

# 2020 - CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC

## A. ORIGIN OF THE REPORT

### Name of contracting Party:

Portugal

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### Information on national contact responsible for preparation of the report:

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## Period of reporting:

	Month	Year
Start date	2001 (2)	2018 (19)
End date	2001 (2)	2020 (21)

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## B1. TOBACCO CONSUMPTION

### Prevalence of tobacco use

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#### 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)*

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#### 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	27.8	
FEMALE	13.2	
TOTAL (males and females)	20.0	

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## Daily smokers

	<b>Prevalence (%)</b> <b>(please include all smoking tobacco products in prevalence data)</b>	<b>Average number of the most-consumed smoking tobacco product used per day</b>
MALE	23.5	15.8
FEMALE	10.9	11.6
TOTAL (males and females)	16.8	14.3

## Occasional smokers

	<b>Prevalence (%)</b> <b>(please include all smoking tobacco products in prevalence data)</b>
MALE	4.3
FEMALE	2.3
TOTAL (males and females)	3.2

## Former smokers

	<b>Prevalence (%)</b> <b>(please include all smoking tobacco products in prevalence data)</b>
MALE	31.8
FEMALE	12.9
TOTAL (males and females)	21.7

## Never smokers

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

MALE	40.3
FEMALE	73.9
TOTAL (males and females)	58.2

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

All tobacco products for smoking

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

	From	To
Age range	15	100

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

2014

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

INE/INSA, Inquérito Nacional de Saúde 2014

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

Current smoker	a respondent that smokes daily or occasionally
Daily smoker	a respondent that smokes daily
Occasional smoker	a respondent that smokes, but not daily
Former smoker	a respondent that does not smoke currently but smoked in the past daily or occasionally
Never smoker	a respondent that never smoked

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

There are a small reduction in the adult prevalence in both sexes (0,9%) . In males there are a reduction in consumption, in daily smokers and a small increase in occasional smokers; in females a small increase in daily and ocasional smokers.

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## 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 <sup>1</sup>	15	24	25
MALES - current smokers <sup>1</sup>	25	34	42
MALES - current smokers <sup>1</sup>	35	44	33
MALES - current smokers <sup>1</sup>	45	54	37
MALES - current smokers <sup>1</sup>	55	64	26
MALES - current smokers <sup>1</sup>	65	74	12
MALES - current smokers <sup>1</sup>	75	84	
MALES - current smokers <sup>1</sup>	85		
FEMALES - current smokers <sup>1</sup>	15	24	17
FEMALES - current smokers <sup>1</sup>	25	34	22
FEMALES - current smokers <sup>1</sup>	35	44	19
FEMALES - current smokers <sup>1</sup>	45	54	15
FEMALES - current smokers <sup>1</sup>	55	64	12
FEMALES - current smokers <sup>1</sup>	65	74	
FEMALES - current smokers <sup>1</sup>	75	84	
FEMALES - current smokers <sup>1</sup>	85		
TOTAL (males and females) - current smokers <sup>1</sup>	15	24	21
TOTAL (males and females) - current smokers <sup>1</sup>	25	34	32
TOTAL (males and females) - current smokers <sup>1</sup>	35	44	26
TOTAL (males and females) - current smokers <sup>1</sup>	45	54	26

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TOTAL (males and females) - current smokers <sup>1</sup>	55	64	19
TOTAL (males and females) - current smokers <sup>1</sup>	65	74	7
TOTAL (males and females) - current smokers <sup>1</sup>	75	84	
TOTAL (males and females) - current smokers <sup>1</sup>	85		

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

cigarettes, RYO, pipe, cigars, water pipe or other products for smoking.

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

2014

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

INE/INSA, Inquérito Nacional de Saúde 2014

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

The smoking prevalence in the population aged 15 years or more decreased slightly, from 20.9% in 2005/2006 to 20,0% in 2014. However it should be noted, a reduction of nearly two percentage points of daily smoking prevalence: from 18.7% in 2005/06 to 16.8% in 2014.

The percentage of former smokers increased by almost 6 percentage points in the same period: from 16.1% (2005/2006) to 21.7% (2014).

The percentage of people who never smoked decreased: 62.9% in 2005/2006 to 58.2% in 2014.

The comparison of prevalence rates observed in the last two National Health Surveys (2005/2006 and 2014), by sex, shows a decrease in daily users in males (27.5% to 23.5%) and a small increase (3 percentage points) in daily users in females (10.6% to 10.9%).

The prevalence of "never smokers" reduced almost 5 percentage points, which indicates that the reduction in the prevalence of smoking was achieved mainly by the increasing of the number of people who quit smoking.

The age group 25 to 34 years has the higher prevalence of daily smokers, about 32% in both sexes.

A recent study\* (2017) on the prevalence of drugs consumption on the population 15-74 years old revealed that smoking in women is rising. Smoking "in last 30 days", in women rises from 18,0% in 2012 to 24,8% in 2017.

\* Balsa C., Vital C., Urbano C. IV Inquérito Nacional ao Consumo de Substancias Psicoativas na População Geral, Portugal 2016/17. I relatório final. Lisboa: SICAD – Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências; 2017.

## **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)

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## TOTAL (males and females)

### Prevalence (%)

(please include all smokeless tobacco products in prevalence data)

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

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

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

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

No data available. Smokelesse tobacco is not very popular.

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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

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

In Portugal smokeless tobacco is not very popular.

In the end of 2015 a new product - heat not burn cigarretes - entered in the Portuguese market.

