



4PCAN

# D2.3 – Tobacco regulation and legislation analysis

2024

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## List of Abbreviations

EU: European Union

TAD: Tobacco Advertising Directive

WHO: World Health Organization

WHO FCTC: WHO Framework Convention on Tobacco Control

EU TPD: EU Tobacco Products Directive

TCS: Tobacco Control Scale

EBCP: Europe's Beating Cancer Plan

WP: Work Package

TTD: Tobacco Taxation Directive 2011/64/EU

COP: Conference of the Parties

ECL: European Cancer Leagues

NRT: Nicotine-related therapy

CSR: Corporate Social Responsibility Activities

RYO: roll-your-own tobacco

# Executive Summary

- **Purpose**

To assess the implementation of the EU Directives (TPD 2014, TAD 2003, TTD 2011) in the field of tobacco control at the national level for EU countries and assess the national policy, legislation, and regulatory framework for tobacco control in non-EU countries within 4P-CAN Consortium.

- **Objectives and scope of the deliverable**

The Deliverable 2.3 presents an overview of the tobacco control policies and actions currently in place at the EU and non-EU countries of the consortium. This report aims at providing useful information to the scientific community and the policy makers in order to support further actions in the field of Tobacco Control.

- **Intended audience**

Scientific community, Academia, Civil society, Policy makers, European citizens

- **Methodology**

The analysis is based on conducting a scoping review of publicly available information regarding the tobacco control legislative framework and in-depth interviews with relevant national stakeholders.

The analysis was conducted based on publicly available information regarding the tobacco control legislative framework and in-depth interviews with relevant national stakeholders. The data are included in one analytic country report (D2.3), composed of brief reports from each country (information at the EU level can be easily aggregated, but information from non-EU countries will need more specific attention) and inform the policy recommendations in WP6, in the context of WHO Framework Convention on Tobacco Control.

- **Most important findings**

The WHO Framework Convention on Tobacco Control (FCTC) is a global treaty aimed at reducing tobacco consumption. While all 4P-CAN countries are Parties to the WHO FCTC, countries vary in levels of implementation. More pronounced differences exist between EU and non-EU countries. Many EU countries have advanced tobacco control policies that align with the WHO FCTC through transposition of EU Directives, such as the EU Tobacco Products Directive (EU TPD) the EU Audiovisual Medial Services Directive, Tobacco Taxation Directive, along with the Council Recommendations on Smoke-Free Environments. However, even across the 4P-CAN EU countries, wide disparities in tobacco control policy implementation exist, consistent with previous studies examining implementation rate across the WHO European Region (Bertollini et al., 2016, Glahn et al., 2018).

The Tobacco Control Scale (TCS) rankings show significant variation, with Ireland ranking 1st and countries like Bulgaria (33rd) and Ukraine (30th) at the lower end of the scale (out of 37 countries). This reflects differing levels of tobacco control measures across the region. Similarly, adult tobacco smoking prevalence in 2020 ranged from Ireland (17.0%), Portugal (17.0%), Italy (18.6%), Republic of Moldova (25.2%), Ukraine (26.6%), Romania (30.2%), France (30.4%), Montenegro (35.7%), Bulgaria (36.0%), to Republic of North Macedonia (46.0%). Studies indicate that countries with higher scores on the TCS and greater implementation of tobacco control policies are associated with reduced smoking prevalence and higher rates of quitting (Feliu et al., 2019, Hublet et al., 2009, Serrano-Alarcón et al., 2019), particularly among lower socioeconomic groups (Hu et al., 2017).

Most 4P-CAN countries have robust excise taxation levels on cigarettes, with countries like Belgium (79.9%), France (83.8%), and Bulgaria (85.3%) implementing complete measures. Lower levels of taxation are observed in Republic of Moldova (65.4%), Romania (69.1%), and Ukraine (70.7%). In Belgium, Montenegro, Republic of Macedonia, and Ukraine, cigarettes became less affordable since 2012. However, there was no change in affordability since 2012 in Republic of Moldova and Italy and cigarettes were not less affordable since 2012 in Bulgaria, Ireland, Portugal and Romania. This may undermine the effectiveness of tax measures in curbing smoking, indicating the need for strengthening measures that make cigarettes less affordable. Despite higher tobacco taxes in some EU countries, a study found there is no significant association between cigarette prices and reported being offered illicit cigarettes, however, countries that share borders with non-EEA were found to be associated with illicit trade (Filippidis et al., 2020).

Strong smoke-free policies are in place in some countries like Republic of Moldova, Ireland and Romania which have complete measures with high compliance (10, 9, and 8 respectively). Ukraine and Republic of North Macedonia also have comprehensive measures, but compliance is unknown. In contrast, countries like Belgium, France, Italy, and Montenegro have weaker policies, with minimal or incomplete smoke-free environments, resulting in insufficient protection from secondhand smoke exposure. Measures could also be strengthened in Portugal, where there is moderate coverage. This gap highlights the need for stricter enforcement and expansion of smoke-free laws in these regions (Mlinarić et al., 2020). Smoke-free legislation in European countries have led to a significant decrease in secondhand smoke exposure (Olivier et al., 2018, Nogueira et al., 2022) and have also encouraged the establishment of smoke-free homes (Mons et al., 2013).

In accordance with the EU TPD, all EU countries prohibit characterising flavours and ingredients that facilitate nicotine uptake, impression of health benefits or associated with energy and vitality and require the disclosure of tobacco product contents and emissions to the government and public. Republic of Moldova and Ukraine have similar measures in place. However, Montenegro does not ban flavours and only requires disclosure of tobacco product contents and emissions to the government, but not to the public.

All EU countries, as per the EU TPD, along with Republic of Moldova and Ukraine, require pictorial health warnings to cover 65% of cigarette packs. Montenegro and Republic of North Macedonia lag behind with requiring health warnings to only cover 35% of the package. Plain packaging has only been implemented in Belgium, Bulgaria, France, and Ireland. None of the non-EU countries have implemented plain packaging. While larger health warning labels, including pictorial warnings, have been effective in reducing appeal and enhancing salience of health warning labels (Kahnert et al., 2020, plain packaging has shown even greater effects (Aleyan et al., 2020, Babineau & Lancy, 2015).

Except for France, Ireland and Ukraine, all other countries have weak or no anti-tobacco mass media measures in place, highlighting the need for more concentrated efforts on promoting education, communication, training and public awareness.

Regarding banning tobacco advertising, promotion, and sponsorship, countries like Ukraine, Republic of Moldova, and France have complete measures in place with high compliance (9). However, the remaining countries only have moderate measures in place, with Bulgaria and Portugal having lower levels of compliance.

Cessation services are uneven across the 4P-CAN countries, with differences between EU and non-EU countries. Toll-free quit lines are only available in Belgium, Bulgaria, Ireland, Italy, Romania, Republic of Moldova, and Ukraine.

Some 4P-CAN countries are Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products, including Belgium, France, Ireland, Republic of Moldova, Montenegro, the Republic of North Macedonia. All EU countries, along with Montenegro and Ukraine have a tracking and trace system. All 4P-CAN countries, except for Belgium have licensing or other actions to control or regulate production and distribution.

All 4P-CAN countries have a minimum age of 18 for purchasing tobacco and ban the sale of single cigarettes, but there is wide variability in other types of sales restrictions policies. All four non-EU countries, but only France in the EU, ban the sale of tobacco products in vending machines. Internet sales are banned in most countries except for Ireland, Montenegro, and the Republic of

North Macedonia. Imitation tobacco products are only banned in some countries, including Belgium, Bulgaria, Ireland, Italy, and the Republic of North Macedonia.

- **Conclusions and main recommendations**

- Increase excise tax on cigarettes in Republic of Moldova, Romania, and Ukraine.
- Reduce affordability of cigarettes, particularly in Bulgaria, Ireland, Italy, Republic of Moldova, Portugal, and Romania.
- Expand cessation programmes in all countries, including a toll-free quit line in France, Portugal, Montenegro, and the Republic of North Macedonia.
- Become a Party of the Protocol to Eliminate Illicit Trade in Tobacco Products (Bulgaria, Italy, Portugal, Ukraine).
- Implement a tracking and trace system in Republic of Moldova and Republic of North Macedonia, and licensing in Belgium.
- Increase the minimum legal age of tobacco from 18 to 20+ in all countries.
- Ban the sale of tobacco products in vending machines in Belgium, Bulgaria, Ireland, Italy, Portugal, and Romania.
- Ban imitation tobacco products in Belgium, Bulgaria, Ireland, Italy, and Republic of North Macedonia.
- Ban the sale of tobacco products on the internet in Ireland, Montenegro, and the Republic of North Macedonia.
- Implement plain packaging in Italy, Portugal, Romania, Republic of Moldova, Montenegro, Republic of North Macedonia, and Ukraine.
- Increase the size of health warnings in Montenegro and the Republic of North Macedonia.
- Full implementation of the actions under the Europe's Beating Cancer Plan (EBCP) aiming at the creation of a "Tobacco-Free Generation", where less than 5% of the population uses tobacco by 2040.

# Deliverable Introduction

## Overview of 4P-CAN

The 4P-CAN project ambitiously delivers a four-year implementation research and innovation programme, combining social innovations, together with data integration and real-life real-time simulations and testing (living lab), and enabling citizens to be the central part of the knowledge co-creation process, for the study of factors that influence cancer primary prevention at a meta and macro level (political, commercial determinants), at the meso level (regional, socio-economic, informational determinants), and at the micro level (individual attributes and personal networks). Overall, the 4P-CAN methodology follows a two steps logical approach: 1. Theoretical phase, composed of retrospective and prospective research (qualitative and quantitative methods) - WP2,3; and 2. The implementation phase, consists of communication campaigns, Living-labs and data integration (WP4,5). **The current deliverable falls within Phase 1: Theoretical phase.**

## Deliverable objective and scope

To conduct a scoping review to systematically search for, and synthesis research evidence based on the PRISMA-ScR checklist, for tobacco legislations and policies across the 4P-CAN countries. This activity was conducted as part of Work Package 2, Task T2.2.1, Deliverable D2.3 (see box to right).

**T2.2.1** Tobacco control directives/legislation implementation; Co-lead: ENSP & ASE, Participants: All



Evaluate the existing legislation and policies related to risk factors such as tobacco, alcohol, and vaccination in different countries. This analysis will provide insights into the effectiveness of current preventive measures.

## Background on tobacco consumption and regulations in Europe

Tobacco consumption is the single largest avoidable health risk, and still the most significant cause of premature death in the European Union (EU), responsible for nearly 700,000 deaths every year. Around 50% of smokers die prematurely (on average 14 years earlier). At the same time, tobacco consumption continues to be the leading cause of preventable cancer, with 27% of all cancers attributed to tobacco use. By eliminating tobacco use, nine out every ten cases of lung cancer could be avoided. According to the Special Eurobarometer 506, smoking rates in 2020 remained consistently high across the EU (25%) and a still high number of youth (21%) are taking up smoking.

Different tools and approaches are used to address the matter of (still high) tobacco consumption, including binding legislation: Tobacco Products Directive (TPD) 2014/40/EU(19), Tobacco Advertising Directive (TAD) 2003/33/EC and Tobacco Taxation Directive 2011/64/EU (TTD), the support and coordination amongst Member States (e.g. Council Recommendation on Smoke-Free Environments), international cooperation activities (in particular in the context of the WHO Framework Convention on Tobacco Control (FCTC)). The new Europe's Beating Cancer Plan (EBCP)(20) calls for the creation of a "Tobacco-Free Generation", where less than 5% of the population uses tobacco by 2040. The challenge in front it is big, as the landscape of the tobacco and related products sector has changed considerably since the implementation of both directives.

### Relation to other WPs and deliverables

The present deliverable is linked with: WP6

### Content of the deliverable

Different tools and approaches are used to address the matter of tobacco consumption, including binding legislation: Tobacco Products Directive (TPD) 2014/40/EU(19), Tobacco Advertising Directive (TAD) 2003/33/EC and Tobacco Taxation Directive 2011/64/EU (TTD), international cooperation activities (in particular in the context of the WHO Framework Convention on Tobacco Control (FCTC) and the available scientific literature for the EU and non-EU countries of the consortium.

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## 4P-CAN Countries

*EU Countries: Belgium, Bulgaria, Ireland, Italy, France, Portugal, and Romania*

*Non-EU Countries: Republic of Moldova, Montenegro, Republic of North Macedonia, and Ukraine*

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### Criteria

Eligible studies or documents were included if they met the criteria below:

- Outcomes: describes, includes, or indicates performance indicators of countries of the 4P-CAN consortium for assessment of cancer primary prevention *actions/initiatives/policies* to reduce the burden of tobacco use.

Documents were divided in two major categories:

- Studies, including scoping or systematic reviews, as well as quantitative or qualitative studies, concerning cancer primary prevention *actions/initiatives/policies* as mentioned above;
- Grey literature documents that describe performance indicators for monitoring or assessment of the indicated *actions/initiatives/policies*, including but not limited to government documents, policy literature, reports, and evidence synthesis from relevant national and international organizations.
- Other criteria:
  - Published in English language and research team's native languages;
  - Publications of the last 15 years.
  - Not a commentary or conference abstract

References that did not meet these criteria were excluded and documents that met the criteria were shortlisted for inclusion in the review.

## Search Strategy

The search strategy aimed to capture documents and studies that reported on implementation of tobacco regulation and legislation in the countries of the 4P-CAN consortium.

Databases searched include Medline and Embase, indexed until 28 January 2024. For the literature search, the following keywords and Boolean operators were used:

### Medline

<ul style="list-style-type: none"> <li>▪ Tobacco/ OR</li> <li>▪ Tobacco Products/ OR</li> <li>▪ Cigar* OR</li> <li>▪ Smoking/ OR</li> <li>▪ Smok*</li> </ul>	AND	<ul style="list-style-type: none"> <li>▪ European Union/ OR</li> <li>▪ Romania/ OR</li> <li>▪ Belgium/ OR</li> <li>▪ Bulgaria/ OR</li> <li>▪ Portugal/ OR</li> <li>▪ Ireland/</li> <li>▪ Italy/ OR</li> <li>▪ Moldova/ OR</li> <li>▪ Ukraine/ OR</li> <li>▪ Republic of North Montenegro/</li> </ul>	AND	<ul style="list-style-type: none"> <li>▪ Policy/ OR</li> <li>▪ Regulation OR</li> <li>▪ Law OR</li> <li>▪ Legislation/ OR</li> <li>▪ Directive OR</li> <li>▪ WHO FCTC OR</li> <li>▪ Framework Convention</li> </ul>
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### Embase

<ul style="list-style-type: none"> <li>▪ Tobacco/ OR</li> <li>▪ Tobacco products OR</li> <li>▪ Cigarette smoking/</li> <li>▪ Cigar* OR</li> <li>▪ Smoking/ OR</li> </ul>	AND	<ul style="list-style-type: none"> <li>▪ European Union/ OR</li> <li>▪ Romania/ OR</li> <li>▪ Belgium/ OR</li> <li>▪ Bulgaria/ OR</li> <li>▪ Portugal/ OR</li> <li>▪ Italy/ OR</li> <li>▪ Moldova/ OR</li> <li>▪ Ukraine/ OR</li> <li>▪ Montenegro (republic) /</li> </ul>	AND	<ul style="list-style-type: none"> <li>▪ Policy/ OR</li> <li>▪ Regulation OR</li> <li>▪ Law/ OR</li> <li>▪ Legislation OR</li> <li>▪ Directive OR</li> <li>▪ WHO FCTC OR</li> </ul>
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▪Smok*				▪Framework Convention ▪Tobacco control/
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Grey literature documents were searched in the following tobacco-specific repositories.

## Tobacco-specific repositories

- **WHO reports on the global tobacco epidemic**  
(<https://www.who.int/teams/health-promotion/tobacco-control/global-tobacco-report-2023>)
- **WHO FCTC implementation progress reports**  
Global Progress reports: (<https://fctc.who.int/who-fctc/reporting/global-progress-reports>)  
(<https://fctc.who.int/who-fctc/reporting/implementation-database>)  
(<https://untobaccocontrol.org/impldb/>)
- **Global Tobacco Control Progress Hub**  
(<https://public.tableau.com/app/profile/globalprogresshub>)
- **Tobacco Control Laws** (<https://www.tobaccocontrollaws.org/>)
- **Tobacco Control Scale** (<https://www.tobaccocontrolscale.org/>)
- **Global Tobacco Industry Interference Index** (<https://globaltobaccoindex.org/>)
- **MPOWER** (<https://www.who.int/initiatives/mpower>)

Covidence was used to guide the review team, namely, by identifying duplicates, organising the citations, and helping implement independent decision making according to the eligible criteria. The literature search was conducted and citations were imported into the Covidence managing system.

## Study Selection

Two reviewers screened the databases. A three stages approach was used in order to include/exclude studies in the final review process. Initially, duplicate studies were excluded and after that, the screening process took place based on (1) title, (2) abstract and finally (3) the full text. Discrepancies regarding article selection was solved by consensus with the team. The **PRISMA flow diagram** of number of number of records identified, included and excluded is presented below.

**Identification of studies via databases and registers**
**Identification of studies via other methods**
**Identification**

 Records identified from:  
 Databases (n = 979)  
 Embase (n=709)  
 MEDLINE (n=270)

 Records removed *before screening*:  
 Duplicate records removed  
 (n = 185)

 Records identified from  
 Repositories n=77 (7  
 repositories/reports x 11  
 countries)  
 Pub med/ citation searching=  
 n=56

**Screening**

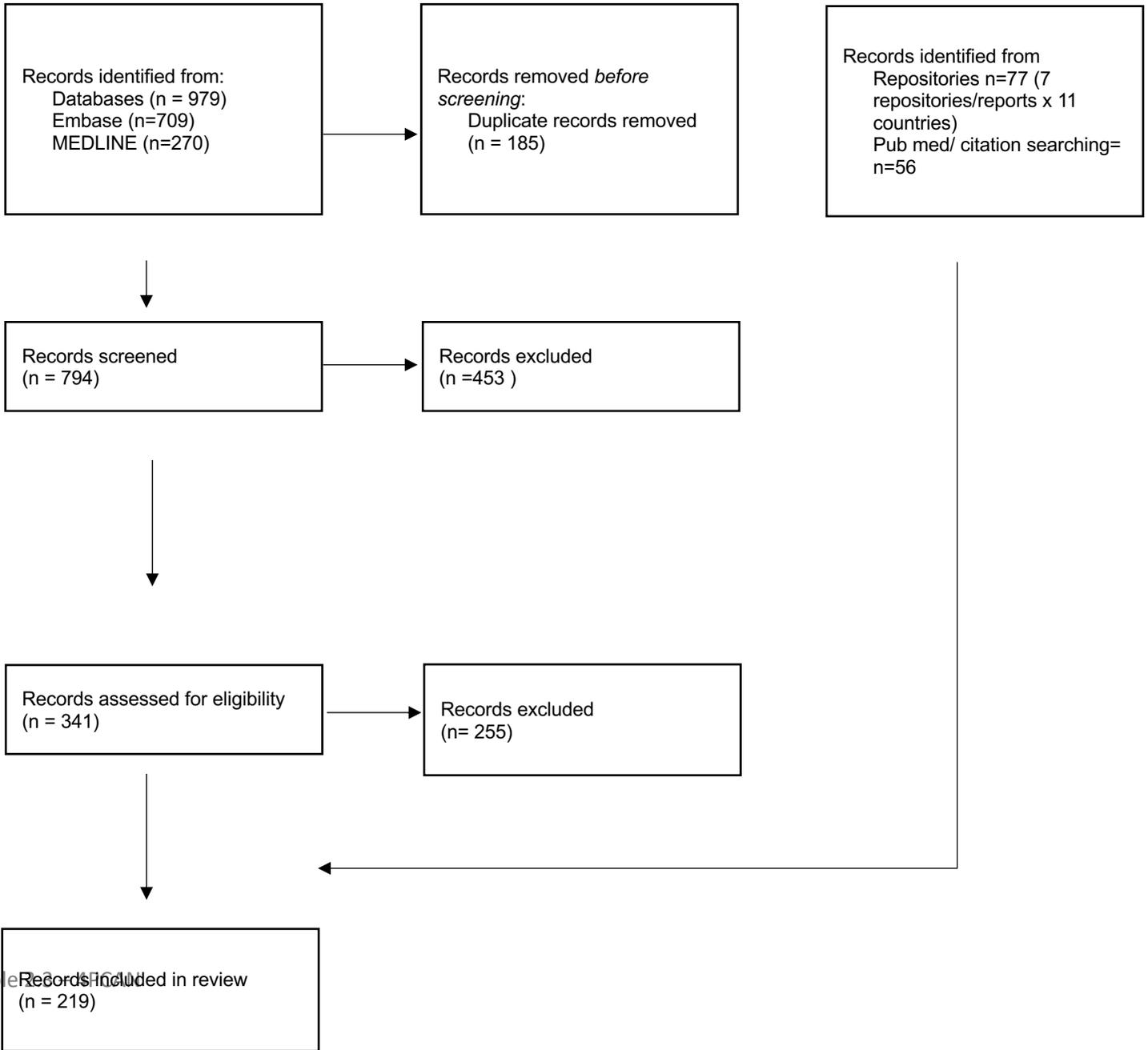
 Records screened  
 (n = 794)

 Records excluded  
 (n =453 )

 Records assessed for eligibility  
 (n = 341)

 Records excluded  
 (n= 255)

**Included**

 Records included in review  
 (n = 219)




*Adapted From:* Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71.

## Data Collection Process, and Extraction

The selected documents were reviewed by two reviewers. A data extraction form was used that included the following data categories:

- Authors,
- Year of publication,
- Country,
- Type of document (study, review (scoping or systematic), evidence synthesis report, non-governmental report, governmental program/plan, governmental evaluation/monitoring report, legislation, dashboard)
- Aim/objective (study objective, present government policy/program/plan, report evaluation of government policy/program/plan, evidence synthesis, etc.)
- Policies, strategies, or action plans on tobacco examined
- Performance indicators included
- Results

## Critical appraisal

No critical appraisal was conducted due to the diversity of study types and that much of the review included grey literature/ data from repositories.

## Synthesis of the Results

Overall results are organised by global and EU-wide tobacco control policy initiatives and indicators. Country-specific reports provide details on various indicators as well as reports on the status of implementing tobacco control regulations, primarily organised around measures of the WHO Framework Convention on Tobacco Control. Additional data from database searches are described.

# RESULTS

## The World Health Organization Framework Convention on Tobacco Control (WHO FCTC)

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) is a global treaty established by the World Health Organization (WHO) in 2003 to address the health and economic consequences of tobacco consumption and exposure to tobacco smoke. Within the context of Europe, the WHO FCTC has played a significant role in shaping tobacco control policies and efforts across the region. Many European countries have ratified the WHO FCTC, signaling their commitment to its principles and guidelines. The treaty provides a framework for countries to develop and implement evidence-based tobacco control measures. The WHO FCTC includes a range of key provisions and guidelines, such as: (1) Price and Tax Measures: Encouraging countries to use taxation as a tool to increase the price of tobacco products, thereby reducing consumption. (2) Protection from Exposure to Tobacco Smoke: Promoting the creation of smoke-free environments in public places and workplaces to protect individuals from secondhand smoke. (3) Regulation of Tobacco Product Packaging and Labeling: Advocating for standardized packaging and prominent health warnings on tobacco products to discourage consumption. (4) Ban on Tobacco Advertising, Promotion, and Sponsorship: Urging countries to restrict or prohibit tobacco advertising, promotion, and sponsorship to reduce the appeal of tobacco products, especially to young people. (5) Tobacco Product Regulation: Encouraging countries to regulate the contents and emissions of tobacco products to make them less harmful. (6) Support for Smoking Cessation: Promoting the establishment of cessation programs and services to help smokers quit.

Specifically, the substantive articles of the WHO FCTC are as follows:

### *Demand reduction measures:*

- Article 6: Price and tax measures to reduce the demand for tobacco
- Article 8: Protection from exposure to tobacco smoke
- Article 9: Regulation of the contents of tobacco products
- Article 10: Regulation of tobacco product disclosures
- Article 11: Packaging and labelling of tobacco products
- Article 12: Education, communication, training and public awareness

- Article 13: Tobacco advertising, promotion and sponsorship
- Article 14: Demand reduction measures concerning tobacco dependence and cessation

#### *Supply reduction measures*

- Article 15: Illicit trade in tobacco products
- Article 16: Sales to and by minors
- Article 17: Provision of support for economically viable alternative activities

In Europe, the WHO FCTC operates in conjunction with the WHO Regional Office for Europe. This regional office provides support and guidance to European countries in implementing and monitoring the treaty's provisions. It also facilitates collaboration and the exchange of best practices among member states. European countries that are party to the WHO FCTC regularly collect and report data on tobacco use, tobacco control policies, and their impact. This data is used to assess progress and inform future policy decisions. While many European countries have made significant progress in implementing WHO FCTC provisions, challenges remain. These include issues related to the tobacco industry's efforts to undermine tobacco control measures, cross-border tobacco trade, and emerging products like e-cigarettes.

The WHO FCTC is an important global treaty that has influenced and guided tobacco control efforts in Europe. It provides a comprehensive framework for countries in the region to adopt and implement evidence-based policies to reduce tobacco use, protect public health, and address the economic and social consequences of tobacco consumption. Collaboration between European countries and the WHO Regional Office for Europe has further advanced these efforts.

## **EU Tobacco Legislations and Initiatives**

### **Tobacco Products Directive (TPD) 2014/40/EU(19) (EU TPD)**

The Tobacco Products Directive (TPD) 2014/40/EU is an EU directive that regulates the manufacturing, presentation, and sale of tobacco and related products within the EU. The key provisions include: (1) Standardized Packaging: The TPD introduced strict rules for the packaging of tobacco products, including standardized color, shape, and size. Graphic health warnings must cover a

significant portion of the packaging. (2) Ingredients Regulation: The TPD regulates the ingredients used in tobacco products, particularly additives that could make cigarettes more addictive or harmful. (3) Nicotine and Tar Levels: The directive limits the maximum nicotine and tar levels in cigarettes and roll-your-own tobacco, aiming to reduce their addictiveness and harm. (4) Health Warnings: The TPD mandates large graphic health warnings on both cigarette packs and roll-your-own tobacco pouches. These warnings include images and text highlighting the health risks of smoking. (5) Ban on Characterizing Flavors: The directive bans the use of characterizing flavours (e.g., menthol) in tobacco products to discourage youth initiation. (6) Regulation of E-cigarettes: The TPD covers electronic cigarettes (e-cigarettes) and sets out safety and quality standards for these products. It also imposes restrictions on advertising and marketing of e-cigarettes. (7) Maximum Nicotine Concentration: E-cigarettes are limited in terms of nicotine concentration to ensure they are not excessively addictive. (8) Reporting and Notification: Manufacturers must notify authorities of new products and ingredients, ensuring transparency and safety. (9) Cross-Border Sales: The TPD regulates cross-border distance sales of tobacco products to prevent illegal trade and ensure compliance with regulations. (10) Retailer Regulations: The directive establishes rules for the sale of tobacco products, including age verification measures and display restrictions in retail settings. (11) Tracking and Tracing: The TPD includes provisions for tracking and tracing tobacco products to combat illicit trade and tax evasion. (12) Promotion and Advertising Restrictions: The TPD restricts the advertising and promotion of tobacco and related products, with a particular emphasis on protecting youth from exposure to such marketing. Overall, the TPD 2014/40/EU aims to improve public health by reducing the attractiveness of tobacco products, minimizing their addictiveness, and ensuring better regulation of emerging products like e-cigarettes within the EU member states.

## **Tobacco Advertising Directive (TAD) 2003/33/EC**

The Tobacco Advertising Directive (TAD) 2003/33/EC is an EU directive that regulates the advertising and sponsorship of tobacco products within the EU. The key provisions include: (1) Ban on Tobacco Advertising: The TAD imposes a comprehensive ban on cross-border advertising of tobacco products in print media, radio, and the internet. It also restricts advertising in international publications distributed within the EU. (2) Ban on Tobacco Sponsorship: The directive prohibits tobacco sponsorship of international events or activities with

cross-border effects. (3) Limited Exceptions: There are limited exceptions to the advertising ban, primarily related to trade publications and point-of-sale advertising within member states. (4) Health Warnings: The directive requires that health warnings occupy a significant portion of any remaining advertising space, emphasizing the health risks associated with tobacco use. (5) Protection of Young People: The TAD emphasizes protecting young people from exposure to tobacco advertising and promotional activities, aiming to discourage youth initiation. (6) Disclosure Requirements: It requires transparency in disclosing information about promotional events and the recipients of sponsorships to facilitate monitoring and enforcement. (7) Promotion of Smoking Cessation: The directive encourages the promotion of smoking cessation programs and information to counterbalance the effects of tobacco advertising. (8) Promotion of Smokeless Tobacco: The TAD regulates the advertising of smokeless tobacco products, applying similar restrictions as those for smoked tobacco. Member states were given a transition period to align their national laws with the directive's provisions. In summary, the Tobacco Advertising Directive (TAD) 2003/33/EC is an EU regulation that imposes a comprehensive ban on cross-border tobacco advertising and sponsorship while emphasizing the protection of public health, particularly with regard to young people. It also requires transparency in advertising-related activities and encourages smoking cessation efforts.

### **Tobacco Taxation Directive 2011/64/EU (TTD)**

The Tobacco Taxation Directive 2011/64/EU (TTD) is an EU directive that establishes the minimum excise tax rates and rules for the taxation of tobacco products within the EU. Its key provisions include: (1) Minimum Excise Tax Rates: The TTD sets minimum excise tax rates for cigarettes, roll-your-own tobacco, and other tobacco products. These minimum rates are designed to ensure a baseline level of taxation across EU member states. (2) Specific and Ad Valorem Taxes: The directive allows member states to apply either specific excise taxes (based on the quantity or weight of tobacco products) or ad valorem excise taxes (based on the retail price) or a combination of both. (3) Provisions for Emerging Products: The TTD addresses new and emerging tobacco products, ensuring that they are subject to appropriate taxation and that tax rates are periodically reviewed and updated. (4) Anti-Avoidance Measures: It includes measures to prevent tax avoidance and smuggling of tobacco products, such as the use of tax stamps, track-and-trace systems, and effective cooperation among member states. (5) Consumer Information: The directive requires member states to inform consumers

about the tax paid on tobacco products to promote transparency. (6) Reporting and Data Sharing: Member states are required to share information and data related to tobacco taxation with one another and with the European Commission to facilitate monitoring and enforcement.

The TTD allows for transition periods to give member states time to align their national tax systems with the directive's provisions. While setting minimum tax rates, the directive also allows member states to set higher excise tax rates if they choose to do so, provided that they comply with EU law. In summary, the Tobacco Taxation Directive 2011/64/EU (TTD) is an EU directive that establishes minimum excise tax rates and rules for the taxation of tobacco products to ensure a common approach to taxation across member states, discourage tax avoidance, and support public health objectives by increasing the price of tobacco products. It also provides flexibility for member states to set higher tax rates if they wish to do so.

## **Council Recommendation on Smoke-Free Environments**

The Council Recommendation on Smoke-Free Environments is a non-binding recommendation issued by the Council of the European Union to promote and encourage smoke-free environments in member states, including the following: (1) Protection of Public Health: The recommendation underscores the importance of protecting public health by reducing exposure to tobacco smoke and its harmful effects on both active and passive smokers. (2) Comprehensive Smoke-Free Legislation: It encourages EU member states to implement and strengthen comprehensive smoke-free legislation, covering indoor public places, workplaces, and public transport. (3) Effective Enforcement: Member states are urged to ensure the effective enforcement of smoke-free laws and regulations to create an environment free from exposure to tobacco smoke. (4) Promotion of Awareness: The recommendation calls for public awareness campaigns to inform citizens about the dangers of smoking and the benefits of smoke-free environments. (5) Support for Quitting: Member states are encouraged to provide support and resources to help smokers quit, including access to smoking cessation services and information. (6) Protection of Vulnerable Groups: The recommendation highlights the need to protect vulnerable groups, such as children, pregnant women, and non-smokers, from exposure to secondhand smoke. (7) International Cooperation: It emphasizes the importance of international cooperation and coordination in addressing cross-border smoke-free issues, such as in the context

of international transportation. (8) Data Collection and Reporting: Member states are encouraged to collect and report data on the implementation and impact of smoke-free policies to assess progress and make improvements. (9) Periodic Review: The recommendation suggests that member states periodically review and update their smoke-free legislation to align with best practices and emerging scientific evidence.

While providing guidance, the recommendation allows member states some flexibility in how they implement smoke-free policies to adapt to their specific circumstances. In summary, the Council Recommendation on Smoke-Free Environments is a non-binding guideline provided by the Council of the European Union to encourage EU member states to adopt and enforce comprehensive smoke-free legislation, protect public health, and raise awareness about the dangers of smoking. It also highlights the importance of supporting smoking cessation efforts and protecting vulnerable groups from secondhand smoke exposure.

### **EU Audiovisual Media Services Directive (2018/1808/EU)**

Directive (EU) 2018/1808 of the European Parliament and of the Council of 14 November 2018 amended Directive 2010/13/EU on the coordination of certain provisions laid down by law, regulation or administrative action in Member States concerning the provision of audiovisual media services (Audiovisual Media Services Directive) in view of changing market realities. The revised EU Audiovisual Media Services Directive extends the prohibition of audiovisual commercial communications of cigarettes and other tobacco products to electronic cigarettes and refill containers. This applies specifically to video-sharing platforms, which must now include and apply the rules in their terms and conditions. The revised Directive entered into force on 19 December 2018 with a transposition deadline of 19 September 2020. The Commission issued in July 2020 guidelines aimed at helping to identify video-sharing platform services covered by the Directive: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020XCO707%2802%29>. The Commission is also monitoring the implementation of the EU Audiovisual Media Services Directive, for example, through regular application reports. In 2021, a study covering advertising of tobacco and related products was published by the European Commission. See: <https://op.europa.eu/en/publication-detail/-/publication/66e35611-5d59-11ec-9c6c-01aa75ed71a1/language-en>

## Performance Indicators

Performance indicators for tobacco control include measures that assess trends in tobacco use and consequences of tobacco consumption on the health of populations, as well as the implementation and effectiveness of tobacco control measures. Based on the scoping review, the main indicators for tobacco use are described in the 4P-CAN country reports. These indicators help to gauge progress in tobacco control efforts, identify areas that require intervention, and inform evidence-based policies aimed at reducing tobacco-related harm and improving public health outcomes.

- **Smoking Prevalence:** This indicator measures the percentage of the population that currently smokes tobacco products. Separate measures are typically estimated for adults and for youth.
- **Youth Smoking Initiation:** Tracking the age at which individuals first start smoking helps identify trends in youth smoking initiation rates. It is essential to focus on preventing young people from taking up smoking, as early initiation increases the risk of long-term addiction and health consequences.
- **Secondhand Smoke Exposure:** This indicator assesses the extent of exposure to secondhand smoke, which is the inhalation of smoke by non-smokers in the presence of smokers. It is particularly important in indoor public places and homes, as secondhand smoke is harmful and can lead to health issues.
- **Tobacco-Related Mortality:** The number of deaths attributed to tobacco-related diseases, such as lung cancer, heart disease, and respiratory disorders, is a critical indicator of the health impact of tobacco use. It provides insights into the mortality burden caused by tobacco.
- **Tobacco-Related Diseases:** Monitoring the incidence and prevalence of specific tobacco-related diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD), and cardiovascular diseases, helps understand the health consequences of smoking.
- **Quitting Rates:** This indicator measures the percentage of smokers who successfully quit smoking within a defined period. High quitting rates are indicative of effective smoking cessation programs and policies.

- **Tobacco Product Sales:** Monitoring the sales of tobacco products, including trends in consumption and changes in product preferences, provides insights into market dynamics and can inform policy decisions.
- **Tobacco-Related Healthcare Costs:** Estimating the economic burden of tobacco-related healthcare costs, including hospitalizations, treatments, and lost productivity, helps demonstrate the financial impact of tobacco use on healthcare systems and economies.
- **Tobacco Control Policy Implementation:** Tracking the implementation and enforcement of tobacco control policies, such as smoke-free laws, graphic warning labels, and tobacco taxes, helps evaluate their impact on tobacco use and public health. Several tobacco policy implementation measures and scales exist to monitor progress. These include the following, which will be described in more detail below:
  - ❖ MPOWER
  - ❖ WHO FCTC Implementation
  - ❖ Tobacco Control Scale
  - ❖ Tobacco Industry Interference Index

## MPOWER

MPOWER is a comprehensive package of six key tobacco control measures recommended by the World Health Organization (WHO) to assist countries in reducing the global burden of tobacco-related diseases and deaths. Each letter in the MPOWER acronym represents one of these vital components, which serve as a framework for effective tobacco control policies: (1) **Monitor tobacco use:** This involves collecting and analyzing data related to tobacco use within a country. Monitoring helps governments and public health organizations understand trends, prevalence rates, and patterns of tobacco consumption. It provides essential information for designing targeted interventions and evaluating the impact of tobacco control measures. (2) **Protect people from tobacco smoke:** Protecting individuals from exposure to secondhand smoke is a fundamental element of tobacco control. This component includes implementing and enforcing laws and regulations that prohibit smoking in indoor public places, workplaces, and public transport. Such policies aim to create smoke-free environments and safeguard the health of non-smokers. (3) **Offer help to quit tobacco use:** Providing support for individuals who want to quit smoking is crucial. This component involves making cessation services and resources accessible and affordable. These services may include counseling, medication, quitlines, and community-based programs to assist people in quitting tobacco use. (4) **Warn about the dangers**

**of tobacco:** To raise awareness about the risks associated with tobacco use, governments should implement strong and effective health warning labels on tobacco product packaging. These labels typically include graphic images and messages highlighting the health consequences of smoking. This measure aims to deter people from starting to smoke and encourage current smokers to quit. (5) **Enforce bans on tobacco advertising, promotion, and sponsorship:** Restricting or prohibiting tobacco advertising, promotion, and sponsorship is essential to reduce the appeal of tobacco products, particularly among young people. Policies in this category may include bans on tobacco advertising in media, at point-of-sale locations, and during public events, as well as restrictions on tobacco industry sponsorship of sports and cultural events. (6) **Raise taxes on tobacco:** Increasing the price of tobacco products through taxation is a powerful tool for reducing tobacco consumption. Higher prices discourage smoking, especially among youth and vulnerable populations, while also generating revenue for public health initiatives. The WHO recommends that excise taxes on tobacco account for at least 70 percent of the retail price.

