

2020 - CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC

A. ORIGIN OF THE REPORT

Name of contracting Party:

Montenegro

Information on national contact responsible for preparation of the report:

Title

Prof

Family name

Ljaljević

First name

Agima

Full name of institution

Institute of public health of Montenegro

Mailing address

Mailing address 1 agima.ljaljevic@ijzcg.me

Mailing address 2 ijzcg@ijzcg.me

Post code 81000

Post box

City Podgorica

Country

Montenegro

E-mail

agima.ljaljevic@ijzcg.me

Alternative email address

ijzcg@ijzcg.me

Telephone number

+382 20 412 803

Fax number

+382 20 243 728

Signature of government official submitting the report:

Title

Dr

Family name

Hrapović

First name

Kenan

Full name of institution

Ministry of health

Mailing address

Mailing address 1 mzdravlja@gov.me

Mailing address 2

Post code 81000

Post box

City Podgorica

Country

Montenegro

E-mail

mzdravlja@gov.me

Alternative email address

Telephone number

+382 78 113 127

Fax number
+382 78 113 128

Web page
www.mzdravlja.gov.me

Period of reporting:

	Month	Year
Start date	April (4)	2018 (19)
End date	April (4)	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	36.2	
FEMALE	34.5	
TOTAL (males and females)	35.4	

Daily smokers

	Prevalence (%) (please include all smoking tobacco products in prevalence data)	Average number of the most-consumed smoking tobacco product used per day
MALE	35.9	
FEMALE	32.5	
TOTAL (males and females)	34.2	

Occasional smokers

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

Former smokers

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

MALE	17.5
FEMALE	16.6
TOTAL (males and females)	17.1

Never smokers

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

MALE	46.3
FEMALE	48.9
TOTAL (males and females)	47.5

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

Cigarettes, cigars and a pipe

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

	From	To
Age range	15	64

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

2017

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

Research on the quality of life, lifestyles and health risks of the inhabitants of Montenegro, Public Health Institute of Montenegro, 2017

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

Current smoker	The survey took into account all those who smoke at the moment of the survey implementation
Daily smoker	Smokers who smoke at least one cigarette per day in the last 30 days
Occasional smoker	No such category in the survey
Former smoker	Ex-smoker’ is someone who has smoked at one point in their lifetime but has stopped smoking and currently is not smoking
Never smoker	‘Never smoker’ is a lifetime abstainer, i.e. someone who has never smoked in their lifetime

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

Research on the quality of life, lifestyles and health risks of the inhabitants of Montenegro is conducted for the first time in 2017. The research is normally implemented once in four or five years.

Smoking prevalence in the adult population (by age groups)

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

	Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
MALES - current smokers ¹	15	24	18
MALES - current smokers ¹	25	34	30
MALES - current smokers ¹	35	44	40
MALES - current smokers ¹	45	54	51
MALES - current smokers ¹	55	64	41
FEMALES - current smokers ¹	15	24	19
FEMALES - current smokers ¹	25	34	34
FEMALES - current smokers ¹	35	54	44
FEMALES - current smokers ¹	55	64	40
TOTAL (males and females) - current smokers ¹	15	24	18
TOTAL (males and females) - current smokers ¹	25	34	32
TOTAL (males and females) - current smokers ¹	35	44	40
TOTAL (males and females) - current smokers ¹	45	54	45
TOTAL (males and females) - current smokers ¹	55	64	41

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

Cigarettes, cigars and a pipe

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

2017

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

Research on the quality of life, lifestyles and health risks of the inhabitants of Montenegro, Public Health Institute of Montenegro, 2017

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.

Research on the quality of life, lifestyles and health risks of the inhabitants of Montenegro in 2017 was conducted for the first time in Montenegro so there is no possibility to compare data. This survey is done as a general population survey on the use of the psychoactive substances at the sample of 4027 households, and it is generally implemented every four or five years, so the next wave would happen in 2021 most probably

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)

Females

Prevalence (%)

(please include all smokeless tobacco products in prevalence data)

TOTAL (males and females)

Prevalence (%)

(please include all smokeless tobacco products in prevalence data)

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

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

From To

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

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

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.

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)
-------------------	-----------------	--

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 (%)
------------------------	-------------------------------	---------------------------------	---

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	16	18%		
GIRLS - Current users ⁴	16	12%		
TOTAL (boys and girls) - Current users ⁴	16	15%		

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

Only cigarettes. This data is from the ESPAD 2015 survey, where other tobacco products were not included.

The ESPAD 2019 survey was conducted in the meanwhile, which included smokeless tobacco products, HNB tobacco, water pipes, snuffs... and results will be available by mid-2020, once nationally published. International ESPAD 2019 results will be published by the end of October 2020.

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:

ESPAD 2015 (European School Survey Project on Alcohol and Other Drugs)

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

Current smokers are all those who, during the last 30 days, smoked at least one cigarette.

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.

As regards current smoking, i.e smoking at least one cigarette in the previous 30 days, we can present an increase compared to the previous two CIRCLES of the survey, which is done once in a four years. So, in the ESPAD 2015 survey, there is an increase of three percent at the level of the overall sample compared to both previous surveys - from 12% in both the 2008 and 2011 surveys to 15% in the ESPAD 2015 survey. By gender, the trend of current tobacco use went from 12% in ESPAD 2008 to 9% in ESPAD 2011 to 12% in ESPAD 2015, while the trend among boys went from 12% in the ESPAD 2008 to 15% in the ESPAD 2022 up to 18% in the ESPAD 2015 survey.

The ESPAD 2019 survey has been conducted, and the results and trend comparison for the year 2019 will be available upon publishing.

Please attach the relevant documentation.