No data regarding number of consumers.

Obs.: No data for smokeless tobacco. Oral Tobacco is not allowed.

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

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

Range - start age	Range - end age	Prevalence (%) (please include all smoking tobacco products in prevalence data)
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Please indicate the smokeless tobacco products included in the answer to question B14:

Smokeless tobacco products for oral use cannot be put on the market legally. Therefore the use of smokeless tobacco products for oral use is very limited.

According to the Directive 2014/40/UE tobacco for oral use' means all tobacco products for oral use, except those intended to be inhaled or chewed, made wholly or partly of tobacco, in powder or in particulate form or in any combination of those forms, particularly those presented in sachet portions or porous sachets.

The market of inhaled and chewed tobacco is very limited.

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

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

Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.

## Tobacco use by ethnic group(s)

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

Ethnic group(s)	MALES - Prevalence (%)	FEMALES - Prevalence (%)	TOTAL (males and females) - Prevalence (%)
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Please indicate the tobacco products included in the answer to question B15:

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

**From To**

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

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

No data available.

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## 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 <sup>4</sup>	13 years	2.6		
BOYS - Current users <sup>4</sup>	14 years	8.4		
BOYS - Current users <sup>4</sup>	15 years	14.5		
BOYS - Current users <sup>4</sup>	16 years	18.7		
BOYS - Current users <sup>4</sup>	17 years	26.5		
BOYS - Current users <sup>4</sup>	18 years	34.6		
GIRLS - Current users <sup>4</sup>	13 years	5.5		
GIRLS - Current users <sup>4</sup>	14 years	8.7		
GIRLS - Current users <sup>4</sup>	15 years	14.7		
GIRLS - Current users <sup>4</sup>	16 years	21.3		
GIRLS - Current users <sup>4</sup>	17 years	27.1		
GIRLS - Current users <sup>4</sup>	18 years	30.1		
TOTAL (boys and girls) - Current users <sup>4</sup>	13 years	4.2		
TOTAL (boys and girls) - Current users <sup>4</sup>	14 years	8.6		
TOTAL (boys and girls) - Current users <sup>4</sup>	15 years	14.6		

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TOTAL (boys and girls) - Current users	16 years	20.1
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TOTAL (boys and girls) - Current users	17 years	27.0
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TOTAL (boys and girls) - Current users	18 years	32.0
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Please indicate the tobacco products included in calculating prevalence for question B16:

cigarettes, RYO and electronic cigarettes

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

2015

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

Feijão, F. ESPAD-PT /2015 European School Survey Project on Alcohol and other Drugs: Portugal 2015. ECATD-CAD 2015. Síntese de resultados. Resultados preliminares. SICAD/DMI/DEI, 2016.

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

Smoking at least one cigarette or RYO in the last 30 days.  
Data for students in the Education Public System (13 - 18 years old).

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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.

Considering the evolution 2011 - 2015 (ESPAD PT) the prevalence of tobacco use (last 30 days) had a small decrease in all age groups.

The data from HBSC 2014 (Health Behaviour in School-aged children) for students from 8th and 10th grades shows also a small decrease in the daily consumption.

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Please attach the relevant documentation.

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## Use of novel and emerging tobacco and nicotine products

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

Population aged 15 years or more - Daily time of exposure to tobacco smoke (% of exposed).

1hr ou more: Less than 1 hr : Never or occasionally:

Man: 5.9 % Man: 3.9 % Man: 90.1%

Women: 4,0% Women: 3.5 % Women: 92.5%

Total: 4.9 % Total: 3.7 % Total: 91.3%

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

2014

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

INE/INSA, Inquérito Nacional de Saúde 2014

Please attach the relevant documentation.

No comment

File type "pdf"

### Tobacco-related mortality

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

Yes ✓

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

13104

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

Estimates

5 790 deaths by neoplasms (19,6% of total deaths by neoplasms)

3 225 deaths by cerebro and cardiovascular diseases (8,7% of total deaths by cerebro and cardiovascular diseases)

1 855 deaths by chronic respiratory diseases (28,1% of total deaths by chronic respiratory diseases)

1 054 deaths by lower respiratory infections (14,7% of total deaths by lower respiratory infections)

334 deaths by diabetes (9,8% of total deaths by diabetes)

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

2017

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

Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Seattle, WA: IHME, University of Washington, 2018.

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Please submit a copy of the study you refer to:

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## Tobacco-related costs

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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 ✘

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Please submit a copy of the study you refer to:

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## Supply of tobacco and tobacco products

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

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## Licit supply of tobacco products

	<b>Product</b>	<b>Unit (e.g. pieces, tonnes)</b>	<b>Domestic production</b>	<b>Retail sales</b>	<b>Exports</b>	<b>Imports</b>
Smoking tobacco products	Cigarettes (Thousands)	9.387.676,156				
Smoking tobacco products	RYO (Kilograms)	405.973,840				
Smoking tobacco products	Cigars (thousands)	2.290,233				
Smoking tobacco products	Cigarillos (thousands)	289.023,822				
Smoking tobacco products	Waterpipe Tobacco (Kilograms)	101.974,400				
Smoking tobacco products	Other (Kilograms)	3.899,000				

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:

PT Tax and Customs Authority

Please attach the relevant documentation.