MPOWER serves as a roadmap for countries to implement evidence-based tobacco control policies and align their efforts with international best practices. When applied comprehensively, these measures can significantly reduce tobacco-related diseases and deaths, saving lives and reducing the social and economic costs associated with tobacco use.

## WHO FCTC Implementation

Monitoring progress in WHO FCTC (World Health Organization Framework Convention on Tobacco Control) implementation is a process that assesses the effectiveness of tobacco control measures and ensures adherence to treaty obligations. Parties that have ratified the WHO FCTC are obligated to submit periodic reports detailing their tobacco control efforts, including legislative changes and public health initiatives. The WHO FCTC Secretariat collects, reviews, and analyzes these reports. The Conference of the Parties (COP) convenes to discuss progress and make decisions on further actions. Additionally, independent research studies and surveys, along with collaboration with international organizations and civil society engagement, contribute to comprehensive monitoring.

## Tobacco Control Scale

The Tobacco Control Scale (TCS) in Europe is a tool developed by the Association of European Cancer Leagues (ECL) to assess and compare the effectiveness of tobacco control policies and measures implemented by different countries. It provides a standardized way to evaluate and rank countries based on the comprehensiveness of their tobacco control efforts. The scale takes into account a range of policies and initiatives aimed at reducing tobacco use and its associated health risks. The TCS considers various criteria and indicators to assess a country's tobacco control efforts. These criteria encompass different aspects of tobacco control policies, such as smoking bans, advertising restrictions, taxation, cessation support, and health warnings on tobacco products. Each criterion is assigned a specific score, reflecting the level of implementation and effectiveness of the policy in place. Higher scores are given to countries with more comprehensive and stringent tobacco control measures. Different criteria are assigned different weights based on their perceived importance in tobacco control. The TCS is updated regularly for ongoing monitoring of countries' progress and the adaptation of the scoring system to evolving tobacco control challenges. The latest available TCS is for 2021, which assessed 37 European countries, including the following 4P-CAN countries: all of the EU countries—Belgium, Bulgaria, France, Italy, Portugal, Romania and one non-EU country—Ukraine.

Table 1 Tobacco Control Scale, 2021

2021 Rank	Country		2019 Rank	Score
1	Ireland	▲	3	82
1	UK	–	1	82
3	France	▼	2	71
4	Netherlands	▲	14	67
5	Hungary	▲	8	65
6	Norway	▼	5	63
7	Finland	▼	6	62
8	Iceland	▼	4	61
8	Romania	▲	12	61
10	Belgium	–	10	59
11	Spain	▼	10	58
12	Turkey	▲	17	58
13	Denmark	▲	29	56
14	Israel	▼	7	55
14	Greece	▼	13	55
14	Malta	▲	17	55
17	Slovenia	▼	8	54
18	Italy	▼	15	52
18	Russian Federation	▲	29	52
18	Lithuania	▲	29	52
21	Czechia	▲	23	49
21	Estonia	▲	23	49
21	Poland	▲	23	49
21	Sweden	▼	15	49
21	Croatia	▼	17	49
26	Latvia	▼	23	48
26	Austria	▼	20	48
28	Cyprus	▼	27	47
28	Luxembourg	▲	34	47
30	Portugal	▼	20	46
30	Slovakia	▲	32	46
30	Ukraine	▼	20	46
33	Bulgaria	▼	27	44
34	Germany	▲	36	43
35	Serbia	▼	33	38
36	Switzerland	▼	35	35
37	Bosnia & Herzegovina		(new)	25

Joossens L, Olfir L, Feliu A, Fernandez E. The Tobacco Control Scale 2021 in Europe. Brussels: Smoke Free Partnership, Catalan Institute of Oncology, 2022. Available at: [www.tobaccocontrolscale.org/TCS2021](http://www.tobaccocontrolscale.org/TCS2021)

Table 2 Summary of tobacco control measures in place among 4P-CAN countries, by EU and non-EU countries

\* denotes MPOWER measure

EU 4P-CAN Countries

	<b>Belgium</b>	<b>Bulgaria</b>	<b>France</b>	<b>Ireland</b>	<b>Italy</b>	<b>Portugal</b>	<b>Romania</b>
Adult tobacco smoking prevalence (2020)	19.4%	36.0%	30.4%	17.0%	18.6%	17.0%	30.2%
Youth cigarette smoking prevalence (2020)	--	32.0%	22.0%	14.0%	32.0%	14.0%	31.0%
Tobacco Control Scale (2021)- rank out of 37 European countries	Ranked 10	Ranked 33	Ranked 3	Ranked 1	Ranked 18	Ranked 30	Ranked 8
Article 6: Price and tax measures*	Taxation: Complete measure (79.9%); Cigarettes less affordable since 2012	Taxation: Complete measure (85.3%); Cigarettes NOT less affordable since 2012	Taxation: Complete measure (83.8%); Cigarettes less affordable since 2012	Taxation: Complete measure (76.1%); Cigarettes NOT less affordable since 2012	Taxation: Complete measure (76.7%); No trend change in affordability of cigarettes since 2012	Taxation: Complete measure (78.0%); Cigarettes NOT less affordable since 2012	Taxation: Moderate measure (69.1%); Cigarettes NOT less affordable since 2012

	<b>Belgium</b>	<b>Bulgaria</b>	<b>France</b>	<b>Ireland</b>	<b>Italy</b>	<b>Portugal</b>	<b>Romania</b>
Article 8: Protection from exposure to tobacco smoke*	Smoke-free environments: No policy or weak measure (compliance: 8)	Smoke-free environments: Complete measure (compliance: 4)	Smoke-free environments: Minimal measure (compliance: 7)	Smoke-free environments; Complete measure (compliance: 9)	Smoke-free environments: No policy or weak measure	Smoke-free environments: Moderate measure (compliance: 7)	Smoke-free environments: Complete measure (compliance: 8)
Article 9: Regulation of the contents of tobacco products	Prohibits characterising flavours and ingredients that facilitates nicotine uptake, impression of health benefits or associated with energy and vitality.	Prohibits characterising flavours and ingredients that facilitates nicotine uptake, impression of health benefits or associated with energy and vitality.	Prohibits characterising flavours and ingredients that facilitates nicotine uptake, impression of health benefits or associated with energy and vitality.	Prohibits characterising flavours and ingredients that facilitates nicotine uptake, impression of health benefits or associated with energy and vitality.	Prohibits characterising flavours and ingredients that facilitates nicotine uptake, impression of health benefits or associated with energy and vitality.	Prohibits characterising flavours and ingredients that facilitates nicotine uptake, impression of health benefits or associated with energy and vitality.	Prohibits characterising flavours and ingredients that facilitates nicotine uptake, impression of health benefits or associated with energy and vitality.
Article 10: Regulation of tobacco product disclosures	Requires disclosure of tobacco product contents and emissions to government and public.	Requires disclosure of tobacco product contents and emissions to government and public.	Requires disclosure of tobacco product contents and emissions to government and public.	Requires disclosure of tobacco product contents and emissions to government and public.	Requires disclosure of tobacco product contents and emissions to government and public.	Requires disclosure of tobacco product contents and emissions to government and public.	Requires disclosure of tobacco product contents and emissions to government and public.

	<b>Belgium</b>	<b>Bulgaria</b>	<b>France</b>	<b>Ireland</b>	<b>Italy</b>	<b>Portugal</b>	<b>Romania</b>
Article 11: Packaging and labelling of tobacco products	Health warnings cover 65% pack; pictorial warnings; plain packaging	Health warnings cover 65% pack; pictorial warnings; plain packaging	Health warnings cover 65% pack; pictorial warnings; plain packaging	Health warnings cover 65% pack; pictorial warnings; plain packaging	Health warnings cover 65% pack; pictorial warnings; NO plain packaging	Health warnings cover 65% pack; pictorial warnings; NO plain packaging	Health warnings cover 65% pack; pictorial warnings; NO plain packaging
Article 12: Education, communication, training and public awareness *	Mass media: No policy or weak measure	Mass media: No policy or weak measure	Mass media: Complete measure	Mass media: Complete measure	Mass media: No policy or weak measure	Mass media: No policy or weak measure	Mass media: No policy or weak measure
Article 13: Tobacco advertising, promotion and sponsorship *	Advertising bans: Moderate measure (compliance: 9)	Advertising bans: Moderate measure (compliance: 4)	Advertising bans: Moderate measure (compliance: 9)	Advertising bans: Moderate measure (compliance: 9)	Advertising bans: Moderate measure (compliance: 9)	Advertising bans: Moderate measure (compliance: 5)	Advertising bans: Moderate measure (compliance: 8)
Article 14: Demand reduction measures concerning tobacco dependence and cessation *	Cessation programmes: Moderate measure	Cessation programmes: Moderate measure	Cessation programmes: Moderate measure	Cessation programmes: Complete measure	Cessation programmes: Moderate measure	Cessation programmes: Moderate measure	Cessation programmes: Complete measure

	<b>Belgium</b>	<b>Bulgaria</b>	<b>France</b>	<b>Ireland</b>	<b>Italy</b>	<b>Portugal</b>	<b>Romania</b>
Article 15: Illicit trade in tobacco products	Party to the Protocol; Tracking and trace system; NO licensing	NOT a Party to the Protocol; Tracking and trace system; licensing	Party to the Protocol; Tracking and trace system; licensing	Party to the Protocol; Tracking and trace system; licensing	NOT a Party to the Protocol; Tracking and trace system; licensing	NOT a Party to the Protocol; Tracking and trace system; licensing	NOT a Party to the Protocol; Tracking and trace system; licensing
Article 16: Sales to and by minors	Minimum age is 18; NO ban on vending machines nor imitation products; bans internet sales	Minimum age is 18; NO ban on vending machines nor imitation products; bans internet sales	Minimum age is 18; Ban on vending machines and internet sales; NO ban on imitation products.	Minimum age is 18; NO ban on vending machines, internet sales nor imitation products.	Minimum age is 18; NO ban on vending machines, internet sales, nor imitation products.	Minimum age is 18; NO ban on vending machines; Ban on internet sales and imitation products.	Minimum age is 18; NO ban on internet sales; Ban on vending machines and imitation products.
Article 20: Research, surveillance *	Monitoring: Complete measure	Monitoring: Complete measure	Monitoring: Complete measure	Monitoring: Complete measure	Monitoring: Complete measure	Monitoring: Complete measure	Monitoring: Complete measure

Non-EU 4P-CAN Countries

	Republic of Moldova	Montenegro	Republic of North Macedonia	Ukraine
Adult tobacco smoking prevalence (2020)	25.2%	35.7%	46.0%	26.6%
Youth cigarette smoking prevalence (2020)	--	16.0%	20.0%	22.0%
Tobacco Control Scale (2021)-rank out of 37 European countries	--	--	--	Ranked 30
Article 6: Price and tax measures*	Taxation: Moderate measure (65.4%); No change in affordability of cigarettes since 2012	Taxation: Complete measure (75.9%); Cigarettes less affordable since 2012	Taxation: Complete measure (77.0%); Cigarettes less affordable since 2012	Taxation: Moderate measure (70.7%); Cigarettes less affordable since 2012
Article 8: Protection from exposure to tobacco smoke*	Smoke-free environments: Complete measure (compliance: 10)	Smoke-free environments: Minimal measure	Smoke-free environments: Complete measure	Smoke-free environments: Complete measure
Article 9: Regulation of the contents of	Prohibits characterising flavours and ingredients that facilitates nicotine	Requires testing and measuring and regulates contents and emissions of	Requires testing and measuring and regulates contents and emissions of	Bans ingredients that give a characteristic flavor or smell, facilitate nicotine uptake,

	<b>Republic of Moldova</b>	<b>Montenegro</b>	<b>Republic of North Macedonia</b>	<b>Ukraine</b>
tobacco products	uptake, impression of health benefits or associated with energy and vitality.	tobacco products. NO ban on flavours.	tobacco products. NO ban on flavours.	create an impression of health benefits, and associated with energy and vitality.
Article 10: Regulation of tobacco product disclosures	Requires disclosure of tobacco product contents and emissions to government and public.	Requires disclosure of tobacco product contents and emissions to government, but NOT to public.	Requires disclosure of tobacco product contents and emissions to government and public.	Requires disclosure of tobacco product contents and emissions to government.
Article 11: Packaging and labelling of tobacco products	Health warnings cover 65% pack; pictorial warnings; NO plain packaging	Health warnings cover 35% average (30% front, 40% rear); pictorial warnings; NO plain packaging	Health warnings cover 35% average (30% front, 40% rear); pictorial warnings; NO plain packaging	Health warnings cover 65% pack; pictorial warnings; NO plain packaging
Article 12: Education, communication, training and public awareness *	Mass media: No policy or weak measure	Mass media: No policy or weak measure	Mass media: No policy or weak measure	Mass media: Complete measure
Article 13: Tobacco advertising, promotion and sponsorship *	Advertising bans: Complete measure (compliance: 9)	Advertising bans: Moderate measure	Advertising bans: Moderate measure	Advertising bans: Complete measure

	<b>Republic of Moldova</b>	<b>Montenegro</b>	<b>Republic of North Macedonia</b>	<b>Ukraine</b>
Article 14: Demand reduction measures concerning tobacco dependence and cessation *	Cessation programmes: Moderate measure	Cessation programmes: No policy or weak measure	Cessation programmes: Moderate measure	Cessation programmes: Minimal measure
Article 15: Illicit trade in tobacco products	Party to the Protocol; NO tracking and trace system; licensing	Party to the Protocol; tracking and trace system; licensing	Party to the Protocol; licensing; not reported whether there is a tracking and trace system	NOT a Party to the Protocol; tracking and trace system; licensing
Article 16: Sales to and by minors	Minimum age is 18; Ban on vending machines, imitation products and internet sales	Minimum age is 18; Ban on vending machines and imitation products. NO ban on internet sales	Minimum age is 18; Ban on vending machines; NO ban on internet sales or imitation products	Minimum age is 18; Ban on vending machines, imitation products; NO ban on internet sales.
Article 20: Research, surveillance *	Monitoring: Complete measure	Monitoring: Complete measure	Monitoring: Moderate measure	Monitoring: Complete measure

## Findings from the scientific literature on implementation and impact of National tobacco control regulations in 4P-CAN countries

Data extraction from the database search is displayed in the Appendix. Below is a synthesis of some of the key findings/conclusions made by the studies, organised by general/multiple tobacco control policies and by articles of the WHO FCTC.

### General implementation and impact of the WHO FCTC

- Implementation of the provisions of the WHO European Region is mixed and low implementation rate was observed for several indicators. (*Bulgaria, France, Ireland, Italy, Montenegro, Republic of North Macedonia, Portugal, Romania, Ukraine*) (Bertollini et al., 2016)
- In EU27, countries with higher scores in the Tobacco Control Scale (TCS), which indicates higher tobacco control efforts, have lower prevalence of smokers, higher quit ratios and higher relative decreases in their prevalence rates of smokers over the last decade. (*Belgium, Bulgaria, France, Ireland, Italy, Portugal, Romania*) (Feliu et al., 2019)
- Policy achievements and recommended priority areas for future national tobacco control activities varied greatly among countries. (*Bulgaria, France, Ireland, Italy, Montenegro, Republic of North Macedonia, Portugal, Romania, Ukraine*) (Glahn et al., 2018)
- Tobacco control policies as implemented in nine European countries, have probably helped to reduce the prevalence of smoking in the total population, particularly in lower socioeconomic groups. (*France, Ireland, Italy, Portugal*) (Hu et al., 2017)
- For boys, some of the currently recommended tobacco control policies may help to reduce smoking prevalence. However, the model is less suitable for girls, indicating gender differences in the potential efficacy of smoking policies. (*Belgium, Bulgaria, France, Ireland, Italy, Portugal, Romania*) (Hublet et al., 2009)
- A 10-point increase in TCS was associated with a lower probability of smoking by 1.6 percentage points [95% confidence interval (CI) = -3.208, -0.056] for those aged 50–65, but not for older Europeans. Higher TCS scores for pricing and smoke-free policies were associated with a significantly lower probability of smoking. (*Belgium, France, Italy*) (Serrano-Alarcón, 2019)

### Article 5.3: Protection against tobacco industry interference

- Article 5.3 compliance within EU institutions is partial and incomplete. (*European Union*) (Hawkins & Holden, 2018)

#### Article 6: Price and tax measures to reduce the demand for tobacco

- No significant association between cigarette prices and reporting being offered illicit cigarettes; sharing a border with a non-EEA Member State was linked to illicit trade. (*Belgium, Bulgaria, France, Ireland, Italy, Portugal, Romania*) (Filippidis et al., 2020)
- The inflation-adjusted prices for cigarettes and roll-your-own (RYO) tobacco have increased over the period of 2004–2015, but the dispersion of prices across members states has remained constant. There was a pervasive price gap between cigarettes and RYO tobacco. (*Belgium, Bulgaria, France, Ireland, Italy, Portugal, Romania*) (López-Nicolás & Stoklosa, 2019)

#### Article 8: Protection from exposure to tobacco smoke

- In all municipalities smoke-free environments are adopted at national levels, but are differently implemented at the local level due national policy environments, enforcement strategies and the level of collaboration. (*Belgium, Ireland, Italy, Portugal*) (Mlinarić et al., 2020)
- Smoke-free legislation does not lead to more smoking in smokers' homes. On the contrary, smoke-free legislation may stimulate smokers to establish total smoking bans in their homes. (*France, Ireland*) (Mons et al., 2013)
- A significant decrease in self-reported secondhand smoke (SHS) exposure was observed in workplaces from 2016 to 2018. SHS exposure in public places was significantly less likely in the countries with total bans as compared to those countries with partial bans. (*Romania*) (Nogueira et al., 2022)
- Smoking bans both in public and private workplaces were effective in reducing passive smoking at work in Europe. (*Belgium, France, Italy*) (Olivieri et al., 2018)

#### Article 9: Regulation of the contents of tobacco products

- In case of a ban on flavourings, around a fifth of all menthol and other flavoured smokers intended to switch to another brand, and a third to reduce the amount they smoked or to quit smoking, but there was no consistent pattern across menthol and other flavoured smokers among the countries. (*Romania*) (Zatoński et al., 2018)
- After the TPD, but before the ban on characterising flavours applied to menthol, there was a significant but small declines in the weighted prevalence of menthol and other flavoured cigarette use (*Romania*) (Zatoński et al., 2020)

#### Article 11: Packaging and labelling of tobacco products

- Larger health warning labels reduced pack appeal and enhanced salience of health warning labels, but standardized packaging had greater effects. (*Romania*) (Aleyan et al., 2020)
- Packs standardised according to Irish legislation are perceived as less attractive, less healthy and smoked by less popular people than packs which conform to the EU TPD 2014 guidelines. (*Ireland*) (Babineau & Clancy, 2015)
- The EU TPD increased health warning labels, including pictorial warnings, increased salience, but no clear increases for cognitive and behavioural reactions to the new warning labels. (*Romania*) (Kahnert et al., 2020)
- After TPD-related changes to cigarette packaging, the majority of smokers noticed at least one type of pack change, but this varied across countries and sub-population. (*Romania*) (Kyriakos et al., 2020)
- The warning labels implemented in France in 2010 with pictures on one side of the cigarette package did not succeed in increasing warning salience, but did increase avoidance. The labels did not increase educational inequalities among continuing smokers. (*France*) (Nagelhout et al., 2016)
- Implementation of the TPD appears to have virtually eliminated packs with <20 cigarettes, restricting their use by the tobacco industry. Our analysis suggests pack sizes have been used differentially across the EU. (*Belgium, Bulgaria, France, Ireland, Italy, Portugal, Romania*) (van Schalkwyk et al., 2020)

#### Article 10: Regulation of tobacco product disclosures

- Identified misreporting in the flagging of priority additives. (*Belgium, France, Italy*) (Carnicer-Pont et al., 2022)

#### Article 14: Demand reduction measures concerning tobacco dependence and cessation

- The implementation of services to support cessation of tobacco use in line with Article 14 can and should be significantly improved to protect the health of European citizens. (*European Union*) (Clancy, 2016)

#### E-cigarettes

- The revised EU TPD regulations on e-cigarettes resulted in decreased nicotine labelling discrepancies and diminished number of e-liquids containing high-risk VOCs, caffeine, and diacetyl and acetylpropionyl. (*Belgium*) (Barhdadi et al., 2021)
- All tested liquids met the basic requirements of the TPD. (*Italy*) (Bebenek, et al., 2022)

- Only one e-liquid exceeded the legislated limit of  $\leq 20$  mg·mL<sup>-1</sup> of nicotine in the post-TPD phase in comparison to eight samples at pre-TPD. Differences between the measured versus reported nicotine content in both pre- and post-TPD. (*France, Romania*) (Girvalaki et al., 2020)
- Compliance of e-liquid refill liquids with regulations on labelling, packaging and technical design characteristics increased from pre- to post ban. Refill liquids had substantial but not full compliance in most of the characteristics evaluated. (*France, Romania*) (Girvalaki et al., 2020)
- Ten years after ratification of the Framework Convention for Tobacco Control, self-reported exposure to tobacco and e-cigarette advertising in the EU is higher in e-cigarette and tobacco users, as well as those with internet access. (*Belgium, Bulgaria, France, Ireland, Italy, Portugal, Romania*) (Filippidis et al., 2017)
- Although reported noticing and reading leaflets included in the packaging of e-cigarettes increased significantly from before to after the TPD, there was no significant change in reported noticing and reading of warning labels. (*Romania*) (Nikitara et al., 2020)
- Exposure to advertising, promotion and sponsorship of e-cigarettes tended to decline in some channels regulated by the TPD, particularly on television and radio, while exposure tended to increase in some unregulated channels, such as at points of sale. (*Romania*) (Kahnert et al., 2020)
- More comprehensive national e-cigarette regulations were associated with lower risk of current exclusive e-cigarette use and dual use among youth. (*Bulgaria, France, Ireland, Italy, Montenegro, Republic of North Macedonia, Portugal, Romania, Ukraine*) (Ollila et al., 2023)
- After the TPD, of the 223 e-liquid exposure incidents recorded by poison centers in multiple EU MS, two in three cases were unintentional exposures. The most frequent route of exposure was ingestion, resulting in various symptoms. (*Italy*) (Vardavas et al., 2021)

## EU Country reports

- EU Countries: Belgium, Bulgaria, France, Ireland, Italy, Portugal, and Romania

# Belgium

## Tobacco Control Policies and Measures

Belgium became a Party to the WHO FCTC on 30 January 2006. On 28 October 2016, Belgium adopted a Decree to regulate the production and sale of electronic cigarettes in Belgium. The provisions concerning production of electronic cigarettes containing nicotine entered into force on 17 January 2017<sup>35</sup>. On 5 February 2016, Belgium adopted a Decree concerning the manufacture and sale of tobacco products, which obliges manufacturers of tobacco products in Belgium to annually provide information to the Belgian authorities concerning the tobacco products. This includes a list of all product ingredients, tar emission level, CO and nicotine, volume and sale etc. The decree transposes some measures of the TPD.

**Price and tax measures to reduce the demand for tobacco (Article 6 of the WHO FCTC):** The World Health Organization recommends raising tobacco excise taxes so that they account for at least 70 percent of retail prices, which Belgium meets. In Belgium, the retail price of the most sold brand of cigarettes (standardized to a pack of 20) was EUR 8.00, of which 79.9% taxes are levied in combination of specific and ad valorem taxes, in 2022. Between 2012 and 2022 (trend average), cigarettes have become less affordable.

**Protection from exposure to tobacco smoke (Article 8 of the WHO FCTC):** In 2022, complete smoke-free laws were reported to exist in: educational facilities except universities ban/measure is in effect in all subnational jurisdictions), public transport (compliance score 10 out of 10). In the following places exceptions are permitted, whereby designated smoking rooms with strict technical requirements are permitted under the law: health-care facilities, universities, government facilities, indoor offices and workplaces, restaurants, cafes, pubs and bars, and all other public places. The law requires fines for smoking levied on the establishment and on the smoker. Funds are dedicated for enforcement, and there is a compliant system in place that requires an investigation after a complaint. Subnational laws exist. Belgium has an overall smoke-free environments MPOWER score of “no policy or weak measure”, with a compliance score of 8.

**Regulation of the contents of tobacco products (Article 9 of the WHO FCTC):** Regulations, as applied from the EU TPD encompass various aspects around

regulation of the contents of tobacco products, such as the prohibition of characterizing flavors and ingredients that facilitate nicotine absorption, create the illusion of health advantages, or are linked to energy and vitality.

**Regulation of tobacco product disclosures (Article 10 of the WHO FCTC):** Regulations, as applied from the EU TPD mandates that manufacturers and importers are obligated to provide comprehensive information to government authorities regarding the contents and emissions of their tobacco products.

**Packaging and labelling of tobacco products (Article 11 of the WHO FCTC):** Belgium has introduced health warning labels covering 65% of the front and back and picture health warnings on cigarette packs, as applied from the EU TPD. Belgium also mandates standardized (plain) packaging for all cigarette packs.

**Education, communication, training and public awareness (Article 12 of the WHO FCTC):** There was NO anti-tobacco mass media national campaign reported to be aired between July 2020 and June 2022. In terms of recent progress with implementation of Article 12 of the WHO FCTC, the following was reported in 2023: Training sessions are organized in face-to-face and distance learning; and a campaign ("Ensemble vers un nouveau souffle" – combining face-to-face and virtual sessions has been set up. Initially lasting 4 days, this campaign now covers several weeks, based on the model of the "No Tobacco Month" in France, with a view to supporting any change (harm reduction and smoking cessation). This contributes to the mobilization of health professionals, local actors and decision-makers while ensuring greater proximity of the assistance to the beneficiary public. In conclusion, this reinforces the accessibility and tends to increase the visibility of the services in terms of prevention and cessation. Brussels: As part of the implementation of the Brussels plan for the prevention and management of tobacco use/vape 2019–2030: Since May 2021 an annual bilingual information and awareness campaign in digital format on tobacco is held in the Brussels region in the format of a "tobacco-free week" in order to mobilize professionals and the general public. The Brussels plan for the prevention and management of smoking 2019–2030 contributes to the articulation of preventive actions, actions aimed at the continuous training and support of health and social professionals. In Flanders the partner organization for tobacco 2021–2025 continues to focus on implementing tobacco control policies in different life settings: workplace, education, local communities, health and wellbeing, leisure time, and directly towards citizens. There are campaigns focused on adolescents and services to help smokers quit are provided.

**Tobacco advertising, promotion and sponsorship (Article 13 of the WHO FCTC):**

In 2022, *bans on direct tobacco advertising* were reported to be in place in Belgium for: national TV and radio (compliance score of 10 out of 10); international TV and radio (The law does not explicitly address cross-border advertising. However, given that advertising is banned on all TV and radio, it is interpreted that both domestic and international levels are covered by the ban); local magazines and newspapers (compliance score of 10); billboards and outdoor advertising (compliance score of 10), advertising at point of sale (compliance score of 10), advertising on internet. A compliance score of direct bans was 10. The law requires fines for violations of direct advertising bans. Belgium does **NOT** ban direct tobacco advertising for: international magazines and newspapers. In 2022, *bans on tobacco promotion and sponsorship* were reported to be in place for: free distribution (compliance score of 10), promotional discounts (compliance score of 8), appearance of tobacco brands in TV and/or films (product placement) (compliance score of 8), complete ban on sponsorship (compliance score of 8), tobacco companies/ the tobacco industry publicizing their Corporate Social Responsibility (CSR) activities; entities other than tobacco companies/ the industry publicizing the CSR activities of the tobacco companies; tobacco companies funding or making contributions (including in-kind contributions) to smoking prevention medial campaigns, including those directed at youth; and other indirect bans. A compliance score of indirect bans was 8. The law requires fines for violations of indirect advertising bans. Belgium does **NOT** ban tobacco promotion and sponsorship for: non-tobacco products identified with tobacco brand names; brand name of non-tobacco products used for tobacco product; appearance of tobacco products in TV and/or films; prescribed anti-tobacco advertisements required to be presented before, during or after the broadcasting or showing of any visual entertainment media product that depicts tobacco products, use or images.

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

**(Article 14 of the WHO FCTC:** As of 2022, there was a toll-free telephone quit line/help line with a live person available to discuss cessation with callers in Belgium. Nicotine-related therapy (NRT) is legally sold in the country in pharmacies without a prescription. The national/federal health insurance of national health services does NOT cover the cost of NRT and NRT is NOT on the country's essential drug list. Bupropion (e.g., Zyban, Wellbutrin) and Varenicline are legally sold in the country in pharmacies without a prescription and costs are

partially covered by the national/federal health insurance of the national health service. Smoking cessation support is available in some health clinics or other primary care facilities, hospitals, office of a health professional and other places, but it is NOT available in the community. The national/federal health insurance or the national health services partially covers the costs of support in these places.

**Illicit trade in tobacco products (Article 15 of the WHO FCTC):** Belgium is a Party to the Protocol to Eliminate Illicit Trade in Tobacco Products. Belgium has a tracking and trace system, but does not have licensing or other actions to control or regulate production and distribution.

**Sales to and by minors (Article 16 of the WHO FCTC):** In Belgium, the minimum age at which a person may purchase tobacco products is 18. There is NO ban on tobacco vending machines nor imitation of tobacco products. The law bans the sale of single sticks of cigarettes. The minimum number of cigarettes allowed in a pack is 20. The law bans internet sales of tobacco products.

Table 3 Tobacco Control Laws Belgium

<b>Tobacco Control Laws</b>	<b>Effective Date</b>
Royal Order of August 13, 1990 on the Manufacture and Sale of Tobacco-based and Similar Products (as amended through 2009)	10 Dec, 1997
Law of December 10, 1997 Banning the Advertisement of Tobacco Products	10 Dec, 1997
Royal Order of May 29, 2002 Amending the Royal Order of August 13, 1990 on the Manufacture and Sale of Tobacco Products and Similar Products	29 May, 2002
Law of August 26, 2003 Amending the Law Banning the Advertisement of Tobacco Products	26 Aug, 2003
Royal Order of August 10, 2004 Modifying the Royal Order of August 13, 1990 on the Manufacture and Sale of Tobacco-based and Similar Products	10 Aug, 2004
Royal Order of January 19, 2005 on Protection of Workers from Tobacco Smoke	19 Jan, 2005
Ministerial Order of October 27, 2005 Establishing Combined Health Warnings for Cigarette Packages	27 Oct, 2005
Ministerial Order of May 28, 2009 on Combined Health Warnings Required on Tobacco Product Packaging	28 May, 2009
Royal Order of August 31, 2009 on Health Insurance and Cessation Assistance	31 Aug, 2009
Law of December 22, 2009 on Smoke-Free Enclosed Public Places and Workplaces (as amended through 2011)	22 Dec, 2009
Royal Order of February 5, 2016 on the Manufacture and Sale of Tobacco Products	05 Feb, 2016
Ministerial Order of May 2, 2016 on the Exact Location of the General Warning and Information Message on Pouches of Roll-Your-Own Tobacco	02 May, 2016
Ministerial Order of May 2, 2016 on the Composition, Arrangement, Format, and Form of Combined Health Warnings for Cigarettes, Roll-Your-Own Tobacco, and Water Pipe Tobacco	02 May, 2016

Royal Order of October 28, 2016 on the Manufacture and Sale of Electronic Cigarettes	28 Oct, 2016
Royal Order of April 13, 2019 on the Standardized Packaging of Cigarettes, Roll-Your-Own Tobacco, and Water Pipe Tobacco	13 Apr, 2019
Ministerial Order of April 16, 2019 on the Conditions of Neutral and Uniform Unit and Outer Packaging of Cigarettes, Roll-Your-Own Tobacco, and Water Pipe Tobacco	16 Apr, 2019
Royal Order of November 7, 2022 Amending the Royal Order of October 28, 2016 on the Manufacture and Sale of Electronic Cigarettes	07 Nov, 2022
Royal Order of March 14, 2023 Prohibiting the Marketing of Certain Similar Products	14 Mar, 2023

Figure 1 Indicator: Tobacco Smoking Prevalence and Tobacco Mortality Rate, 2020

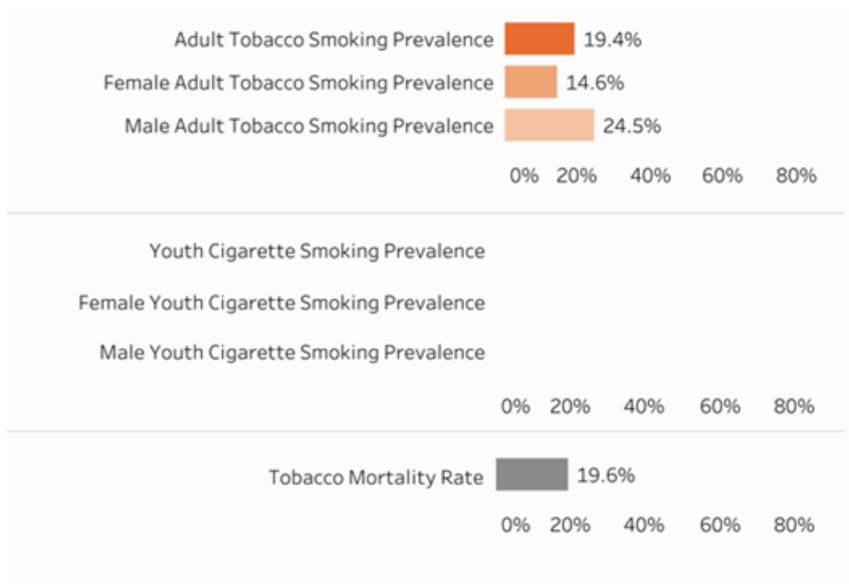


Figure 2 Indicator: MPOWER, 2023 and 2008–2020

### Summary of MPOWER measures in Belgium

Compliance is scored 0–10 where 10 is the highest level of compliance. Compliance is measured only for P and E. The methods used to compile this profile are described in the technical notes of the *WHO report on the global tobacco epidemic, 2023*.