General Population Survey on Substance Use in Montenegro	International technical report on the results of the GPS survey on substance use	File type "pdf"
Istrazivanje-o-kvalitetu-zivota-zivotnim-stilovima-i-zdravstvenim-rizicima-stanovnika-crne-gore-u-2017.pdf	National report of the general population survey on the quality of life, lifestyles and health risks of inhabitants of Montenegro in 2017, which is a more detailed version of the GPS survey, with more, nationally specific items, included	File type "pdf"
ESPAD 2015 report	International report of the ESPAD 2015 survey with results for Montenegro	File type "pdf"

Use of novel and emerging tobacco and nicotine products

Age range	Heated tobacco products (HTPs) - Prevalence (%)	Electronic Nicotine Delivery Systems (ENDS) - Prevalence (%)	Electronic Non-Nicotine Delivery Systems (ENNDS) - Prevalence (%)	Other products - Prevalence (%)
-----------	---	--	---	---------------------------------

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).

Almost half of students (49.0%) are exposed to the tobacco smoke in their own home, while 57.5% are exposed inside enclosed public places. More than 8 in 10 students (82.2%) are in favor to prohibit smoking inside enclosed public places. Although use of tobacco products among young people aged 13 - 15 has been reduced compared to the previous year, exposure to second hand smoking at home and inside enclosed public places is very high.

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

2018

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

GYTS

Please attach the relevant documentation.

No comment

File type "pdf"

Tobacco-related mortality

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

No ✘

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

The leading causes of morbidity and mortality of the population in Montenegro are heart diseases and malignant disease, but there are still no studies confirming the impact of smoking on trends in mortality and morbidity.

One of the main causes of death is Ca of lungs, which is (according to the history of patients with Ca lungs) associated with smoking in 80% of cases.

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

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

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?

No ✘

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	cigaretts	tone	3,5	700,00		730,496
Smokeless tobacco products	tobacco leaf	tone	39,00			
Smokeless tobacco products	non-combustible tobacco	kg				308,82
Smokeless tobacco products	fine-cut tobacco and other smoking tobacco	kg				5.157,00

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 52:

2019

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

Ministry of finance and Customs Administration of Montenegro for import and export

Please attach the relevant documentation.

Seizures of illicit tobacco products

(with reference to Article 15.5)

Seizures of illicit tobacco

	Year	Product	Unit (e.g. pieces, tonnes)	Quantity seized
Smoking tobacco products	2018	cigaretts	pieces	41.123.010,00
Smoking tobacco products	2019	cigaretts	pieces	122.162.440,00
Smoking tobacco products	2018	fine -cut tobacco	kg	592,50
Smoking tobacco products	2019	fine- cut tobacco	kg	2.339,00
Other tobacco products	2016	tobacco	tones	1.079,00
Other tobacco products	2017	tobacco	tones	0,148

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:
Customs Administration of Montenegro

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.

In 2019., number of families engaged in tobacco -growing is around 45, in land area which occupies around 30 hectares.

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

0,002%.

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

2019

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

Ministry of finance

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))?

76

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

Specific tax only

Ad valorem tax only

Combination of specific and ad valorem taxes Yes

More complex structure (please explain below)

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

	Product	Type of tax	Rate or amount	Base of tax⁵
Smoking tobacco products	Cigarettes	Specific excise tax	€30,00	1000 cigarettes
Smoking tobacco products	Cigarettes	Ad valorem excise tax	32%	Retail price
Smoking tobacco products	Cigarettes	VAT	21%	17,35%
Smoking tobacco products	Cigar and cigarillos	excise	25 €	kg
Smoking tobacco products	Fine-cut tobacco	excise	35 €	kg
Other tobacco products	Other tobacco for smoking	excise	25€	kg

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 accordance with EU regulations in this area, the Law on Amendmentsof the Law on Excise, which is in force from August 1st 2017, there is a new excise calendar for period 2017-2020, which envisages an increase in the specific excise duty on cigarettes annual level.

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

No ✘

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

2019

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

Ministry of finance, Customs Administration of Montenegro

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	Monte crni	20 cigarettes per pack	2,50 e/per pack	€
Smoking tobacco products	Serdar	20 cigarettes per pack	3,50 e/per pack	€

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 x style long blue	20 cigarettes per pack	2,30 e/per pack	€
Smoking tobacco products	Winston x style long silver blue	20 cigarettes per pack	2,30 e/per pack	€
Smoking tobacco products	Eva slims yellow	20 cigarettes per pack	2.00 e/per pack	€

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:

Ministry of finance

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 period 2017-2019., the retail price of cigarettes have raisen accordingly by increasing excise rates of cigarettes on average by about 20%.

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).

Tobacco Agency is administrative body which is responsible for issuing licenses to all participants in the chain of production and distribution of tobacco and tobacco products, but also for monitoring of conditions of tobacco products, as well as for cooperation with authorities and institutions responsible for the suppression of illicit trade in tobacco products.

National Coordinator for Tobacco Control was appointed by the Ministry of Health to monitor effects of tobacco use on the population 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.

Activities of monitoring of tobacco roads were represented and implemented during the entire previous period, as well as activities on promotion life without tobacco.

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

Tobacco Agency is steadily strengthening its capacity

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?

No ✘

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?

Yes ✔

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.).

We provided that tobacco industry can not finance any activity related to the protection of public health (activities of promotion, prevention, treatment and rehabilitation). Additionally, it is forbidden any covert promotion of tobacco industry sponsorship and public events by the manufacturer or retailer of tobacco products. The Law prohibits the sale of any products which imitate tobacco products or containing names (logos) of tobacco products or tobacco companies.

Workshops are continuously being implemented in Montenegro with the aim of informing and improving the knowledge of tobacco industry tactics. There is no involvement of the tobacco industry in decision-making, no partnerships or voluntary agreements with the tobacco industry, nor the influence of the tobacco industry on public officials. The state does not provide privileges to the tobacco industry, but additionally taxes it through specific taxes.

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.