## Seizures of illicit tobacco products

(with reference to Article 15.5)

## Seizures of illicit tobacco

	<b>Year</b>	<b>Product</b>	<b>Unit (e.g. pieces, tonnes)</b>	<b>Quantity seized</b>
Smoking tobacco products	2016	cigarettes	pieces	49.839.773
Smoking tobacco products	2017	cigarettes	pieces	99.853.557
Smoking tobacco products	2018	cigarettes	pieces	41.474.899
Smoking tobacco products	2019	cigarettes	pieces	88.683.002
Smoking tobacco products	2019	water pipe	gram	753.016
Smokeless tobacco products	2019	chewing tobacco	gram	271.670
Other tobacco products	2019	liquid tobacco	milliliters (ml)	290

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.

Most of the smuggled cigarettes seized were legally bought cigarettes intended for sale outside EU countries.

Smuggling when entering the EU was clearly diverted from maritime contraband to airway contraband. This relatively new trend is connected with the switch between sea container smuggling to air couriers (mostly legal brands, illicitly introduced in the EU).

There were no seizures in sea containers.

Inland seizures (road and warehouses) represent a large quantity. These seizures are not performed by customs controls at the EU borders, but as a consequence of criminal investigations conducted by Custom and/or police authorities.

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

PT Customs Authorities, Police Authorities (PJ+GNR UAF)

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.

655 (year 2017)

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

No data available.

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

2017

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

INE IP. Estatísticas Agrícolas 2018 INE, I. P., Lisboa, Portugal, 2019

Please attach the relevant documentation.

No comment

File type "pdf"

## 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))?

79.9

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

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

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

	<b>Product</b>	<b>Type of tax</b>	<b>Rate or amount</b>	<b>Base of tax<sup>5</sup></b>
Smoking tobacco products	Cigarette	EE	96.12€	per 1000
Smoking tobacco products	Cigarette	AV	15%	retail price
Smoking tobacco products	Cigars	AV	25%	retail price
Smoking tobacco products	Cigarillos	Av	25%	retail price
Smoking tobacco products	Fine Cut	EE	0,081€	per gram
Smoking tobacco products	Fine Cut	AV	15%	retail price
Smoking tobacco products	Waterpipe Tobacco	AV	50%	retail price
Smoking tobacco products	Liquid with nicotine for e-cigarettes	EE	0.31€	per millilitre

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

Since the last report, the tobacco taxes registered a small increase.

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:

Portuguese Excise Duties Code - Articles 103.<sup>o</sup> to 104.<sup>o</sup>-C

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.

	<b>Name of the most widely sold brands</b>	<b>Number of units or amount per package</b>	<b>Retail price</b>	<b>Currency</b>
Smoking tobacco products	Cigarettes - Marlboro KS box	20	4,90	euro
Smoking tobacco products	Cigarettes - SG Ventil RS Soft	20	4,70	euro
Smoking tobacco products	Cigarettes - LM Blue Label KS RCB	20	4,40	euro
Smokeless tobacco products	RYO - LM Volume Tobacco	30g	7,70	euro
Smokeless tobacco products	RYO - LM Extra Volume Tobacco	69g	17,50	euro
Smokeless tobacco products	RYO - Chesterfield Volume Tobacco	40g	10,50	euro
Other tobacco products	Cigarillos - Chesterfield Red Filter	17	2,80	euro
Other tobacco products	Cigarillos - Chesterfield Red Filter	12	2,00	euro
Other tobacco products	Cigarillos - DK	20	2,50	euro

# 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.

	<b>Name of the most widely sold brands</b>	<b>Number of units or amount per package</b>	<b>Retail price</b>	<b>Currency</b>
Smoking tobacco products	Cigarettes - John Player Special Original	20	4,40	euro
Smoking tobacco products	Cigarettes - Camel Filter	20	4,60	euro
Smoking tobacco products	Cigarettes - Camel Activate	20	4,60	euro
Smokeless tobacco products	RYO - Amber Leaf	30g	7,90	euro
Smokeless tobacco products	RYO - Camel MYO	38g	10,00	euro
Smokeless tobacco products	RYO - West	30gr	7,60	euro
Other tobacco products	Cigarillos - Clubmaster Mini Red	20	4,70	euro
Other tobacco products	Cigarillos - Newminster American Blend	17	2,70	euro
Other tobacco products	Cigarillos - Break Blue	17	2,80	euro

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:

PT Tax and Customs Authority

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.

Prices registered a very small increase.

Please attach the relevant documentation.

## C1. GENERAL OBLIGATIONS

*With reference to Article 5*

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

Yes ✓

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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

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

The General Directorate of Health (Ministry of Health) is the entity in charge of tobacco prevention and control at national level. A National Programme for Smoking Prevention and Tobacco Control was created in January 2012 and extended until 2020 under the National Health Plan 2020. Each Health Regional Administration has a focal point for the implementation of the Programme at regional and local level.

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

The National Programme for Smoking Prevention and Tobacco Control has four main strategies:

Prevention of the initiation of consumption in adolescents and young people; Promotion of smoking cessation, with a particular focus on smokers under 40 years of age, in women and during pregnancy;

Protection of environmental tobacco smoke;

Reducing health inequalities, including regional inequalities associated with the prevention, treatment and control of smoking; and two horizontal approaches: one to information, education, health literacy and public awareness and other to research, professional training and knowledge dissemination. The

Programme strategies are based on FCTC guidelines and the MPOWER strategies. Under the Smoking

Prevention and Control Programme, the General Directorate of Health established regional health teams

for co-ordination of the implementation of the Programme at national level. Several activities are being

undertaken: local projects in the community settings, meetings, research studies, national media

campaigns, implementation of a strategy for training of health professionals, edition of professional

guidelines, periodic publications with statistics and information, health education brochures and posters.