M	P	O	W		E	R	
MONITORING	SMOKE-FREE ENVIRONMENTS	CESSATION PROGRAMMES	HEALTH WARNINGS	MASS MEDIA	ADVERTISING BANS	TAXATION	CIGARETTES LESS AFFORDABLE SINCE 2012
	8				9	79.9%	YES

#### MPOWER score colour key

Complete measure	Moderate measure	Minimal measure	No policy or weak measure	Not categorized/ No data
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#### Affordability category

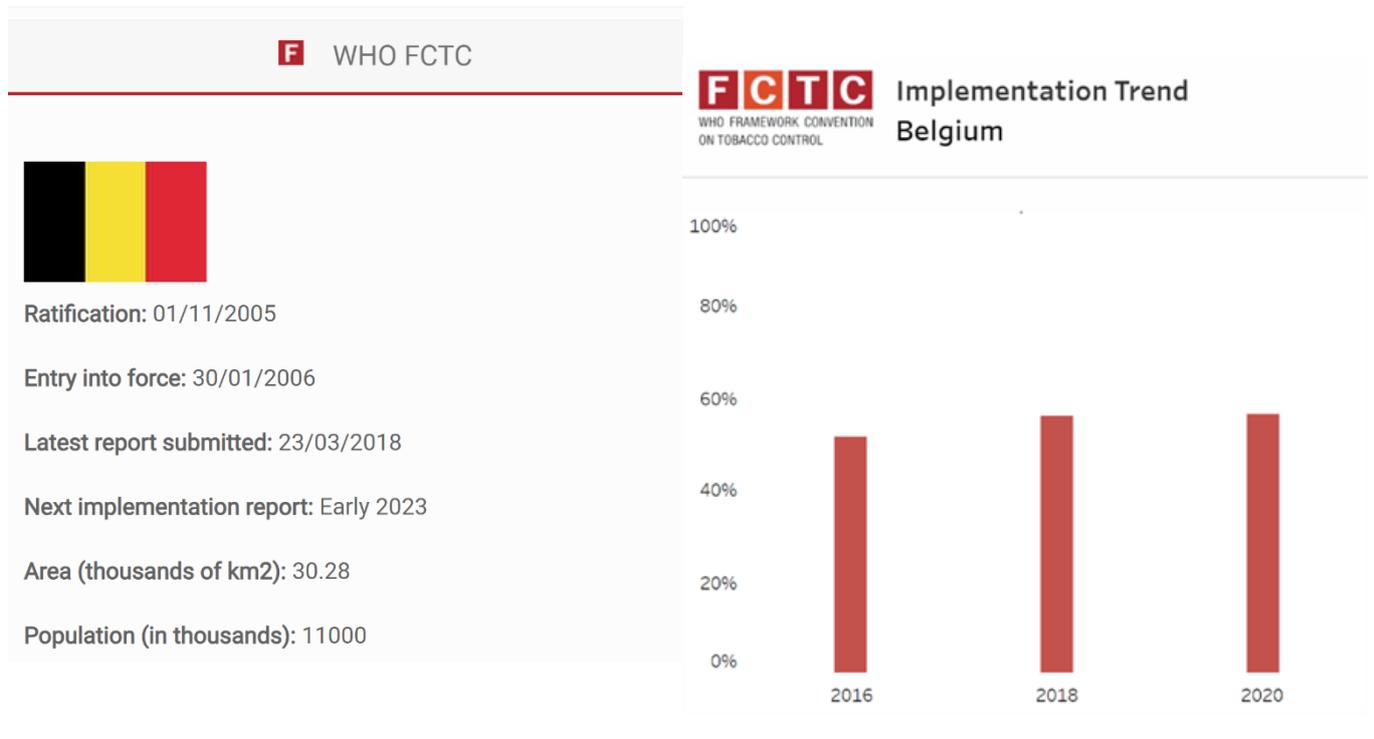
YES cigarettes became less affordable	NO cigarettes did not become less affordable	↔ no trend change in affordability of cigarettes
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### Scoring Trend Belgium



Figure 3 Indicator: WHO FCTC Implementation, 2016–2020



Overall Implementation Status  
Belgium 2020

2016 2018 **2020**

*Click color bars for details or select article number*

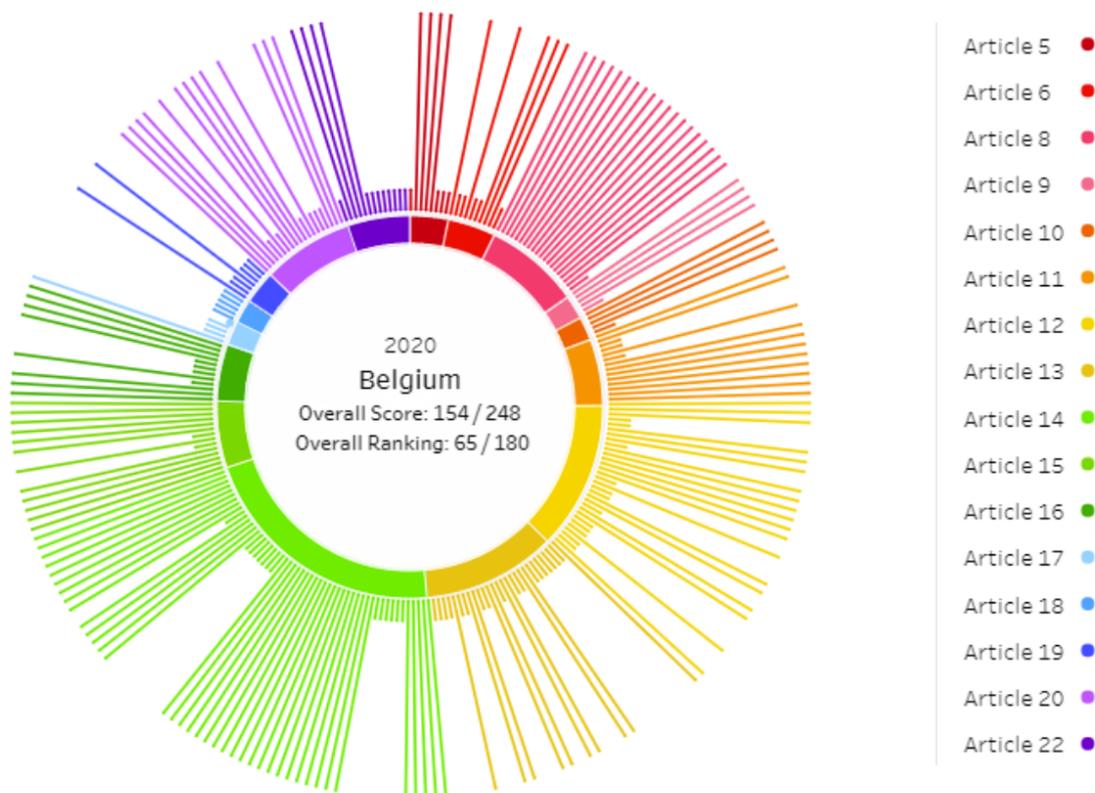
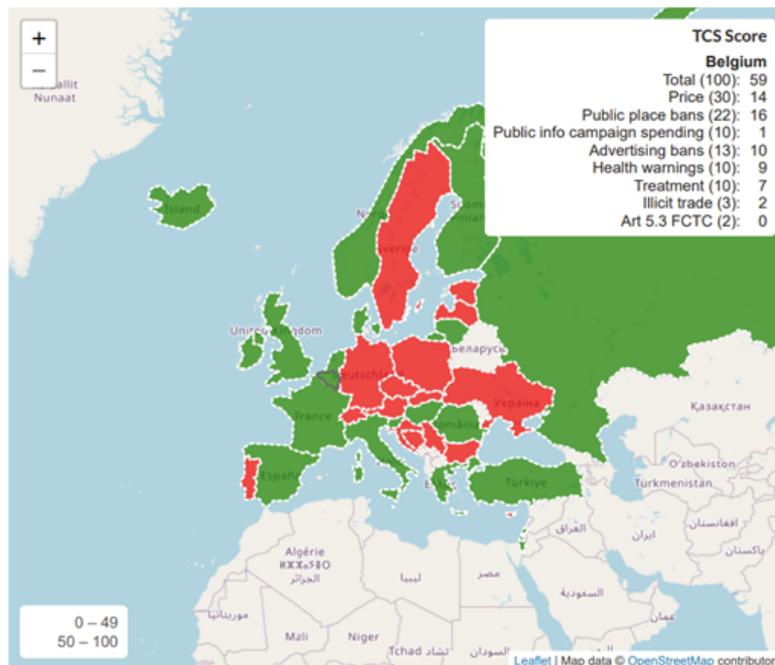


Figure 4 Indicator: Tobacco Control Scale, 2021

Belgium ranked 10 out of 37 European countries on the 2021 Tobacco Control Scale.



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# Bulgaria

## Tobacco Control Policies and Measures

Bulgaria became a Party to the WHO Framework Convention on Tobacco Control on 5 February 2006. On 24 March 2016, Bulgaria adopted Decree No. 89 to Promulgate the Law on Amending and Supplementing the Law on Tobacco and Tobacco Products, which transposes the provisions of the EU TPD.

**Price and tax measures to reduce the demand for tobacco (Article 6 of the WHO FCTC):** The World Health Organization recommends raising tobacco excise taxes so that they account for at least 70 percent of retail prices, which Bulgaria meets. In Bulgaria, the retail price of the most sold brand of cigarettes (standardized to a pack of 20) is BGN 5.00, of which 85.3% taxes are levied in combination of specific and ad valorem taxes, in 2022. Between 2012 and 2022 (trend average), cigarettes have NOT become less affordable.

**Protection from exposure to tobacco smoke (Article 8 of the WHO FCTC):** In 2022, complete smoke-free laws were reported to exist in: health-care facilities (compliance score of 4 out of 10), educational facilities except universities (compliance score of 5), universities (compliance score of 5), government facilities (compliance score of 4), indoor offices and workplaces (compliance score of 4), restaurants (compliance score of 3), cafes, pubs and bars (compliance score of 1), and public transport (compliance score of 10). There is no complete smoke-free law in place for all other public places. The law requires fines for smoking levied on the establishment and on the smoker. Funds are dedicated for enforcement, and there is a compliant system in place that requires an investigation after a complaint. All subnational jurisdictions are covered by a complete national smoke-free law. Bulgaria has an overall smoke-free environments MPOWER score of “complete measure”, with a compliance score of 4.

**Regulation of the contents of tobacco products (Article 9 of the WHO FCTC):** Regulations, as applied from the EU TPD encompass various aspects, such as the prohibition of characterizing flavors and ingredients that facilitate nicotine absorption, create the illusion of health advantages, or are linked to energy and vitality.

**Regulation of tobacco product disclosures (Article 10 of the WHO FCTC):**

Bulgaria mandates that manufacturers and importers are obligated to provide comprehensive information to government authorities regarding the contents and emissions of their tobacco products, as applied from the EU TPD.

**Packaging and labelling of tobacco products (Article 11 of the WHO FCTC):**

Health warnings must occupy 65 percent of the front and back of tobacco product packages and must rotate, as applied from the EU TPD. Picture health warnings and standardized (plain) packaging are also required.

**Education, communication, training and public awareness (Article 12 of the WHO FCTC):**

There was NO anti-tobacco mass media national campaign reported to be aired between July 2020 and June 2022. In terms of recent progress with implementing Article 12 of the WHO FCTC, the following was reported in 2023: Activities continue within the framework of the new National Programme for the Prevention of Chronic Non-Communicable Diseases 2021-2025, adopted by the Council of Ministers with Decision 552/28.07.2021.

**Tobacco advertising, promotion and sponsorship (Article 13 of the WHO FCTC):**

In 2022, *bans on direct tobacco advertising* were reported to be in place in Bulgaria for: national TV and radio (compliance score of 10 out of 10); international TV and radio (The law does not explicitly address cross-border advertising. However, given that advertising is banned on all TV and radio, it is interpreted that both domestic and international levels are covered by the ban); local magazines and newspapers (compliance score of 8); advertising on internet. A compliance score of direct bans was 8. The law requires fines for violations of direct advertising bans. Bulgaria does **NOT** ban direct tobacco advertising for the following: international magazines and newspapers, billboards and outdoor advertising; advertising at point of sale; and other direct bans.

In 2022, *bans on tobacco promotion and sponsorship* were reported to be in place for: appearance of tobacco brands in TV and/or films (product placement) (compliance score of 5). Bulgaria does **NOT** ban tobacco promotion and advertising of: free distribution; promotional discounts; non-tobacco products identified with tobacco brand names; brand name of non-tobacco products used for tobacco product; appearance of tobacco products in TV and/or films; prescribed anti-tobacco advertisements required to be presented before, during or after the broadcasting or showing of any visual entertainment media product that depicts tobacco products, use or images, a complete ban on sponsorship, a

ban on Corporate Social Responsibility Activities (CSR); tobacco companies/ the tobacco industry publicizing their CSR activities; entities other than tobacco companies/ the industry publicizing the CSR activities of the tobacco companies; tobacco companies funding or making contributions (including in-kind contributions) to smoking prevention media campaigns, including those directed at youth; and other indirect bans. The law does **NOT** explicitly ban tobacco products display at point of sale. A compliance score of indirect bans was 1. The law requires fines for violations of indirect advertising bans.

**Demand reduction measures concerning tobacco dependence and cessation (Article 14 of the WHO FCTC):** In terms of progress made with implementing Article 14 of the WHO FCTC the following was reported in 2023: Activities continue within the framework of the new National Programme for the Prevention of Chronic Non-Communicable Diseases 2021-2025, adopted by the Council of Ministers with Decision 552/28.07.2021.

As of 2022, there was a toll-free telephone quit line/help line with a live person available to discuss cessation with callers in Bulgaria. Nicotine-related therapy (NRT) is legally sold in the country in pharmacies without a prescription. The national/federal health insurance of national health services does NOT cover the cost of NRT and NRT is NOT on the country's essential drug list. Bupropion (e.g., Zyban, Wellbutrin) and Varenicline are NOT legally sold in the country. Smoking cessation support is available in some health clinics or other primary care facilities, in the community and other places, but is NOT offered in hospitals or office of a health professional. The national/federal health insurance or the national health services partially covers the costs of support in health clinics or other primary care facilities and in the community and fully covers the costs in other places.

**Illicit trade in tobacco products (Article 15 of the WHO FCTC):** Bulgaria is NOT a Party to the Protocol to Eliminate Illicit Trade in Tobacco Products. Belgium has a tracking and trace system and has licensing or other actions to control or regulate production and distribution.

**Sales to and by minors (Article 16 of the WHO FCTC) and other sales restrictions:** In Bulgaria, the minimum age at which a person may purchase tobacco products is 18. The law does NOT ban tobacco vending machines nor imitation of tobacco products. The law bans internet sales of tobacco products

and the sale of single sticks of cigarettes. The minimum number of cigarettes allowed in a pack is 20.

*Table 4 Tobacco Control Laws Bulgaria*

<b>Tobacco Control Laws</b>	<b>Effective Date</b>
Regulation No. 2 on Sanitary Requirements Concerning Smoking (excerpts)	Uncertain
Radio and Television Act (as amended)	24 Nov, 1988
Law on Tobacco, Tobacco Products and Associated Articles (as amended)	30 Nov, 1993
Health Act (as amended to May 13, 2020)	10 Aug, 2004
Decree No. 329 of December 8, 2004 Adopting the Ordinance of Conditions and Order of Permitted Smoking as an Exception in Separated Enclosed Areas of Indoor Public Places and Indoor Places of Employment	12 Dec, 2004
Regulation for the Requirements on the Labelling, Marking and Layout of Tobacco Products and for Defining Standards for Completing an Evaluation on the Relevant Tar, Nicotine and Carbon Monoxide Content in the Tobacco Products (as amended)	01 Jan, 2005
Excise Duties and Tax Warehouses Act (as amended)	15 Nov, 2005
Act Amending and Supplementing the Law on Health (2008)	2008
Ministry of Transportation Order No. RD-08-83 on Railway Safety	05 Mar, 2008
Bulgarian State Railways Order No. 152 Executing Order No. RD-08-83 on Railway Safety	10 Mar, 2008
Bulgarian State Railways Order No. 179 Modifying Tariff of Railway Transport	24 Mar, 2008
Act Amending and Supplementing the Law on Health (2009)	02 Jun, 2009
Amendments to the Law on Health (2010) (excerpts)	02 Jul, 2010
Decree No. 191 to Promulgate the Law Amending the Law on Health (2012)	01 Jun, 2012

Decree No. 249 to Promulgate the Law Amending the Law on Tobacco and Tobacco Products	28 Jun, 2012
Decree No. 237 of October 17, 2013 for Implementing the Regulation for the Requirements on the Labelling, Marking and Layout of Tobacco Products and for Determining Standards for Completing an Evaluation on the Relevant Content of Harmful Ingredients in Cigarettes	17 Oct, 2013
Decree No. 89 to Promulgate the Law on Amending and Supplementing the Law on Tobacco and Tobacco Products	06 Apr, 2016

Figure 5 Indicator: Tobacco Smoking Prevalence, 2020

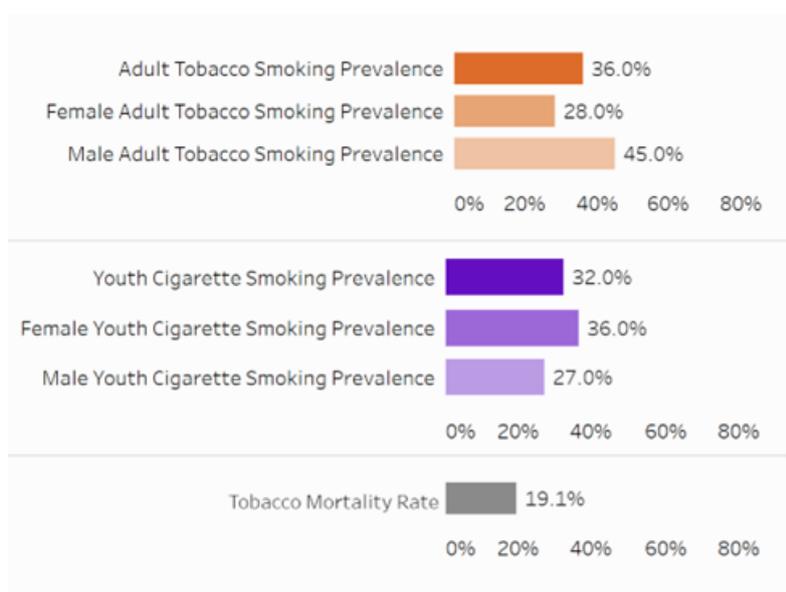


Figure 6 Indicator: MPOWER, 2023 and 2008–2020

### Summary of MPOWER measures in Bulgaria

Compliance is scored 0–10 where 10 is the highest level of compliance. Compliance is measured only for P and E. The methods used to compile this profile are described in the technical notes of the *WHO report on the global tobacco epidemic, 2023*.

M	P	O	W		E	R	
MONITORING	SMOKE-FREE ENVIRONMENTS	CESSATION PROGRAMMES	HEALTH WARNINGS	MASS MEDIA	ADVERTISING BANS	TAXATION	CIGARETTES LESS AFFORDABLE SINCE 2012
	4				4	85.3%	NO

#### MPOWER score colour key

Complete measure	Moderate measure	Minimal measure	No policy or weak measure	Not categorized/ No data
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#### Affordability category

YES cigarettes became less affordable	NO cigarettes did not become less affordable	↔ no trend change in affordability of cigarettes
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### Scoring Trend Bulgaria

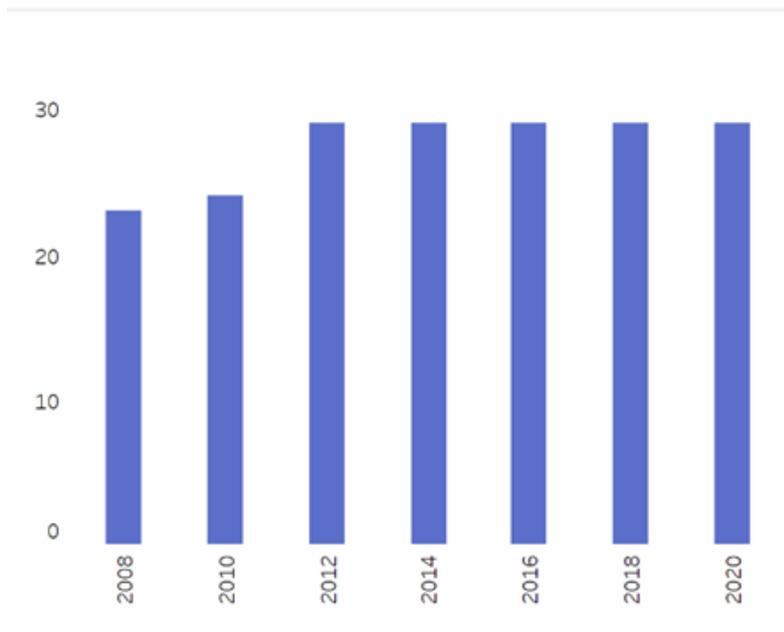
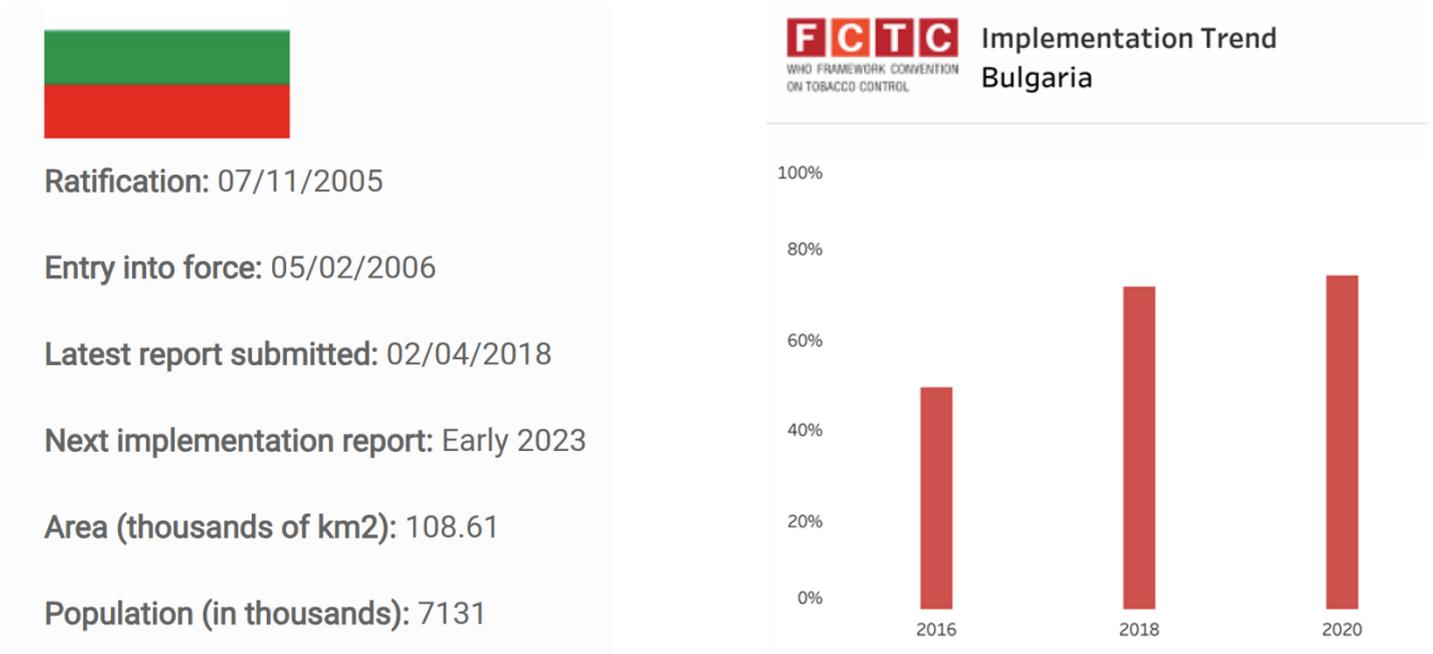


Figure 7 Indicator: WHO FCTC Implementation, 2016–2020



Overall Implementation Status  
Bulgaria 2020

2016 2018 **2020**

Click color bars for details or select article number

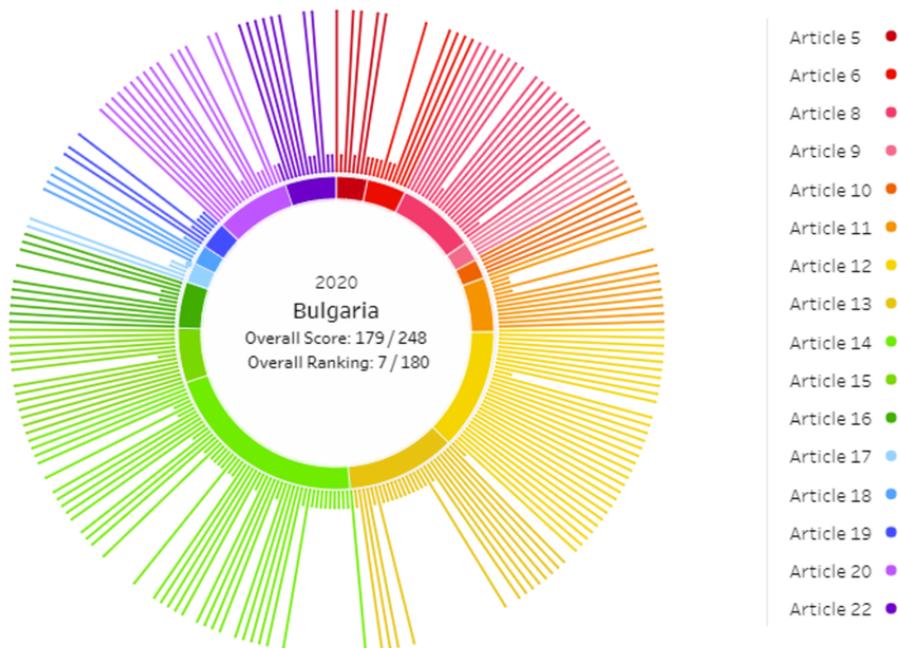
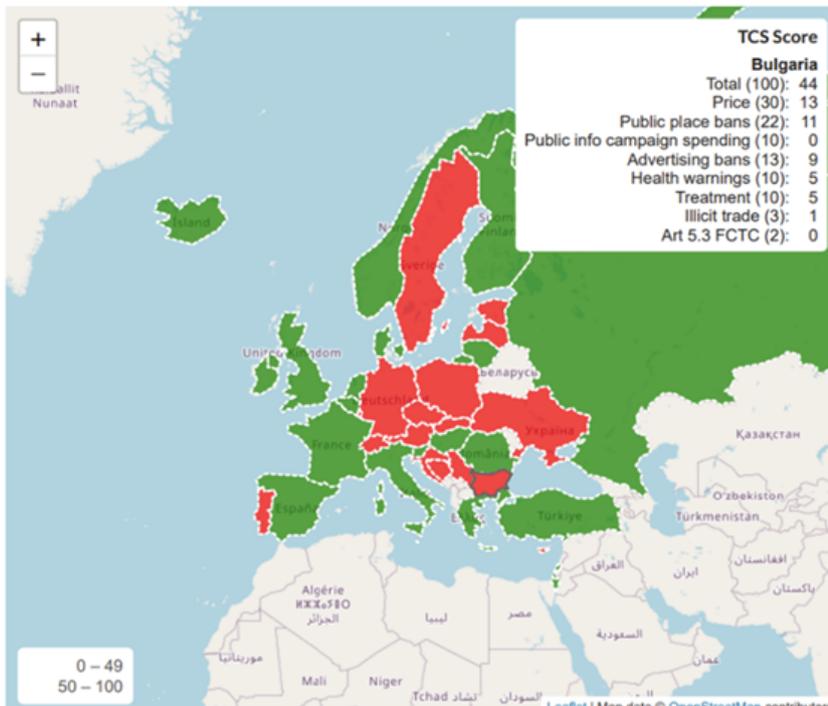


Figure 8 Indicator: Tobacco Control Scale, 2021



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# France

## Tobacco Control Policies and Measures

France became a signatory to the WHO Framework Convention on Tobacco Control (FCTC) on 27 February 2005. Even prior to becoming a Party to the WHO FCTC, France had already established comprehensive tobacco control legislation, which is now consolidated within the Code of Public Health. This included bans on tobacco advertising and smoking in indoor public places and workplaces. The principal legislation governing tobacco control in France initially known as the Veil Law in 1976 and later as the Evin Law in 1991 has been codified within the Code of Public Health. The ratification of the FCTC in 2004 played a pivotal role in bolstering the enforcement and regulation of tobacco control measures and refining existing legislation to align with international best practices.

Numerous orders and decrees have modified the provisions of the Code of Public Health related to tobacco control. Notably, Order No. 2016-623, issued on May 19, 2016, transposed the EU Tobacco Products Directive 2014 (Directive 2014/40/EU) into national law. This transposition involved amending and replacing Articles L3511 to L3515, introducing standardized packaging, modifying provisions on tobacco advertising, promotion, and sponsorship, updating regulations pertaining to smoking in public areas, and establishing guidelines for electronic cigarettes (vaping) and non-tobacco smoking products. Decree No. 2016-1117, dated August 11, 2016, also amended and renumbered Articles R3511 through R3515, addressing various aspects, including the prohibition of smoking in public places and designated smoking areas, standardized packaging, labeling requirements, and penalties for smoking violations.

Further, the Administrative Order issued on March 21, 2016, implemented the new provisions for standardized packaging in the Code of Public Health, specifying packaging color, placement, format, content, and text color for permissible information on tobacco product packaging. Similarly, the Administrative Order issued on May 19, 2016, introduced regulations concerning the size, content, and format of health warnings on tobacco products, vaping products, non-tobacco smoking products, and cigarette rolling papers. In addition to the smoke-free place provisions within the Code of Public Health, several circulars have been issued to provide guidance on enforcing the smoking ban, including specific

guidance for social and medical–social establishments. Furthermore, in December 2010, an order was issued to establish standardized models for "no smoking" signs.

**Price and tax measures to reduce the demand for tobacco (Article 6 of the WHO FCTC):** The World Health Organization recommends raising tobacco excise taxes so that they account for at least 70 percent of retail prices, which France meets. In France, the retail price of the most sold brand of cigarettes (standardized to a pack of 20) was EUR 10.50, of which 83.8 % taxes are levied in combination of specific and ad valorem taxes, in 2022. Between 2012 and 2022 (trend average), cigarettes have become less affordable. Prices on tobacco products were gradually increased in recent years following the adoption of the new social security budget.

**Protection from exposure to tobacco smoke (Article 8 of the WHO FCTC):** In terms of smoke–free areas, smoking is generally prohibited in indoor public places and workplaces, though owners or managers in some locations may designate smoking areas. The ban extends to most forms of public transportation, with exceptions for taxis and specific outdoor areas on commercial watercraft. Additionally, certain outdoor areas frequented by minors are also off–limits for smoking. Sub–national jurisdictions have the authority to enact stricter smoke–free laws compared to the national regulations.

In 2022, complete smoke–free laws were reported to exist in: health–care facilities (compliance score of 10 out of 10), educational facilities except universities (compliance score of 8), universities (compliance score of 7). In the following places exceptions are permitted, including designated smoking rooms with strict technical requirements are permitted under the law: government facilities, indoor offices and workplaces, restaurants, cafes, pubs and bars, public transport and all other public places. The law requires fines for smoking levied on the establishment and on the smoker. There are NO funds dedicated for enforcement. There is NO compliant system in place that requires an investigation after a compliant. Subnational jurisdictions do not have the authority to adopt laws that ban tobacco smoking in any or all of the places mentioned above. France has an overall smoke–free environments MPOWER score of “minimal measure”, with a compliance score of 7.

**Regulation of the contents of tobacco products (Article 9 of the WHO FCTC):** Regulations, as applied from the EU TPD encompass various aspects, such as the prohibition of characterizing flavors and ingredients that facilitate nicotine

absorption, create the illusion of health advantages, or are linked to energy and vitality.

**Regulation of tobacco product disclosures (Article 10 of the WHO FCTC):**

France mandates that manufacturers and importers are obligated to provide comprehensive information to government authorities regarding the contents and emissions of their tobacco products, as applied from the EU TPD.

**Packaging and labelling of tobacco products (Article 11 of the WHO FCTC):**

Health warnings must occupy 65 percent of the front and back of tobacco product packages and must rotate and picture health warnings are required, as applied from the EU TPD. Standardized (plain) packaging is also required. Additional general and informational warnings must cover 50 percent of each side of the package. For smokeless tobacco products, one authorized text warning must occupy 30 percent of both the front and back of the package. Misleading packaging and labeling, including terms such as "light" and "low tar," are prohibited.

**Education, communication, training and public awareness (Article 12 of the WHO FCTC):**

There was an anti-tobacco mass media national campaign reported to be aired between July 2020 and June 2022, in which the campaign was aired on television and/or radio. Research was conducted about the target audience or to develop the campaign messages/materials, the campaign materials were tested and an evaluation was done. In terms of recent progress with implementing Article 12 of the WHO FCTC, the following was reported in 2023: Numerous communication campaigns and social marketing measures have been implemented. In particular, No Tobacco Month, has been renewed every year since 2016. Since 2021, the communication campaign mainly targets socio-economically disadvantaged populations. Specific campaigns for these same populations have been set up (by Public Health France in February 2022 and February 2023) and in 2023 by the ACT. The amplification of the denormalization movement continues, with the conduct in June 2021, May 2022 and May 2023 of a denormalization campaign by Public Health France. The Alliance Against Tobacco, a civil society organization funded since 2019 as part of the Addiction Prevention Fund's Call for Civil Society Mobilization Projects, has also intensified its awareness-raising action through various campaigns.

**Tobacco advertising, promotion and sponsorship (Article 13 of the WHO FCTC):**

In 2022, *bans on direct tobacco advertising* were reported to be in place in France for: national TV and radio (compliance score of 10 out of 10); local magazines and

newspapers (compliance score of 10); billboards and outdoor advertising (compliance score of 10); advertising at point of sale (compliance score of 3); advertising on internet. A compliance score of direct bans was 10. The law requires fines for violations of direct advertising bans. Bulgaria does **NOT** ban direct tobacco advertising for the following: international TV and radio; international magazines and newspapers; and other direct bans.

In 2022, bans on *tobacco promotion and sponsorship* were reported to be in place in France for: free distribution (compliance score of 10); promotional discounts (compliance score of 8); non-tobacco products identified with tobacco brand names (compliance score of 7); appearance of tobacco brands in TV and/or films (product placement) (compliance score of 2); appearance of tobacco products in TV and/or films (compliance score of 0), complete ban on sponsorship (compliance score of 8); a ban on Corporate Social Responsibility Activities (CSR), tobacco companies/ the tobacco industry publicizing their CSR activities; entities other than tobacco companies/ the industry publicizing the CSR activities of the tobacco companies; tobacco companies funding or making contributions (including in-kind contributions) to smoking prevention media campaigns, including those directed at youth. France does **NOT** ban tobacco promotion and advertising of: brand name of non-tobacco products used for tobacco product; and other indirect bans. The law does **NOT** explicitly ban tobacco products display at point of sale. A compliance score of indirect bans was 8. The law requires fines for violations of indirect advertising bans.

**Demand reduction measures concerning tobacco dependence and cessation (Article 14 of the WHO FCTC):** In terms of progress with implementing Article 14 of the WHO FCTC, the following was reported in 2023: In 2021, sales of smoking cessation treatments (nicotine replacement treatments/TNS) carried out in pharmacies recorded an increase of 14.4% (7,030,284 sales in equivalent months of treatment). It is concomitant with the increasing trend in attempts to quit for at least one week in recent years. They concern 30% of daily smokers in 2020, a proportion down compared to 2019 (33%), but which remains higher than previous years (around 25% between 2016 and 2018) (Pasquereau et al., 2021). This increase is favored by all public policies which encourage people to quit smoking, including the disappearance of the TNS package on January 1, 2019, now allowing reimbursement of these products according to a common law regime and better financial accessibility, as This is evidenced by the increase in the share of beneficiaries of complementary solidarity health insurance (formerly CMUc). More than 75 specialties are concerned to date: transdermal devices, chewing gums,

tablets and lozenges. This extension was also accompanied by an expansion and diversification of prescribers since, since January 1, 2016, the Nurses, masseurs-physiotherapists, midwives, dental surgeons and occupational physicians can prescribe nicotine substitutes. The number of prescribers of these treatments has therefore seen a sharp increase, reaching nearly 112,273 in 2020 (an increase of more than 50,000 since 2017). General practitioners represent 71% of the main prescribers, followed by cardiologists, psychiatrists, gynecologists and pulmonologists. (Source OFDT Tobacco Dashboard Report 2021: [https://www.ofdt.fr/ofdt/fr/tt\\_21bil.pdf](https://www.ofdt.fr/ofdt/fr/tt_21bil.pdf))

As of 2022, there was NO toll-free telephone quit line/help line with a live person available to discuss cessation with callers in France. Nicotine-related therapy (NRT) is legally sold in the country in pharmacies without a prescription. The national/federal health insurance of national health services partially covers the cost of NRT and NRT is NOT on the country's essential drug list. Bupropion (e.g., Zyban, Wellbutrin) is legally sold in the country in pharmacies with a prescription, but costs are NOT covered by the national/federal insurance or the national health service. Varenicline is legally sold in the country in pharmacies with a prescription and costs are partially covered by the national/federal health insurance or national health service. Smoking cessation support is available in some health clinics or other primary care facilities, in most hospitals, in some office of a health professional and in some other places. It was not reported whether smoking cessation support is available in the community. The national/federal health insurance or the national health services partially covers the costs of support in these places.

**Illicit trade in tobacco products (Article 15 of the WHO FCTC):** France is a Party to the Protocol to Eliminate Illicit Trade in Tobacco Products. France has a tracking and trace system and has licensing or other actions to control or regulate production and distribution.

**Sales to and by minors (Article 16 of the WHO FCTC) and other sales restrictions:** In France, the minimum age at which a person may purchase tobacco products is 18. The law bans tobacco vending machines, internet sales of tobacco products and the sale of single sticks of cigarettes. The minimum number of cigarettes allowed in a pack is 20. The law does NOT ban imitation of tobacco products.

**Table 5 Tobacco Control Laws France**

<b>Tobacco Control Laws</b>	<b>Effective Date</b>
Code of Public Health	07 Oct, 1953
General Tax Code, Article 283, Annex 2 (as amended)	11 Oct, 1996
Order of March 5, 2003 on Maximum Content of Tar, Nicotine and Carbon Monoxide in Cigarettes, Methods of Analysis, Provisions for Writing these Contents and Verification of the Accuracy of Notices on Packages, as well as Arrangements for Writing Health Warnings on Packaging for Tobacco Products (as amended)	05 Mar, 2003
Order of May 27, 2004 Concerning Procedures for the Printing of Health Warnings on Packaging Units of Cigarette Rolling Paper	27 May, 2004
Circular of November 29, 2006, Concerning the Prohibition of Smoking in Places of Common Use	29 Nov, 2006
Circular of December 12, 2006, Concerning the Campaign for Tobacco Control in Social and Medical-Social Establishments Ensuring Intake and Accommodation Mentioned in Paragraphs 6, 7, 8 and 9 of Section I of Article L312-of the Code of Social Action and Families	01 Feb, 2007
Circular No. DGS/MC2/2008/292 of September 17, 2008, Concerning Procedures for the Implementation of the Second Phase of the Prohibition of Smoking in Places of Common Use	17 Sep, 2008
General Tax Code, Article 570 (as amended)	27 Apr, 2010
Decree No. 2010-720 of June 28, 2010 on the Exercise of the Monopoly of the Retail Sale of Manufactured Tobacco (as amended)	30 Jun, 2010
Order of December 1, 2010 Establishing the Models for Signs Called for by Article R3511-6 of the Code of Public Health	01 Dec, 2010
Circular of August 3, 2011 Concerning Measures for Tobacco Control Set Forth in Law No. 2009-879 of July 21, 2009 Concerning Reform of Hospitals Relating to Patients, Health and the Territories	03 Aug, 2011

Circular No. DGS/MC2/2014/273 of September 25, 2014 on the Regulation of Advertising of Electronic Vapor Devices	25 Sep, 2014
Commission Delegated Directive 2014/109/EU of October 10, 2014 Amending Annex II to Directive 2014/40/EU by Establishing the Library of Picture Warnings to Be Used on Tobacco Products	04 Jan, 2015
Administrative Order of March 21, 2016, on Conditions for Neutrality and Uniformity of Packaging and Paper for Cigarettes and Rolling Tobacco (consolidated on May 31, 2016)	21 Mar, 2016
Order of May 19, 2016 on Vapor Products Containing Nicotine	19 May, 2016
Decree No. 2016-334 of March 21, 2016 Concerning Neutral [Standardized] Packaging of Certain Tobacco Products	20 May, 2016
Order No. 2016-623 of May 19, 2016, Concerning Transposition of Directive 2014/40/EU on the Manufacture, Display and Sale of Tobacco Products and Related Products	20 May, 2016
Decree No. 2016--1117 of August 11, 2016, on the Manufacture, Display, Sale and Use of Tobacco Products, Vaping Products and Products for Smoking Made from Plants Other Than Tobacco	12 Aug, 2016
Administrative Order of August 22, 2016, Concerning Tobacco Products, Vaping Products, Products for Smoking Made from Plants Other Than Tobacco, and Cigarette Rolling Papers (as amended)	22 Aug, 2016
Administrative Order of September 6, 2016 on Signage for Tobacco Shops	06 Sep, 2016
Administrative Order of May 19, 2016, Concerning Procedures for the Printing of Health Warnings on Packaging Units of Tobacco Products, Vaping Products, Smoking Products Derived from Plants Other than Tobacco and Cigarette Rolling Papers	01 Jan, 2017
General Tax Code, Article 568 (as amended)	01 Jan, 2022

Figure 9 Indicator: Tobacco Smoking Prevalence and Tobacco Mortality Rate, 2020

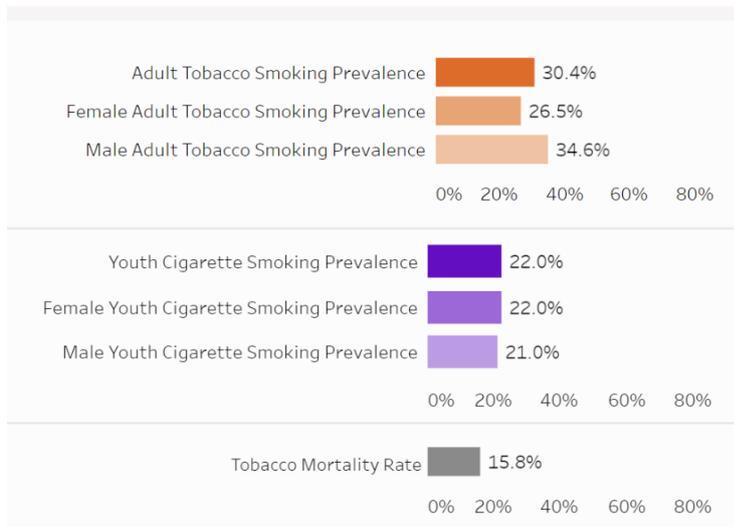


Figure 10 Indicator: MPOWER, 2023 and 2008–2020

### Summary of MPOWER measures in France

Compliance is scored 0–10 where 10 is the highest level of compliance. Compliance is measured only for P and E. The methods used to compile this profile are described in the technical notes of the *WHO report on the global tobacco epidemic, 2023*.