In Montenegro, a new Law on the Restriction of the Use of Tobacco Products was adopted, which promotes the protection of public health policies against commercial measures by the tobacco industry. In Montenegro, there is no significant promotion of tobacco products by the tobacco industry, and we managed through a variety of activities to completely prevent any visibility of tobacco products. Montenegro does not have a developed tobacco industry, which facilitates these processes.

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

Yes ✓

Please provide details in the space below or refer to section I of the additional questionnaire.

Response to this question or to the additional questionnaire

is **voluntary**. <https://extranet.who.int/dataform/655321?token=sufs9xf5pzjmxqs&lang=en>

(<https://extranet.who.int/dataform/655321?token=sufs9xf5pzjmxqs&lang=en>)

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

Please attach the relevant documentation.

No comment

File type "pdf"

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?

No

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

No

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

No

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

The policy of price and tax policy were adopted, but not in line with the achievement of health goals, because resources received from tax policy are not used for treatment of diseases caused by tobacco use. Specifically, the funds that are raised on the basis of price increases and excise duties on tobacco products, do not impact directly on the health needs of the population, or to meet the health needs resulting from the consumption of tobacco products

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

Yes ✓

If you answered “Yes” to question C215 please provide details in the space below or refer to section H 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=sufs9xf5pzjmxqs&lang=en> (<https://extranet.who.int/dataform/655321?token=sufs9xf5pzjmxqs&lang=en>)

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

Please attach the relevant documentation.

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)	
administrative and executive orders	Yes
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.

Article 5

Measures to reduce and restrict the use of tobacco products shall include advertising, manufacture, trade and labelling of tobacco products, prohibition of smoking in public and workspaces and exposure to a secondary tobacco smoke, effect on juveniles, as well as other issues significant for the protection of human health, in accordance with the principles laid down by the Framework Convention of the World Health Organization on tobacco control.

Secondary tobacco smoke means the smoke released from combustion on a lighted cigarette and other tobacco products, in combination with the smoke exhaled by a smoker.

Article 6

For the purposes of hidden or open stimulation of tobacco products use, electronic cigarettes, refill containers and other tobacco products, manufacturers, importers and tobacco products must not advertise them: by Internet, audio visual services, printed and other publications, in media, via cinema diapositives, movies, panels, billboards, labels and other forms of advertising in public places, on transport facilities and means of transport, via illuminated advertisements, books, magazines, calendars, clothes and not via stickers, posters and leaflets, if these stickers, posters and leaflets are separated from their original packaging.

Article 15

It shall be prohibited to smoke in workplace and in public space and to expose other people to secondary tobacco smoke, in accordance with this Law.

Article 17

Public space is an area intended for people's common use and includes the enclosed area in which:

- 1) teaching-educational activities are carried out, as well as health activities, manufacture, control and trade in medicines and medical devices; accommodation, stay and diet of children, pupils and students are provided; in which acceptance, accommodation and care of people in social need and elderly is carried out, where cultural, entertainment, sports and other events, performances and competitions are held, meetings and other organized gatherings; and
- 2) trade activity and manufacture, storing and food trade are carried out.

Public space, in terms of paragraph 1 of this Article, shall also be deemed:

- 1) means of public transport in air, road and railway transport and maritime and inland navigation; airport buildings and closed waiting rooms in railway and road transport, as well as auto taxi and official transport means;
- 2) children's playrooms;
- 3) hospitality facilities providing services of accommodation, preparation and serving food;
- 4) facilities for organizing games of chance;
- 5) institutions for accommodating people serving their criminal sanction sentences; and
- 6) lobbies, elevators and other common areas of residential buildings, cable car cabins and public toilets.

Public space, in terms of this Law, is also an open enclosed yard area of educational-training institutions and an open enclosed space where public recording and broadcasting of any kind of programs are carried out and where cultural and entertaining events are held.

Article 18

Smoking shall be allowed in public or in the workspace only in the room designated by owner or customer solely for smoking, which displays the label smoking permitted inside the room.

In public space referred to in Article 17 paragraph 2 item 3 of this Law smoking shall be permitted in rooms and suites for accommodation of guests designated by the employer, on which it displays the label that smoking is permitted in these rooms and suites.

Room referred to in paragraph 1 of this Article may not be designated in the workspace where activities are carried out by state authorities, state administration authorities, units of local self-governance and other legal entities exercising public authorities; space where health and educational-teaching activities are carried out; social protection; cultural activities; sports and recreation; manufacture and marketing of medicines; trade activity; manufacture, trade and storing of food; recording and public broadcasting of program or in the space where meetings and public gatherings are held.

Notwithstanding the paragraph 3 of this Article, the health institution accommodating mentally ill persons and social institution for accommodation of elderly people may also designate a room for smoking.

Article 19

The room referred to in Article 18 paragraph 1 of this Law shall be provided with the ventilation system, ashtrays and appropriate fire devices.

The room referred to in paragraph 1 of this Article shall be insulated in a way to prevent the outflow of smoke into the remaining area and surface of the area shall not be less than 10 m², or cover more than 20% of workspace or public space and shall not be intended for passing into another rooms.

In the room designated by employer as a room where smoking is permitted employer's activities shall not be performed and food shall not be consumed.

Provisions of this Article shall not refer to the smoking room referred to in Article 16 paragraph 4 of this Law.

Article 20

Owners or users of the space have to visibly display the smoking prohibition signs in a public place and workspace where smoking is prohibited in accordance with this Law.

Article 21

Control of the smoking prohibition in public and workspace stipulated by this Law, as well as taking measures and activities for space planning referred to in Articles 18 and 19 of this Law shall be performed by a person managing the work or carrying out the activities.

A person referred to in paragraph 1 of this Article may commit one or more employees in writing to control the smoking prohibition during the entire work process.

Employee that does not abide to the smoking prohibition, in accordance with this Law, shall commit a violation of work discipline and a person referred to in paragraph 1 of this Article shall initiate the procedure against him/her for the establishment of disciplinary liability, in accordance with the law and the employment contract.

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

Yes ✓

Please provide details of this system.