Training of health Professionals in Brief Interventions. An annual report on smoking prevention and

control statistic data had been released since 2013. Last report published in 2019.

The number of consultations to support smoking cessation in National Health Service has increased, as well as the number of smoking cessation consultation units.

In 2016, and for the first time, the reimbursement of anti-tobacco drugs subject to medical prescription

was implemented. Since January 2017, vareniclin is reimbursed by 37%.

Recently, Law n.º 63/2017, of August 3, made the second amendment to Law n.º 37/2007, of August 14,

responding to the need to include, in the concept of smoking, the new novel tobacco products that

produce aerosols, vapours, gases or particulates (like heat-not-burn cigarette). This revised law also

reinforced the measures to be applied to these new products in relation to protection of environmental

tobacco smoke, advertising and promotion. The present law also introduced two new articles concerning

the protection of workers and the drugs state reimbursement to support smoking cessation.

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

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## **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:

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

Yes ✓

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ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository?

No ✗

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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.).

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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.

No progress to report. The members of the technical consultative body created by the tobacco law (Law 37/2007 of 14th August, amended and republished by Laws n.º 109/2015 of August 26 and 63/2017 of August 3), in order to support its implementation, must declare no conflict of interests with the aim of smoking prevention and control.

The General Directorate of Health published, in 2013, guidelines for the implementation of smoking prevention initiatives at community level. These initiatives should be protected from conflict of interests with tobacco industry.

The members of the National Scientific Tobacco Prevention Board of the National Programme cannot have conflict of interest with tobacco industry.

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

Yes ✓

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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=xv9rgzhjdybti4a&lang=en>

(<https://extranet.who.int/dataform/655321?token=xv9rgzhjdybti4a&lang=en>)

According to the Law 37/2007 of 14th August, amended and republished by Laws n.º 109/2015 of August 26 and 63/2017 of August 3, the members of the Technical Consultative Body of the tobacco law cannot have conflict of interests with the tobacco industry. The contacts by the tobacco industry, with the National Programme for Smoking Prevention and Tobacco Control, are restricted to exchange of information in the domain of the regulation and implementation process of the tobacco law – packaging requirements and ingredients' reporting information. By law, any smoking prevention campaign cannot be promoted or supported by the tobacco industry.

---

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

C121. Yes. Partially. Protection of public health measures from the interference of the tobacco industry is difficult to fully achieve. In the last two years the rise of novel tobacco products and electronic cigarettes in the market and the industry arguments of harm reduction were very challenging regarding the enforcement of article 5.3.

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Please attach the relevant documentation.

No comment

File type "pdf"

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## C2. MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO

*With reference to Articles 6–14*

### **Price and tax measures to reduce the demand for tobacco**

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

---

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

Yes ✓

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

No ✘

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

Yes ✔

---

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

Taxes on tobacco products are applied over all types of tobacco products on an annual basis. These taxes were slightly raised annually.

---

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=xv9rgzhjdybti4a&lang=en> (<https://extranet.who.int/dataform/655321?token=xv9rgzhjdybti4a&lang=en>)

Portugal implements a mixed excise system with a minimum specific tax floor and an ad valorem tax. All tobacco products need to be approved by the Customs and Tax Authority before being placed on the market. The tax burden on all tobacco products is annually reviewed and, if necessary, increased. Portugal imposes an application of fiscal markings to increase compliance with tax laws, that changes every year. These requirements are in accordance with article FCTC article 6 guidelines.

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

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Please attach the relevant documentation.

No comment

File type "pdf"

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## Protection from exposure to tobacco smoke

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

---

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

Yes ✓

---

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

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

---

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

The Law n.º 37/2007, of August 14, amended and republished by Laws n.º 109/2015 of August 26 and 63/2017 of August 3, establishes a smoking prohibition in all enclosed public places, work places, holiday camps, playgrounds and public transport. However there are some exceptions where it is possible to create smoking rooms, in restaurants, pubs and bars, hotels, prisons, psychiatric hospitals and airports, but with specific conditions of ventilation (totally enclosed with negative pressure, no minors allowed inside, no food or other services). The restaurants, pubs, bars and airports with smoking areas or smoking rooms already in place on the 1st January 2016, according with the previous requirements can be maintained 31 December 2020.

The definition of the ventilation systems of the smoking rooms must be defined by a legal act, not yet published.

---

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

Yes ✓

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Please provide details of this system.

According to the tobacco law, the prohibition of smoking and the ventilation conditions of smoking areas or rooms should be verified by the Food and Economic Safety Authority (ASAE).

The technical specifications of the ventilation systems applicable to the new smoking rooms are under discussed and will be approved by a legal act by the General Directorate of Economic Activities.(not yet published).

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 <sup>6</sup>	Complete
universities	Complete
private workplaces	Complete
other (please specify below)	Partial

---

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

There are a complete prohibition of smoking in enclosed areas of health services. However the psychiatric services, drug addiction treatment services and alcohol treatment services can have a room for smoking (with ventilation and negative pressure), but only for the patients.

In workplaces with smoking areas already in place, these smoking areas can be maintained until 31 December 2020.

---

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

### Public transport:

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

---

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

### Indoor public places:

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

---

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

Libraries, museums, ATM areas - complete ban.

Petrol stations - complete ban; smoking allowed out of the petrol supply area.