M	P	O	W		E	R	
MONITORING	SMOKE-FREE ENVIRONMENTS	CESSATION PROGRAMMES	HEALTH WARNINGS	MASS MEDIA	ADVERTISING BANS	TAXATION	CIGARETTES LESS AFFORDABLE SINCE 2012
	7				9	83.8%	YES

#### MPOWER score colour key

Complete measure	Moderate measure	Minimal measure	No policy or weak measure	Not categorized/ No data
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#### Affordability category

YES cigarettes became less affordable	NO cigarettes did not become less affordable	↔ no trend change in affordability of cigarettes
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### Scoring Trend France

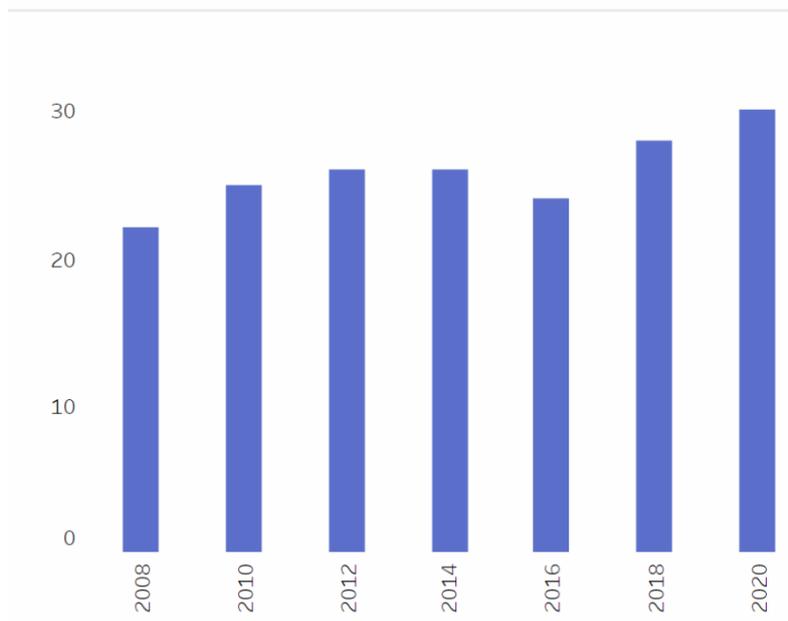
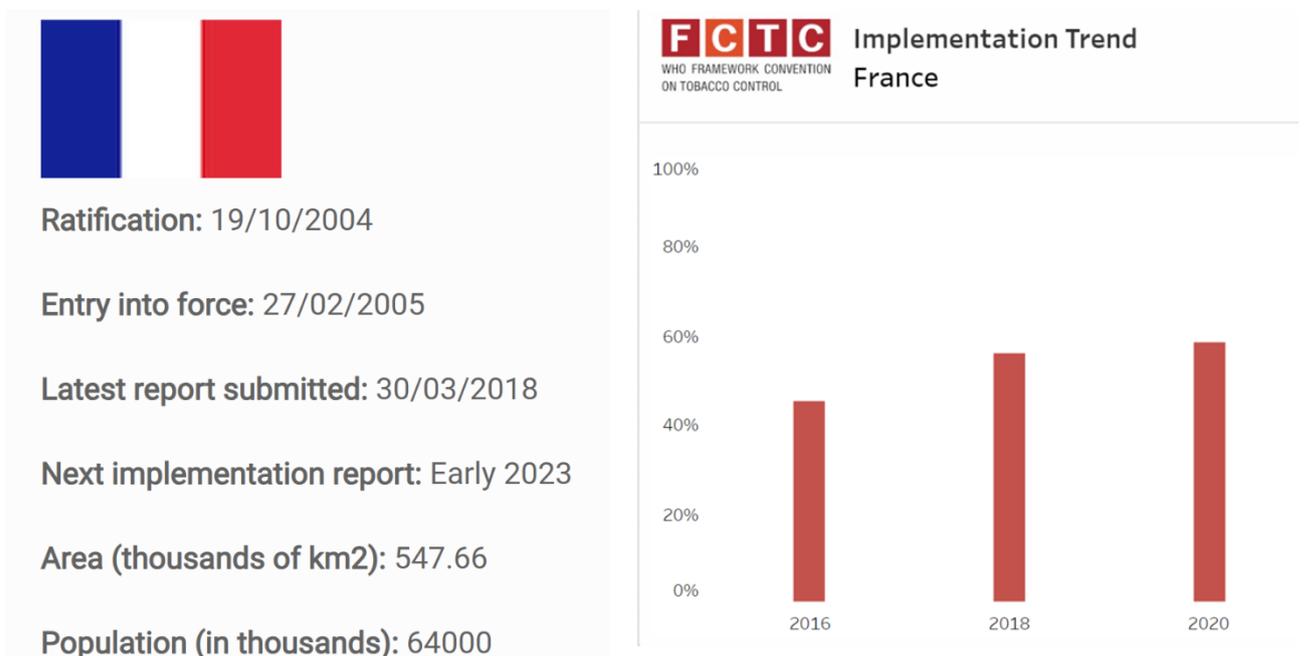


Figure 11 Indicator: WHO FCTC Implementation, 2016–2020



Overall Implementation Status

France 2020

2016 2018 **2020**

Click color bars for details or select article number

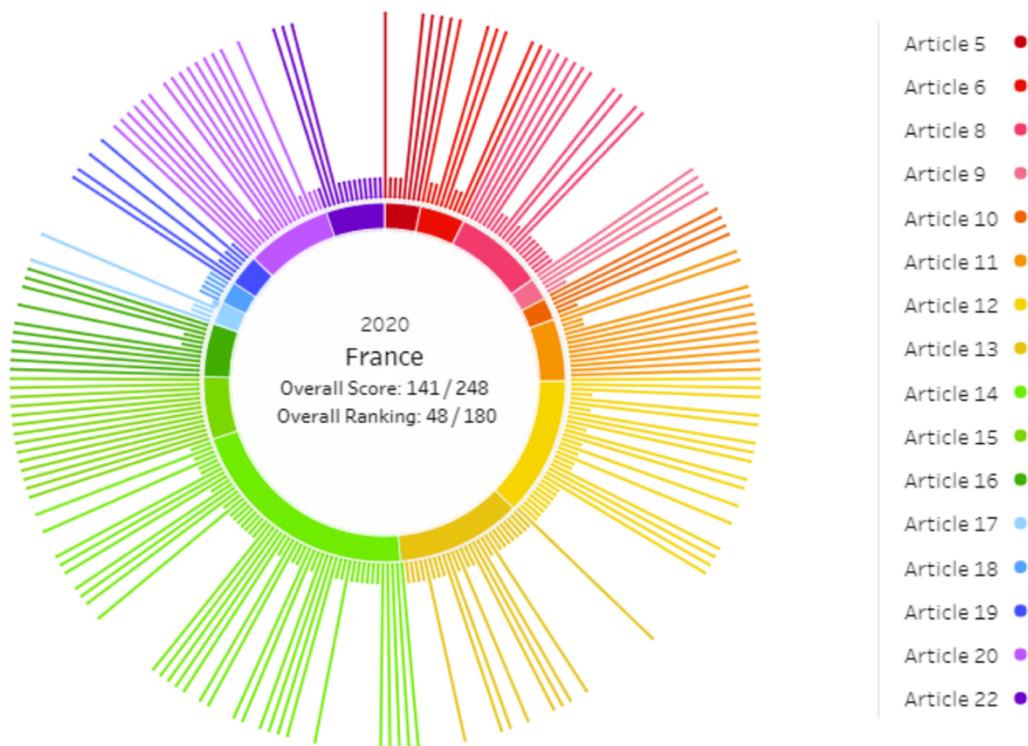


Figure 12 Indicator: Tobacco Control Scale, 2021

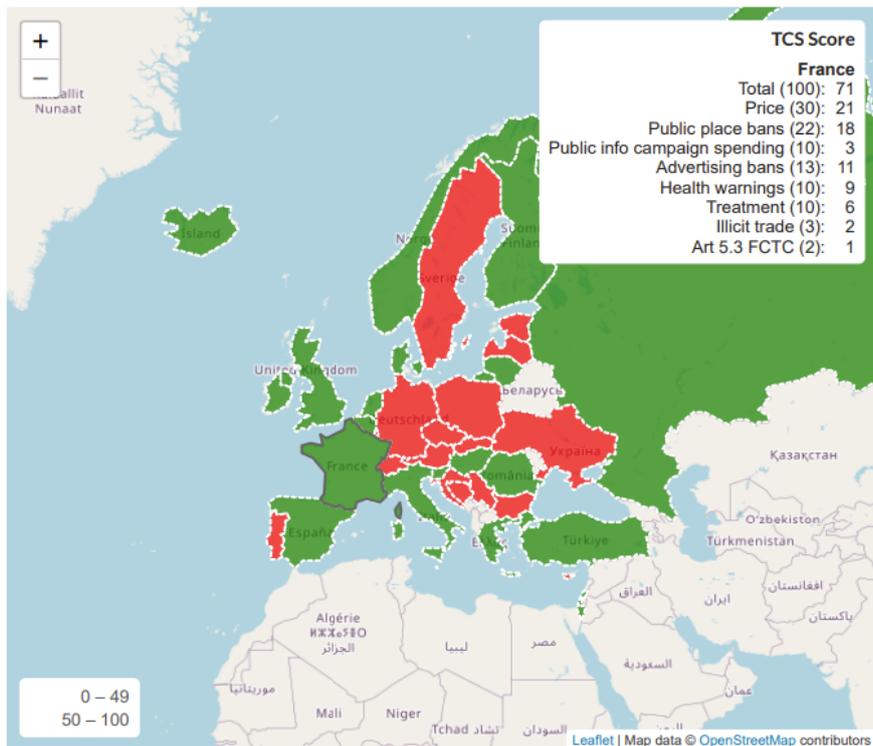


Figure 13 Indicator: Global Tobacco Index Score (Tobacco Industry Interference)



While France generally maintains robust safeguards against undue influence from the tobacco industry, a significant challenge persists in the industry's exploitation of tobacco retailers and representatives to further its interests.

**Sources:**

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<http://globaltobaccocontrol.org/progresshub>

Tobacco Control Laws  
<https://www.tobaccocontrollaws.org/legislation/policy-fact-sheets/france/summary>  
<https://www.tobaccocontrollaws.org/legislation/france/laws>

France Country Profile, WHO Report on the Global Tobacco Epidemic, 2023  
[https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/gtcr-2023/tobacco-2023-fra.pdf?sfvrsn=b4395f6\\_3&download=true](https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/gtcr-2023/tobacco-2023-fra.pdf?sfvrsn=b4395f6_3&download=true)

France WHO FCTC Global Progress Report, 2023 reporting cycle  
[https://extranet.who.int/fctcapps/sites/default/files/2024-02/sdfzv35tfm6bq2m\\_785818.pdf](https://extranet.who.int/fctcapps/sites/default/files/2024-02/sdfzv35tfm6bq2m_785818.pdf)

## Ireland

### Tobacco Control Policies and Measures

Ireland became a Party to the WHO Framework Convention on Tobacco Control (WHO FCTC) on February 5, 2006. Tobacco control legislation in Ireland includes several key Acts, such as the Public Health (Tobacco) Act 2002, which has undergone subsequent amendments to strengthen tobacco control measures. Additional regulations and Acts, such as the Public Health (Tobacco) (Product Information) Regulations 2009, the Public Health (Tobacco) (Self Service Vending Machines) Regulations 2009, and the European Union (Manufacture, Presentation and Sale of Tobacco and Related Products) Regulations 2016, have been introduced to implement and support tobacco control efforts. Moreover, the Broadcasting Authority of Ireland General Commercial Communications Code and the European Communities (Audiovisual Media Services) Regulations 2010 regulate tobacco advertising and promotion in broadcasting and audiovisual media, aligning with European Union directives. Lastly, Ireland's commitment to standardized (plain) packaging is enforced through the Public Health (Standardised Packaging of Tobacco) Act 2015, with subsequent amendments made by the Health (Miscellaneous Provisions) Act 2017, and implementing regulations outlined in the Public Health (Standardised Packaging of Tobacco) Regulations 2017. These measures collectively contribute to Ireland's comprehensive approach to tobacco control.

**Price and tax measures to reduce the demand for tobacco (Article 6 of the WHO FCTC):** The World Health Organization recommends raising tobacco excise taxes so that they account for at least 70 percent of retail prices, which Ireland meets. In Ireland, the retail price of the most sold brand of cigarettes (standardized to a pack of 20) was EUR 15.80, of which 76.1% taxes are levied in combination of specific and ad valorem taxes, in 2022. Between 2012 and 2022 (trend average), cigarettes have NOT become less affordable.

**Protection from exposure to tobacco smoke (Article 8 of the WHO FCTC):** Ireland has implemented strict regulations prohibiting smoking in indoor workplaces, public spaces, and on public transportation, with limited exceptions. Notably, prisons, hotel guestrooms, and living accommodations in higher education facilities have been exempted, allowing for the possibility of designated smoking rooms in such establishments. Smoking is also restricted in outdoor areas

that have a roof and where more than 50 percent of the perimeter is enclosed by walls.

Tobacco smoking is banned in all public places in Ireland as reported in 2023. In 2022, complete smoke-free laws were reported to exist in: health-care facilities (compliance score of 8 out of 10), educational facilities except universities (compliance score of 9), universities (compliance score of 8), government facilities (compliance score of 10), indoor offices and workplaces (compliance score of 10), restaurants (compliance score of 10), cafes, pubs and bars (compliance score of 10), public transport (compliance score of 10). There is no complete smoke-free law for all other public places. The law requires fines for smoking levied on the establishment and on the smoker. There are NO funds dedicated for enforcement. There is a compliant system in place that requires an investigation after a complaint. All subnational jurisdictions are covered by a complete national smoke-free law. Ireland has an overall smoke-free environments MPOWER score of “complete measure”, with a compliance score of 9.

In terms of recent progress with implementing Article 8 of the WHO FCTC the following was reported in 2023: Tobacco Free Ireland contains recommendations for the protection of children and denormalisation of tobacco use, these recommendations advocate for the promotion of tobacco free environments through legislative and non-legislative measures. These recommendations have been advanced in recent years through cooperation with local stakeholders. Establishing tobacco free environments in settings such as schools, sportsgrounds, parks, beaches, parks, and others are central to the Tobacco Free Ireland policy.

**Regulation of the contents of tobacco products (Article 9 of the WHO FCTC):**

Regulations, as applied from the EU TPD encompass various aspects, such as the prohibition of characterizing flavors and ingredients that facilitate nicotine absorption, create the illusion of health advantages, or are linked to energy and vitality.

**Regulation of tobacco product disclosures (Article 10 of the WHO FCTC):**

Ireland mandates that manufacturers and importers are obligated to provide comprehensive information to government authorities regarding the contents and emissions of their tobacco products, as applied from the EU TPD.

**Packaging and labelling of tobacco products (Article 11 of the WHO FCTC):**

Regulations mandate that smoked tobacco products display one of 14 combined

health warnings, comprising both text and pictures, occupying 65 percent of both the front and back of the packaging as applied by the EU TPD. An additional general warning must cover 50 percent of one lateral surface, with an information message occupying the same space on the other lateral surface. These warnings are rotated annually. Chewing tobacco products must feature text-only warnings covering 32 percent of the two most visible package surfaces. Misleading packaging and labeling, including terms like "light" and "low tar," are strictly prohibited. Notably, Ireland adopted legislation mandating standardized (plain) packaging in March 2015. All tobacco products manufactured after September 29, 2017, had to conform to plain packaging requirements, while existing stock placed on the market was permitted to be sold until September 29, 2018.

**Education, communication, training and public awareness (Article 12 of the WHO FCTC):** There was an anti-tobacco mass media national campaign reported to be aired between July 2020 and June 2022, in which the campaign was aired on television and/or radio. Research was conducted about the target audience or to develop the campaign messages/materials, the campaign materials were tested and an evaluation was done. In terms of recent progress with implementing Article 12 of the WHO FCTC, the following was reported in 2023: Ireland's first National Stop Smoking Clinical Guideline was published in January 2022. The guideline defines best practice for care of people who smoke in the general adult population, as well as providing a special focus on helping women who are pregnant and users of secondary mental health services to quit. The Guideline advises that the best way to quit smoking is by using stop smoking medication or nicotine replacement therapy in combination with a behavioural support service such as HSE QUIT. This can increase the chance that someone will quit and remain smoke-free by 2 to 3-fold. The Health Service Executive has developed a three-year action plan to implement the Clinical Guideline across the health service.

**Tobacco advertising, promotion and sponsorship (Article 13 of the WHO FCTC):** Ireland enforces a comprehensive ban, with few exceptions. Point of sale advertising is permitted only in shops that exclusively sell tobacco products, while all forms of tobacco sponsorship are prohibited.

In 2022, *bans on direct tobacco advertising* were reported to be in place in Ireland for: national TV and radio (compliance score of 10 out of 10); international TV and radio (The law does not explicitly address cross-border advertising. However, given that advertising is banned on all TV and radio, it is interpreted that both domestic and international levels are covered by the ban); local magazines and

newspapers (compliance score of 10); billboards and outdoor advertising (compliance score of 10); and advertising at point of sale (compliance score of 10). A compliance score of direct bans was 10. The law requires fines for violations of direct advertising bans. Ireland does **NOT** ban direct tobacco advertising for the following: international magazines and newspapers; advertising on internet; and other direct bans.

In 2022, bans on *tobacco promotion and sponsorship* were reported to be in place for: free distribution (compliance score of 8); promotional discounts (compliance score of 10), a complete ban on sponsorship; tobacco companies/ the tobacco industry publicizing their CSR activities; entities other than tobacco companies/ the industry publicizing the CSR activities of the tobacco companies. The law explicitly bans tobacco products at point of sale. A compliance score of indirect bans was 1. The law requires fines for violations of indirect advertising bans. Ireland does **NOT** ban tobacco promotion and advertising of: non-tobacco products identified with tobacco brand names; brand name of non-tobacco products used for tobacco product; appearance of tobacco brands in TV and/or films (product placement); appearance of tobacco products in TV and/or films; prescribed anti-tobacco advertisements required to be presented before, during or after the broadcasting or showing of any visual entertainment media product that depicts tobacco products, use or images; a ban on Corporate Social Responsibility Activities (CSR); tobacco companies funding or making contributions (including in-kind contributions) to smoking prevention media campaigns, including those directed at youth; and other indirect bans.

**Demand reduction measures concerning tobacco dependence and cessation (Article 14 of the WHO FCTC):** In terms of progress with implementing Article 14 of the WHO FCTC the following was reported in 2023: Nicotine Replacement Therapy (NRT) is available over the counter in pharmacies and general retail, as well as on prescription. Prescribed stop smoking medication such as Bupropion, varenicline and NRT is free under the General Medical Scheme, with around one third of the population currently eligible. In 2022 the Government removed Value Added Tax from all NRT, and under the Sláintecare Healthy Communities Programme, free stop smoking medication is being provided to those using the Health Service Executive's Stop Smoking Services.

As of 2022, there was a toll-free telephone quit line/help line with a live person available to discuss cessation with callers in Ireland. Nicotine-related therapy

(NRT) is legally sold in the country in general stores. The national/federal health insurance of national health services partially covers the cost of NRT and NRT is on the country's essential drug list. Bupropion (e.g., Zyban, Wellbutrin) and Varenicline are legally sold in the country in pharmacies with a prescription and costs are partially covered by the national/federal health insurance of the national health service. Smoking cessation support is available in some health clinics or other primary care facilities, hospitals, office of a health professional, in the community and other places. The national/federal health insurance or the national health services fully covers the costs of support in all of these places, except for in the community where costs are partially covered.

**Illicit trade in tobacco products (Article 15 of the WHO FCTC):** Ireland is a Party to the Protocol to Eliminate Illicit Trade in Tobacco Products. Ireland has a tracking and trace system and has licensing or other actions to control or regulate production and distribution.

**Sales to and by minors (Article 16 of the WHO FCTC) and other sales restrictions:** In Ireland, the minimum age at which a person may purchase tobacco products is 18. The law does NOT ban tobacco vending machines, internet sales of tobacco products, imitation of tobacco products. The law bans the sale of single sticks of cigarettes. The minimum number of cigarettes allowed in a pack is 20.

*Table 6 Tobacco Control Laws Ireland*

<b>Tobacco Control Laws</b>	<b>Effective Date</b>
Safety, Health and Welfare at Work Act, 1989	01 Nov, 1989
Tobacco Products (Control of Advertising, Sponsorship and Sales Promotion) Regulations 1991 (S.I. No. 326 of 1991)	31 Dec, 1991
Tobacco Products (Control of Advertising, Sponsorship and Sales Promotion) (Amendment) Regulations 1994 (S.I. No. 28 of 1994)	01 Mar, 1994
Tobacco Products (Control of Advertising, Sponsorship and Sales Promotion) (Amendment) Regulations 1996 (S.I. No. 408 of 1996)	01 Jan, 1997
Tobacco Products (Control of Advertising, Sponsorship and Sales Promotion) (Amendment) Regulations 2000 (S.I. No. 35 of 2000)	09 Feb, 2000

Tobacco Products (Control of Advertising, Sponsorship and Sales Promotion) (Amendment) (No. 2) Regulations 2000 (S.I. No. 215 of 2000)	01 Jul, 2000
Public Health (Tobacco) Act 2002 (Commencement) Order 2002 (S.I. No. 251 of 2002)	28 May, 2002
Directive 2003/33/EC of the European Parliament and of the Council of 26 May 2003 on the approximation of the laws, regulations and administrative provisions of the Member States relating to the advertising and sponsorship of tobacco products	20 Jun, 2003
Public Health (Tobacco) Act 2002 (Commencement) Order 2003 (S.I. No. 480 of 2003)	14 Oct, 2003
European Communities (Manufacture, Presentation and Sale of Tobacco Products) Regulations 2003 (S.I. No. 425 of 2003)	01 Jan, 2004
Public Health (Tobacco) (Amendment) Act 2004 (Commencement) Order 2004 (S.I. No. 111 of 2004)	23 Mar, 2004
Public Health (Tobacco) (Amendment) Act 2004	29 Mar, 2004
Public Health (Tobacco) Act 2002 (Commencement) Order 2004 (S.I. No. 110 of 2004)	23 May, 2004
Public Health (Tobacco) Act 2002 (Commencement) Order 2007 (S.I. No. 149 of 2007)	02 Apr, 2007
Public Health (Tobacco) (Amendment) Act 2004 (Commencement) Order 2007 (S.I. No. 150 of 2007)	02 Apr, 2007
European Communities (Manufacture, Presentation and Sale of Tobacco Products) (Amendment) Regulations 2008 (S.I. No. 255 of 2008)	01 Oct, 2008
Public Health (Tobacco) (Amendment) Act 2004 (Commencement) Order 2008 (S.I. No. 405 of 2008)	17 Oct, 2008
Public Health (Tobacco) Act 2002 (Commencement) Order 2008 (S.I. No. 404 of 2008)	17 Oct, 2008
Public Health (Tobacco) Act 2002 (Commencement) Order 2009 (S.I. No. 242 of 2009)	30 Jun, 2009

Tobacco Products (Control of Advertising, Sponsorship and Sales Promotion) (Amendment) Regulations 2009 (S.I. No. 243 of 2009)	01 Jul, 2009
Public Health (Tobacco) (Product Information) Regulations 2009 (S.I. No. 123 of 2009)	01 Jul, 2009
Public Health (Tobacco) (Product Information) Regulations 2009 (S.I. No. 123 of 2009)	01 Jul, 2009
Public Health (Tobacco) (Self Service Vending Machines) Regulations 2009 (S.I. No. 42 of 2009)	Original Language 01 Jul, 2009
Public Health (Tobacco) (Amendment) Act 2009	16 Jul, 2009
Directive 2010/13/EU of the European Parliament and of the Council of 10 March 2010, Audiovisual Media Services Directive	05 May, 2010
European Communities (Audiovisual Media Services) Regulations 2010 (S.I. No. 258/2010)	08 Jun, 2010
Public Health (Tobacco) (Amendment) Act 2010	01 Jan, 2011
Broadcasting Authority of Ireland General Commercial Communications Code	02 May, 2011
Tobacco Products (Control of Advertising, Sponsorship and Sales Promotion) (Amendment) Regulations 2012 (S.I. No. 525 of 2012)	18 Dec, 2012
Public Health (Tobacco) (General and Combined Warnings) Regulations 2011 (S.I. No. 656 of 2011)	01 Feb, 2013
European Communities (Manufacture, Presentation and Sale of Tobacco Products) (Amendment) Regulations 2011 (S.I. No. 655 of 2011)	01 Feb, 2013
Public Health (Tobacco) (Amendment) Act 2013	23 Dec, 2013
Public Health (Tobacco) (Control of Sales Promotion) Regulations 2013 (S.I. No. 530 of 2013)	23 Dec, 2013
Protection of Children's Health (Tobacco Smoke in Mechanically Propelled Vehicles) Act 2014	01 Jan, 2016
Protection of Children's Health (Tobacco Smoke in Mechanically Propelled Vehicles) (Fixed Charge Notice) Regulations 2015 (S.I. No. 594 of 2015)	01 Jan, 2016
Public Health (Standardised Packaging of Tobacco) Act 2015	20 May, 2016

European Union (Manufacture, Presentation and Sale of Tobacco and Related Products) Regulations 2016 (S.I. No. 271 of 2016)	20 May, 2016
Health (Miscellaneous Provisions) Act 2017	16 Feb, 2017
European Union (Manufacture, Presentation and Sale of Tobacco and Related Products) (Amendment) Regulations 2017 (S.I. No. 252 of 2017)	13 Jun, 2017
Public Health (Standardised Packaging of Tobacco) Act 2015 (Commencement) Order 2017	29 Sep, 2017
Public Health (Standardised Packaging of Tobacco) Regulations 2017 (S.I. No. 422 of 2017)	30 Sep, 2017
European Union (Manufacture, Presentation and Sale of Tobacco and Related Products) (Amendment) Regulations 2018 (S.I. No. 132 of 2018)	23 Apr, 2018
European Union (Manufacture, Presentation and Sale of Tobacco and Related Products) (Amendment) (No. 2) Regulations 2018 (S.I. No. 365 of 2018)	17 Sep, 2018
European Union (Manufacture, Presentation and Sale of Tobacco and Related Products) (Amendment) Regulations 2023	26 Jun, 2023
Public Health (Tobacco Products and Nicotine Inhaling Products) Act 2023	22 Dec, 2023

Figure 14 Indicator: Tobacco Smoking Prevalence and Tobacco Mortality Rate, 2020

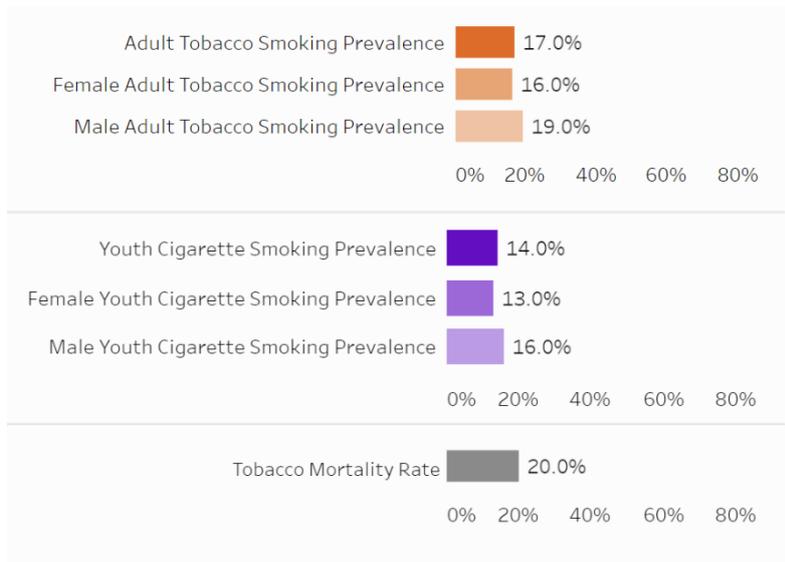


Figure 15 Indicator: MPOWER, 2008–2020 and 2023

### Summary of MPOWER measures in Ireland

Compliance is scored 0–10 where 10 is the highest level of compliance. Compliance is measured only for P and E. The methods used to compile this profile are described in the technical notes of the WHO report on the global tobacco epidemic, 2023.

M	P	O	W		E	R	
MONITORING	SMOKE-FREE ENVIRONMENTS	CESSATION PROGRAMMES	HEALTH WARNINGS	MASS MEDIA	ADVERTISING BANS	TAXATION	CIGARETTES LESS AFFORDABLE SINCE 2012
	9				9	76.1%	NO

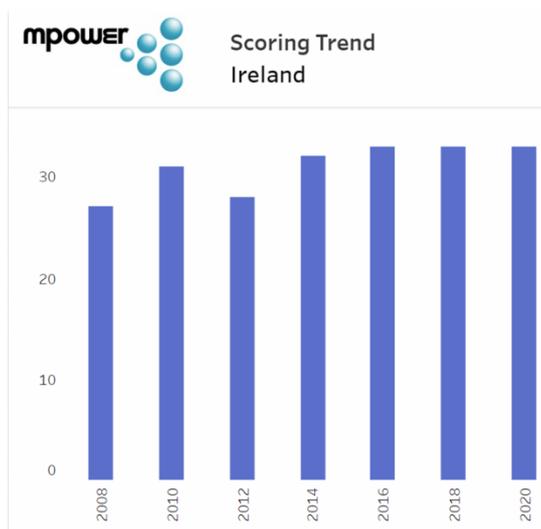
#### MPOWER score colour key

Complete measure	Moderate measure	Minimal measure	No policy or weak measure	Not categorized/ No data
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#### Affordability category

YES cigarettes became less affordable	NO cigarettes did not become less affordable	↔ no trend change in affordability of cigarettes
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Figure 16 Indicator: WHO FCTC Implementation, 2016–2020





**Ratification:** 07/11/2005

**Entry into force:** 05/02/2006

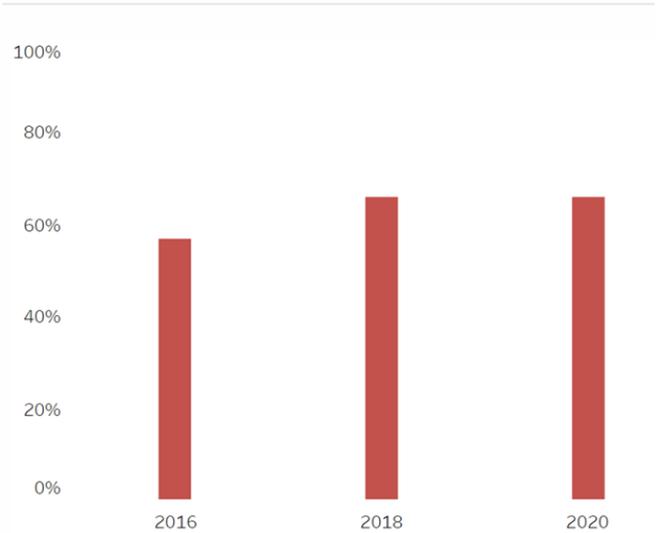
**Latest report submitted:** 29/03/2018

**Next implementation report:** Early 2023

**Area (thousands of km<sup>2</sup>):** 68.89

**Population (in thousands):** 4726

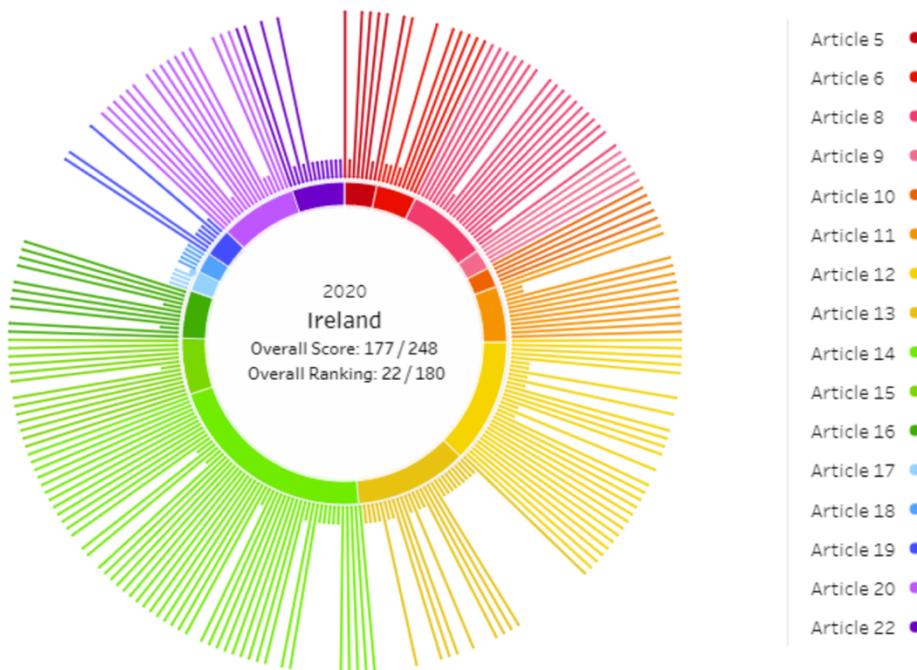
**FCTC** WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL **Implementation Trend Ireland**



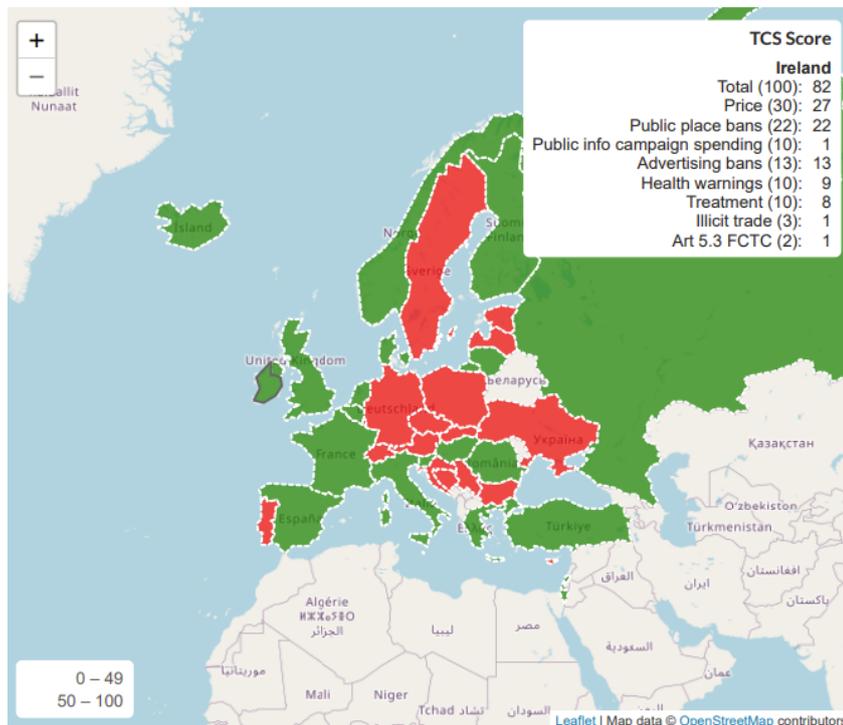
**Overall Implementation Status Ireland 2020**

*Click color bars for details or select article number*

- 2016
- 2018
- 2020



*Figure 17 Indicator: Tobacco Control Scale, 2021*



## Sources:

Global Tobacco Control Progress Hub

<http://globaltobaccocontrol.org/progresshub>

Tobacco Control Laws

<https://www.tobaccocontrollaws.org/legislation/policy-fact-sheets/ireland/summary>

<https://www.tobaccocontrollaws.org/legislation/ireland/laws>

Ireland Country Profile, WHO Report on the Global Tobacco Epidemic, 2023

[https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/gtcr-2023/tobacco-2023-irl.pdf?sfvrsn=2c981716\\_3&download=true](https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/gtcr-2023/tobacco-2023-irl.pdf?sfvrsn=2c981716_3&download=true)

Ireland WHO FCTC Global Progress Report, 2023 reporting cycle

[https://extranet.who.int/fctcapps/sites/default/files/2024-02/3n3uvitwqcmkig\\_785818.pdf](https://extranet.who.int/fctcapps/sites/default/files/2024-02/3n3uvitwqcmkig_785818.pdf)

# Italy

## Tobacco Control Policies and Measures

Italy became a Party to the WHO Framework Convention on Tobacco Control on 30 September 2008. On 12 January 2016, Italy adopted the Legislative Decree No. 6: Implementation of Directive 2014/40/EU on streamlining the legislative, regulatory and administrative provisions of the member states regarding the processing, presentation and sale of tobacco products and related products. The Decree transposes the TPD into national law.

