Focal point for tobacco control belongs formally to Ministry of Health

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.

Ministry of Health, Directorate of Health along with other stakeholders have conducted a public policy in tobacco control. This policy paper has not been published yet.

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.).

Comprehensive tobacco control law that include display ban on tobacco trademarks and ban on any form of media coverage of individual products for other purposes than to warn of their harmful effects.

<http://eng.velferdarraduneyti.is/acts-of-Parliament/nr/19484> (act 7)

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.

Ministry of Health took a positive step forward in tobacco control by working on a official public policy in tobacco control. The policy has not been published yet.

Have you utilized the "Guidelines for implementation of Article 5.3 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.

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 January 2017 specific tax on tobacco was raised to be the same amount per. gram on all tobacco products. This means that the specific tax is the same pr. gram on cigarettes, RYO, pipe tobacco and old traditional nose tobacco. The purpose was to harmonise tobacco taxes on all tobacco products and raise the tax on RYO and old traditional nose tobacco that was considerably lower before the change.

It has been on the agenda to form a dialogue and a formal structure between the Ministry of Finance and Ministry of Health for making a policy in taxation to reduce the demand for tobacco.

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	
other measures (please specify in C223 below)	

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

In REGULATIONS on smoking restrictions from 12 April 2007 says:

Objective and scope

The provisions of these Regulations apply to restrictions on tobacco smoking in accord with the provisions of the Tobacco Control Act. The objective of the Regulations is to ensure that non-smokers are not caused harm or discomfort by tobacco smoke.

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

Yes ✔

Please provide details of this system.

The Administration of Occupational Safety and Health, local government health committees, the Icelandic Maritime Administration and the Civil Aviation Administration monitor, as applicable, compliance with the provisions of these regulations, in accord with legislation applying to those bodies.

Should a member of staff of an institution or company believe that the provisions of these regulations are being violated, he/she may make a complaint to the Administration of Occupational Safety and Health, the Icelandic Maritime Administration or the Civil Aviation Administration, in accord with legislation applying to those bodies.

Should a customer or client of an institution or company believe that the provisions of these Regulations are being violated, he/she may direct a complaint to the health committee in the relevant monitoring region, in accord with legislation applying to local government health committees.

Violations of these regulations are subject to the Tobacco Control Act no. 2002 and, as applicable, to the provisions of the Working Environment, Health and Safety in the Workplace Act and the Hygiene and Pollution Control Act.

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	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	Complete
ferries	Partial
ground public transport (buses, trolleybuses, trams)	None
motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	Complete
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	None
nightclubs	Complete
restaurants	Complete
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

Tobacco smoking is prohibited on premises where business is conducted. It is, however, permissible, with respect to the part of the business premises to which the public does not have access, see art. 6, to allocate a special space for tobacco smoking. Should a member of staff have a personal workspace connected to other workspace solely via a closable door, and should his/her work responsibilities not require others to enter his/her workspace, the employer/manager of the workplace may, notwithstanding para. 1, permit him/her to smoke in the workspace. Should two or more people work in the same workspace, all of whom smoke, the smoking ban may be waived, on the same conditions, if all agree. A member of staff may at any time revoke his/her agreement, and should he/she cease smoking it is automatically revoked. A workspace where smoking is permitted must not be used by others as smokers' space. If substances which may be carcinogenic, other than tobacco smoke, are in the atmosphere of the workspace (as steam, smoke, dust or droplets) smoking shall not be permitted there.

Smoking is prohibited in dormitories, bedrooms and sleeping compartments belonging to the workplace, shared by two or more people. The ban may be waived if all those who use the sleeping accommodation smoke, and if all are in agreement to permit smoking. A member of staff may at any time revoke his/her agreement, and should he/she cease smoking it is automatically revoked.

The provisions of arts. 1 to 3 also apply to tents and other camp accommodation belonging to a workplace.

The restrictions on tobacco smoking on business premises under paras. 1, 2 and 3 apply also to tobacco smoking in ships, aircraft, vehicles and machinery used for commercial purposes. Smoking is, however, permitted on open decks of ships. Should the public have access to a ship, aircraft or vehicle, art. 7 applies as relevant.

The provisions of paras. 1 to 3 do not apply to business carried on in a private home, nor in a private vehicle, provided that the premises or vehicle in question are/is used only by individuals in the same family or members of the same household. Should the public have access to the private home or vehicle, the provisions of arts. 6 and 7 apply.

Banning tobacco smoking in public transport

Tobacco smoking is prohibited in transport, such as vehicles, ships and aircraft, to which the public have access for payment. Management of passenger vessels may permit smoking on open decks. Management of aircraft may permit smoking in part of the passenger cabin on international commercial flights which do not call in Iceland. But it shall always be ensured that no discomfort is caused to non-smokers. On passenger vessels, staff may be permitted to smoke in accord with the provisions of art. 8.

Banning tobacco smoking in indoor public places

The legislation allows for an exemption of smoking of staff in restaurants: in restaurants designated smoking area can be set up (not for customers)

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.

Enforcement of the ban on smoking in public places (bars and restaurants) from 2007 has not had many problems. However the legislation allows for an exemption of smoking of staff in restaurants: in restaurants designated smoking area can be set up (not for customers)

This exclude Iceland to have a complete ban in bars and restaurants by definition of a complete ban.

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?

No ✗

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.

No new laws or regulations in this field. Regulation on health warnings on tobacco products and measurement and a maximum of harmful substances:

<http://www.reglugerd.is/interpro/dkm/WebGuard.nsf/key2/790-2011>

Ongoing preparation for implementing European directive 2014/40 ESB. There have been law cases in Norway and Lichtenstein that has delayed the process of implementing directive 2014/40. These cases have now been resulted and implementing process can continue.