Implementation of the Law control Inspections and within their responsibilities provide monitoring of the tobacco use.

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	Complete
trains	Complete
ferries	Complete
ground public transport (buses, trolleybuses, trams)	Complete
motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	Complete
private vehicles	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.

Indoor public places:

cultural facilities	Complete
shopping malls	Complete
pubs and bars	Complete
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

Article 15

It shall be prohibited to smoke in workplace and in public space and to expose other people to secondary tobacco smoke, in accordance with this Law.

Article 16

The workspace is any enclosed space in which an employer performs its activity or function, that is, in which the employees carry out their duties and assignments.

The enclosed space is the space made of any material that has a movable or unmovable roof or ceiling, doors, windows and passages that are completely permanently or occasionally closed or the space where less than a half of the external walls area is made of openings that do not include openings for doors and windows.

Article 18

Smoking shall be allowed in public or in the workspace only in the room designated by owner or customer solely for smoking, which displays the label smoking permitted inside the room.

In public space referred to in Article 17 paragraph 2 item 3 of this Law smoking shall be permitted in rooms and suites for accommodation of guests designated by the employer, on which it displays the label that smoking is permitted in these rooms and suites.

Room referred to in paragraph 1 of this Article may not be designated in the workspace where activities are carried out by state authorities, state administration authorities, units of local self-governance and other legal entities exercising public authorities; space where health and educational-teaching activities are carried out; social protection; cultural activities; sports and recreation; manufacture and marketing of medicines; trade activity; manufacture, trade and storing of food; recording and public broadcasting of program or in the space where meetings and public gatherings are held.

Notwithstanding the paragraph 3 of this Article, the health institution accommodating mentally ill persons and social institution for accommodation of elderly people may also designate a room for smoking.

Article 19

The room referred to in Article 18 paragraph 1 of this Law shall be provided with the ventilation system, ashtrays and appropriate fire devices.

The room referred to in paragraph 1 of this Article shall be insulated in a way to prevent the outflow of smoke into the remaining area and surface of the area shall not be less than 10 m², or cover more than 20% of workspace or public space and shall not be intended for passing into another rooms.

In the room designated by employer as a room where smoking is permitted employer's activities shall not be performed and food shall not be consumed.

Provisions of this Article shall not refer to the smoking room referred to in Article 16 paragraph 4 of this Law.

Article 20

Owners or users of the space have to visibly display the smoking prohibition signs in a public place and workspace where smoking is prohibited in accordance with this Law.

Article 21

Control of the smoking prohibition in public and workspace stipulated by this Law, as well as taking

measures and activities for space planning referred to in Articles 18 and 19 of this Law shall be performed by a person managing the work or carrying out the activities.

A person referred to in paragraph 1 of this Article may commit one or more employees in writing to control the smoking prohibition during the entire work process.

Employee that does not abide to the smoking prohibition, in accordance with this Law, shall commit a violation of work discipline and a person referred to in paragraph 1 of this Article shall initiate the procedure against him/her for the establishment of disciplinary liability, in accordance with the law and the employment contract.

Article 68

Fine in the amount of EUR 30 to EUR 1.000 shall be imposed on a natural person for offence if:

- 1) he/she smokes in a public space or in a workspace and exposes other persons to secondary tobacco smoke, in accordance with this Law (Article 13);
- 2) he/she smokes in a public space or a workspace which was not exclusively designated for smoking by owner or user (Article 16 paragraph 1);
- 3) he/she smokes in the rooms and suites for accommodating guests, which were not designated by the employer for the same, where it did not specify by a sign that smoking in these rooms and suites is permitted (Article 16 paragraph 2).

Article 15

It shall be prohibited to smoke in workplace and in public space and to expose other people to secondary tobacco smoke, in accordance with this Law.

Banning tobacco smoking in public transport

Article 17

Public space is an area intended for people's common use and includes the enclosed area in which:

- 1) teaching-educational activities are carried out, as well as health activities, manufacture, control and trade in medicines and medical devices; accommodation, stay and diet of children, pupils and students are provided; in which acceptance, accommodation and care of people in social need and elderly is carried out, where cultural, entertainment, sports and other events, performances and competitions are held, meetings and other organized gatherings; and
- 2) trade activity and manufacture, storing and food trade are carried out.

Public space, in terms of paragraph 1 of this Article, shall also be deemed:

- 1) means of public transport in air, road and railway transport and maritime and inland navigation; airport buildings and closed waiting rooms in railway and road transport, as well as auto taxi and official transport means;
 - 2) children's playrooms;
 - 3) hospitality facilities providing services of accommodation, preparation and serving food;
 - 4) facilities for organizing games of chance;
 - 5) institutions for accommodating people serving their criminal sanction sentences; and
 - 6) lobbies, elevators and other common areas of residential buildings, cable car cabins and public toilets.
- Public space, in terms of this Law, is also an open enclosed yard area of educational-training institutions and an open enclosed space where public recording and broadcasting of any kind of programs are carried out and where cultural and entertaining events are held.
-

Banning tobacco smoking in indoor public places

Article 17

Public space is an area intended for people's common use and includes the enclosed area in which:

- 1) teaching-educational activities are carried out, as well as health activities, manufacture, control and trade in medicines and medical devices; accommodation, stay and diet of children, pupils and students are provided; in which acceptance, accommodation and care of people in social need and elderly is carried out, where cultural, entertainment, sports and other events, performances and competitions are held, meetings and other organized gatherings; and
- 2) trade activity and manufacture, storing and food trade are carried out.

Public space, in terms of paragraph 1 of this Article, shall also be deemed:

- 1) means of public transport in air, road and railway transport and maritime and inland navigation; airport buildings and closed waiting rooms in railway and road transport, as well as auto taxi and official transport means;
 - 2) children's playrooms;
 - 3) hospitality facilities providing services of accommodation, preparation and serving food;
 - 4) facilities for organizing games of chance;
 - 5) institutions for accommodating people serving their criminal sanction sentences; and
 - 6) lobbies, elevators and other common areas of residential buildings, cable car cabins and public toilets.
- Public space, in terms of this Law, is also an open enclosed yard area of educational-training institutions and an open enclosed space where public recording and broadcasting of any kind of programs are carried out and where cultural and entertaining events are held.
-

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.