There is no law in Italy that controls the influence of the tobacco industry in setting or implementing public health policies in relation to tobacco control. The government allows the tobacco industry lobby to represent the company point of view on issues relating to the tobacco sector and in particular to increase knowledge relating to new generation products, without setting public health policies. The Italian delegation to the Framework Convention on Tobacco Control Conference of the Parties (COP) excludes industry representatives, but they were included in the past (2012, 2014).

**Price and tax measures to reduce the demand for tobacco (Article 6 of the WHO FCTC):** The World Health Organization recommends raising tobacco excise taxes so that they account for at least 70 percent of retail prices, which Italy meets. In Italy, the retail price of the most sold brand of cigarettes (standardized to a pack of 20) was EUR 6.00, of which 76.7% taxes are levied in combination of specific and ad valorem taxes, in 2022. Between 2012 and 2022 (trend average), there was no change in affordability of cigarettes.

**Protection from exposure to tobacco smoke (Article 8 of the WHO FCTC):** The law prohibits smoking in most enclosed places, including indoor workplaces and indoor public places. However, the law allows designated smoking rooms if the designated smoking rooms comply with strict technical standards. For catering establishments (restaurants, bars, and nightclubs), smoking must be prohibited in at least half of the area of the establishment. Smoking is prohibited in public transportation, and in private vehicles if a child or pregnant woman is present.

In 2022, complete smoke-free laws were reported to NOT exist in any public place. In the following places no complete law exists whereby exceptions are permitted, including designated smoking rooms with strict technical requirements are

permitted under the law: healthcare facilities, educational facilities except universities, universities, government facilities, indoor offices and workplaces, restaurants, cafes, pubs and bars, and public transport. There is no complete smoke-free law for all other public places. The law requires fines for smoking levied on the smoker, but NOT on the establishment. There are NO funds dedicated for enforcement. There is a compliant system in place that requires an investigation after a complaint. Subnational laws exist. Italy has an overall smoke-free environments MPOWER score of “no policy or weak measure”, with no compliance score.

**Regulation of the contents of tobacco products (Article 9 of the WHO FCTC):**

Regulations, as applied from the EU TPD encompass various aspects, such as the prohibition of characterizing flavors and ingredients that facilitate nicotine absorption, create the illusion of health advantages, or are linked to energy and vitality.

**Regulation of tobacco product disclosures (Article 10 of the WHO FCTC):**

Italy mandates that manufacturers and importers are obligated to provide comprehensive information to government authorities regarding the contents and emissions of their tobacco products, as applied from the EU TPD.

**Packaging and labelling of tobacco products (Article 11 of the WHO FCTC):**

For smoked tobacco products, rotating pictorial health warnings must occupy 65 percent of both the front and back of the package as applied from the EU TPD. For smokeless tobacco product, a single text health warning must occupy 30 percent of the front and back of the package. Misleading packaging and labeling, which could include terms such as “light” and “low tar” and other signs, is prohibited. Standardized (plain) packaging is NOT required.

**Education, communication, training and public awareness (Article 12 of the WHO FCTC):**

There was NO anti-tobacco mass media national campaign reported to be aired between July 2020 and June 2022.

**Tobacco advertising, promotion and sponsorship (Article 13 of the WHO FCTC):**

The law bans many forms of tobacco advertising and promotion, including TV, radio, internet, and most print media. However, the definition of “tobacco advertising” does not clearly cover all promotional activity and, therefore, some tobacco promotion may be allowed. Point of sale product display is allowed. There

are some restrictions on tobacco sponsorship and the publicity of such sponsorship.

In 2022, *bans on direct tobacco advertising* were reported to be in place in Italy for: national TV and radio (compliance score of 10 out of 10); international TV and radio (The law does not explicitly address cross-border advertising. However, given that advertising is banned on all TV and radio, it is interpreted that both domestic and international levels are covered by the ban); local magazines and newspapers (compliance score of 10); billboards and outdoor advertising (compliance score of 10); advertising at point of sale (compliance score of 9); and advertising on internet. A compliance score of direct bans was 10. The law requires fines for violations of direct advertising bans. Italy does **NOT** ban direct tobacco advertising for the following: international magazines and newspapers; and other direct bans.

In 2022, *bans on tobacco promotion and sponsorship* were reported to be in place in Italy for: appearance of tobacco brands in TV and/or films (product placement) (compliance score of 9). A compliance score of indirect bans was 8. Italy does **NOT** ban tobacco promotion and advertising of: free distribution; promotional discounts; non-tobacco products identified with tobacco brand names; brand name of non-tobacco products used for tobacco product; appearance of tobacco products in TV and/or films; prescribed anti-tobacco advertisements required to be presented before, during or after the broadcasting or showing of any visual entertainment media product that depicts tobacco products, use or images; a complete ban on sponsorship; tobacco companies/ the tobacco industry publicizing their CSR activities; entities other than tobacco companies/ the industry publicizing the CSR activities of the tobacco companies; a ban on Corporate Social Responsibility Activities (CSR); tobacco companies funding or making contributions (including in-kind contributions) to smoking prevention media campaigns, including those directed at youth; and other indirect bans. The law does **NOT** explicitly ban tobacco products at point of sale. The law does **NOT** require fines for violations of indirect advertising bans.

**Demand reduction measures concerning tobacco dependence and cessation (Article 14 of the WHO FCTC):** As of 2022, there was a toll-free telephone quit line/help line with a live person available to discuss cessation with callers in Italy. Nicotine-related therapy (NRT) is legally sold in the country in pharmacies without a prescription. The national/federal health insurance of national health services

does NOT cover the cost of NRT and NRT is NOT on the country's essential drug list. Bupropion (e.g., Zyban, Wellbutrin) is legally sold in the country in pharmacies with a prescription, but the costs are NOT covered by the national/federal health insurance of national health service. Varenicline are legally sold in the country in pharmacies with a prescription and costs are partially covered by the national/federal health insurance of the national health service. Smoking cessation support is available in some health clinics or other primary care facilities, hospitals, office of a health professional, in the community, and other places. The national/federal health insurance or the national health services fully covers the costs in health clinics or other primary care facilities, partially covers costs in hospitals, office of a health professional, and other places, but does NOT cover costs in the community.

**Illicit trade in tobacco products (Article 15 of the WHO FCTC):** Italy is NOT a Party to the Protocol to Eliminate Illicit Trade in Tobacco Products. Italy has a tracking and trace system and has licensing or other actions to control or regulate production and distribution.

**Sales to and by minors (Article 16 of the WHO FCTC) and other sales restrictions:** In Italy, the minimum age at which a person may purchase tobacco products is 18. The law does NOT ban tobacco vending machines, internet sales of tobacco products, imitation of tobacco products, and the sale of single sticks of cigarettes. The minimum number of cigarettes allowed in a pack is 20.

*Table 7 Tobacco Control Laws Italy*

<b>Tobacco Control Laws</b>	<b>Effective Date</b>
Law No. 165 of April 10, 1962, Prohibition of advertising campaign of tobacco products (as amended)	30 Apr, 1962
Law No. 584 of November 11, 1975, Ban on smoking in determined sites and on public means of transport (as amended)	11 May, 1976
Law No. 76 of July 3, 1985 on System of Taxation of Tobacco Products	07 Mar, 1985
Ministry of the Post and Telecommunications Decree No. 425 of November 30, 1991, Regulation	22 Jan, 1992

Concerning the Implementation of Articles 13, 15 and 16 of the European Communities Council Directive of October 3, 1989 (89/552/EEC)	
Legislative Decree No. 331 of August 30, 1993 on Harmonization of Rules on Excise and Value-Added Taxes	30 Aug, 1993
Ministry of the Post and Telecommunications Decree No. 581 of December 9, 1993, Regulations relating to sponsorships of radio programs and offers to the public	09 Dec, 1993
Law No. 448 of December 28, 2001, Provisions for the Annual and Multi-Year State Budget (Financial Law 2002)	01 Jan, 2002
Legislative Decree No. 184 of June 24, 2003, Implementation of Directive 2001/37/EC regarding the processing, presentation and sale of tobacco products	24 Jul, 2003
Prime Ministerial Decree of December 23, 2003, Implementation of Article 51(2) of Law No. 3 of January 6, 2003 as amended by Article 7 of Law No. 306 of October 21, 2003 on "Protecting health of non-smokers"	10 Jan, 2004
Circular No. 2003/25137 of May 26, 2003 on Vending Machines for Cigarettes	10 Jan, 2004
Circular No. 2003/56933 of December 24, 2003 on Additions to the Rules on Vending Machines for Cigarettes	10 Jan, 2004
Legislative Decree No. 24 of January 30, 2004 on Excise Duties on Tobacco Products	30 Jan, 2004
Ministry of Economy and Finance Decree on Variation of the Basic Rate of Taxation of Cigarettes	15 Oct, 2004
Law No. 311 of December 30, 2004, Provisions for the formation of the annual and multi-year State (Finance Act 2005) (excerpt)	01 Jan, 2005
Legislative Decree No. 300 of December 16, 2004, Implementation of Directive 2003/33/EC in respect to the advertising and sponsorship of tobacco products	04 Jan, 2005

Law No. 3 of January 16, 2003	10 Jan, 2005
Ministry of Economy and Finance Directive of July 25, 2005, Provisions for fixing the minimum price of retail cigarettes	25 Jul, 2005
Legislative Decree No. 177 of July 31, 2005, Consolidated Text on Audiovisual and Broadcasting Services	08 Sep, 2005
Ministry of Economy and Finance Directive of December 22, 2005, Breakdown of Retail Prices of Cigarettes from January 1, 2006	22 Dec, 2005
Law No. 266 of December 23, 2005 on Provisions for the formulation of annual budget and multi-state	23 Dec, 2005
Decree No. 10 of February 15, 2007, Provisions to implement Community and international obligations	16 Feb, 2007
Decree of June 18, 2010 on Excise Duties and Public Revenue	18 Jun, 2010
Decree of October 25, 2012, Implementation of Directive 2012/9/EU of the Commission regarding the new health warnings on tobacco products	24 Dec, 2012
Ministry of Health Ordinance of April 2, 2013 on Prohibition of Sale to Persons Under Eighteen Years of Electronic Cigarettes with the Presence of Nicotine	02 Apr, 2013
Law No. 128 of November 8, 2013, Converting to Law, with Amendments, Law No. 104 of September 12, 2013, on Urgent Measures in Education, Universities, and Research	11 Nov, 2013
Legislative Decree No. 181 of December 15, 2014	15 Dec, 2014
Legislative Decree No. 6 of January 12, 2016, Implementation of Directive 2014/40/EU	20 May, 2016
Decree of March 28, 2017 on Implementation of the Commission Implementing Decision (EU) 2016/586 on Technical Standards for the Refill Mechanism of Electronic Cigarettes	28 Mar, 2017
Decree of March 28, 2017 on Implementation of the Commission Implementing Decision (EU) 2015/2183 Establishing a Common Format for the Notification of Electronic Cigarettes and Refill Containers	28 Mar, 2017

Legislative Decree No. 208 of November 8, 2021 on Implementation of Directive (EU) 2018/1808	25 Dec, 2021
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Figure 18 Indicator: Tobacco Smoking Prevalence and Tobacco Mortality Rate, 2020

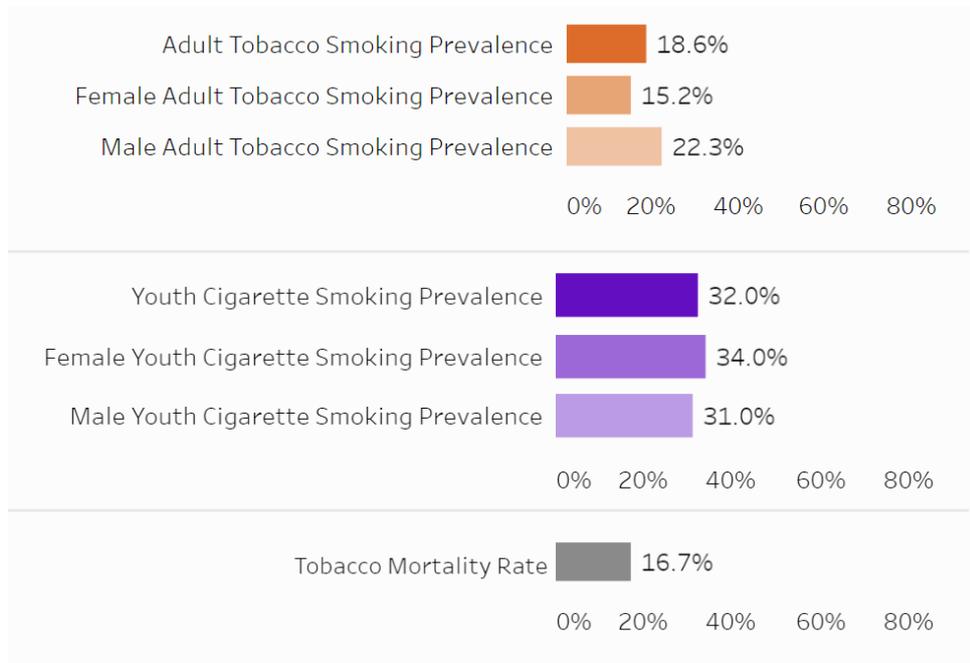


Figure 19 Indicator: MPOWER, 2023 and 2008–2020

### Summary of MPOWER measures in Italy

Compliance is scored 0–10 where 10 is the highest level of compliance. Compliance is measured only for P and E. The methods used to compile this profile are described in the technical notes of the WHO report on the global tobacco epidemic, 2023.

M	P	O	W		E	R	
MONITORING	SMOKE-FREE ENVIRONMENTS	CESSATION PROGRAMMES	HEALTH WARNINGS	MASS MEDIA	ADVERTISING BANS	TAXATION	CIGARETTES LESS AFFORDABLE SINCE 2012
	—				9	76.7%	↔

#### MPOWER score colour key

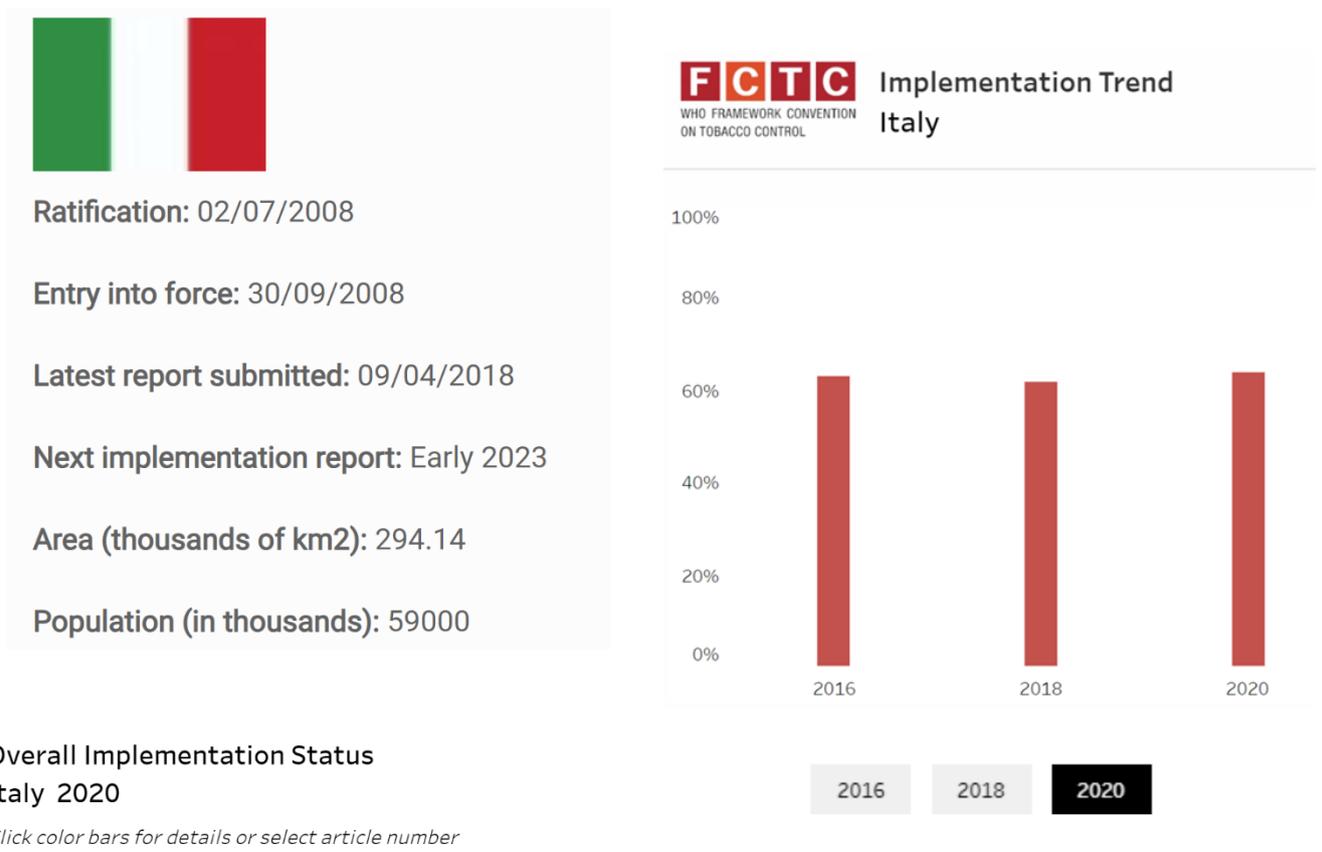
Complete measure	Moderate measure	Minimal measure	No policy or weak measure	Not categorized/ No data
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#### Affordability category

YES cigarettes became less affordable	NO cigarettes did not become less affordable	↔ no trend change in affordability of cigarettes
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Figure 20 Indicator: WHO FCTC Implementation, 2016–2020



**Overall Implementation Status**  
Italy 2020

*Click color bars for details or select article number*

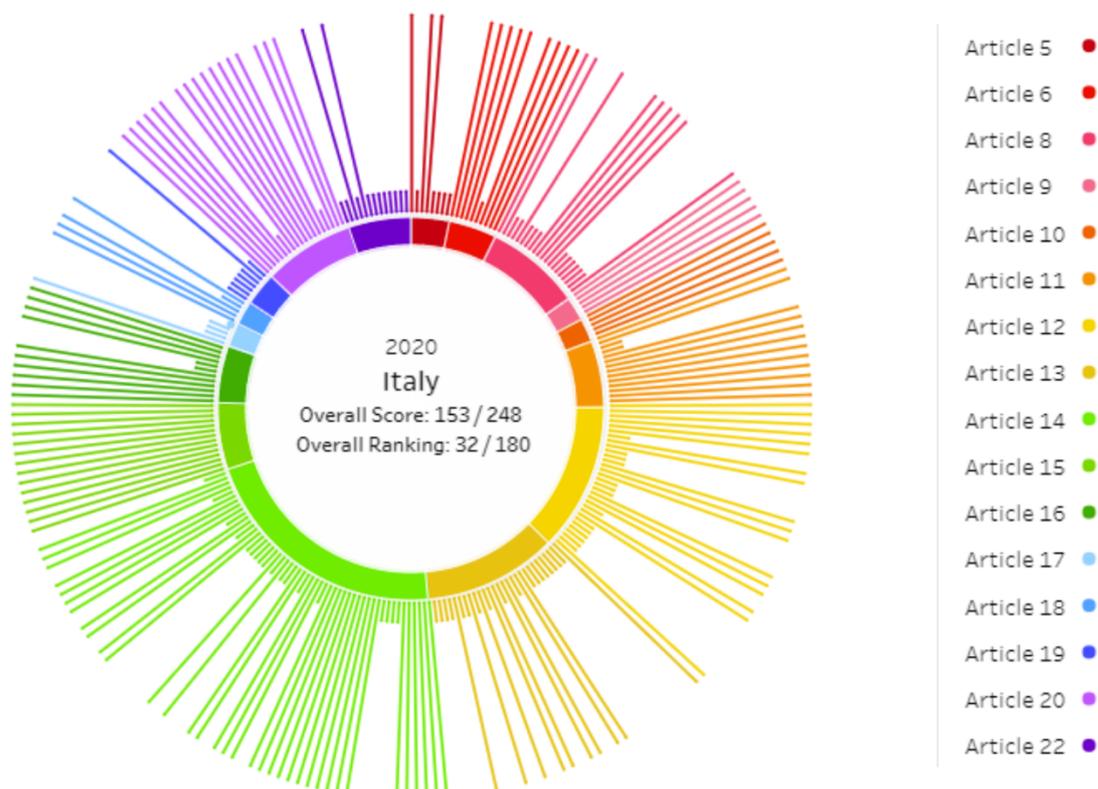


Figure 21 Indicator: Tobacco Control Scale, 2021

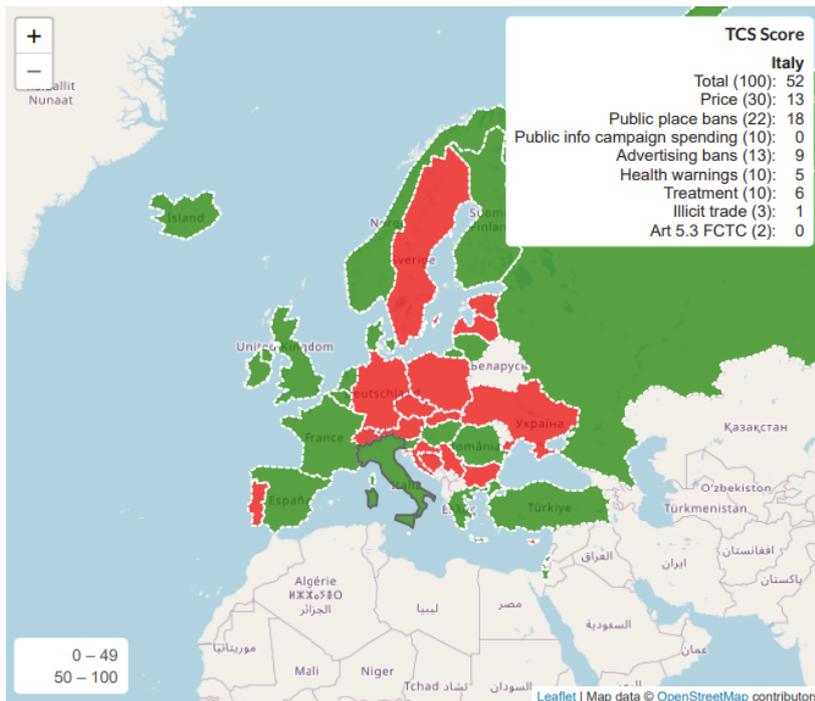


Figure 22 Indicator: Global Tobacco Index Score (Tobacco Industry Interference)

## Italy

2021

Rank 74 from a survey of 80 countries



### GLOBAL TOBACCO INDEX SCORE

79

#### Indicators

 Indicator 1: Level of Participation in Policy Development	13
 Indicator 2: Tobacco Industry's Corporate Social Responsibility Activities	4
 Indicator 3: Benefits to the Tobacco Industry	10
 Indicator 4: Unnecessary Interaction between Government and Industry	13
 Indicator 5: Measures for Transparency	8
 Indicator 6: Preventing Conflicts of Interest	10
 Indicator 7: Measures that Prevent Industry Influence	21

### Sources:

Global Tobacco Control Progress Hub

<http://globaltobaccocontrol.org/progresshub>

## Tobacco Control Laws

<https://www.tobaccocontrolaws.org/legislation/policy-fact-sheets/italy/summary>

<https://www.tobaccocontrolaws.org/legislation/italy/summary>

## Italy Country Profile, WHO Report on the Global Tobacco Epidemic, 2023

[https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/gtcr-2023/tobacco-2023-ita.pdf?sfvrsn=690e6af7\\_3&download=true](https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/gtcr-2023/tobacco-2023-ita.pdf?sfvrsn=690e6af7_3&download=true)

## Italy WHO FCTC Global Progress Report, 2023 reporting cycle

[https://extranet.who.int/fctcapps/sites/default/files/2024-02/scpf6bn4yipfur8\\_785818.pdf](https://extranet.who.int/fctcapps/sites/default/files/2024-02/scpf6bn4yipfur8_785818.pdf)

# Portugal

## Tobacco Control Policies and Measures

Portugal adopted Law No. 109/2015 of 26 August 2015, Amending Law No. 37/2007 of 4 August 2007 and Transposing Directive 2014/40/EU (PT).

**Price and tax measures to reduce the demand for tobacco (Article 6 of the WHO FCTC):** The World Health Organization recommends raising tobacco excise taxes so that they account for at least 70 percent of retail prices, which Portugal meets. In Portugal, the retail price of the most sold brand of cigarettes (standardized to a pack of 20) was EUR 4.50, of which 78.0% taxes are levied in combination of specific and ad valorem taxes, in 2022. Between 2012 and 2022 (trend average), cigarettes have NOT become less affordable.

**Protection from exposure to tobacco smoke (Article 8 of the WHO FCTC):** Public transportation means are subject to a complete smoking ban. Until 2020 smoking areas were still allowed in workplaces, restaurants, pubs and bars. Meaningful restrictions apply to smoking in bars and restaurants, 50% are smoke-free. Workplaces are equally subject to meaningful restrictions to smoking, with more than 50% of the workplaces being smoke-free.

In 2022, complete smoke-free laws were reported to exist in: health-care facilities (compliance score of 8 out of 10), educational facilities except universities (compliance score of 8), universities (compliance score of 5), government facilities (compliance score of 8), indoor offices and workplaces (compliance score of 8), and public transport (compliance score of 10). In the following places exceptions are permitted, whereby designated smoking rooms with strict technical requirements are permitted under the law: restaurants and cafes, pubs and bars. There is no complete smoke-free law for all other public places. The law requires fines for smoking levied on the establishment and on the smoker. There are NO funds dedicated for enforcement. There is a compliant system in place that requires an investigation after a complaint. Subnational jurisdictions do not have the authority to adopt laws that ban tobacco smoking in any or all the places mentioned above. Portugal has an overall smoke-free environments MPOWER score of “moderate measure”, with a compliance score of 7.

In terms of recent progress with implementing Article 8 of the WHO FCTC, the following was reported in 2023: Since 1st January 2023, under the Ordinance 154/2022 of June 2, smoking is not anymore allowed in bars, restaurants, bingos, and betting rooms, shopping malls, and other places for leisure activities with less than 100 square meters (full ban). In those places with more than 100 square meters smoking is only allowed in smoking rooms with negative pressure. These rooms are exclusively for smoking and vaping. No minors and no services inside are allowed. Indoor air quality must be measured in the non-smoking areas, at least once a year.

**Regulation of the contents of tobacco products (Article 9 of the WHO FCTC):**

Regulations, as applied from the EU TPD encompass various aspects, such as the prohibition of characterizing flavors and ingredients that facilitate nicotine absorption, create the illusion of health advantages, or are linked to energy and vitality.

**Regulation of tobacco product disclosures (Article 10 of the WHO FCTC):**

Portugal mandates that manufacturers and importers are obligated to provide comprehensive information to government authorities regarding the contents and emissions of their tobacco products, as applied from the EU TPD.

**Packaging and labelling of tobacco products (Article 11 of the WHO FCTC):**

Health warnings must cover 65% of the front and the back of cigarette and roll-your-own tobacco (RYO) packs, as applied from the EU TPD. Portugal has NOT adopted standardized (plain) packaging.

**Education, communication, training and public awareness (Article 12 of the WHO FCTC):**

There was NO anti-tobacco mass media national campaign reported to be aired between July 2020 and June 2022. In terms of progress in implementing Article 12 of the WHO FCTC, the following was reported in 2023: Several health education materials were produced and disseminated in social media. In the context of the Initiative Generation without tobacco several pedagogical materials were produced and disseminated in the webpage of the General Directorate of Education.

**Tobacco advertising, promotion and sponsorship (Article 13 of the WHO FCTC):**

In 2022, *bans on direct tobacco advertising* were reported to be in place in Portugal for: national TV and radio (compliance score of 5 out of 10); local

magazines and newspapers (compliance score of 5); billboards and outdoor advertising (compliance score of 10); advertising at point of sale (compliance score of 3); advertising on internet; and other direct bans. A compliance score of direct bans was 5. The law requires fines for violations of direct advertising bans. Portugal does **NOT** ban direct tobacco advertising for the following: international TV and radio; and international magazines and newspapers.

In 2022, bans on *tobacco promotion and sponsorship* were reported to be in place in Portugal for: free distribution (compliance score of 8); promotional discounts (compliance score of 8); appearance of tobacco brands in TV and/or films (product placement) (compliance score of 5); a complete ban on sponsorship (compliance score of 3); a ban on Corporate Social Responsibility Activities (CSR); tobacco companies/ the tobacco industry publicizing their CSR activities; entities other than tobacco companies/ the industry publicizing the CSR activities of the tobacco companies; tobacco companies funding or making contributions (including in-kind contributions) to smoking prevention media campaigns, including those directed at youth; and other indirect bans. A compliance score of indirect bans was 5. The law requires fines for violations of indirect advertising bans. Portugal does **NOT** ban tobacco promotion and advertising of: non-tobacco products identified with tobacco brand names; brand name of non-tobacco products used for tobacco product; appearance of tobacco products in TV and/or films; prescribed anti-tobacco advertisements required to be presented before, during or after the broadcasting or showing of any visual entertainment media product that depicts tobacco products, use or images. The law does **NOT** explicitly ban tobacco products at point of sale.

**Demand reduction measures concerning tobacco dependence and cessation (Article 14 of the WHO FCTC):** In terms of recent progress with implementing Article 14 of the WHO FCTC, the following was reported in 2023: A new treatment entered our market in 2022 – cytisine. Varenicline was temporarily withdrawn from the market in 2022 due to manufacturing issues.

As of 2022, there was NO toll-free telephone quit line/help line with a live person available to discuss cessation with callers in Portugal. Nicotine-related therapy (NRT) is legally sold in the country in pharmacies without a prescription. The national/federal health insurance of national health services does NOT cover the cost of NRT and NRT is NOT on the country's essential drug list. Bupropion (e.g.,

Zyban, Wellbutrin) and Varenicline are legally sold in the country in pharmacies with a prescription and costs are partially covered by the national/federal health insurance of the national health service. Smoking cessation support is available in some health clinics or other primary care facilities, hospitals, office of a health professional, in the community and other places. The national/federal health insurance or the national health services partially covers the costs of support in health clinics or other primary care facilities, hospitals, and in the community, but does NOT cover costs for office of a health professional and other places.

**Illicit trade in tobacco products (Article 15 of the WHO FCTC):** Portugal is a Party to the Protocol to Eliminate Illicit Trade in Tobacco Products. Portugal has a tracking and trace system and has licensing or other actions to control or regulate production and distribution.

**Sales to and by minors (Article 16 of the WHO FCTC) and other sales restrictions:** In Portugal, the minimum age at which a person may purchase tobacco products is 18. The law bans tobacco internet sales of tobacco products, imitation of tobacco products, and the sale of single sticks in cigarettes. The minimum number of cigarettes allowed in a pack is 20. The law does NOT ban tobacco vending machines.

*Table 8 Tobacco Control Laws Portugal*

<b>Tobacco Control Laws</b>	<b>Effective Date</b>
Law No. 22/82 on Prevention of Use	17 Aug, 1982
Comprehensive Tobacco Control Law No. 226/83	27 May, 1983
Law No. 566/99 on Excise Code	22 Dec, 1999
Law No. 37/2007 (as amended to August 26, 2015)	14 Aug, 2007
Law No. 109/2015 of August 26, 2015, Amending Law No. 37/2007 of August 4, 2007 and Transposing Directive 2014/40/EU	26 Aug, 2015
Decree No. 6/2016	22 Feb, 2016
Ordinance No. 135/2016	12 May, 2016
Ordinance No. 148-A/2016	19 May, 2016
Ordinance No. 168/2017	22 May, 2017
Law No. 63/2017, Amending Law No. 37/2007	03 Aug, 2017

Figure 23 Indicator: Tobacco Smoking Prevalence and Tobacco Mortality Rate, 2020

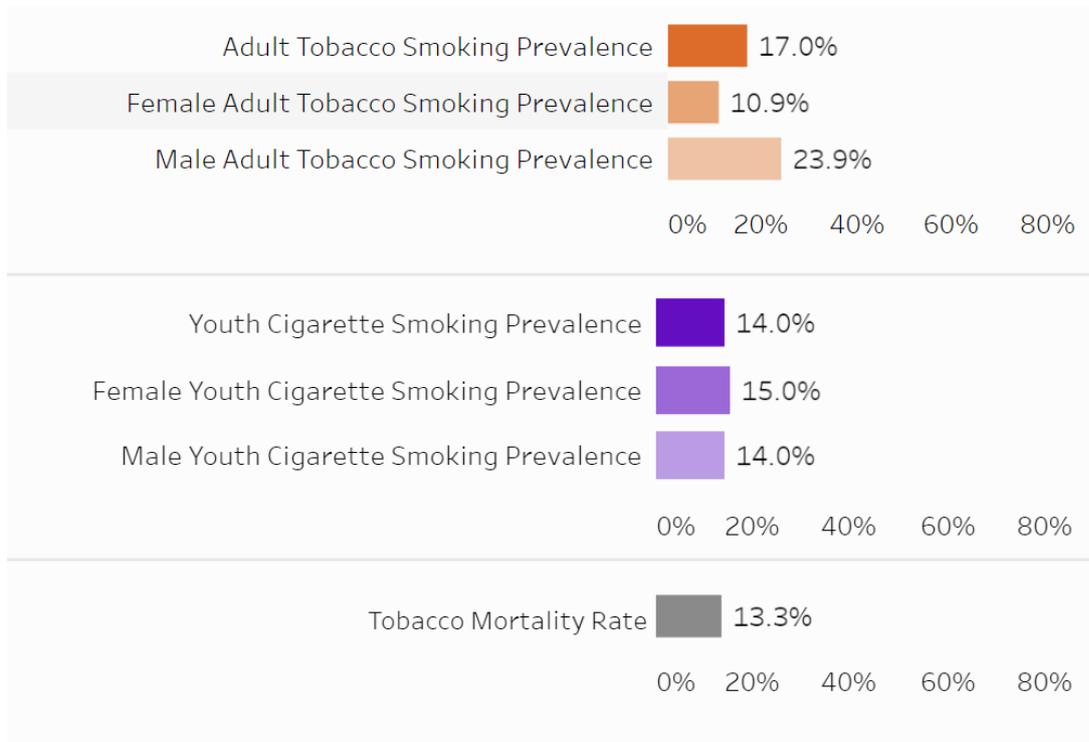


Figure 24 Indicator: MPOWER, 2023 and 2008–2020

### Summary of MPOWER measures in Portugal

Compliance is scored 0–10 where 10 is the highest level of compliance. Compliance is measured only for P and E. The methods used to compile this profile are described in the technical notes of the WHO report on the global tobacco epidemic, 2023.