Casinos, bingos and betting establishments could have an area for smoking less than 40% of th total area.

Hotels can have smoking rooms until 40% of the total area.

---

**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

Complete ban in indoor workplaces. However, the smoking areas in workplaces created under the tobacco law 37/2007), can be maintained until 31 december 2020.

---

Banning tobacco smoking in public transport

Complete ban in public transport.

---

Banning tobacco smoking in indoor public places

Complete ban.

---

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.

Since 1st January 2018 it is not allowed to smoke heat-not-burn or electronic cigarettes in the same places where smoking is not allowed. This measure was introduced by the second revision to the tobacco law (63/2017 of August 3).

This new law included in the concept of smoking all tobacco products that produce aerosols, vapours, gases or particles and reinforcing the measures to be applied to these new products, with regard to the protection of environmental tobacco smoke, advertising and promotion, as well as a total ban on smoking in outdoor playgrounds and holiday camps.

The first and second amended to the tobacco law - Law 109/205 of August 26 and Lam 63/2017 os August 3 - introduced some progresses, but not yet a full ban of smoking in all public paces. Until 2020 it will be possible to maintain smoking areas already in place in the 1st of January 2016, according to the previous law (transitional period), in work places, restaurantes, pubs bars, discos, airports, show rooms, fairs and exhibitions bingos and casinos.

In new establishments or after 2020 it will be possible to crate smoking rooms - with negative pressure - in restaurants, pubs and bars, casinos and bingos, fairs and exhibitions, hotels, shopping malls and airports. the access to this new smoking areas is not allowed to minors. Service of meals will not be allowed.

---

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

Yes ✓

---

If you answered “Yes” to question C229 please provide details in the space below or refer to section B of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=xv9rgzhjdybti4a&lang=en> (<https://extranet.who.int/dataform/655321?token=xv9rgzhjdybti4a&lang=en>)

When defining the 2007 tobacco law, Portugal imposed a smoking ban in several enclosed public places and workplaces in accordance with the article 8.º of the FCTC. However the guidelines for implementation of this article were only partially followed, because several exceptions to this prohibition were allowed.

The 2015 and 2017 revisions of this law reduced the number of places where smoking can be permitted, however without a full application of these guidelines.

On the other hand, a transitory period until 2020 was given to establishments with smoking areas created under the 2007 tobacco law.

Since 1st January 2018, the novel tobacco products were included in the definition of smoking. For this reason, since that date it not possible to use this novel tobacco product in the same places where smoking is not allowed.

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

Smoking electronic cigarettes is not allowed in the same places where smoking and heated tobacco are prohibited.

---

Please attach the relevant documentation.

<b>Tobacco</b>	No comment	File type "pdf"
<b>lawLaw 37/2007</b>		
<b>amended by the</b>		
<b>Law 63/2017 of</b>		
<b>august 3</b>		

---

## 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.

No significant progress was made since last submission.

Portugal applies the Directive 2014/40 of 3th April of the Parliament and the European Council, transposed by the law 109/2015 of 26th of August amended by the law 63/2017 of august 3. This Directive follows the FCTC recommendations for the implementation of article 9 and 10, namely the ban on characterising flavours in cigarettes and RYO. However, these prohibition do not include additives which are essential for manufacture of tobacco products. Certain additives like vitamins, stimulants, additives with colouring properties for emissions, that facilitate smoke inhalation, or have carcinogenic, mutagenic or reprotoxic (CMR) properties in unburnt form, are prohibited in all tobacco products. Flavours in components of the tobacco products like filters, papers, packages, capsules, are prohibited in cigarettes and RYO. Menthol flavour will be authorized until the end of 2020. The producers and tobacco importers have the obligation to disclose all tobacco ingredients to the General Directorate of Health. This entity has the obligation to disclosure the non confidential ingredients information to the public. A legal act to regulate the market entry of novel tobacco products was published in 2018 - Portaria 284/2018 of October 23.

---

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=xv9rgzhjdybti4a&lang=en> (<https://extranet.who.int/dataform/655321?token=xv9rgzhjdybti4a&lang=en>)

Portugal applies the Directive 2014/40 of 3th April of the Parliament and the European Council, transposed by the law 109/2015 of 26th August, amended by the law 63/2017 of 3th of August. This Directive follows the FCTC recommendations for the implementation of these article, namely the use of normalized tests (ISO standards) for measurement of tar, nicotine and CO, in cigarettes. The verifying laboratories must be accredited and independent from the tobacco industry.

---

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

---

Please attach the relevant documentation.

No comment

File type "pdf"

---

## Regulation of tobacco product disclosures

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

---

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

contents of tobacco products?	Yes
emissions of tobacco products?	Yes

---

requiring public disclosure of information about the:

contents of tobacco products?	Yes
emissions of tobacco products?	Yes

---

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

No progresso to report.

Portugal applies the Directive 2014/40 of 3th April of the Parliament and the European Council, transposed by the law 109/2015 of 26th of August amended by the law 63/2017 of august 3. The manufacturers and producers must notify the ingredients of their products put in the Portuguese market in the European Union common entry gate - EU.CEG.

The Member-States must disclose non confidential information to the public. Considering the need to protect confidentiality of trade secrets, the best way to disclose this information to the public is under discussion in a Joint Action at EU level - (Joint action on tobacco control)

[https://ec.europa.eu/chafea/health/newsroom/news/14052019/index\\_en.htm](https://ec.europa.eu/chafea/health/newsroom/news/14052019/index_en.htm)

This disclosure is not yet available. Under the Joint Action on Tobacco Control a common definition of public information for public disclosure is being discussed.