Article16

The workspace is any enclosed space in which an employer performs its activity or function, that is, in which the employees carry out their duties and assignments.

The enclosed space is the space made of any material that has a movable or unmovable roof or ceiling, doors, windows and passages that are completely permanently or occasionally closed or the space where less than a half of the external walls area is made of openings that do not include openings for doors and windows.

Article17

Public space is an area intended for people's common use and includes the enclosed area in which:

- 1) teaching-educational activities are carried out, as well as health activities, manufacture, control and trade in medicines and medical devices; accommodation, stay and diet of children, pupils and students are provided; in which acceptance, accommodation and care of people in social need and elderly is carried out, where cultural, entertainment, sports and other events, performances and competitions are held, meetings and other organized gatherings; and
- 2) trade activity and manufacture, storing and food trade are carried out.

Public space, in terms of paragraph 1 of this Article, shall also be deemed:

- 1) means of public transport in air, road and railway transport and maritime and inland navigation; airport buildings and closed waiting rooms in railway and road transport, as well as auto taxi and official transport means;
 - 2) children's playrooms;
 - 3) hospitality facilities providing services of accommodation, preparation and serving food;
 - 4) facilities for organizing games of chance;
 - 5) institutions for accommodating people serving their criminal sanction sentences; and
 - 6) lobbies, elevators and other common areas of residential buildings, cable car cabins and public toilets.
- Public space, in terms of this Law, is also an open enclosed yard area of educational-training institutions and an open enclosed space where public recording and broadcasting of any kind of programs are carried out and where cultural and entertaining events are held.

Have you utilized the "Guidelines for implementation of Article 8 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.

No comment

File type "pdf"

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.

By the Law it is regulated the testing and measuring of content of tobacco products, with a very precisely defined quantity which products individually may contain. Measures to control the contents of tobacco products, under the Act shall be implemented by the Institute of Public Health. So far, the Institute was unable to provide the necessary equipment, which is the main reason why this measure prescribed by the Act, have not yet implemented. All vendors of tobacco products are required to submit to the Institute of Public Health reports on the contents of tobacco products that are distributed on the territory of Montenegro, and on the basis this reports Institute for Public health prepare global report and submit it to the Ministry of Health.

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=sufs9xf5pzjmxqs&lang=en> (<https://extranet.who.int/dataform/655321?token=sufs9xf5pzjmxqs&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.).

There are problems in implementation of the Law .

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.

All manufacturers and importers of tobacco products are required to submit to the subjects (the Institute of Public Health) by the Government information on the contents and emissions of tobacco products. However, due to the impossibility of adequate controls, for the reasons stated in the same part, can not be done in connection with the evaluation of the above information

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

Yes ✓

If you answered “Yes” to question C244 please provide details in the space below or refer to section C of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=sufs9xf5pzjmxqs&lang=en> (<https://extranet.who.int/dataform/655321?token=sufs9xf5pzjmxqs&lang=en>)

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

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?

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?

Yes ✓

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

Yes ✓

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? Yes

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.

Article25

Every packet of tobacco product for smoking shall have a clear indication of milligrams of tar, nicotine and carbon monoxide issued by its use.

Data referred to in paragraph 1 of this Article must be printed:

- 1) in Montenegrin language;
- 2) in bold, small letters (except for the first letter), black Helvetica letters on the white background of the size providing for covering the largest possible surface intended for warning and indications;
- 3) on a lateral part of the packaging so that they cover at least 10% of the page they are imprinted on;
- 4) on a part of the packaging not intended for opening or throwing;
- 5) so that they are not possible to be removed or destroyed or concealed, blurred or covered by other signs or symbols; and
- 6) framed with a black frame whose width may not be smaller than 3mm or bigger than 4mm, provided that they do not cover the text or visual part of a combined warning and may not be found on a control excise mark affixed on the tobacco product packaging.

IV. LABELLING OF PACKAGING OF TOBACCO PRODUCTS

Article40

Trade of tobacco products whose each unit packet and outside packaging is not labelled by health warning related to the harmful effects for people's health or other harmful effects of its use, including text warnings, combined health warnings, general warnings and informative messages, in accordance with this Law, shall be prohibited.

Tobacco product packaging shall be a box or wrapper in which a tobacco product is sold, not counting the transparent wrapper.

Unit packaging of a tobacco product is the smallest individual packaging of a tobacco product that is independently placed in the market and outside packaging of a tobacco product is any packaging in which a tobacco product is placed in the market and contains one or more packed pieces of unit packets.

Article41

Health warning in unit and outside packaging of a tobacco product shall be imprinted:

- 1) in Montenegrin language;
- 2) in the entire surface of a part of the packaging envisaged for the health warnings;
- 3) without special comments and clarifications: and
- 4) so that:
 - it is not possible to be removed,
 - it is indelible,
 - it is fully visible,
 - not partially or totally hidden or interrupted by control tax stamp, price marks, security features, wrappers, jackets, boxes or other items and symbols and
 - it does not hide and does not interrupt the tax stamp, price mark, tracking signs or security features in unit packaging.

The health warning on unit packets of a tobacco product, other than cigarettes and roll-your-own tobacco placed in the market in pouches, may be affixed on stickers too, provided that such stickers are irremovable.

The health warning on unit packets of cigarettes and roll-your-own tobacco shall be surrounded by a black border of a width of 1mm inside the surface area that is reserved for these warnings.

The health warning shall remain intact when opening the tobacco product packet other than packets with a flip-top lid, where the health warning may be split when opening the packet, but only in a manner that ensures the graphical integrity and visibility of the text, photographs and cessation information.