M	P	O	W	E	R		
MONITORING	SMOKE-FREE ENVIRONMENTS	CESSATION PROGRAMMES	HEALTH WARNINGS	MASS MEDIA	ADVERTISING BANS	TAXATION	CIGARETTES LESS AFFORDABLE SINCE 2012
	7				5	78.0%	NO

#### MPOWER score colour key

Complete measure	Moderate measure	Minimal measure	No policy or weak measure	Not categorized/ No data
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#### Affordability category

YES cigarettes became less affordable	NO cigarettes did not become less affordable	↔ no trend change in affordability of cigarettes
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#### mpower Scoring Trend Portugal

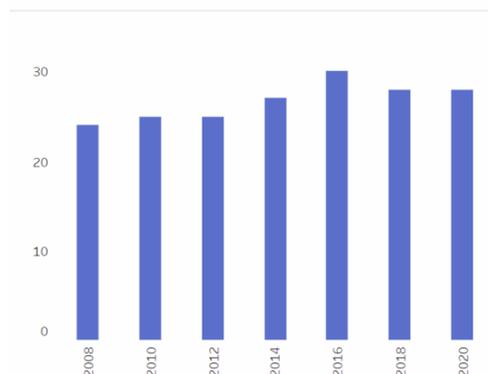


Figure 25 Indicator: WHO FCTC Implementation, 2016–2020

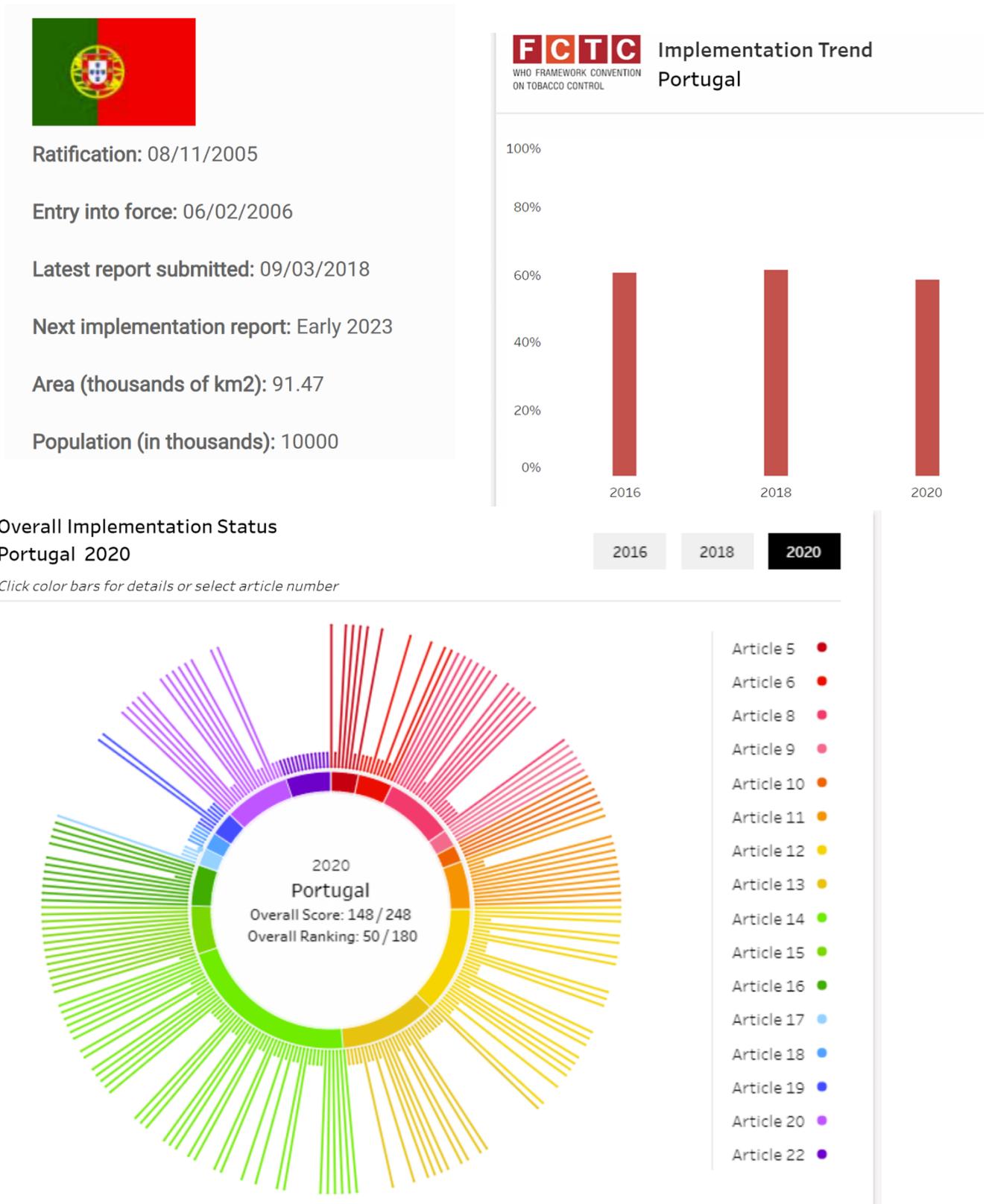
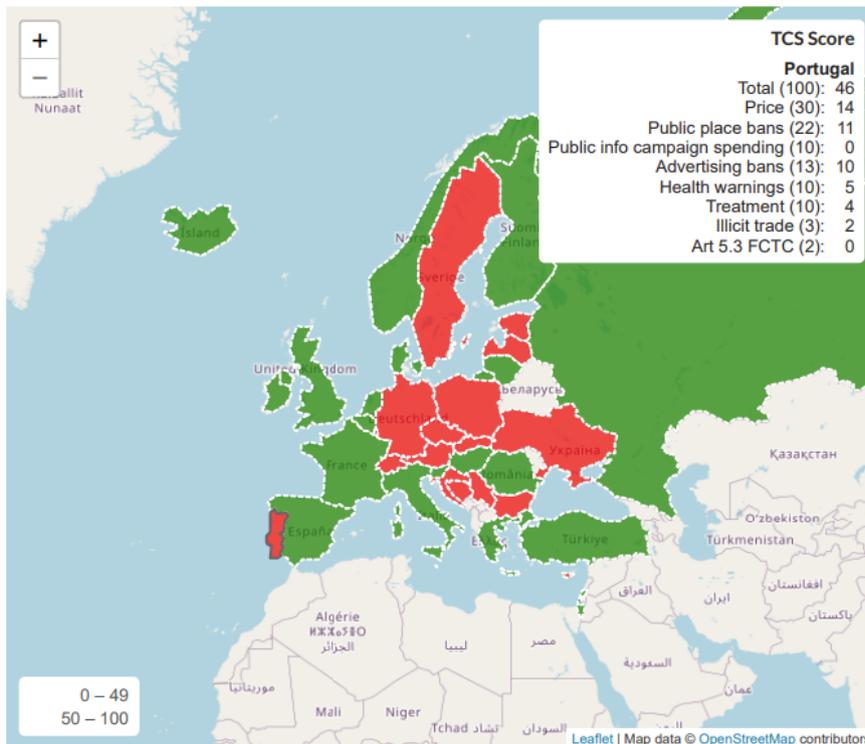


Figure 26 Indicator: Tobacco Control Scale, 2021



Sources:

Global Tobacco Control Progress Hub

<http://globaltobaccocontrol.org/progresshub>

Tobacco Control Laws

<https://www.tobaccocontrollaws.org/legislation/policy-fact-sheets/portugal/summary>

<https://www.tobaccocontrollaws.org/legislation/portugal/laws>

Portugal Country Profile, WHO Report on the Global Tobacco Epidemic, 2023

[https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/gtcr-2023/tobacco-2023-prt.pdf?sfvrsn=a824ebbd\\_3&download=true](https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/gtcr-2023/tobacco-2023-prt.pdf?sfvrsn=a824ebbd_3&download=true)

Portugal WHO FCTC Global Progress Report, 2023 reporting cycle

[https://extranet.who.int/fctcapps/sites/default/files/2024-02/xv9rgzhjdybti4a\\_785818.pdf](https://extranet.who.int/fctcapps/sites/default/files/2024-02/xv9rgzhjdybti4a_785818.pdf)

## Romania

### Tobacco Control Policies and Measures

Romania became a Party to the WHO Framework Convention on Tobacco Control on 27 April 2006. Law No. 349 of June 6, 2002 is the primary piece of legislation regulating smoking in public places. The law has been amended several times, including by Law No. 201 of 2016, which replaced the packaging and labeling provisions. Law No. 201 of 2016 also regulates additives, disclosures, cross-border distance sales, electronic cigarettes, and herbal products for smoking. Law No. 457 of November 1, 2004 is the primary legislation governing tobacco advertising, promotion and sponsorship. Law No. 504 of July 11, 2002, The Audiovisual Law, regulates audiovisual broadcasts in Romania. Pertinent to tobacco control, it prohibits any form of audiovisual commercial communication for tobacco products.

**Price and tax measures to reduce the demand for tobacco (Article 6 of the WHO FCTC):** The World Health Organization recommends raising tobacco excise taxes so that they account for at least 70 percent of retail prices, which Romania does NOT meet. In Romania, the retail price of the most sold brand of cigarettes (standardized to a pack of 20) was RON 23.50, of which 69.1% taxes are levied in combination of specific and ad valorem taxes, in 2022. Between 2012 and 2022 (trend average), cigarettes have NOT become less affordable.

**Protection from exposure to tobacco smoke (Article 8 of the WHO FCTC):** Smoking is prohibited on public transport and in nearly all indoor public places and indoor workplaces. The law provides for only two exceptions to the ban – for inmate cells in maximum security prisons and designated rooms in the transit areas of international airports.

In 2022, complete smoke-free laws were reported to exist in: health-care facilities (compliance score of 10 out of 10), educational facilities except universities (compliance score of 8), universities (compliance score of 8), government facilities (compliance score of 7), indoor offices and workplaces (compliance score of 10), restaurants (compliance score of 8), cafes, pubs and bars (compliance score of 7), public transport (compliance score of 10). There is no complete smoke-free law for all other public places. The law requires fines for smoking levied on the smoker, but NOT the establishment. There are NO funds dedicated for enforcement. There is a compliant system in place that requires an investigation after a complaint. All

subnational jurisdictions are covered by a complete national smoke-free law. Romania has an overall smoke-free environments MPOWER score of “complete measure”, with a compliance score of 8.

In terms of recent progress on implementation of Article 8 of the WHO FCTC the following was reported in 2023: Since 2016, the legislation forbids smoking in all indoor public spaces.

**Regulation of the contents of tobacco products (Article 9 of the WHO FCTC):**

The law regulates specified contents of cigarettes, including banning characterizing flavors; and ingredients that facilitate nicotine uptake, create the impression of health benefits, or are associated with energy and vitality; among others.

**Regulation of tobacco product disclosures (Article 10 of the WHO FCTC):** The law requires that manufacturers and importers disclose to government authorities information on the contents and emissions of their products.

**Packaging and labelling of tobacco products (Article 11 of the WHO FCTC):**

Smoked tobacco products must display one of 14 combined (text and picture) health warnings, occupying 65 percent of the front and back of the package as applied from the EU TPD. A general warning must occupy 50 percent of one lateral surface of the package and an information message must occupy 50 percent of the other lateral surface. There are three sets of 14 authorized combined warnings, which are to be rotated annually. There is one required text-only warning for smokeless tobacco products, which must cover at least 30 percent of the two most visible display areas. Misleading packaging and labeling, which could include terms such as “light” and “low tar” and other signs, is prohibited. Standardized (plain) packaging is NOT required.

A study by Aleyan et al. (2020) among adults who smoke in seven European countries, including Romania, found that larger health warning labels reduced pack appeal and enhanced salience of health warning labels, however, effects were not as strong as compared to adults in England where standardized packaging is in place, effects.

**Education, communication, training and public awareness (Article 12 of the WHO FCTC):**

There was NO anti-tobacco mass media national campaign reported to be aired between July 2020 and June 2022.

### **Tobacco advertising, promotion and sponsorship (Article 13 of the WHO FCTC):**

The law prohibits most forms of direct advertising, including TV, radio, print media, and outdoor advertising. However, the law allows point of sale advertising in areas dedicated exclusively to the sale of tobacco products within commercial establishments. The law does not address directly tobacco promotion and, therefore, most forms of tobacco promotion are permitted. Tobacco sponsorship is prohibited for events or activities with cross-border effects, or which involve or take place in at least two member states of the European Union, one of which is Romania; events and activities intended for youth under 18 years of age; and events and activities that take place at medical facilities or at medico-pharmaceutical educational facilities. Tobacco sponsorship of other types of events or activities, including corporate social responsibility programs, is allowed.

In 2022, *bans on direct tobacco advertising* were reported to be in place in Romania for: national TV and radio (compliance score of 10 out of 10); local magazines and newspapers (compliance score of 5); international TV and radio (The law does not explicitly address cross-border advertising. However, given that advertising is banned on all TV and radio, it is interpreted that both domestic and international levels are covered by the ban); billboards and outdoor advertising (compliance score of 10); advertising on internet. A compliance score of direct bans was 10. The law requires fines for violations of direct advertising bans. Romania does **NOT** ban direct tobacco advertising for the following: international magazines and newspapers; advertising at point of sale; and other direct bans.

In 2022, *bans on tobacco promotion and sponsorship* were reported to be in place in Romania for: non-tobacco products identified with tobacco brand names (compliance score of 7); appearance of tobacco brands in TV and/or films (product placement) (compliance score of 7). A compliance score of indirect bans was 7. The law requires fines for violations of indirect advertising bans. Romania does **NOT** ban tobacco promotion and advertising of: free distribution; promotional discounts; brand name of non-tobacco products used for tobacco product; appearance of tobacco products in TV and/or films; prescribed anti-tobacco advertisements required to be presented before, during or after the broadcasting or showing of any visual entertainment media product that depicts tobacco products, use or images; a complete ban on sponsorship a ban on Corporate Social Responsibility Activities (CSR); tobacco companies/ the tobacco industry publicizing their CSR activities; entities other than tobacco companies/ the industry publicizing the CSR activities of the tobacco companies; tobacco companies funding or making contributions (including in-kind contributions) to

smoking prevention media campaigns, including those directed at youth; and other indirect bans. The law does **NOT** explicitly ban tobacco products at point of sale.

**Demand reduction measures concerning tobacco dependence and cessation (Article 14 of the WHO FCTC):** As of 2022, there was a toll-free telephone quit line/help line with a live person available to discuss cessation with callers in Romania. Nicotine-related therapy (NRT) is legally sold in the country in pharmacies without a prescription. The national/federal health insurance of national health services partially covers the cost of NRT and NRT is NOT on the country's essential drug list. Bupropion (e.g., Zyban, Wellbutrin) and Varenicline are legally sold in the country in pharmacies with a prescription, but costs are NOT covered by the national/federal health insurance of the national health service. Smoking cessation support is available in some health clinics or other primary care facilities, hospitals, office of a health professional, in the community, and other places. The national/federal health insurance or the national health services partially covers the costs of support in the office of a health professional, and other places, but does NOT cover costs in health clinics or other primary care facilities, hospitals or in the community.

**Illicit trade in tobacco products (Article 15 of the WHO FCTC):** Romania is NOT a Party to the Protocol to Eliminate Illicit Trade in Tobacco Products. Belgium has a tracking and trace system and has licensing or other actions to control or regulate production and distribution.

**Sales to and by minors (Article 16 of the WHO FCTC) and other sales restrictions:** In Romania, the minimum age at which a person may purchase tobacco products is 18. The law bans tobacco vending machines, imitation of tobacco products, and the sale of single sticks of cigarettes. The minimum number of cigarettes allowed in a pack is 20. The law does NOT ban internet sales of tobacco products.

*Table 9 Tobacco Control Laws Romania*

Tobacco Control Laws	Effective Date
Law No. 504 of July 8, 2002 (as amended), The Audiovisual Law	08 Jul, 2002

Law No. 349 of June 6, 2002 on Preventing the Consumption of Tobacco Products and Combating its Effects (as amended)	21 Dec, 2002
Ministry of Public Health Order No. 764 of June 15, 2004 to Approve the Norms Regarding the Use of Color Photographs or Other Illustrations as Part of Health Warnings on Tobacco Packages	15 Jun, 2004
Law No. 457 of November 1, 2004 Relating to Advertising and Sponsorship for Tobacco Products (as amended)	31 Dec, 2006
Order from the Ministry of Public Health (No. 570) and National Health Insurance House (No. 116) of March 29, 2007 on National Health Programs	29 Mar, 2007
Ministry of Public Health Order No. 572 of March 30, 2007 Regarding the Alteration and Completion of Order No. 764/2004 to Approve the Norms Regarding the Use of Color Photographs or Other Illustrations as Part of Health Warnings on Tobacco Packages	30 Mar, 2007
Ministry of Health Order No. 618 of April 10, 2007 Concerning the Approval of Combined Warnings on Tobacco Packages Taken Exclusively from the Electronic Document Library of the European Commission	01 Jul, 2007
Order from the Ministry of Public Health (No. 574) and National Health Insurance House (No. 269) of March 31, 2008 on Technical Norms for Achieving National Health Programs in 2008	31 Mar, 2008
Law No. 201 of 2016 on the Establishment of Conditions Concerning the Manufacture, Presentation and Marketing of Tobacco and Related Products and Amendments to Law No. 349/2002 on Preventing the Consumption of Tobacco Products and Combating its Effects	10 Dec, 2016
Ordinance No. 16 of July 15, 2022 on Amendments and Additions to the Fiscal Code and Other Financial-Fiscal Measures	15 Jul, 2022

Figure 27 Indicator: Tobacco Smoking Prevalence and Tobacco Mortality Rate, 2020

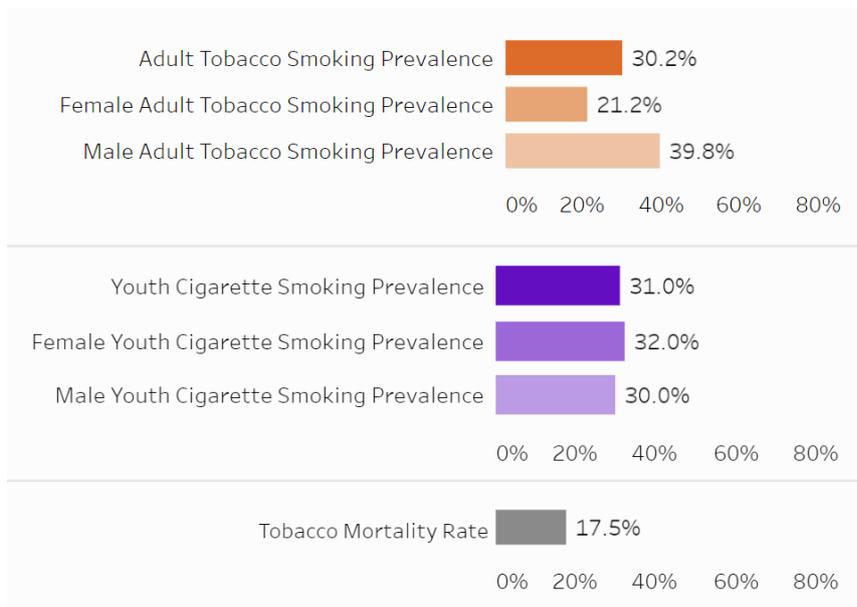


Figure 28 Indicator: MPOWER, 2023 and 2008–2020

### Summary of MPOWER measures in Romania

Compliance is scored 0—10 where 10 is the highest level of compliance. Compliance is measured only for P and E. The methods used to compile this profile are described in the technical notes of the *WHO report on the global tobacco epidemic, 2023*.

M	P	O	W		E	R	
MONITORING	SMOKE-FREE ENVIRONMENTS	CESSATION PROGRAMMES	HEALTH WARNINGS	MASS MEDIA	ADVERTISING BANS	TAXATION	CIGARETTES LESS AFFORDABLE SINCE 2012
	8				8	69.1%	NO

#### MPOWER score colour key

Complete measure	Moderate measure	Minimal measure	No policy or weak measure	Not categorized/ No data
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#### Affordability category

YES cigarettes became less affordable	NO cigarettes did not become less affordable	↔ no trend change in affordability of cigarettes
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### Scoring Trend Romania

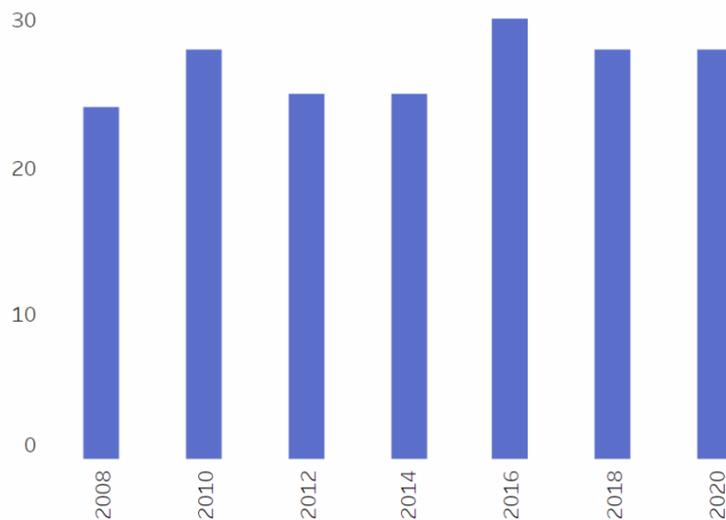


Figure 29 Indicator: WHO FCTC Implementation, 2016–2020



**Ratification:** 27/01/2006

**Entry into force:** 27/04/2006

**Latest report submitted:** 30/04/2014

**Next implementation report:** Early 2023

**Area (thousands of km<sup>2</sup>):** 229.90

**Population (in thousands):** 21755

Figure 30 Indicator: Tobacco Control Scale, 2021

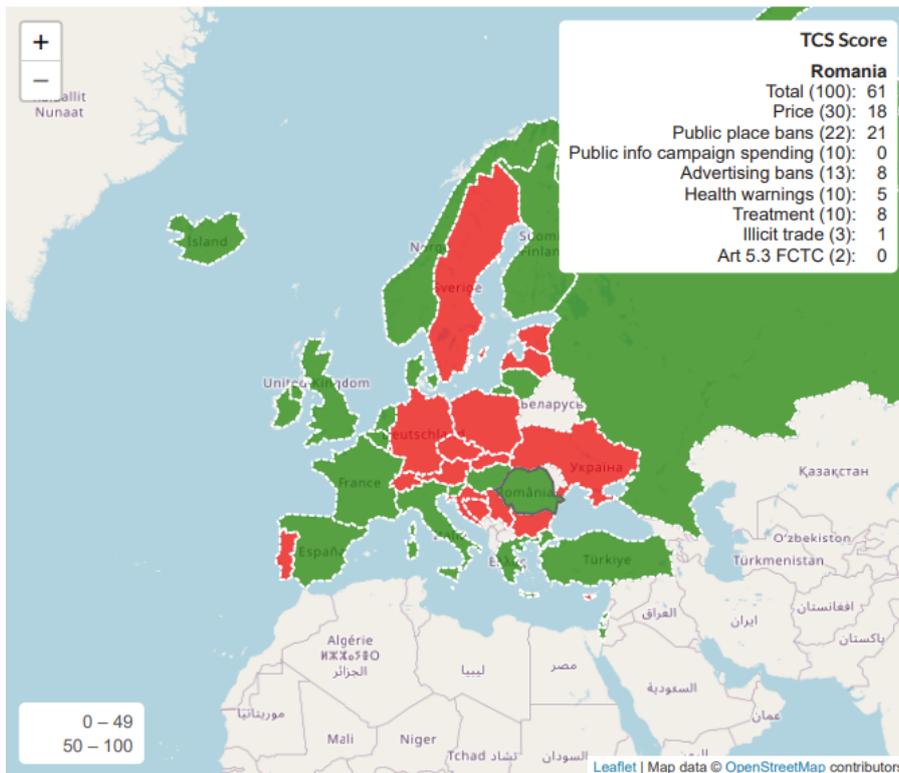


Figure 31 Indicator: Global Tobacco Index Score (Tobacco Industry Interference)



## Romania

2021 2020

Rank 74 from a survey of 80 countries



### GLOBAL TOBACCO INDEX SCORE

79

#### Indicators

 Indicator 1: Level of Participation in Policy Development	12
 Indicator 2: Tobacco Industry's Corporate Social Responsibility Activities	5
 Indicator 3: Benefits to the Tobacco Industry	10
 Indicator 4: Unnecessary Interaction between Government and Industry	15
 Indicator 5: Measures for Transparency	10
 Indicator 6: Preventing Conflicts of Interest	4
 Indicator 7: Measures that Prevent Industry Influence	23

The tobacco industry constantly lobbies for preferential treatment from the government of Romania, either in the form of exemptions or benefits, or through delaying the adoption or implementation of specific policies. Although Romania is an EU country, the government still gives subsidies for tobacco farming; although

very limited in the number of beneficiaries, the tobacco farming subsidy is the highest available farming subsidy.

**Sources:**

Global Tobacco Control Progress Hub

<http://globaltobaccocontrol.org/progresshub>

Tobacco Control Laws

<https://www.tobaccocontrollaws.org/legislation/policy-fact-sheets/romania/summary>

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## NON- EU Country reports

- Non-EU Countries: Republic of Moldova, Montenegro, Republic of North Macedonia, Ukraine

## Republic of Moldova

### Tobacco Control Policies and Measures

The Republic of Moldova became a Party to the WHO Framework Convention on Tobacco Control on 4 May 2009. Law No. 278-XVI of December 14, 2007 on Tobacco Control is the primary law on tobacco control and covers many aspects of tobacco control, including but not limited to: restrictions on smoking in public places, production and sale of tobacco products, and tobacco packaging and labeling measures. The law was amended several times and regulates e-cigarettes and tobacco products, including HTPs. Decision No. 613 approves regulations for the implementation of health warnings on packaging of e-cigarettes and tobacco products, including HTPs, roll-your-own tobacco, and related products. Additionally, the Law No. 1227-XIII of June 27, 1999 on Advertising (as amended) duplicates many of the advertising restrictions. The Contravention Code of the Republic of Moldova, Law No. 218-XVI, contains the penalties for violations of the tobacco control laws.

**Price and tax measures to reduce the demand for tobacco (Article 6 of the WHO FCTC):** The World Health Organization recommends raising tobacco excise taxes so that they account for at least 70 percent of retail prices, which the Republic of Moldova does NOT meet. In Moldova, the retail price of the most sold brand of cigarettes (standardized to a pack of 20) was MDL 40.00, of which 65.4% taxes are levied in combination of specific and ad valorem taxes, in 2022. Between 2012 and 2022 (trend average), there was no change in the affordability of cigarettes.

**Protection from exposure to tobacco smoke (Article 8 of the WHO FCTC):** The law prohibits smoking in all enclosed and semi-enclosed public places and workplaces as well as all public places managed by healthcare facilities, educational institutions, and local public authorities. Designated smoking areas are permitted in semi-open places, which are defined as any place that is less than 50 percent enclosed. Smoking is prohibited on all means of public transportation, including taxis. With respect to outdoor places, the law prohibits smoking at amusement parks; children's playground; and in outdoor areas managed by healthcare facilities, educational institutions, and central and local authorities. The law also prohibits smoking within 10 meters of an entrance to an enclosed public place, including windows or air intake units.

In 2022, complete smoke-free laws were reported to exist in: health-care facilities (compliance score of 10 out of 10), educational facilities except universities (compliance score of 10), universities (compliance score of 10), government facilities (compliance score of 10), indoor offices and workplaces (compliance score of 8), restaurants (compliance score of 8), cafes, pubs and bars (compliance score of 7), and public transport (compliance score of 8). There is also a complete smoke-free law for all other public places. The law requires fines for smoking levied on the establishment and the smoker. There are NO funds dedicated for enforcement. There is a compliant system in place that requires an investigation after a complaint. All subnational jurisdictions are covered by a complete national smoke-free law. The Republic of Moldova has an overall smoke-free environments MPOWER score of “complete measure”, with a compliance score of 10.

**Regulation of the contents of tobacco products (Article 9 of the WHO FCTC):**

The law regulates specified contents of cigarettes, including banning characterizing flavors; and ingredients that facilitate nicotine uptake, create the impression of health benefits, or are associated with energy and vitality; among others.

**Regulation of tobacco product disclosures (Article 10 of the WHO FCTC):** The law requires that manufacturers and importers disclose to government authorities and the public information on the contents and emissions of their products.

**Packaging and labelling of tobacco products (Article 11 of the WHO FCTC):**

Packaging of cigarettes, roll-your-own tobacco, and waterpipe tobacco must bear a pictorial health warning covering 65 percent of the front and back of each pack. The 14 available warnings are displayed in sets of seven which rotate annually. In addition, two of the lateral sides must contain a general text warning taking up 30 percent of each lateral side. For other smoked tobacco products, a general warning must be printed on 30 percent of the most visible surface, while the text warning must be printed covering 40 percent of the next most visible surface. Misleading packaging and labeling, which includes terms such as “light” and “medium” and other signs, is prohibited. Standardized (plain) packaging is NOT required.

**Education, communication, training and public awareness (Article 12 of the WHO FCTC):**

There was NO anti-tobacco mass media national campaign reported to be aired between July 2020 and June 2022. In terms of progress with

implementing Article 12 of the WHO FCTC, the following was reported in 2023: During 2021–2022, training of more than 200 health and social workers on sensitization and awareness programmes on tobacco control took place.

**Tobacco advertising, promotion and sponsorship (Article 13 of the WHO FCTC):**

There is a ban on nearly all direct and indirect forms of tobacco advertising and promotion. Although sponsorship by the tobacco industry is not completely prohibited, publicity of the sponsorship is prohibited.

In 2022, *bans on direct tobacco advertising* were reported to be in place in Republic of Moldova for: national TV and radio (compliance score of 10 out of 10); international TV and radio; local magazines and newspapers (compliance score of 10); international magazines and newspapers; billboards and outdoor advertising (compliance score of 10); advertising at point of sale (compliance score of 10); advertising on internet; and other direct bans. A compliance score of direct bans was 10. The law requires fines for violations of direct advertising bans.

In 2022, *bans on tobacco promotion and sponsorship* were reported to be in place in the Republic of Moldova for: free distribution (compliance score of 10); promotional discounts (compliance score of 8); non-tobacco products identified with tobacco brand names (compliance score of 8); brand name of non-tobacco products used for tobacco product (compliance score of 8); appearance of tobacco brands in TV and/or films (product placement) (compliance score of 8); a complete ban on sponsorship; a ban on Corporate Social Responsibility Activities (CSR); tobacco companies/ the tobacco industry publicizing their CSR activities; entities other than tobacco companies/ the industry publicizing the CSR activities of the tobacco companies; tobacco companies funding or making contributions (including in-kind contributions) to smoking prevention media campaigns, including those directed at youth. A compliance score of indirect bans was 8. The law requires fines for violations of indirect advertising bans. The Republic of Moldova does **NOT** ban tobacco promotion and advertising of: appearance of tobacco products in TV and/or films; prescribed anti-tobacco advertisements required to be presented before, during or after the broadcasting or showing of any visual entertainment media product that depicts tobacco products, use or images; and other indirect bans. The law does **NOT** explicitly ban tobacco products at point of sale.

**Demand reduction measures concerning tobacco dependence and cessation (Article 14 of the WHO FCTC):** As of 2022, there was a toll-free telephone quit

line/help line with a live person available to discuss cessation with callers in the Republic of Moldova. Nicotine-related therapy (NRT), Bupropion (e.g., Zyban, Wellbutrin) and Varenicline are NOT legally sold in the country. Smoking cessation support is available in some health clinics or other primary care facilities and other, but is NOT available in hospitals and office of a health professional. It was not reported whether smoking cessation support is available in the community. The national/federal health insurance or the national health services fully covers the costs of support in health care clinics or other primary care facilities and partially covers the costs for other.

**Illicit trade in tobacco products (Article 15 of the WHO FCTC):** The Republic of Moldova is a Party to the Protocol to Eliminate Illicit Trade in Tobacco Products. The Republic of Moldova does NOT have a tracking and trace system, but does have licensing or other actions to control or regulate production and distribution.

**Sales to and by minors (Article 16 of the WHO FCTC) and other sales restrictions:** In the Republic of Moldova, the minimum age at which a person may purchase tobacco products is 18. The law bans tobacco vending machines, internet sales of tobacco products, imitation of tobacco products, and the sale of single sticks of cigarettes. The minimum number of cigarettes allowed in a pack is 20.

Table 10 Tobacco Control Laws Republic of Moldova

<b>Tobacco Control Laws</b>	<b>Effective Date</b>
Code No. 1163, Tax Code of the Republic of Moldova (as amended) (excerpts)	24 Apr, 1997
Law No. 1227-XIII on Advertising	16 Oct, 1997
Law No. 386-XV Concerning Tobacco and Tobacco Products	19 Jul, 2001
Resolution No. 886 on Approval of the National Policy on Health	06 Aug, 2007
Law No. 278-XVI on Tobacco Control (as amended)	07 Mar, 2008
Law No. 218-XVI, Contravention Code of Moldova (excerpts) (as amended)	31 May, 2009
Law No. 22 to Amend and Supplement Certain Legislative Acts	01 Mar, 2012
Law No. 124 for Amendment and Supplementation of Certain Legislative Acts	17 Sep, 2015
Ministry of Health Ordinance No. 139 on the Establishment of Counseling and Treatment for Smoking Cessation	03 Mar, 2016
Decision No. 1065 on the Approval of Sanitary Regulations Regarding Tobacco Products and Related Products (as amended)	20 Sep, 2017
Decision No. 613 Approving the Health Regulations on Health Warnings and Labeling of Tobacco Products, Tobacco Intended for Cigarette Rolling and Related Products	01 Jan, 2018
Law No. 97 Concerning the Introduction of Changes in Certain Legislative Documents (including changes to Law No. 278-XVI on Tobacco and Tobacco Products)	16 Aug, 2019
Law No. 60 on the Establishment of Measures to Support Entrepreneurial Activity and the Amendment of Normative Acts	23 Apr, 2020
Law No. 257 of December 16, 2020 on the Amendment of Some Normative Acts	01 Jan, 2021
Law No. 142 of October 14, 2021 on the Amendment of Some Normative Acts	22 Apr, 2022

Figure 32 Indicator: Tobacco Smoking Prevalence and Tobacco Mortality Rate, 2020

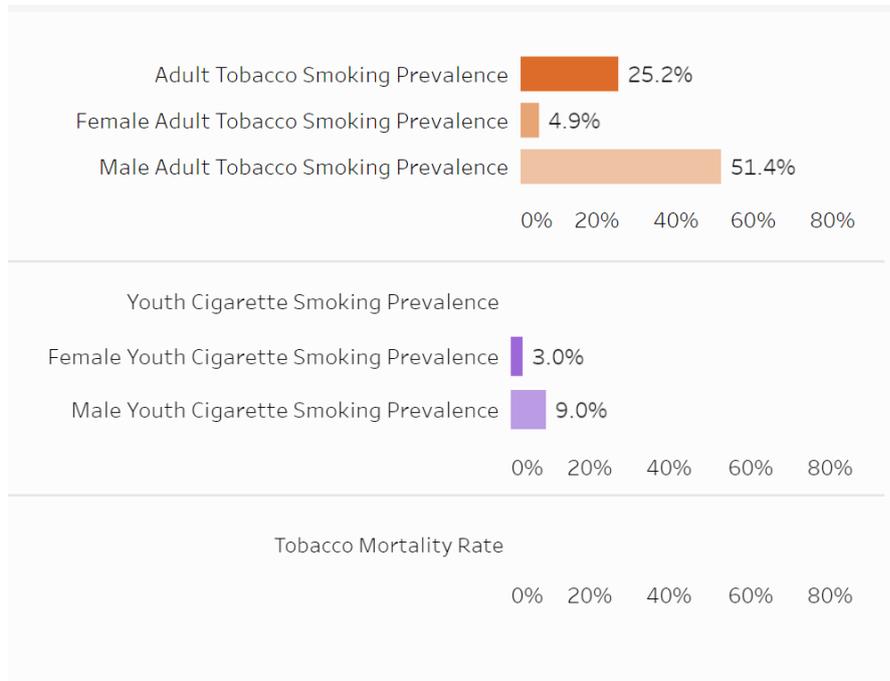


Figure 33 Indicator: MPOWER, 2023 and 2008–2020

### Summary of MPOWER measures in Republic of Moldova

Compliance is scored 0—10 where 10 is the highest level of compliance. Compliance is measured only for P and E. The methods used to compile this profile are described in the technical notes of the WHO report on the global tobacco epidemic, 2023.

M	P	O	W		E	R	
MONITORING	SMOKE-FREE ENVIRONMENTS	CESSATION PROGRAMMES	HEALTH WARNINGS	MASS MEDIA	ADVERTISING BANS	TAXATION	CIGARETTES LESS AFFORDABLE SINCE 2012
	10				9	65.4%	↔

#### MPOWER score colour key

Complete measure	Moderate measure	Minimal measure	No policy or weak measure	Not categorized/ No data
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#### Affordability category

YES cigarettes became less affordable	NO cigarettes did not become less affordable	↔ no trend change in affordability of cigarettes
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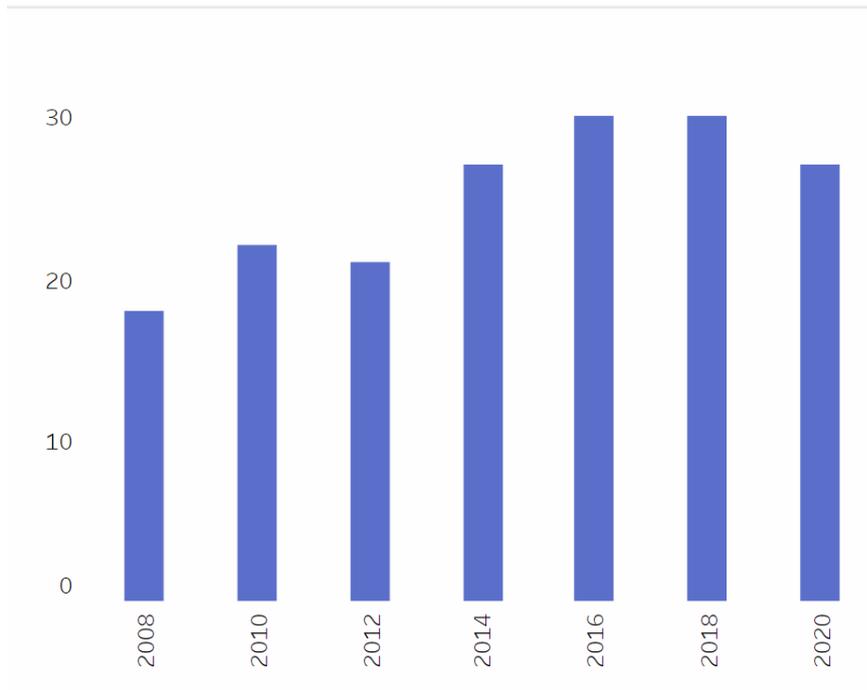


Figure 34 Indicator: WHO FCTC Implementation, 2016–2020



**Ratification:** 03/02/2009

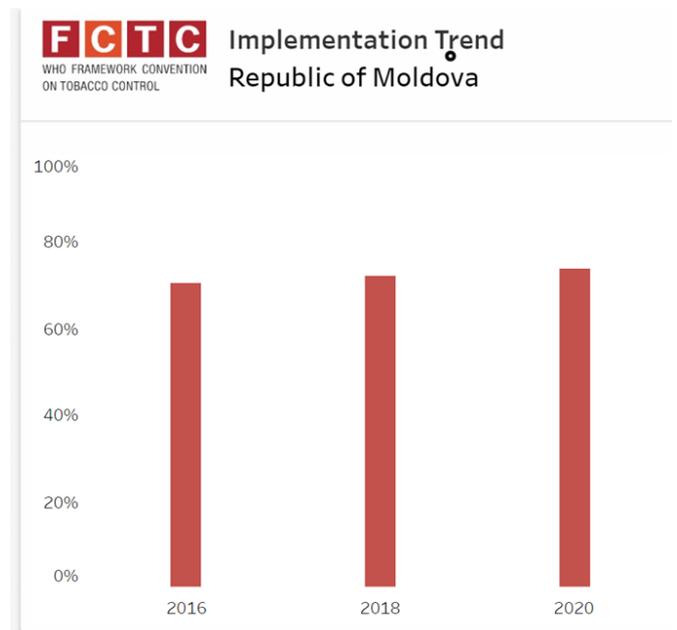
**Entry into force:** 04/05/2009

**Latest report submitted:** 31/03/2018

**Next implementation report:** Early 2023

**Area (thousands of km<sup>2</sup>):** 32.89

**Population (in thousands):** 4060



## Overall Implementation Status

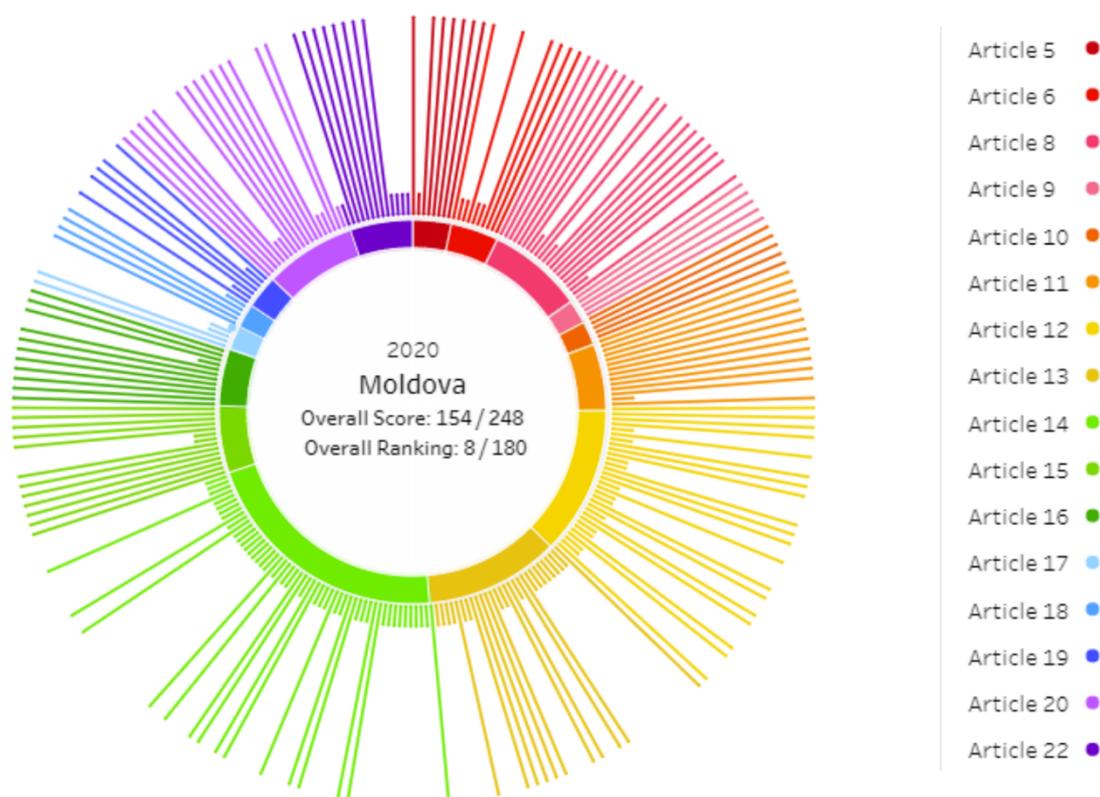
Republic of Moldova 2020

2016

2018

2020

*Click color bars for details or select article number*



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# Montenegro

## Tobacco Control Policies and Measures

Montenegro became a Party to the WHO Framework Convention on Tobacco Control on 2 January 2007. Montenegro became a Party to the WHO FCTC by succeeding to the treaties to which the State Union of Serbia and Montenegro was a party or signatory. In 2011 Montenegro adopted the Law on Amendments to the Law on Restriction of the Usage of Tobacco Products.