---

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=xv9rgzhjdybti4a&lang=en> (<https://extranet.who.int/dataform/655321?token=xv9rgzhjdybti4a&lang=en>)

The FCTC guidelines for articles 9 and 10 were taken into consideration in the Tobacco Products Directive (Directive 2014/40 of April 3 of the Council and the European Parliament).

---

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.

No comment

File type "pdf"

No comment

File type "pdf"

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## Packaging and labelling of tobacco products

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

---

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

Yes ✓

---

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

Yes ✓

---

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

Yes ✓

---

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

Yes ✓

---

ensuring that the health warnings are rotated?

Yes ✓

---

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

Yes ✓

---

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

Yes ✓

---

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

Yes ✓

---

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

Yes ✓

---

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

Yes ✓

---

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

No ✗

---

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

No ✗

---

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant:

constituents of tobacco products? No

emissions of tobacco products? No

---

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

Yes ✓

---

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

No progress to report.

The first amendment of the tobacco law - Law 109/2015 of 26th August - transposition of the European Union Tobacco Products Directive (Directive 2014/40 of 3th april, from the Parliament and the Council). According to this Directive new dispositions were introduced in 20th may 2016.

Pictorial health warnings were compulsory for Cigarettes, RYO and waterpipe tobacco; 65% of area in both most relevant surfaces of the packet.

Other types of tobacco should include a textual health warning covering 40% and 30% of the two main faces of the package. New text warnings (3 rotating sets) were introduced.

References to TNCO values were banned. The minimum dimensions of the cigarettes packages were defined.

---

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

Yes ✓

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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=xv9rgzhjdybti4a&lang=en> (<https://extranet.who.int/dataform/655321?token=xv9rgzhjdybti4a&lang=en>)

Regarding the packaging and labeling measures, Portugal applies the Directive 2014/40 of 3th April of the Parliament and the European Council, transposed by the law 109/2015 of 26th of August, amended by the law 63/2017 of 3th August. This Directive follows the FCTC recommendations for the implementation of these two articles. Combined health warnings (65%) of the front and back top surfaces, of cigarettes, RYO and water pipe packages are compulsory since 20th may 2016. In cigarettes packages, de combined health warning should have minimum dimensions (52X44mm). These warnings need to be rotated – 3 sets , with annual rotation. Other tobacco products need to have a textual heath warning in both main surfaces. References to CO, tar, nicotine or any flavors are not allowed in the tobacco packages. Certain terms or expressions like “organic” or “without additives” or references to benefits for lifestyle or environment in labeling of tobacco packages are prohibited. The use of misleading or deceptive elements in the tobacco packages is prohibited.

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

C2512: The owner of the Copyright of the combined health warning is the European Commission. Only European Commission can authorize the use of the EU combined health warnings (with text and images).

Please attach the relevant documentation.

No comment

File type "pdf"

No comment

File type "pdf"

## 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)
- parents, firefhiters
- 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.

The National Tobacco Prevention Program developed training activities for health professionals and produced materials to inform and promote health literacy of the general population. At regional and local level several projects and training seminars were implemented.

Several meetings with teachers from the undergraduate teaching of nursing, dental, pharmacy and medicine schools took place in 2018 and 2019, in order to reinforce the undergraduate teaching in smoking prevention and treatment.

In 2018 a campaign regarding smoking in women was launched (Opte por amar mais) "Choose to love more" by the Ministry of Health: main video of the campaign: <https://www.youtube.com/watch?v=uNr3R7Eb8JI>

WHO Europe supported this campaign : <https://www.youtube.com/watch?v=okm6erPx-j0>

In may 2018 a protocol of co-operation between the Secretary of State of Education and the Secretary of State of Health was signed, in order to reinforce the tobacco prevention in schools:

<https://www.sns.gov.pt/noticias/2018/05/30/juntos-contr-o-tabaco/>

The General Directorate of Education and the General Directorate of Health are working in order to reinforce smoking prevention in schools and promote a Tobacco free generation:

<https://cidadania.dge.mec.pt/saude/comportamentos-aditivos-e-dependencias/tabaco>

<https://cidadania.dge.mec.pt/educacao-ambiental/ambiente-e-tabaco>

In 2019 the televisions broadcast during 3 weeks the spot Eu fumo tu fumas (I smoke, you smoke) regarding protection of children from ETS. Replacement of one of the media materials from the 2015 campaign.

<https://www.youtube.com/watch?v=d0CEuzpp0yk>

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

Yes ✓

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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=xv9rgzhjdybti4a&lang=en> (<https://extranet.who.int/dataform/655321?token=xv9rgzhjdybti4a&lang=en>)

The Portuguese tobacco law has a specific article regarding health education. According to this article, smoking prevention should be part of the curriculum of the basic and secondary levels of teaching. In order to ensure the implementation of projects and other initiatives of smoking prevention at regional level a coordinating mechanism of regional focal points was established and is fully operational.

In order to expand the dissemination of smoking prevention information the Ministry of health is signing co-operation protocols with representatives of civil society and Television channels for free distribution of spots made by the General directorate of health.

Training on smoking prevention and treatment for health professionals and teachers is taking place at regional level every year.