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=537hvt55gv42vzq&lang=en> (<https://extranet.who.int/dataform/655321?token=537hvt55gv42vzq&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 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? No

emissions of tobacco products? No

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.

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.).

Ongoing preparation for implementing European directive 2014/40 ESB.

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?

No ✘

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

No ✘

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.

Ongoing preparation for implementing European directive 2014/40 ESB

A data set of the new pictorial warnings have been laid out with text warnings in Icelandic language and are in preparation stage.

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

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?

No ✘

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

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

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

TV ads that aims to encourage people to quit smoking. TV ads that focus on the cost of smoking and how much it cost person pr. week, month and year. TV ads that encourage to quit smoking and call our quit-line.

A school program for elementary school aimed for 11- 15 year old students have been conducted in Iceland for 20 year. In beginning this was a European funded program. This program aims to awareness of harm caused by tobacco use. It was in the beginning called smoke free class. Later tobacco free class, but today we call it tobacco and e-cig free class. The program has some elements that has not changed from the beginning and involves for example a creative competition

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.

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?

No ✘

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?

No ✘

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?

Pharmacy

2 mg and less can be legally purchased from different retailers.

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.

There is a interactive website in development at Primary healthcare in cooperation with Directorate of health were tobacco cessation and prevention will have a big role.

Have you utilized the "Guidelines for implementation of Article 14 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.

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?

No

requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: "Sales only allowed in ..." or carry any other effective marking indicating the final destination of the product?

No

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

No

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

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

No

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

No

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

No

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?

No

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?

No

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

No

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?

No

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.

No new laws or legislation under this article. Ongoing preparation for implementing TPD 2014/40/EB

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

We do not have any official data on illicit trade on tobacco products.

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?

Yes ✓

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.

Results showed through randomized control system done by town council near Reykjavik for many years that young people can buy tobacco to some extent.

This is one priority to consider when making new official tobacco policy in tobacco control in Iceland

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

Reference: article 8 of Tobacco Control Act, No. 6/2002

file uploaded.

Please attach the relevant documentation.

No comment

File type "pdf"

No comment

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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.

There is no tobacco cultivation in Iceland

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.

No new laws or regulation.

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.

There is no tobacco cultivation in Iceland.

State Alcohol and Tobacco Company of Iceland, ÁTVR, which is supervised by the Minister of Finance and responsible for the retail of alcohol and wholesale of tobacco. It is stated that ÁTVR shall carry out its operations in accordance with the government's alcohol and tobacco policy.

Please attach the relevant documentation.

No comment

File type "pdf"

No comment

File type "pdf"

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?

No

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

No

Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?

No

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

no new laws or legislation.

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

There has been no known action taken against tobacco company in Iceland over the last years.

Please attach the relevant documentation.

Research, surveillance and exchange of information

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

developing and/or promoting research that addresses:

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

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

No ✘

a national system for epidemiological surveillance of:

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

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

Youth surveys conducted every year by Icelandic Center for Social and Analysis
<https://www.rannsoknir.is/>

Health and Wellbeing of Icelanders conducted every 5 year

House hold survey conducted though the year, every year by Gallup for Directorate of Health in Iceland. Internet survey . Quota sample from the whole country, 18 years or older, randomly sampled from Gallups Internet panel and the national registry.
 As well we have conducted special tobacco surveys every 5 years with bigger sample size and more explicit questions

Does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below.

Yes, all above

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.

House hold survey conducted byGallup for Directorate of Health in Iceland is now collecte though the year with bigger sample size i.e. from 10.000 to 20.000 subjects.

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).

In relation to 3.4.3.7: the laws and regulations can be found at:
<https://www.government.is/publications/legislation/>

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	Yes
Assistance received	No

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

As a Governmental organization under Ministry of Health we receive information and support from many and in many ways and issues. For example WHO work related to implementing FCTC. Also for The theme and tools for World No Tobacco Day. For EU we have received support and as a member of EES and been able to take part in some tobacco control and tobacco preventions programs. We have participated in Joint action on tobacco control that is funded by EU.

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

In 2012 Nordic network was formed in tobacco control and tobacco prevention. There have been annual network meetings since then, first in Helsinki 2012, Reykjavik 2013, Oslo 2014, Copenhagen 2015 and Helsinki 2016. Last years in Reykjavik 2017, stockholm 2018, Oslo 2019

As for provided assistance Iceland have exchanged information on tobacco control work and prevention through this new Nordic network and also to Greenland, Faroe Islands and Aland.

As part of our policy Iceland have never and will never accept any funding from the tobacco industry.

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?

Implementing public policy in tobacco control to be followed with action plan to enforce the policy.

Implementing TPD EU 40/2014 that will enforce some artical of the Framwork convention on Tobacco Control.

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?

Iceland has a very small population. We do not have manpower and institutions to deal with all issues and aspects of the Convention as we would want.

Cooperation is very valuable for Iceland in lower the harm caused by tobacco consumption.

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.

Act on electronic cigarettes and refill containers for electronic cigarettes came into force in Iceland on 1st of March 2019.

[https://www.government.is/library/04-](https://www.government.is/library/04-Legislation/Act%20on%20electronic%20cigarettes%20and%20refill%20containers%20for%20electronic%20cigarettes%20No%2087%202018.pc)

[Legislation/Act%20on%20electronic%20cigarettes%20and%20refill%20containers%20for%20electronic%20cigarettes%20No%2087%202018.pc](https://www.government.is/library/04-Legislation/Act%20on%20electronic%20cigarettes%20and%20refill%20containers%20for%20electronic%20cigarettes%20No%2087%202018.pc)

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

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

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