**Price and tax measures to reduce the demand for tobacco (Article 6 of the WHO FCTC):** The World Health Organization recommends raising tobacco excise taxes so that they account for at least 70 percent of retail prices, which the Montenegro meets. In Montenegro, the retail price of the most sold brand of cigarettes (standardized to a pack of 20) was EUR 2.70, of which 75.9% taxes are levied in combination of specific and ad valorem taxes, in 2022. Between 2012 and 2022 (trend average) cigarettes have become less affordable.

**Protection from exposure to tobacco smoke (Article 8 of the WHO FCTC):** Health care facilities, education facilities, including universities, and government facilities, in Montenegro are completely smoke-free. Smoking violations consist of fines on the establishment and the patron. A system is in place for citizen complaints and further investigations; however, no funds are dedicated to enforcement. There is no ban on smoking in indoor offices and workplaces, restaurants, cafés, pubs and bars, public transport, and all other indoor public places.

In 2022, complete smoke-free laws were reported to exist in: health-care facilities, educational facilities except universities, universities and government facilities. There are no complete smoke-free laws in: indoor offices and workplaces, restaurants, cafes, pubs and bars, and public transport. There is no complete smoke-free law for all other public places. The law requires fines for smoking levied on the establishment and the smoker. There are NO funds dedicated for enforcement. There is a compliant system in place that requires an investigation after a complaint. Subnational jurisdictions do not have the authority to adopt laws that ban tobacco smoking in any or all of the places mentioned above. Montenegro has an overall smoke-free environments MPOWER score of “minimal measure”, with no compliance score.

In terms of recent progress in implementing Article 8 of the WHO FCTC, the following was reported in 2023: Implementation of the Law control inspections and within their responsibilities provide monitoring of the tobacco use. The same Law is in force, but the inspections are more trained to control the use of tobacco

**Regulation of the contents of tobacco products (Article 9 of the WHO FCTC):**

It is reported that Montenegro requires testing and measuring the contents and emissions of tobacco products and regulates the contents and emissions of tobacco products.

**Regulation of tobacco product disclosures (Article 10 of the WHO FCTC):**

It is reported that Montenegro requires the disclosure of information about the contents and emissions of tobacco products. It is reported that it does NOT require public disclosure on the contents and emissions of tobacco products. The following was reported in 2020: "All manufacturers and importers of tobacco products are required to submit to the subjects (the Institute of Public Health) by the Government information on the contents and emissions of tobacco products. However, due to the impossibility of adequate controls, for the reasons stated in the same part, cannot be done in connection with the evaluation of the above information."

**Packaging and labelling of tobacco products (Article 11 of the WHO FCTC):**

Health warnings are legally mandated to cover 30% of the front and 40% of the rear of the principal display area, whereby 16 health warnings are approved by law. They appear on each package and any outside packaging and labelling used in the retail sale and describe the harmful effects of tobacco use on health. Moreover, health warnings rotate on packages and are written in the principal language(s) of the country. The law also mandates font style, font size and colour for package warnings. The warnings include a photograph or graphics. Standardized (plain) packaging is NOT required.

**Education, communication, training and public awareness (Article 12 of the WHO FCTC):**

There was NO anti-tobacco mass media national campaign reported to be aired between July 2020 and June 2022. In terms of progress with implementing Article 12 of the WHO FCTC, the following was reported in 2023: During 2021, meetings were held to define a communication strategy in the function of promoting a new model of organization of services for smoking

cessation, within which guidelines were drawn up for short counseling of service providers at the primary health care level and their education for the implementation of measures. Also, a plan, program, and model for strengthening the capacity of teams at the specified level for the implementation of the guidelines were prepared. In addition to these measures, the analysis was also completed, along with the rationale for the revision of the Basic List of Medicines in terms of the introduction of pharmacological therapy in quitting the use of tobacco products.

**Tobacco advertising, promotion and sponsorship (Article 13 of the WHO FCTC):**

Montenegro has a ban, through a law adopted in 2004 and last amended in 2011, on most forms of direct and indirect advertising. The law requires fines for violations of these direct and indirect advertising bans. There is no ban on advertising at point of sale, appearance of tobacco products on television and/or in films, or display of tobacco products at point of sale.

In 2022, *bans on direct tobacco advertising* were reported to be in place in Montenegro for: national TV and radio; international TV and radio (The law does not explicitly address cross-border advertising. However, given that advertising is banned on all TV and radio, it is interpreted that both domestic and international levels are covered by the ban); local magazines and newspapers; billboards and outdoor advertising; and advertising on internet. The law requires fines for violations of direct advertising bans. Montenegro does **NOT** ban direct tobacco advertising for: international magazines and newspapers; advertising at point of sale; and other direct bans.

In 2022, *bans on tobacco promotion and sponsorship* were reported to be in place in Montenegro for: free distribution; promotional discounts; non-tobacco products identified with tobacco brand names; brand name of non-tobacco products used for tobacco product; appearance of tobacco brands in TV and/or films (product placement); a complete ban on sponsorship. The law requires fines for violations of indirect advertising bans. Montenegro does **NOT** ban tobacco promotion and advertising of: appearance of tobacco products in TV and/or films; prescribed anti-tobacco advertisements required to be presented before, during or after the broadcasting or showing of any visual entertainment media product that depicts tobacco products, use or images; a ban on Corporate Social Responsibility Activities (CSR); tobacco companies/ the tobacco industry publicizing their CSR activities; entities other than tobacco companies/ the industry publicizing the CSR activities of the tobacco companies; tobacco

companies funding or making contributions (including in-kind contributions) to smoking prevention media campaigns, including those directed at youth; and other indirect bans. The law does **NOT** explicitly ban tobacco products at point of sale.

**Demand reduction measures concerning tobacco dependence and cessation (Article 14 of the WHO FCTC):** In terms of progress with implementing Article 14 of the WHO FCTC, the following was reported in 2023: Preparations were made for the implementation of short consultations for users of health services who are smokers at the primary health care level. These consultations, for which the providers are educated and have available guidelines for implementation, along with substitution therapy, for which an initiative has been launched to be included in the mandatory list of drugs (so that users can obtain it on prescription), should give successful results in quitting smoking.

As of 2022, there was NO toll-free telephone quit line/help line with a live person available to discuss cessation with callers in Montenegro. Nicotine-related therapy (NRT) Bupropion (e.g., Zyban, Wellbutrin), and Varenicline are NOT legally sold in the country. Smoking cessation support is NOT available in health clinics or other primary care facilities, hospitals, office of a health professional, in the community and other.

**Illicit trade in tobacco products (Article 15 of the WHO FCTC):** Montenegro is a Party to the Protocol to Eliminate Illicit Trade in Tobacco Products. Montenegro has a tracking and trace system and has licensing or other actions to control or regulate production and distribution.

**Sales to and by minors (Article 16 of the WHO FCTC) and other sales restrictions:** In Montenegro, the minimum age at which a person may purchase tobacco products is 18. The law bans tobacco vending machines, imitation of tobacco products, and the sale of single sticks of cigarettes. The minimum number of cigarettes allowed in a pack is 20. The law does NOT ban internet sales of tobacco products.

Table 11 Tobacco Control Laws Montenegro

Tobacco Control Laws	Effective Date
Law on Value Added Tax (No. 01-3874/2) (as amended)	28 Dec, 2001
Customs Law	01 Jul, 2002
Law No. 52/2004 on Limiting the Use of Tobacco Products (as amended)	08 Aug, 2004
Law on Bills of Exchange (No. 01-765/2)	25 Jul, 2005
Law of Foreign Current and Capital Operations (No. 01-763/2)	25 Jul, 2005
Ordinance on Signs Prohibiting the Sale of Tobacco to Minors	29 Oct, 2007
Law on Amendments to the Law on Restriction of the Usage of Tobacco Products	08 Jul, 2011
Law on the Limitation of the Use of Tobacco Products	31 Jul, 2019

Figure 35 Indicator: Tobacco Smoking Prevalence and Tobacco Mortality Rate, 2020

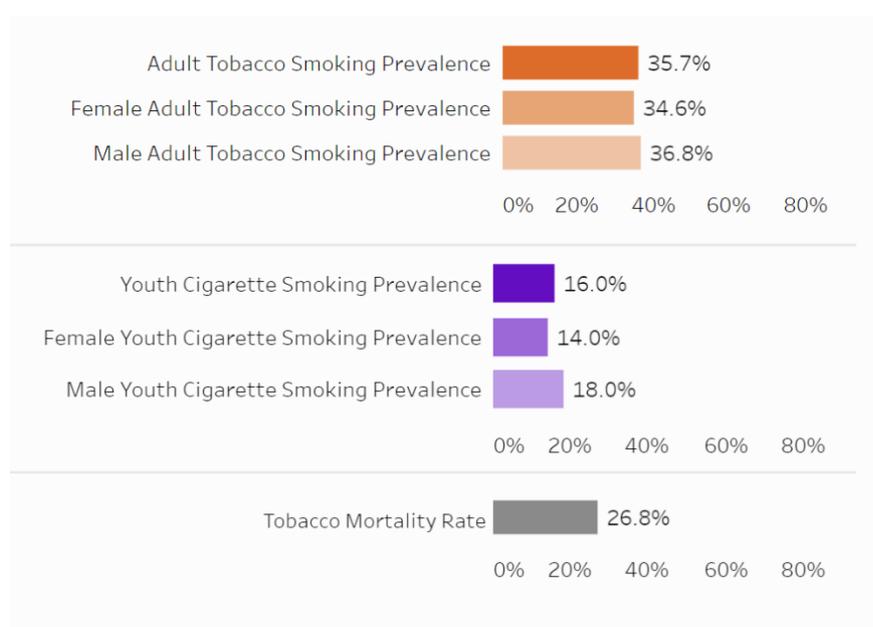


Figure 36 Indicator: MPOWER, 2023 and 2008–2020

### Summary of MPOWER measures in Montenegro

Compliance is scored 0–10 where 10 is the highest level of compliance. Compliance is measured only for P and E. The methods used to compile this profile are described in the technical notes of the *WHO report on the global tobacco epidemic, 2023*.

M	P	O	W		E	R	
MONITORING	SMOKE-FREE ENVIRONMENTS	CESSATION PROGRAMMES	HEALTH WARNINGS	MASS MEDIA	ADVERTISING BANS	TAXATION	CIGARETTES LESS AFFORDABLE SINCE 2012
	...				...	75.9%	YES

#### MPOWER score colour key

Complete measure	Moderate measure	Minimal measure	No policy or weak measure	Not categorized/ No data
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#### Affordability category

YES	NO	↔
cigarettes became less affordable	cigarettes did not become less affordable	no trend change in affordability of cigarettes



### Scoring Trend Montenegro

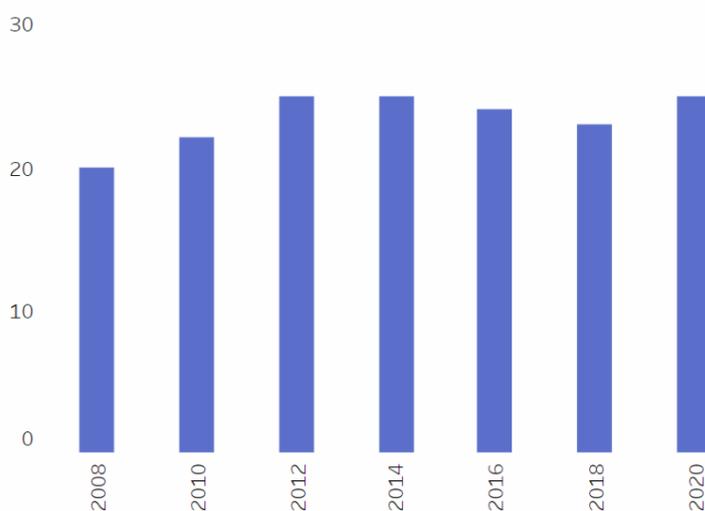
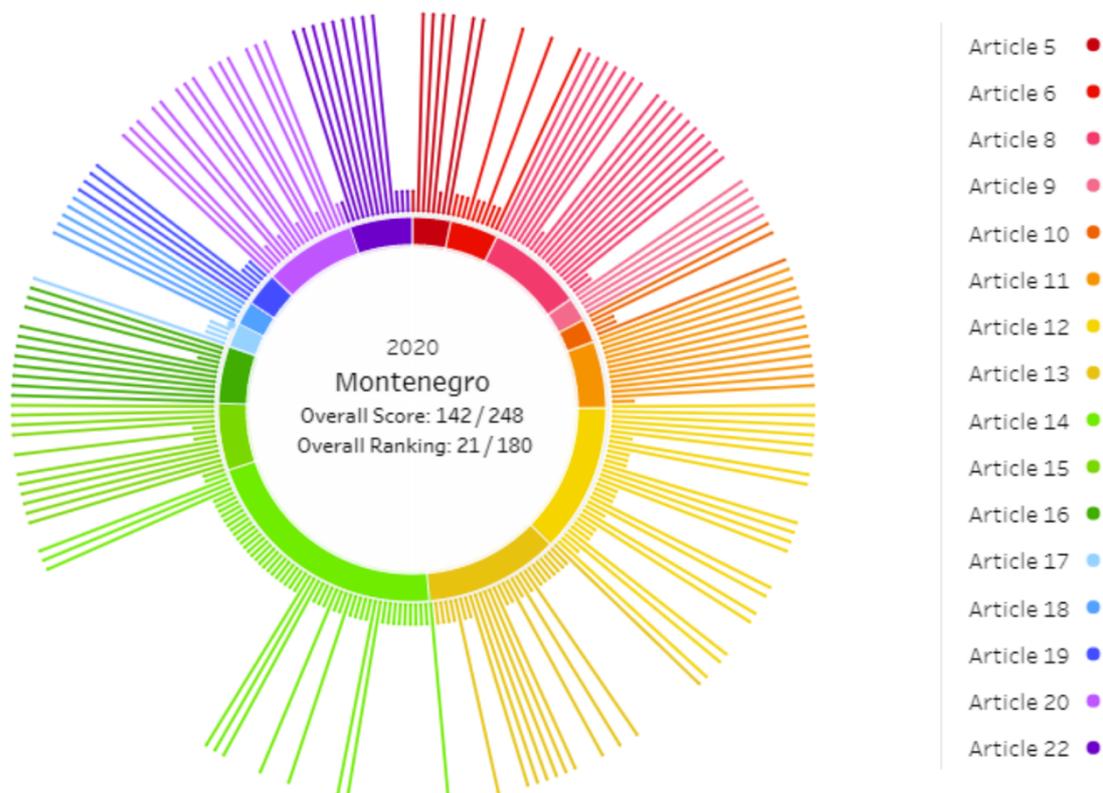
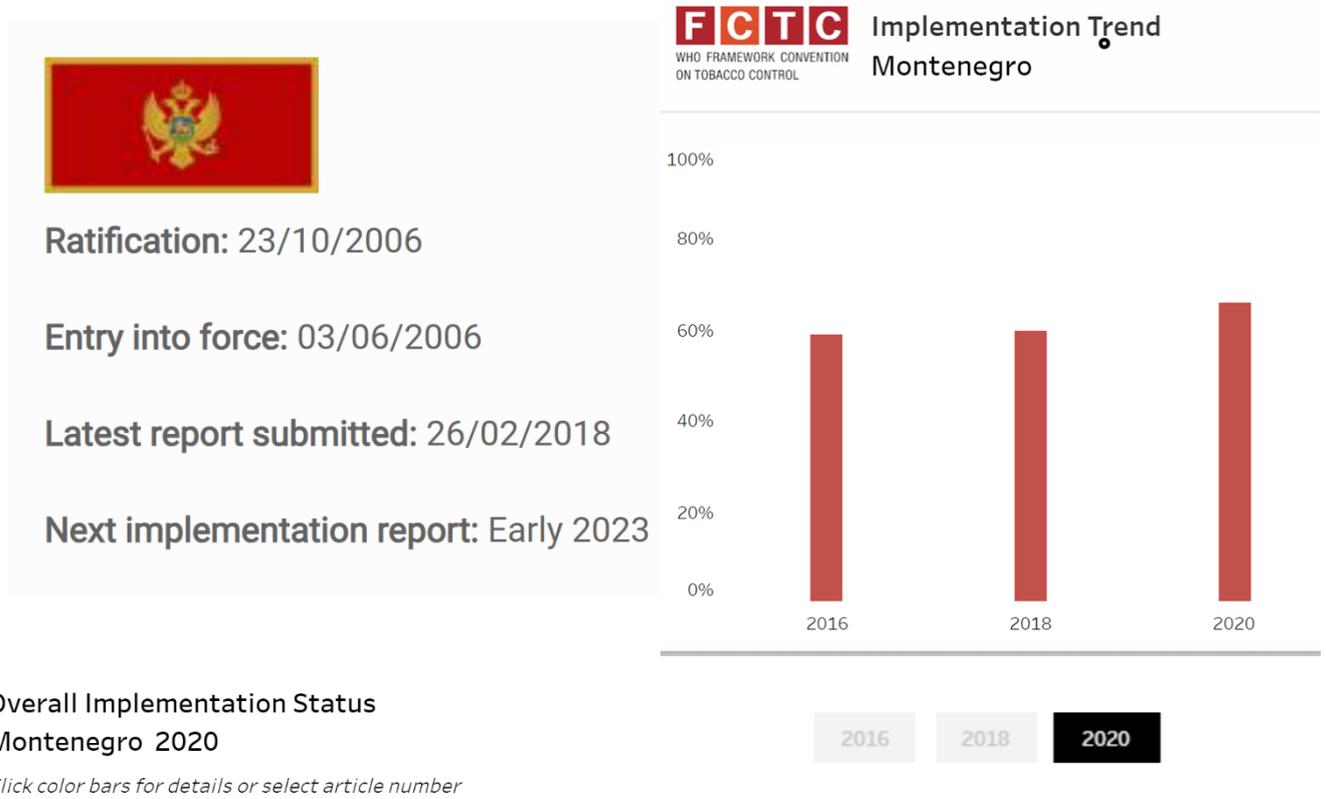


Figure 37 Indicator: WHO FCTC Implementation, 2016–2020



**Sources:**

Global Tobacco Control Progress Hub

<http://globaltobaccocontrol.org/progresshub>

Tobacco Control Laws

<https://www.tobaccocontrolaws.org/legislation/policy-fact-sheets/montenegro/summary>

<https://www.tobaccocontrolaws.org/legislation/montenegro/laws>

Montenegro Country Profile, WHO Report on the Global Tobacco Epidemic, 2023

[https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/gtcr-2023/tobacco-2023-mne.pdf?sfvrsn=bdd5df43\\_3&download=true](https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/gtcr-2023/tobacco-2023-mne.pdf?sfvrsn=bdd5df43_3&download=true)

Montenegro WHO FCTC Global Progress Report, 2023 reporting cycle

[https://extranet.who.int/fctcapps/sites/default/files/2024-02/sufs9xf5pzjmxqs\\_785818.pdf](https://extranet.who.int/fctcapps/sites/default/files/2024-02/sufs9xf5pzjmxqs_785818.pdf)

# Republic of North Macedonia

## Tobacco Control Policies and Measures

The Republic of North Macedonia became a Party to the WHO Framework Convention on Tobacco Control on 28 September 2006. In 2010, the Republic of North Macedonia adopted the Law on Protection from Smoking (consolidated through 2010). In 2019, Law No. 1245 on Tobacco, Tobacco Products and Related Products (as amended) came into effect.

**Price and tax measures to reduce the demand for tobacco (Article 6 of the WHO FCTC):** The World Health Organization recommends raising tobacco excise taxes so that they account for at least 70 percent of retail prices, which the Republic of North Macedonia meets. In the Republic of North Macedonia, the retail price of the most sold brand of cigarettes (standardized to a pack of 20) was MKD 115.79, of which 77.0% taxes are levied in combination of specific and ad valorem taxes, in 2022. Between 2012 and 2022 (trend average) cigarettes have become less affordable.

**Protection from exposure to tobacco smoke (Article 8 of the WHO FCTC):** Almost all enclosed public places are completely smoke-free.

In 2022, complete smoke-free laws were reported to exist in: health-care facilities, educational facilities except universities, universities, government facilities, indoor offices and workplaces, restaurants, cafes, pubs and bars, and public transport. There is also a complete smoke-free law for all other public places. The law requires fines for smoking levied on the smoker, but NOT the establishment. There are NO funds dedicated for enforcement. There is NO compliant system in place that requires an investigation after a complaint. All subnational jurisdictions are covered by a complete national smoke-free law. The Republic of North Macedonia has an overall smoke-free environments MPOWER score of “complete measure”, with no compliance score.

**Regulation of the contents of tobacco products (Article 9 of the WHO FCTC):** It is reported that the Republic of North Macedonia requires testing and measuring the contents and emissions of tobacco products and regulates the contents and emissions of tobacco products.

**Regulation of tobacco product disclosures (Article 10 of the WHO FCTC):** It is reported that Republic of North Macedonia requires the disclosure of information about the contents and emissions of tobacco products, as well as requires public disclosure on the contents and emissions of tobacco products.

**Packaging and labelling of tobacco products (Article 11 of the WHO FCTC):** Health warnings are legally mandated to cover 30% of the front and 40% of the back of the principal display area, whereby 16 health warnings are approved by law. They appear on each package and any outside packaging and labelling used in the retail sale, describe the harmful effects of tobacco use on health and include a photograph or graphics. Moreover, health warnings rotate on packages and are written in the principal language(s) of the country. The law also mandates font style, font size and colour for package warnings. Standardized (plain) packaging is NOT required.

**Education, communication, training and public awareness (Article 12 of the WHO FCTC):** There was NO anti-tobacco mass media national campaign reported to be aired between July 2020 and June 2022.

**Tobacco advertising, promotion and sponsorship (Article 13 of the WHO FCTC):** The Republic of North Macedonia has a ban, through a law adopted in 1995 and amended many times since then (last amendment was in 2010), on most forms of direct and indirect advertising. The law requires fines for violations of these direct and indirect advertising bans. There is no ban on tobacco advertising through free distribution in mail or through other means, on appearance of tobacco products on television and/or in films, nor on tobacco products display at point of sale.

In 2022, *bans on direct tobacco advertising* were reported to be in place in the Republic of North Macedonia for: national TV and radio; international TV and radio; local magazines and newspapers; international magazines and newspapers; billboards and outdoor advertising; advertising at point of sale; and advertising on internet. The law requires fines for violations of direct advertising bans. The Republic of North Macedonia does **NOT** ban direct tobacco advertising for: other direct bans.

In 2022, *bans on tobacco promotion and sponsorship* were reported to be in place in the Republic of North Macedonia for: promotional discounts; non-tobacco products identified with tobacco brand names; appearance of tobacco brands in

TV and/or films (product placement); a complete ban on sponsorship; tobacco companies/ the tobacco industry publicizing their CSR activities; entities other than tobacco companies/ the industry publicizing the CSR activities of the tobacco companies. The law requires fines for violations of indirect advertising bans. The Republic of North Macedonia does **NOT** ban tobacco promotion and advertising of: free distribution; brand name of non-tobacco products used for tobacco product; appearance of tobacco products in TV and/or films; prescribed anti-tobacco advertisements required to be presented before, during or after the broadcasting or showing of any visual entertainment media product that depicts tobacco products, use or images; a ban on Corporate Social Responsibility Activities (CSR); tobacco companies funding or making contributions (including in-kind contributions) to smoking prevention media campaigns, including those directed at youth; and other indirect bans. The law does **NOT** explicitly ban tobacco products at point of sale.

**Demand reduction measures concerning tobacco dependence and cessation (Article 14 of the WHO FCTC):** As of 2022, there was NO toll-free telephone quit line/help line with a live person available to discuss cessation with callers in the Republic of North Macedonia. Nicotine-related therapy (NRT) is legally sold in the country in pharmacies without a prescription. The national/federal health insurance of national health services does NOT cover the cost of NRT and NRT is NOT on the country's essential drug list. Bupropion (e.g., Zyban, Wellbutrin) and Varenicline are NOT legally sold in the country. Smoking cessation support is available in some hospitals, office of a health professional and other places, but it is NOT available in health clinics or other primary care facilities or the community. The national/federal health insurance or the national health services fully covers the costs of support in hospitals, office of a health profession and other places.

**Illicit trade in tobacco products (Article 15 of the WHO FCTC):** The Republic of North Macedonia is a Party to the Protocol to Eliminate Illicit Trade in Tobacco Products. The Republic of North Macedonia has licensing or other actions to control or regulate production and distribution, but it was not reported whether there is a tracking and trace system.

**Sales to and by minors (Article 16 of the WHO FCTC) and other sales restrictions:** In the Republic of North Macedonia, the minimum age at which a person may purchase tobacco products is 18. The law bans tobacco vending machines and the sale of single sticks of cigarettes. The minimum number of

cigarettes allowed in a pack is 20. The law does NOT ban internet sales of tobacco products nor imitation of tobacco products.

*Table 12 Tobacco Control Laws North Macedonia*

<b>Tobacco Control Laws</b>	<b>Effective Date</b>
Law on Protection from Smoking (as amended)	19 Jul, 1995
Regulation Specifying the Warning Messages that Smoking is Hazardous to Health	29 Sep, 1995
Law on Tobacco and Tobacco Products	28 Feb, 2006
Order for Promulgation of the Law on the Amendment of the Law for Tobacco and Tobacco Products	11 Jun, 2008
Law on the Amendment of the Law for Protection Against Smoking	06 Nov, 2008
Amendments to the Rulebook on Health Warnings	09 Nov, 2009
Law No. 1245 on Tobacco, Tobacco Products, and Related Products (as amended)	21 May, 2019

Figure 38 Indicator: Tobacco Smoking Prevalence and Tobacco Mortality Rate, 2020

**Tobacco use prevalence from the latest survey completed by 31 December 2022**

	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
<b>Adults survey: General population survey on drugs in the Republic of Macedonia, 2017; National, ages 15-64</b>										
Male	...	...	54.1	...	...	...	...	...	...	...
Female	...	...	33.3	...	...	...	...	...	...	...
Both sexes	...	...	46.0	...	...	...	...	...	...	...
<b>Adolescents survey: European School Survey Project on Alcohol and Other Drugs, 2019; National, ages 15-16</b>										
Male	...	...	...	...	23.0	...	...	...	9.2	...
Female	...	...	...	...	17.0	...	...	...	5.0	...
Both sexes	...	...	...	...	20.0	...	...	...	7.1	...

**WHO age-standardized estimated prevalence of smoking among those aged 15 years or more: Year 2021**

These rates are modelled using all national survey data published since 1990 to estimate the underlying prevalence trends by sex, then applying age-standardization to allow comparison with other countries. They do not necessarily resemble country data from 2021. See the report for further details.

Prevalence (%)	Any tobacco use (smoked and smokeless)		Any tobacco smoking		Cigarette smoking	
	Current	Daily	Current	Daily	Current	Daily
Male	...	...	...	...	...	...
Female	...	...	...	...	...	...
Both sexes	...	...	...	...	...	...

Figure 39 Indicator: MPOWER, 2023

**Summary of MPOWER measures in North Macedonia**

Compliance is scored 0–10 where 10 is the highest level of compliance. Compliance is measured only for P and E. The methods used to compile this profile are described in the technical notes of the WHO report on the global tobacco epidemic, 2023.

M	P	O	W		E	R	
MONITORING	SMOKE-FREE ENVIRONMENTS	CESSATION PROGRAMMES	HEALTH WARNINGS	MASS MEDIA	ADVERTISING BANS	TAXATION	CIGARETTES LESS AFFORDABLE SINCE 2012
	...				...	77.0%	YES

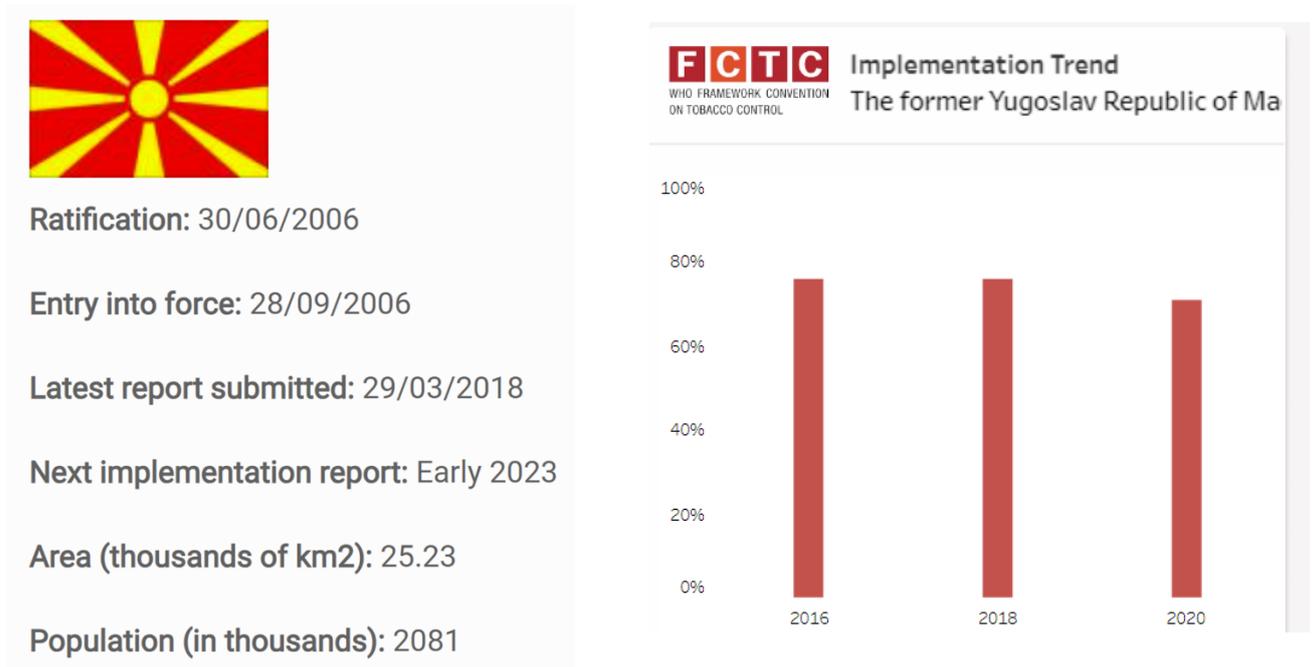
**MPOWER score colour key**

Complete measure	Moderate measure	Minimal measure	No policy or weak measure	Not categorized/ No data
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**Affordability category**

YES cigarettes became less affordable	NO cigarettes did not become less affordable	↔ no trend change in affordability of cigarettes
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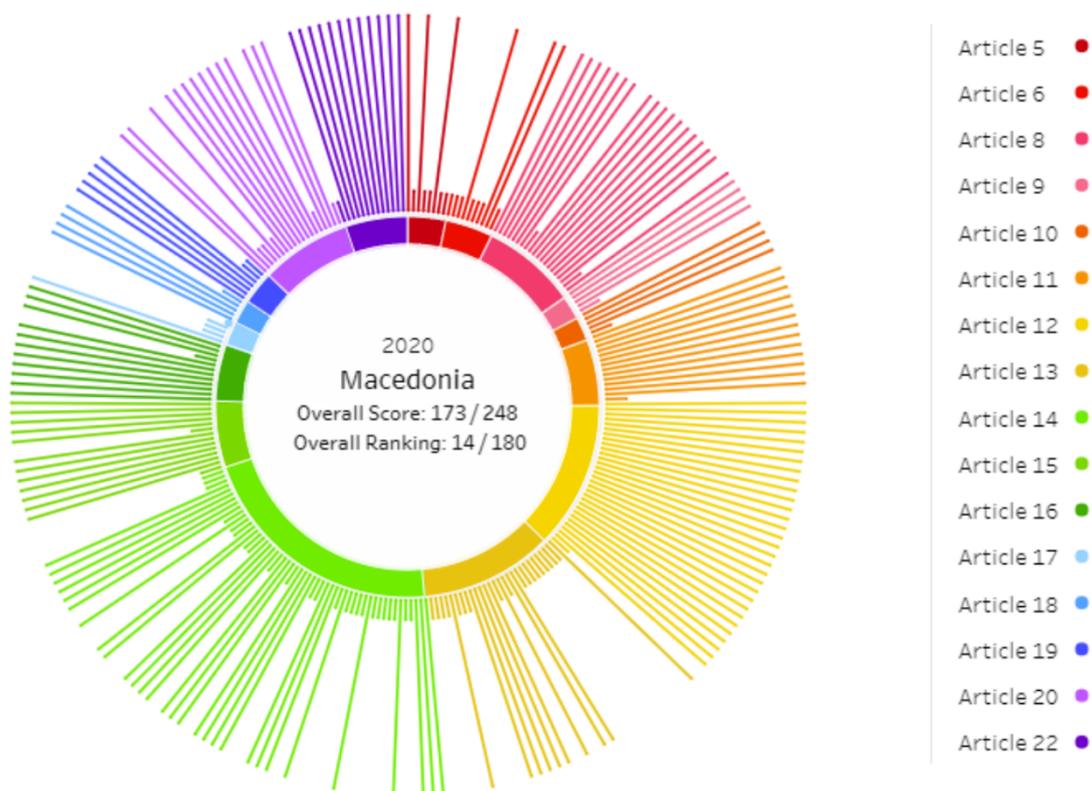
Figure 40 Indicator: WHO FCTC Implementation, 2016–2020



**Overall Implementation Status**  
The former Yugoslav Republic of Macedonia 2020

2016 2018 **2020**

*Click color bars for details or select article number*



**Sources:**

Tobacco Control Laws

<https://www.tobaccocontrolaws.org/legislation/north-macedonia/laws>

Republic of North Macedonia Country Profile, WHO Report on the Global Tobacco Epidemic, 2023 [https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/gtcr-2023/tobacco-2023-mkd.pdf?sfvrsn=5cd39762\\_3&download=true](https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/gtcr-2023/tobacco-2023-mkd.pdf?sfvrsn=5cd39762_3&download=true)

Republic of North Macedonia WHO FCTC Global Progress Report, 2023 reporting cycle [https://extranet.who.int/fctcapps/sites/default/files/2023-12/9tcx5ds9bmjb58h\\_785818.pdf](https://extranet.who.int/fctcapps/sites/default/files/2023-12/9tcx5ds9bmjb58h_785818.pdf)

## Ukraine

### Tobacco Control Policies and Measures

Ukraine has been a Party to the WHO Framework Convention on Tobacco Control (WHO FCTC) since 4 September 2006. Law of Ukraine No. 2899-IV On Measures to Prevent and Reduce the Consumption of Tobacco Products and Their Harmful Influence on the Population's Health (Law on Tobacco Control) is the primary law governing smoke free places and packaging and labeling. Law of Ukraine No. 1824-17 On the Introduction of Changes to Some Legislative Acts of Ukraine on the Restriction of the Consumption and Sale of Beer and Low Alcoholic Beverages amends the Law on Tobacco Control to require pictorial pack warnings as of September 2012. The same packaging and labeling requirements are mirrored in the Law 481/95 of Ukraine On the State Regulation of Production and Circulation of Ethyl Alcohol, Cognac and Fruit Alcohols, Alcoholic Beverages and Tobacco Products (Law on Regulation of Alcohol and Tobacco). Pursuant to Law No. 1824-17, the Cabinet of Ministers issued Decree No. 306 which contains the pictorial warnings mandated by that law. Law No. 4844-VI amends several provisions of the Law on Tobacco Control to require that additional places be 100 percent smoke free as of December 2012.