In may 2018 a protocol of co-operation between the Secretary of State of Education and the Secretary of State of Health was signed, in order to reinforce the tobacco prevention in schools:

<https://www.sns.gov.pt/noticias/2018/05/30/juntos-contr-o-tabaco/>

The General Directorate of Education and the General Directorate of Health are working in order to reinforce smoking prevention in schools and promote a tobacco free generation:

<https://cidadania.dge.mec.pt/saude/comportamentos-aditivos-e-dependencias/tabaco>

---

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

C266. Pretesting and evaluation of educational campaigns are not always performed due to limited resources.

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Please attach the relevant documentation.

---

## **Tobacco advertising, promotion and sponsorship**

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

---

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

Yes ✓

---

Does your ban cover:

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

---

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

No ✘

---

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

Yes ✔

---

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

The total sponsorship and advertising ban already in place, since many years, for tobacco products, including the direct and indirect advertising and the points of sale advertising (since 1st January 2008), is also applicable to the electronic cigarettes and the herbal products for smoking since the 1st of January 2016.

Since January 2018 the advertising of cigarette paper, narguilés and devices for using heat-not-burn and electronic cigarettes are also not allowed.

---

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

Yes ✔

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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=xv9rgzhjdybti4a&lang=en> (<https://extranet.who.int/dataform/655321?token=xv9rgzhjdybti4a&lang=en>)

Under the Portuguese tobacco law the direct and indirect advertising is prohibited, including the points of sale advertising. Brand stretching is only permitted for brands already in the market before the 1st of January 2008.

Since January 2018 the advertising of cigarette paper, narguilés and devices for using heat-not-burn and electronic cigarettes are also not allowed.

---

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

C272: Contributions from tobacco industry are not allowed if these contributions can contribute in any way to promote tobacco products or the tobacco use.

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Please attach the relevant documentation.

No comment

File type "pdf"

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## **Demand reduction measures concerning tobacco dependence and cessation**

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

---

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

Yes ✓

---

programmes to promote cessation of tobacco use, including:

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

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

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

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

- tobacco control?
  - health?  
education?
- 

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

Yes ✓

---

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

- primary health care
  - secondary and tertiary health care  
specialist health-care systems (please specify below)  
specialized centres for cessation counselling and treatment of tobacco dependence
  - rehabilitation centres
  - Drugs and alcohol treatment health services
  - Other
-

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

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

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

Health professionals including:

- physicians
- dentists
- family doctors
- practitioners of traditional medicine
- other medical professionals (please specify below)
- nurses
- midwives
- pharmacists
- Community workers
- Social workers
- other (please specify)
- psychologists
- Other

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

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

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

Yes ✓

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

Since 2017 varenicline is co- paid (37%) by the NHS.

Some bupropiom products are also co-paid by the NHS.

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

- |                                     |                              |
|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | nicotine replacement therapy |
| <input checked="" type="checkbox"/> | bupropion                    |
| <input checked="" type="checkbox"/> | varenicline                  |
| <input checked="" type="checkbox"/> | other (please specify)       |
| nortriptyline, clonidine            | Other                        |

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

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

Please provide other details in the space below.

Nortriptyline and Clonidine are considered second line products for smoking cessation.

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

The National Programme for Smoking Prevention and Tobacco Control is putting lots of effort in the promotion of smoking cessation: Initiative with health professional undergraduate schools in order to improve the teaching of smoking cessation brief interventions. Training seminars on smoking cessation for health professionals. Computerization of the clinical records regarding smoking cessation brief interventions and intensive care.

In the past years the number of consultations to support smoking cessation in the NHS has increased, as well as the number of consultation units. In 2017, and for the first time, the reimbursement of anti-tobacco drugs subject to medical prescription was implemented.

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=xv9rgzhjdybti4a&lang=en>

(<https://extranet.who.int/dataform/655321?token=xv9rgzhjdybti4a&lang=en>)

Portugal has National guidelines for smoking cessation based on brief interventions and intensive consultations totally aligned with FCTC article 14 guidelines. In august 2015 the network for smoking cessation care at the National Health Service was approved by a legal act. In The National Health Service (NHS), all Primary Care units of health centers are running a Smoking cessation consultation for intensive smoking cessation treatment. Brief smoking cessation consultations are being promoted in the NHS. An electronic record for smoking cessation care was introduced in the NHS.

---

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

C287. The consultation for intensive care for smoking cessation are free of charge in the NHS and public rehabilitation centers for alcohol and drugs treatment. Private services and rehabilitation services are not covered.

---

Please attach the relevant documentation.

---

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

*With reference to Articles 15–17*

---

#### **Illicit trade in tobacco products**

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

---

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

Yes ✓

---

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

Yes ✓

---

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

Yes ✓

---

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

Yes ✓

---

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

Yes ✓

---

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

Yes ✓

---

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

Yes ✓

---

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

Yes ✓

---

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

Yes ✓

---

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

Yes ✓

---

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

Yes ✓

---



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

Yes ✓

---

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

Yes ✓

---

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

Portugal have ratified the Illicit Trade Protocol of the FCTC on June/ 2015, however, the measures we describe over the next paragraphs were already implemented long before 2015. A recent assessment lead us to the conclusion that the framework in use is effective and contributing to the implementation of article 15 as it is, so there were not major changes to the status quo existent before ratification.

As competent authority responsible for applying the customs and the excise legislation, Portuguese Tax and Customs Authorities (AT) may carry out any controls they deem necessary, namely, examining goods, taking samples, verify the accuracy and completeness of the information given in a declaration or any other document, , examining the accounts of economic operators and other records, inspecting means of transport, inspecting luggage and other goods carried by or on persons and carrying out official enquiries and other similar acts.