Article 42

Each unit packet and any outside packaging of tobacco products for smoking shall carry one of the following general warnings: „Smoking kills – quit now” or following information message: „ Tobacco smoke contains over 70 substances known to cause cancer”.

For cigarette packets and roll-your-own tobacco in cuboid packets the general warning shall appear on the bottom part of one of the lateral surfaces of the unit packets, and the information message shall appear on the bottom part of the other lateral surface.

Width of the general warning and information message referred to in paragraph 2 of this Article shall be not less than 20mm.

The general warning and information message shall be affixed:

- 1) in Montenegrin language;
- 2) printed in black Helvetica bold type on a white background; and
- 3) At the centre of the surface reserved for them, and on cuboid packets and any outside packaging they shall be parallel to the lateral edge of the unit packet or of the outside packaging.

Article 43

For packets of cigarettes and roll-your-own tobacco in the form of a shoulder box with a hinged lid that result in the lateral surfaces being split into two when the packet is open, the general warning and information message shall appear in their entirety on the larger parts of those split surfaces and shall be affixed in the interior side of upper surface that remains visible even after opening of the packaging. Height of the lateral surfaces of tobacco products packaging referred to in paragraph 1 of this Article shall not be less than 16mm.

For roll-your-own tobacco marketed in pouches, in a form of rectangular flip-top lid covering the opening or in a form of a detached pouch, general warning and information message shall appear on the surfaces that ensure their full visibility.

For roll-your-own tobacco packets in the market, in cylindrical packets the general warning shall appear on the outside surface of the lid and the information message on the inside surface of the lid and shall cover 50% of surfaces they are affixed to.

Article 44

Each unit packet and any outside packaging of tobacco products for smoking shall contain a combined health warning consisting of a photograph or colour illustration and one of the following textual warnings:

- 1) "Smoking causes 9 out of 10 lung cancers";
- 2) "Smoking causes mouth and throat cancer";
- 3) "Smoking damages your lungs";
- 4) "Smoking causes heart attacks";
- 5) "Smoking causes stroke and disability";
- 6) "Smoking clogs your arteries";

- 7) "Smoking increases the risk of blindness";
- 8) "Smoking damages your teeth and gums";
- 9) "Smoking can kill your unborn child";
- 10) "Your smoke harms your children, family and friends";
- 11) "Smokers' children are more likely to start smoking";
- 12) "Quit smoking—stay alive for those close to you";
- 13) "Smoking reduces fertility";
- 14) "Smoking increases the risk of impotence".

In addition to the health warnings referred to in paragraph 1 of this Article, each unit packet and any outside packaging of tobacco products for smoking shall contain the smoking cessation information (telephone number, e-mail and/or Internet sites intending to inform consumers about the programmes that are available to support persons who want to stop smoking).

Warnings referred to in paragraph 1 of this Article shall change in a manner that each warning shall be displayed in equal numbers on manufactured or sold tobacco products on each brand name during the year.

Graphic overview of warnings and other issues relevant for the displaying of combined health warnings shall be stipulated by the Ministry.

The picture, position, design, shape and other issues of relevance for the highlighting of combined health warnings are prescribed by the Ministry.

Article 45

Combined health warning on unit packet and outside packaging of tobacco products for smoking shall:

- 1) cover 65% of both the external front and back surface of the unit packet and outside packaging and cylindrical packets shall also display the combined health warnings, equidistant from each other, each covering 65 % of their respective half of the curved surface;
- 2) show the same text warning and corresponding colour photograph on both sides of the unit packets and any outside packaging;
- 3) Appear at the top edge of a unit packet and outside packaging and be positioned in the same direction as any other information appearing on that surface of the packaging, directly under the control tax stamp;

The combined health warning on unit packet of cigarettes shall have at least 44mm of height and 52mm of width.

Dimensions of the health warning shall be determined with reference to the surface of a closed packet of a tobacco product.

Article 46

It shall be permitted to place the tobacco products for smoking in the market, except of cigarettes, roll-your-own tobacco and waterpipe tobacco without information message referred to in Article 42 of this Law and a combined warning referred to in Article 44 of this Law.

In the case referred to in paragraph 1 of this Article, each unit packet and any outside packaging of a tobacco product for smoking shall carry one of the general warnings referred to in Article 42 of this Law and one of the text warnings and information referred to in Article 44 of this Law.

The health warnings referred to in paragraph 2 of this Article shall be displayed on the most visible surface, and text warnings on another most visible surface of unit packet and outside packaging of a tobacco product and shall change so that every text warning is displayed in equal numbers of manufactured or sold tobacco products, on each brand of these products throughout the year.

The next most visible surface of a unit packet of a tobacco product with a hinged lid is the one that

becomes visible when the packet is open.

The health warnings referred to in paragraph 2 of this Article shall:

- 1) be affixed in accordance with Article 41 paragraph 4 of this Law;
- 2) be in a parallel position; and
- 3) be surrounded by a black border of a width of no less than 3mm and not more than 4 mm, which appears outside the surface reserved for the health warnings.

The textual warning referred to in paragraph 2 of this Article must cover 40% of the specified area of the unit packet and each outside packing tobacco products.

The textual warning referred to in paragraph 2 of this Article, located on an area greater than 150 cm², covers an area of 45 cm².

Article 47

Each unit packet and any outside packaging of smokeless tobacco products shall carry the following health warning: „This tobacco product damages your health and is addictive” which shall:

- 1) be affixed on at least one of the largest sides;
- 2) cover 30% of surface where it is affixed; and
- 3) be affixed in accordance with Article 42 paragraph 4 of this Law.