For this purpose, AT implemented methods of risk management, based on risk analysis making use of electronic data processing techniques, with the purpose of identifying and evaluating the risks and developing the necessary counter measures and to differentiate between the levels of risk associated with goods subject to control or supervision and to determine whether the goods will be subject to specific controls, and if so, where.

As a result of threat assessments, AT implemented a number of risk profiles, in the automated targeting system associated to the import/ export/ excise declarations systems. These measures have a double role of monitoring and supervision of all tobacco products that circulate under suspension (meaning traditional own resources plus excise or just excise) and potential identification of high risk consignments, as a result of implementation of specific risk criteria.

Portuguese Tax and Customs Authority as powers of criminal investigation, which provides Customs with extra-capacity on fighting certain forms of criminality associated with smuggling of tobacco products.

These powers are exercised by Customs as sole responsible or in special demanding investigation, in close cooperation either with OLAF and/ or with other national law enforcement.

The cooperation between national and international agencies is an important tool in the scope of investigations, prosecutions and proceedings with a view to eliminating illicit trade in tobacco products, and whenever it is needed it is used by Portugal.

AT also have in place systems especially conceived for collection of all information on controls and respective results of control, enabling us a general picture of all data concerning illicit trafficking of tobacco products.

(...)

---

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

---

Please attach the relevant documentation.

---

## Sales to and by minors

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

---

prohibiting the sales of tobacco products to minors?

Yes ✓

---

Please specify the legal age:

18

---

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

Yes ✓

---

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

Yes ✓

---

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

Yes ✓

---

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

Yes ✓

---

prohibiting the sale of tobacco products from vending machines?

No ✗

---

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

Yes ✓

---

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

to the public?

to minors?

---

prohibiting the sale of cigarettes individually or in small packets?

Yes ✓

---

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

Yes ✓

---

prohibiting the sales of tobacco products by minors?

Yes ✓

---

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

---

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

---

Please attach the relevant documentation.

---

## Provision of support for economically viable alternative activities

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

---

promoting economically viable and sustainable alternatives for:

tobacco growers? 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?

No

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

Please attach the relevant documentation.

## C4. OTHER MEASURES AND POLICIES

*With reference to Articles 18–21*

### **Protection of the environment and the health of persons**

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

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

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

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

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

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

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

No

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

---

Please attach the relevant documentation.

---

## Liability

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

---

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

No

---

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

No

---

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.

no data available

---

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

---

Please attach the relevant documentation.

---

## Research, surveillance and exchange of information

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

---

developing and/or promoting research that addresses:

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

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

Yes ✓

---

a national system for epidemiological surveillance of:

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

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

INE/INSA, National Health Survey 2014

Health Behaviour of School-aged Children, 2014

ESPAD PT 2015 and ECATD-CAD/2015

Balsa C., Vital C., Urbano C. IV Inquérito Nacional ao Consumo de Substancias Psicoativas na População Geral, Portugal 2016/17. I relatório final. Lisboa: SICAD – Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências; 2017.

Instituto Nacional de Saúde Doutor Ricardo Jorge. 1º Inquérito Nacional de Saúde com Exame Físico (INSEF 2015):

Determinantes de Saúde. Lisboa: INSA IP, 2017.

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

Yes.

National Health Survey - 2020/2021

ESPAD /ECATD 2020

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.

No progress to report.

---

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

---

Please attach the relevant documentation.

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## D. INTERNATIONAL COOPERATION AND ASSISTANCE

Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:

---

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

Assistance provided	No
Assistance received	No

---

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

Assistance provided	No
Assistance received	No

---



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

Assistance provided No

Assistance received No

---

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

Assistance provided No

Assistance received No

---

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

Assistance provided No

Assistance received No

---

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

Assistance provided No

Assistance received No

---

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

---

If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.

---

Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention?

No ✕

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## E. PRIORITIES AND COMMENTS

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

Raise taxes on tobacco products

Increases information and health literacy about the risks of tobacco use and exposure to tobacco smoke, novel tobacco products and electronic cigarettes. Reinforce the role of the civil society.

Prevention of smoking initiation. Training of teachers of primary and secondary education.

Training of health professionals (pre and post-graduate) in smoking cessation treatment and prevention.

Promotion of brief smoking cessation interventions.

Promotion of media campaigns.

Develop research, monitoring, evaluation and knowledge translation.

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

No ✘

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

The pressures from the tobacco industry and affiliated sector.

The rise on the market of novel tobacco products and nicotine tobacco products and the industry harm reduction arguments.

Difficulties in getting co-operation with other sectors.

Social awareness about smoking risks is still low. Low perception of risk.

Social acceptance of smoking.

Low investment in the undergraduate training of health professionals in smoking cessation and prevention.

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)

Smokeless tobacco products for chewing and inhaling. Other oral tobacco is not allowed.

Other

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

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

---

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

Portugal applies the Tobacco Products Directive 2014/40/CE of 3th april, of the Parliament and European Council.

Regarding smokeless tobacco, according with this Directive, the placing on the market of tobacco for oral use is prohibited. Only products for chewing and inhaling are authorized.

Electronic non nicotine delivery systems are not covered by the tobacco legislation. They are covered by the consumers protection legislation.

---

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

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

A new chapter in Novel Tobacco products and electronic cigarettes should be included.

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