Article 48

It shall be prohibited to affix the label or characteristics of a tobacco product (text, symbol, name, trademark, figurative or other signs) on unit packet and outside packaging of tobacco products for smoking, that:

- 1) promotes a tobacco product or encourages its consumption by creating an erroneous impression about its characteristics, health effects, risks or emissions and information about the nicotine, tar and carbon monoxide contents;
- 2) suggests that a particular tobacco product is less harmful than others or aims to reduce the effect of some harmful components of smoke or has vitalizing, energetic, healing, rejuvenating, natural, organic properties or has other health or lifestyle benefits;
- 3) refers to taste, smell, any flavourings or other additives or the absence thereof;
- 4) refers to resemblance to food or cosmetic products;
- 5) suggests that a certain tobacco product has improved biodegradability or other environmental advantages;
- 6) suggests that smoking of a particular type of class of a tobacco product is less harmful than the others, that filters or other ingredients of a tobacco product make it less harmful than the others not having these ingredients and other labels of similar content; and
- 7) stimulates economic benefits for consumers (printed vouchers, offering discounts, free distribution, two-for-one or similar offers).

Article 49

Unit packet of cigarettes shall have a cuboid shape or any other shape if size of a health warning is not decreased and unit packet of roll-your-own tobacco shall be in a square, cylindrical or pouch shape.

A unit packet of cigarettes placed in the market shall include at least 20 cigarettes and single unit packet of roll-your-own tobacco at least 30 grams of tobacco.

A unit packet of cigarettes may be made of carton or any soft material and shall not have an opening that can be re-closed or re-sealed after it is first opened, other than the flip-top lid and shoulder box with a hinged lid that can be hinged only at the back of the unit packet.

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=sufs9xf5pzjmxqs&lang=en> (<https://extranet.who.int/dataform/655321?token=sufs9xf5pzjmxqs&lang=en>)

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

Please attach the relevant documentation.

Education, communication, training and public awareness

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

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

Yes ✓

To whom are these programmes targeted?

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

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

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

Do these educational and public awareness programmes cover:

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

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

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

Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?

Yes ✓

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

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

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

According to the policy of the Ministry of Health, within the existing budget for the health of the population of Montenegro since 2009 it has been implemented the program in smoking cessation counseling for young people - centers for the prevention of all health centers. These Centres meet the health needs of young people. The smoking cessation program is implemented by specially trained doctors selected for children assisted by a team that is responsible for program implementation. Number of groups in 2019th was 334, the number of students was 5168 and 203 individual counseling.

In addition, counseling in the area of reproductive health for pregnant women is also implemented, to educate pregnant women about the harmful effects of tobacco smoke on their health and their babies. This program is implemented by selected gynecologists.

Moreover, students of the seventh, eighth and ninth grade, as students in High school within the framework of the subject "healthy lifestyles" get adequate information on the prevention of the uptake of smoking.

We also use the opportunity of National and International Tobacco Control Days to organize workshops and communicate through the mass-media to inform and educate people about the harmful effects of smoking.

Also, experts from Centre for Health Promotion of Institute of public health of Montenegro conduct educational workshops according to the principles of modern health care strategies in elementary and secondary schools in whole country.

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

Yes ✓

If you answered “Yes” to question C269 please provide details in the space below or refer to section E of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=sufs9xf5pzjmxqs&lang=en> (<https://extranet.who.int/dataform/655321?token=sufs9xf5pzjmxqs&lang=en>)

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

Please attach the relevant documentation.

No comment

File type "pdf"

No comment

File type "pdf"

No comment

File type "pdf"

Tobacco advertising, promotion and sponsorship

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

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

Yes ✓

Does your ban cover:

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

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

Yes ✓

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

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.

Article 6

For the purposes of hidden or open stimulation of tobacco products use, electronic cigarettes, refill containers and other tobacco products, manufacturers, importers and tobacco products must not advertise them: by Internet, audio visual services, printed and other publications, in media, via cinema diapositives, movies, panels, billboards, labels and other forms of advertising in public places, on transport facilities and means of transport, via illuminated advertisements, books, magazines, calendars, clothes and not via stickers, posters and leaflets, if these stickers, posters and leaflets are separated from their original packaging.

Products which, in terms of this Law, are not the tobacco products for smoking but directly impel the consumption of tobacco products for smoking by their appearance, name and purpose, shall not be advertised.

It shall be prohibited to give free samples of tobacco products for smoking, electronic cigarettes and refill containers for promotional purposes.

It shall be prohibited to have direct and indirect commercial notification of tobacco products, including displaying of their logos and other signs for the labelling of tobacco products on the items which, in terms of this Law, are not tobacco products.

Manufacturers or importers of tobacco products for smoking, electronic cigarettes and refill containers, aimed at hidden or open stimulation of their use, shall not sponsor radio programmes, events or activities, or events or activities of international character.

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

Yes ✓

If you answered “Yes” to question C2715 please provide details in the space below or refer to section F of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=sufs9xf5pzjmxqs&lang=en> (<https://extranet.who.int/dataform/655321?token=sufs9xf5pzjmxqs&lang=en>)

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

Please attach the relevant documentation.

Demand reduction measures concerning tobacco dependence and cessation

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

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

Yes ✓

programmes to promote cessation of tobacco use, including:

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

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

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

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

- tobacco control?
 - health?
 - education?
-

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

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?

No ✘

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.

It has already been stated that from 2009 at the primary health care level, prevention centers can be found in all of health units, and these centers implement the smoking cessation program among the young people. The program is implemented by selected doctors (doctors often chosen for children). The program is available to children and young people, and implementers are additionally trained in the implementation of this program and are able to provide counselling. The program includes psychologists and a nurse who works in the counselling center. This program is in compliance with the policy of the Ministry of Health and funded by the Health Fund.

In prevention of complications of tobacco use it is very important to work in smoking cessation. Students of medicine and dentistry in the framework of public health study are educated about negative effects of tobacco smoke on human health.

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

Yes ✔

Please provide details in the space below or refer to section G of the additional questionnaire.

Response to this question or to the additional questionnaire is **voluntary**.

<https://extranet.who.int/dataform/655321?token=sufs9xf5pzjmxqs&lang=en>

(<https://extranet.who.int/dataform/655321?token=sufs9xf5pzjmxqs&lang=en>)

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

Please attach the relevant documentation.

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

With reference to Articles 15–17

Illicit trade in tobacco products

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

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

Yes ✓

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

Yes ✓

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

No ✗

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

Yes ✓

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

No ✗

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 Law on ratification of the Protocol on the elimination of illegal trade of tobacco product is signed.
<http://www.sluzbenilist.me/PravniAktDetalji.aspx?tag=%7B2D98CD78-E8A6-4FF2-B70B-E3ECDE4C6445%7D>

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.

No comment

File type "pdf"

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.

Article 10

The sale of tobacco products to persons under age of 18 is prohibited.

Article 11

In retail stores, prohibition on sale of tobacco products to persons under 18 years of age must be displayed.

Article 68

A legal person will be fined between € 500 and € 20,000 for selling tobacco products to persons under 18 years of age

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.

Law

No comment

File type "pdf"

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?	No
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.

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.

Law No comment

File type "pdf"

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?	Yes

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

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

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

Tobacco Act regulates production, processing and marketing of tobacco products , whereby rights and obligations of manufactures about preservation of environment are regulated.

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?

Yes ✓

If you answered “Yes” to question C414 please provide details in the space below or refer to section I 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=sufs9xf5pzjmxqs&lang=en> (<https://extranet.who.int/dataform/655321?token=sufs9xf5pzjmxqs&lang=en>)

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

Please attach the relevant documentation.

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?

Yes

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

Yes

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

Yes

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

Yes

Do you have civil or criminal liability provisions that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs?

No

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

No

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

No

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

Tobacco Law and Law on Restriction of Tobacco Use treat criminal liability in a field of tobacco control

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.

No comment

File type "pdf"

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.

GYTS, ESPAD, LSMS, GPS, Survey on use of tobacco products among health care students

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.

GYTS is conducted every four years and it was conducted 4 time in MNE. ESPAD is conducted for every three years and three researches were conducted. LSMS (now GPS) is conducted every four years, three of them were conducted until now. Survey on tobacco use among other population groups are implemented with available resources 4 times

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.

In Montenegro, in cooperation with WHO, CAN. EAR. EMCDDA, conducted research with data that have been exchanged nationally and internationally.

- GYTS, 2003, 2008, 2014, 2018. year
- National Health Survey (LSMS), 2000, 2008, 2012
- GPS, 2017.
- ESPAD, 2004, 2008, 2014. 2019.
- survey that was conducted among students of medical faculty in 2013
- some other studies conducted on smaller samples.

- Research on the quality of life, lifestyles and health risks of the inhabitants of Montenegro in 2017.

Although there is no established database that relates to existing laws and regulations on tobacco control in other countries, through electronic media and international cooperation has been monitored the progress 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 you included information on WHO FCTC implementation in your Voluntary National Review (VNR) on the Sustainable Development Goals (SDGs), related to target 3.a).

LAW ON CERTIFICATION OF THE PROTOCOL ON THE ELIMINATION OF ILLEGAL TRADE OF TOBACCO PRODUCTS has been adopted in June 2016.

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	No

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

Assistance provided	No
Assistance received	No

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

The Institute of Public Health continually assists providers in prevention centers, who provide services through counseling centers in Primary health care centers, through education, working on educational materials and other means.

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

We received the assistance from WHO in materials, as well as educational programmes in form of seminars, workshops and other meetings and partly related to conducting research.. The Government of Montenegro and the Ministry of Health provide guidance, training materials necessary for the implementation of tobacco control programmes within the country, to health and educational institutions. However, it is not ensured distribution of any specified element outside the country.

We think that we need more frequent and comprehensive communication aid by international entities and countries with a longer tradition in the field of tobacco control (exchange of experience, training, expert assistance in the development and improvement plans, programs, strategies, promotional materials, development of resources for monitoring implementation activities, etc.) and to work more closely towards the development of human resources and other capacities in the area of tobacco control. In addition, it is important to strengthen research on the prevalence of smoking, in order to create appropriate policies on basis of the available data. It is necessary to ensure inter-agency cooperation and to define the tobacco control as a priority.

In addition, it is necessary to provide competent involvement of other sector beside health sector in activities of tobacco control.

Research on the quality of life, lifestyles and health risks of the inhabitants of Montenegro in 2017 was carried out with the financial support of the European Union, through the support of the European Center for Drugs Monitoring and Drug Addiction (EMCDDA), within the IPA project CT-2015 / 361-979, "Further preparation of IPA beneficiaries for participation in the work of the European Monitoring Center for Drugs and drug addiction (EMCDDA)".

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.

WHO provided assistance concerning travel and accommodation at international meetings, as well as ideas for promotional materials to mark dates of importance for tobacco control. Also, the Institute of Public Health provide support within its capabilities.

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?

Priorities are prevention of uptake of smoking, prevention of smoking-related morbidity and mortality, adoption of normative acts in area of restrictions and bans of tobacco products use and its implementation, and promotion of The Convention. Full implementation of FCTC articles will allow protection of future and present generation from destructive influence of tobacco smoke. Also, building capacity in order to monitor all segments of tobacco control (such as health and economic complications of use and other factors) is a priority.

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

Yes ✔

Please provide details in the space below.

In Montenegro there is very small number of trained personnel in the field of public health that would follow the relationship of tobacco control and health, as well as a number of staff who monitor the implementation of laws and principles of general application FCTC. It also lacks other resources to fully control tobacco use

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

Lack of human and technical resources. Better promotion of importance of FCTC application by the other sectors, except health, better implementation of laws which regulate use of tobacco products in public places, better monitoring and application of criminal provisions.

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.

Law refers on use of all tobacco products.

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

We consider it necessary to work on capacity building for implementation of the FCTC.

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

The instrument has been improved but we think that access should be facilitated.