The Law on Advertising regulates advertising and sponsorship of all products, including tobacco products. A few provisions restricting tobacco promotion are contained in the Law on Tobacco Control and the Law on Regulation on Alcohol and Tobacco. Law No. 3778 introduces several amendments to both the Law on Advertising and the Law on Tobacco Control. The amendments entered into force September 2012 and further restrict tobacco advertising, promotion and sponsorship. The Code of Administrative Offenses provides sanction for smokers who violate smoke-free areas. All other sanctions are provided in the relevant governing law.

Law No. 1019-IX on Modification of Certain Legislative Acts of Ukraine Concerning Restriction of Circulation of Excisable Goods, Devices for Consumption of Tobacco Products Without Their Combustion and Strengthening of Control Over Sale of Such Goods amends provisions of Law 481/95 regarding smoke-free places and sales restrictions, and make these restrictions applicable to e-cigarettes and HTPs. Law 1019-IX also amends the Code of Administrative Offenses. Law No. 1978-IX on Amendments to Certain Laws of Ukraine on Public Health Protection from Harmful Effects of Tobacco: 1) amends provisions of Law 481/95 regarding sales

restrictions for e-cigarettes and tobacco products, including HTPs; 2) amends provisions of the Law on Advertising to encompass e-cigarettes; and 3) amends Law 2899-IV to a) regulate cigarettes and e-cigarette contents and emissions and disclosures, b) update packaging and labeling requirements for smoked and smokeless tobacco products and e-cigarettes, c) expand smoke free places and prohibit the use of all tobacco products, including HTPs, and e-cigarettes in these places, and d) extend the comprehensive ban on advertising, promotion and sponsorship to e-cigarettes.

The law, “On Measures of Prevention and Reduction of Use of Tobacco Products and Their Harmful Influence on People’s Health”, declares that healthcare policy has priority over the financial, tax and corporate interests of economic entities whose activity is connected with the tobacco industry. However, this standard remains largely declarative and not effectively implemented. The tobacco industry regularly engages government officials in corporate social responsibility activities, make charitable contributions to NGOs and think tanks who can influence policy-makers, and is a partner in combatting illicit tobacco.

**Price and tax measures to reduce the demand for tobacco (Article 6 of the WHO FCTC):** The World Health Organization recommends raising tobacco excise taxes so that they account for at least 70 percent of retail prices, which Ukraine meets. In Ukraine, the retail price of the most sold brand of cigarettes (standardized to a pack of 20) was UAH 71.00, of which 70.7% taxes are levied in combination of specific and ad valorem taxes, in 2022. Between 2012 and 2022 (trend average) cigarettes have become less affordable.

**Protection from exposure to tobacco smoke (Article 8 of the WHO FCTC):** As of 11 July 2022, smoking is completely prohibited in the places where smoking rooms were previously allowed, except airports, which will continue to allow designated smoking rooms.

In 2022, complete smoke-free laws were reported to exist in: health-care facilities educational facilities except universities, universities, government facilities, indoor offices and workplaces (provision adopted but not implemented by 31 December 2022), restaurants, cafes, pubs and bars, public transport. There is no complete smoke-free law for all other public places. The law requires fines for smoking levied on the smoker, but NOT the establishment. There are funds dedicated for enforcement. There is a compliant system in place that requires an investigation

after a compliant. All subnational jurisdictions are covered by a complete national smoke-free law. Ukraine has an overall smoke-free environments MPOWER score of “complete measure”, with no compliance score.

In terms of recent progress in implementing Article 8 of the WHO FCTC the following was reported in 2023: New legislation adopted in 2022 closed all the gaps in the smoke-free legislation. Enforcement though should be addressed.

**Regulation of the contents of tobacco products (Article 9 of the WHO FCTC):**

The law regulates specified contents of cigarettes, including banning ingredients that: give a characteristic flavor or smell, facilitate nicotine uptake, create an impression of health benefits, and ingredients that are associated with energy and vitality.

**Regulation of tobacco product disclosures (Article 10 of the WHO FCTC):** The law requires that manufacturers and importers disclose to government authorities information on the contents and emissions of their products.

**Packaging and labelling of tobacco products (Article 11 of the WHO FCTC):**

Currently, smoked tobacco product packaging must display two health warnings. Fifty percent of the front of the pack must display one main text warning stating “Tobacco kills.” Fifty percent of the back of the package must display one of ten secondary pictorial warnings with accompanying text. Beginning January 11, 2024, combined picture/text warnings must occupy 65% of the front and the back of packages. As of June 1, 2022, smokeless tobacco product packages must carry a text warning that occupies 30% of the two largest surfaces of the package. The law prohibits the use on product packaging of misleading terms, descriptors, and other symbols that may create a false impression about tobacco products. Standardized (plain) packaging is NOT required.

**Education, communication, training and public awareness (Article 12 of the WHO FCTC):**

There was an anti-tobacco mass media national campaign reported to be aired between July 2020 and June 2022, in which the campaign was aired on television and/or radio. Research was conducted about the target audience or to develop the campaign messages/materials, the campaign materials were tested and an evaluation was done. In terms of progress with implementing Article 12 of the WHO FCTC, the following activities were reported in 2023: media campaigns, campaigns in schools, information for primary healthcare workers.

**Tobacco advertising, promotion and sponsorship (Article 13 of the WHO FCTC):**

Advertising, promotion and sponsorship of tobacco products are prohibited in nearly all forms. However, there are limited exceptions, including product display at point of sale. All forms of tobacco sponsorship are prohibited.

In 2022, *bans on direct tobacco advertising* were reported to be in place in Ukraine for: national TV and radio; international TV and radio; local magazines and newspapers; international magazines and newspapers (The law does not explicitly address cross-border advertising. However, given that advertising is banned in all magazines and newspapers, it is interpreted that both domestic and international levels are covered by the ban); billboards and outdoor advertising; advertising at point of sale; advertising on internet (provision adopted but not implemented by 31 December 2022); and other direct bans (provision adopted but not implemented by 31 December 2022). The law requires fines for violations of direct advertising bans.

In 2022, *bans on tobacco promotion and sponsorship* were reported to be in place in Ukraine for: free distribution; promotional discounts; non-tobacco products identified with tobacco brand names (provision adopted but not implemented by 31 December 2022); brand name of non-tobacco products used for tobacco product; appearance of tobacco brands in TV and/or films (product placement); a complete ban on sponsorship; a ban on Corporate Social Responsibility Activities (CSR); tobacco companies/ the tobacco industry publicizing their CSR activities; entities other than tobacco companies/ the industry publicizing the CSR activities of the tobacco companies; tobacco companies funding or making contributions (including in-kind contributions) to smoking prevention media campaigns, including those directed at youth. The law requires fines for violations of indirect advertising bans. Ukraine does **NOT** ban tobacco promotion and advertising of: appearance of tobacco products in TV and/or films; prescribed anti-tobacco advertisements required to be presented before, during or after the broadcasting or showing of any visual entertainment media product that depicts tobacco products, use or images; and other indirect bans. The law does **NOT** explicitly ban tobacco products at point of sale.

**Demand reduction measures concerning tobacco dependence and cessation (Article 14 of the WHO FCTC):** As of 2022, there was a toll-free telephone quit line/help line with a live person available to discuss cessation with callers in

Ukraine. Nicotine-related therapy (NRT) is legally sold in the country in pharmacies without a prescription. The national/federal health insurance of national health services does NOT cover the cost of NRT and NRT is NOT on the country's essential drug list. Bupropion (e.g., Zyban, Wellbutrin) is NOT legally sold in the country. Varenicline is legally sold in the country in pharmacies without a prescription, but costs are NOT covered by the national/federal health insurance of the national health service. Smoking cessation support is available in some health clinics or other primary care facilities, but it is NOT available in hospitals, office of a health professional, the community, and other places. The national/federal health insurance or the national health services does NOT cover the costs of support in health clinics or other primary care facilities.

**Illicit trade in tobacco products (Article 15 of the WHO FCTC):** Ukraine is NOT a Party to the Protocol to Eliminate Illicit Trade in Tobacco Products. Ukraine has a tracking and trace system and has licensing or other actions to control or regulate production and distribution.

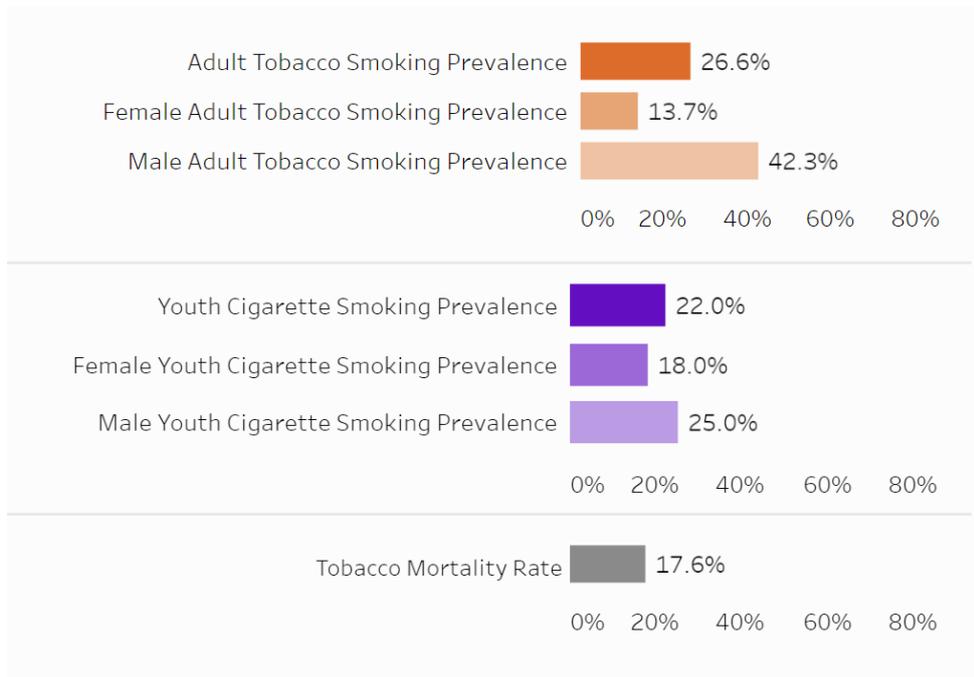
**Sales to and by minors (Article 16 of the WHO FCTC) and other sales restrictions:** In Ukraine, the minimum age at which a person may purchase tobacco products is 18. The law bans tobacco vending machines, imitation of tobacco products, and the sale of single sticks of cigarettes. The minimum number of cigarettes allowed in a pack is 20. The law does NOT ban internet sales of tobacco products.

*Table 13 Tobacco Control Laws Ukraine*

<b>Tobacco Control Laws</b>	<b>Effective Date</b>
Code No. 8073-X on Administrative Offenses, December 7, 1984 (as amended)	07 Dec, 1984
Law of Ukraine No. 481/95 on the State Regulation of Production and Circulation of Ethyl Alcohol, Cognac and Fruit Alcohols, Alcoholic Beverages and Tobacco Products, December 19, 1995 (as amended)	19 Dec, 1995
Law of Ukraine No. 270/96-BP on Advertising, July 03, 1996 (as amended)	03 Jul, 1996
Law of Ukraine No. 2899-IV on Measures to Prevent and Reduce the Consumption of Tobacco Products	22 Sep, 2005

and their Harmful Influence on the Population's Health, September 22, 2005 (as amended)	
Law of Ukraine No. 1824-17 on the Introduction of Changes to Some Legislative Acts of Ukraine on the Restriction of the Consumption and Sale of Beer and Low Alcoholic Beverages	11 Feb, 2010
Resolution No. 885 on Amendment of Paragraph 4 of the Procedure for the Imposition of Fines for Violations of the Law on Advertising	16 Sep, 2012
Law No. 3778 on the Introduction of Changes to Some Legislative Acts of Ukraine on the Prohibition of the Advertising, Sponsorship and Promotion of the Sale of Tobacco Products	16 Sep, 2012
Decree No. 306 on Approval of the List of Pictures and Pictograms which are Included to Additional Health Warnings on Tobacco Product Packages	30 Sep, 2012
Law No. 4844-VI on Amendment of Certain Laws of Ukraine on Improving Certain Provisions on Limiting Places for Smoking	16 Dec, 2012
Law No. 1019-IX on Modification of Certain Legislative Acts of Ukraine Concerning Restriction of Circulation of Excisable Goods, Devices for Consumption of Tobacco Products Without Their Combustion and Strengthening of Control Over Sale of Such Goods	01 Jan, 2021
Law No. 1978-IX on Amendments to Certain Laws of Ukraine on Public Health Protection from Harmful Effects of Tobacco	11 Jan, 2022
Resolution No. 839 on the Approval of the Procedure for Preliminary Age Identification of Users of Websites of Manufacturers, Importers of Devices for the Consumption of Non-Combusted Tobacco Products and/or Electronic Cigarettes	15 Nov, 2023

Figure 41 Indicator: Tobacco Smoking Prevalence and Tobacco Mortality Rate, 2020



### Summary of MPOWER measures in Ukraine

Compliance is scored 0—10 where 10 is the highest level of compliance. Compliance is measured only for P and E. The methods used to compile this profile are described in the technical notes of the WHO report on the global tobacco epidemic, 2023.

M	P	O	W		E	R	
MONITORING	SMOKE-FREE ENVIRONMENTS	CESSATION PROGRAMMES	HEALTH WARNINGS	MASS MEDIA	ADVERTISING BANS	TAXATION	CIGARETTES LESS AFFORDABLE SINCE 2012
	...				...	70.7%	YES

### MPOWER score colour key

Complete measure	Moderate measure	Minimal measure	No policy or weak measure	Not categorized/ No data
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### Affordability category

YES cigarettes became less affordable	NO cigarettes did not become less affordable	↔ no trend change in affordability of cigarettes
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Figure 42 Indicator: MPOWER, 2023 and 2008–2020

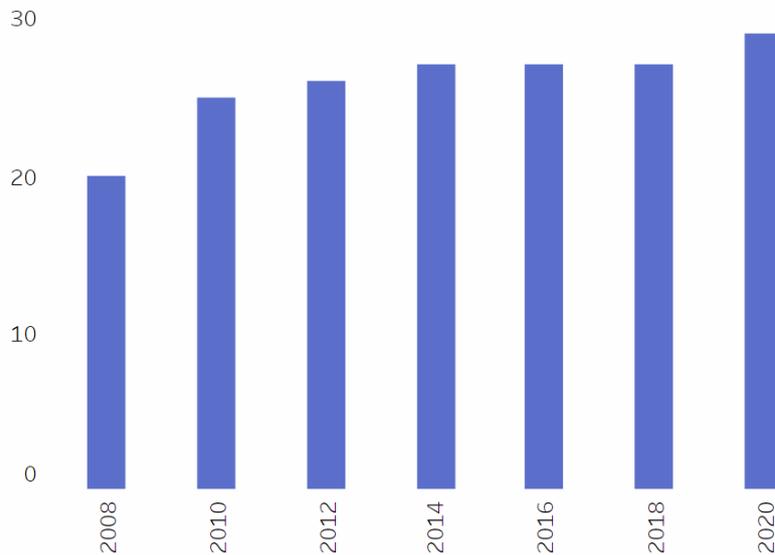


Figure 43 Indicator: WHO FCTC Implementation, 2016–2020



**Ratification:** 06/06/2006

**Entry into force:** 04/09/2006

**Latest report submitted:** 06/04/2018

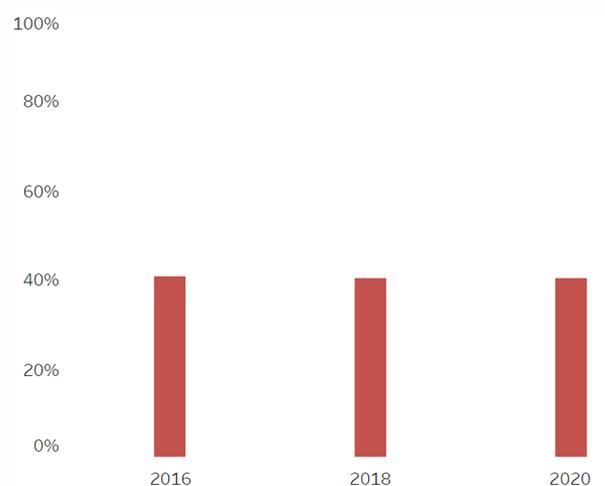
**Next implementation report:** Early 2023

**Area (thousands of km<sup>2</sup>):** 579.32

**Population (in thousands):** 44000



Implementation Trend  
Ukraine



Overall Implementation Status  
Ukraine 2020

2016 2018 **2020**

*Click color bars for details or select article number*

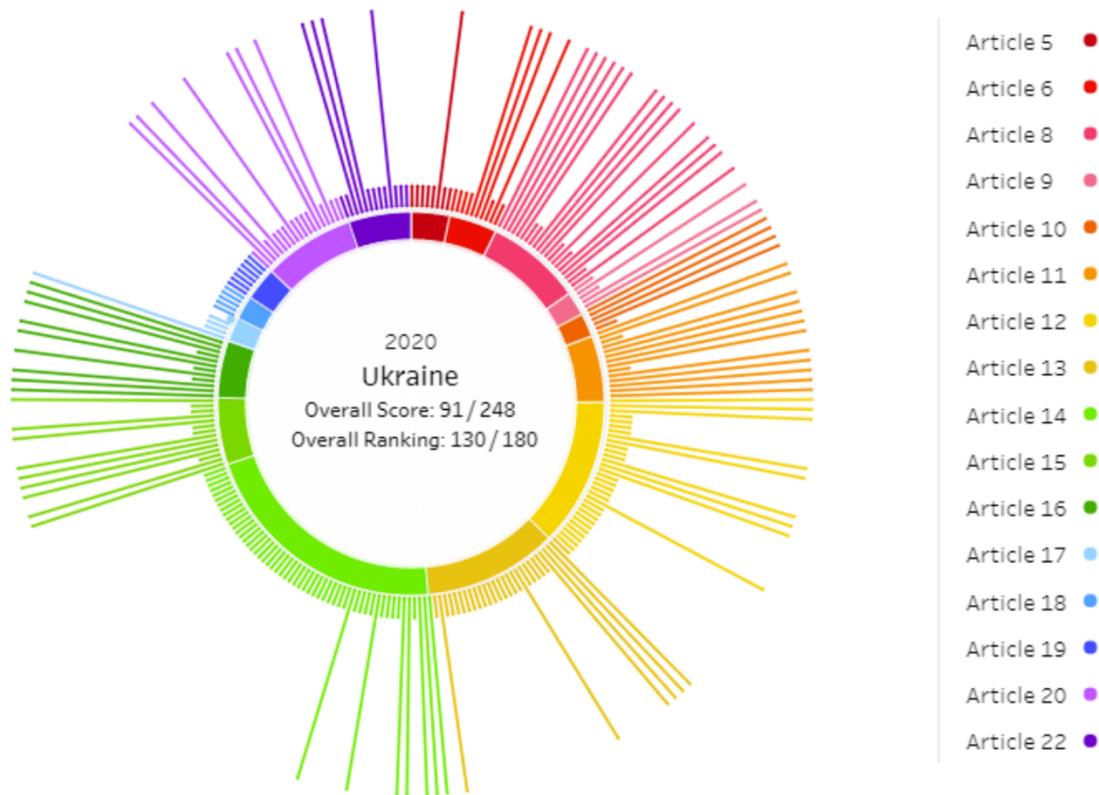


Figure 44 Indicator: Tobacco Control Scale, 2021

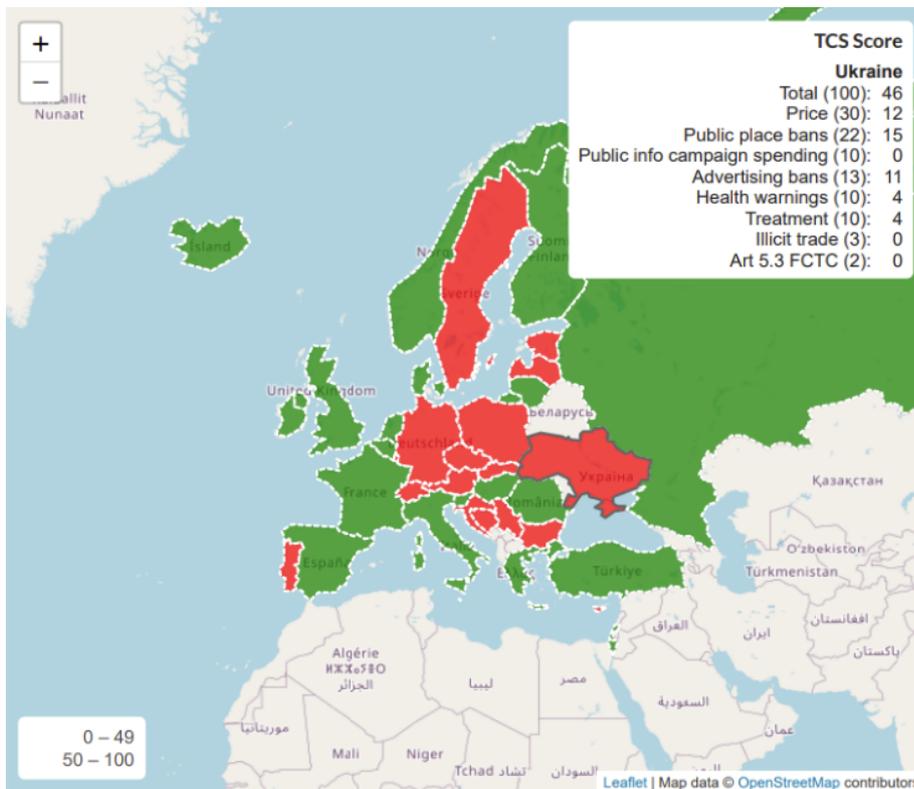


Figure 45 Indicator: Global Tobacco Index Score (Tobacco Industry Interference)



**Sources:**

Global Tobacco Control Progress Hub

<http://globaltobaccocontrol.org/progresshub>

Tobacco Control Laws

<https://www.tobaccocontrollaws.org/legislation/policy-fact-sheets/ukraine/summary>

<https://www.tobaccocontrollaws.org/legislation/ukraine/laws>

Ukraine Country Profile, WHO Report on the Global Tobacco Epidemic, 2023

[https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/gtcr-2023/tobacco-2023-ukr.pdf?sfvrsn=66b9e75a\\_3&download=true](https://cdn.who.int/media/docs/default-source/country-profiles/tobacco/gtcr-2023/tobacco-2023-ukr.pdf?sfvrsn=66b9e75a_3&download=true)

Ukraine WHO FCTC Global Progress Report, 2023 reporting cycle

[https://extranet.who.int/fctcapps/sites/default/files/2024-02/qkasj39u2t884mf\\_785818.pdf](https://extranet.who.int/fctcapps/sites/default/files/2024-02/qkasj39u2t884mf_785818.pdf)

## APPENDIX

Table 14 *Data extraction of studies from the database search*

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
1.	Abreu, D., Sousa, P., Matias-Dias, C., & Pinto, F. (2020). Impact of public health initiatives on acute coronary syndrome fatality rates in Portugal. <i>Revista portuguesa de cardiologia</i> , 39(1), 27–34. <a href="https://doi.org/10.1016/j.repc.2019.05.010">https://doi.org/10.1016/j.repc.2019.05.010</a>	Portugal	Observational Study on the impact of public health initiatives in Portugal	To assess the effect of public health interventions on reducing acute coronary syndrome (ACS) fatality rates in Portugal.	Focused on national public health strategies aimed at reducing cardiovascular disease through smoking cessation programs, dietary changes, and other lifestyle improvements	ACS fatality rates before and after the public health interventions Data on smoking prevalence and other health behaviors over time	Significant reduction in ACS fatality rates following the introduction of public health interventions. Indirect evidence suggesting that anti-smoking campaigns and lifestyle modifications contributed to improved health outcomes related to ACS.
2.	Aleyan, S., Driezen, P., McNeill, A., McDermott, M., Kahnert, S., Kyriakos, C. N., Mons, U., Fernández, E., Trofor, A. C., Zatoński, M., Demjén, T., Katsaounou, P. A., Przewoźniak, K., Balmford, J., Filippidis, F. T., Fong, G.	Romania	Longitudinal, surveys among adults who smoke in seven countries of the EUREST-PLUS	To examine the impact of introducing standardised packaging in England	European Tobacco Products Directive (Cigarette pictorial and	Changes in pack/brand appeal, salience of health warning labels (HWLs) and perceived	Larger health warning labels reduced pack appeal and enhanced salience of HWLs, but standardized packaging had greater effects.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	T., Vardavas, C. I., Hitchman, S. C., & EUREST-PLUS Consortium (2020). Evaluating the impact of introducing standardized packaging with larger health-warning labels in England: findings from adult smokers within the EUREST-PLUS ITC Europe Surveys. <i>European journal of public health</i> , 30(Suppl_3), iii91-iii97. <a href="https://doi.org/10.1093/eurpub/ckaa053">https://doi.org/10.1093/eurpub/ckaa053</a>		ITC Surveys (England, Germany, Greece, Hungary, Poland, Romania, Spain)	compared to EU TPD packaging regulations.	larger health warning labels); England standardized packaging	relative harm of different brands in England vs EU (pre-post)	
3.	Allen, J. A., Gritz, E. R., Xiao, H., Rubenstein, R., Kralikova, E., Haglund, M., Heck, J., Niaura, R., Vallone, D. M., & WELAS Team* (2014). Impact of tobacco control policy on quitting and nicotine dependence among women in five European countries. <i>Tobacco control</i> , 23(2), 173-177. <a href="https://doi.org/10.1136/tobaccocontrol-2011-050391">https://doi.org/10.1136/tobaccocontrol-2011-050391</a>	France, Ireland, Italy	Cross-sectional survey of 5000 women, aged 18 years and older, conducted in 2008	To describe differences in and factors associated with former smoking and nicotine dependence among women in Ireland, Sweden, France, Italy and the Czech Republic.	General tobacco control policies	Odds of having quit smoking within the 5 years	Respondents from countries with stronger tobacco control policies were more likely to have quit smoking compared with those living in the Czech Republic. However, respondents in countries with some of the strongest policies (Ireland, Sweden, France and Italy) had greater nicotine dependence.
4.	Andreeva, T. I., & Krasovsky, K. S. (2011). Recall of tobacco pack	Ukraine	Cross-sectional survey, of 2008	To estimate potential	The study evaluates the	Levels of health warning recall	Those who considered health hazard of smoking as serious

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	health warnings by the population in Ukraine and its association with the perceived tobacco health hazard. <i>International journal of public health</i> , 56(3), 253–262. <a href="https://doi.org/10.1007/s00038-010-0226-4">https://doi.org/10.1007/s00038-010-0226-4</a>		Ukrainian adults (18+)	contribution of textual health warnings (THWs) to smoking decline process in Ukraine.	effectiveness of tobacco health warnings as a policy tool within the context of Ukraine's tobacco control efforts.	from cigarette packages. Association between the recall of health warnings and the perceived health risks of smoking.	were significantly more likely to quit. Male smokers were more likely to perceive health hazard if they recalled health warnings 'Smoking is addictive, do not start to smoke!' and 'Smokers die early'.
5.	Andrews, J. C., Netemeyer, R. G., Burton, S., & Kees, J. (2016). Effects of plain package branding and graphic health warnings on adolescent smokers in the USA, Spain and France. <i>Tobacco control</i> , 25(e2), e120–e126. <a href="https://doi.org/10.1136/tobaccocontrol-2015-052583">https://doi.org/10.1136/tobaccocontrol-2015-052583</a>	France	Experimental study (survey-based across three countries: USA, Spain, and France)	To examine the effects of plain packaging and graphic health warnings on perceptions, attitudes, and intentions to smoke among adolescent smokers in three different countries.	The study contributes to the debate on the effectiveness of plain packaging and enhanced health warnings as tobacco control policies	Changes in perceptions of cigarette packaging Impact on attitudes towards smoking. Intentions to smoke or quit after exposure to plain packaging and graphic health warnings.	Plain packaging with graphic health warnings significantly reduced the attractiveness of cigarette packages among adolescents. Both plain packaging and graphic health warnings heightened perceptions of smoking risks. Adolescents exposed to these packaging strategies showed lower intentions to smoke, highlighting the potential of such packaging regulations to deter youth smoking.
6.	Areias, A., Duarte, J., Figueiredo, J., Lucas, R., Matos, I., Pires, J., Fonseca,	Portugal	Observational study	To assess the impact of new	Focus on the effects of anti-	Reports of asthma	Significant reduction in exposure to environmental

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	A. G., & Castanheira, J. L. (2009). Asthma and the new anti-smoking legislation. What has changed?. Revista portuguesa de pneumologia, 15(1), 27–42.			anti-smoking legislation on the prevalence and management of asthma, focusing on how the law has influenced respiratory health in the population	smoking legislation introduced in 2008 Evaluation of the legislation's influence on public health, particularly on asthma incidence and management.	exacerbation pre- and post-implementation of anti-smoking legislation. Changes in environmental tobacco smoke exposure in public spaces.	tobacco smoke in public places following the introduction of anti-smoking laws The legislation was associated with improvements in asthma management and a reduction in hospital admissions related to asthma exacerbation. The study supports the notion that comprehensive tobacco control laws can positively impact public health, especially for vulnerable populations like asthma patients.
7.	Babineau, K., & Clancy, L. (2015). Young people's perceptions of tobacco packaging: a comparison of EU Tobacco Products Directive & Ireland's Standardisation of Tobacco Act. BMJ open, 5(6), e007352. <a href="https://doi.org/10.1136/bmjopen-2014-007352">https://doi.org/10.1136/bmjopen-2014-007352</a>	Belgium	Cross-sectional survey, secondary school students	To measure young people's perceptions of tobacco packaging according to two current pieces of legislation.	European Tobacco Products Directive and Ireland's Public Health (Standardisation of Tobacco Products) Act.	Young people's perceptions of attractiveness, health risk and smoker characteristics of packs according to EU and Irish branding and packaging guidelines	Packs standardised according to Irish legislation are perceived as less attractive, less healthy and smoked by less popular people than packs which conform to the EU TPD 2014 guidelines.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
8.	Bannon, F., Devlin, A., McElwee, G., & Gavin, A. (2009). Greater gains from smoke-free legislation for non-smoking bar staff in Belfast. <i>European journal of public health</i> , 19(6), 638–643. <a href="https://doi.org/10.1093/eurpub/ckp087">https://doi.org/10.1093/eurpub/ckp087</a>	Ireland	Observational study	To assess the health benefits of smoke-free legislation on non-smoking bar staff, particularly focusing on respiratory health and overall exposure to secondhand smoke.	The study revolves around the smoke-free legislation introduced in Northern Ireland	Reduction in self-reported respiratory symptoms (e.g., coughing, shortness of breath) among non-smoking bar staff post-legislation. Changes in lung function measurements (e.g., peak expiratory flow rate) before and after the smoking ban. Reduction in the exposure to secondhand smoke in the workplace environment (e.g., self-reported levels of exposure or	The smoke-free legislation led to significant improvements in respiratory health among non-smoking bar staff, with reductions in symptoms such as coughing and breathlessness. Objective measurements of lung function also showed improvement following the ban. Non-smoking staff experienced reduced exposure to secondhand smoke in the workplace, highlighting the effectiveness of smoke-free policies in improving public health outcomes in environments previously dominated by tobacco smoke.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
						biomarkers like cotinine).	
9.	Barhdadi S, Moens G, Canfyn M, et al. Impact of the Revised European Tobacco Product Directive on the Quality of E-cigarette Refill Liquids in Belgium [published correction appears in Nicotine Tob Res. 2021 Jan 7;23(1):235]. Nicotine Tob Res. 2021;23(1):227–234. doi:10.1093/ntr/ntaa023	Belgium	Longitudinal, chemical analysis	To investigate whether regulatory changes had an impact on the quality of refill liquids (e-liquids) available on the Belgian market through analysis of their chemical composition.	European Tobacco Products Directive (E-cigarette regulations)	Presence of nicotine, nicotine-related impurities, volatile organic compounds (VOCs), caffeine and taurine, and the flavours diacetyl and acetylpropionyl. (pre-post TPD)	Nicotine labeling discrepancies have decreased. The number of e-liquids, containing high-risk VOCs, caffeine, and diacetyl and acetylpropionyl diminished over time. Overall quality of the e-liquids has improved.
10.	Barone-Adesi, F., Gasparrini, A., Vizzini, L., Merletti, F., & Richiardi, L. (2011). Effects of Italian smoking regulation on rates of hospital admission for acute coronary events: a country-wide study. PloS one, 6(3), e17419. <a href="https://doi.org/10.1371/journal.pone.0017419">https://doi.org/10.1371/journal.pone.0017419</a>	Portugal	Country-wide ecological study	To evaluate the impact of the Italian smoking regulation on the incidence of acute coronary events (such as heart attacks) at the national level.	examines the effects of Italy's smoke-free regulation introduced in 2005, which banned smoking in all enclosed public spaces and workplaces,	Reduction in hospital admissions for acute coronary events post-implementation of the smoking ban.	The introduction of smoke-free regulations in Italy was associated with a significant reduction in hospital admissions for acute coronary events. The study suggests that smoking bans can have a rapid and measurable impact on public health by reducing heart-related health issues,

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
					including restaurants and bars.		particularly in non-smokers and individuals previously exposed to secondhand smoke in public places.
11.	Bębenek, P. K., Gholap, V., Halquist, M., Sobczak, A., & Kośmider, L. (2022). E-Liquids from Seven European Countries–Warnings Analysis and Freebase Nicotine Content. <i>Toxics</i> , 10(2), 51. <a href="https://doi.org/10.3390/toxics10020051">https://doi.org/10.3390/toxics10020051</a>	Italy	Cross-sectional, chemical analysis	To evaluate e-liquid content, including labeling, nicotine content versus labeled claim, nicotine form, and other aspects that may help policy decisions and align with the Tobacco Product Directive (TPD).	European Tobacco Products Directive (E-cigarette regulations)	Nicotine content versus labeled claim, labeling, volume, pH, and nicotine form	All tested liquids presented in this study met the basic requirements of the TPD.
12.	Bertollini, R., Ribeiro, S., Mauer-Stender, K., & Galea, G. (2016). Tobacco control in Europe: a policy review. <i>European respiratory review : an official journal of the European Respiratory Society</i> , 25(140), 151–157.	Bulgaria, France, Ireland, Italy, Montenegro, Republic of North	Review, WHO Europe Region	To review to what extent tobacco control policies have been and are being implemented in	WHO FCTC; European Tobacco Products Directive	Ratification of the WHO FCTC; Raise tobacco taxes; Laws on smoke-free public places; Cessation	Implementation of the provisions of the WHO European Region is mixed and low implementation rate was observed for several indicators.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	<a href="https://doi.org/10.1183/16000617.0021-2016">https://doi.org/10.1183/16000617.0021-2016</a>	Macedonia, Portugal, Romania, Ukraine		Europe, on the basis of the existing international instruments and legislation.		programmes; Ban on advertising, promotion, and sponsorship, pictorial warnings labels	
13.	Blecher, E., Ross, H., & Leon, M. E. (2013). Cigarette affordability in Europe. <i>Tobacco control</i> , 22(4), e6. <a href="https://doi.org/10.1136/tobaccocontrol-2012-050575">https://doi.org/10.1136/tobaccocontrol-2012-050575</a>	Belgium, Bulgaria, France, Ireland, Italy, Portugal, Romania, Ukraine	Cross-sectional economic analysis study examining the affordability of cigarettes across different European countries	To assess how affordable cigarettes are in various European countries and analyze the relationship between cigarette affordability, tobacco taxation, and smoking prevalence.	The study examines tobacco pricing policies, including taxation as a primary mechanism to influence cigarette affordability and reduce smoking prevalence across Europe. It evaluates the impact of national tax policies on tobacco affordability and their	the “Relative Income Price” (RIP), which measures the affordability of cigarettes by comparing the price of a pack of cigarettes to the average income. Analysis of the percentage of income required to purchase 100 packs of cigarettes in each country. Changes in smoking prevalence in countries where cigarettes	The study concludes that increasing taxes and reducing cigarette affordability can be effective public health strategies to lower smoking prevalence and promote tobacco control. It highlights the need for coordinated taxation policies across Europe to reduce cigarette affordability and curb tobacco use more effectively.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
					alignment with global public health recommendations to reduce tobacco consumption.	became more or less affordable, reflecting the impact of affordability on consumption.	
14.	Carreras, G., Lachi, A., Cortini, B., Gallus, S., López, M. J., López-Nicolás, Á., Lugo, A., Pastor, M. T., Soriano, J. B., Fernandez, E., Gorini, G., & TackSHS Project Investigators (2021). Burden of disease from exposure to secondhand smoke in children in Europe. <i>Pediatric research</i> , 90(1), 216–222. <a href="https://doi.org/10.1038/s41390-020-01223-6">https://doi.org/10.1038/s41390-020-01223-6</a>	Belgium, Bulgaria, France, Ireland, Italy, Portugal, Romania	Quantitative burden of disease study using epidemiological modeling to estimate the health impact of secondhand smoke (SHS) exposure in children across Europe	To estimate the burden of disease attributable to secondhand smoke exposure in children in Europe, specifically evaluating conditions such as lower respiratory infections, asthma, and sudden infant death syndrome (SIDS).	This study is linked to public health policies on smoke-free environments, particularly in relation to protecting children from SHS exposure in private and public spaces	Disability-Adjusted Life Years (DALYs) and Years of Life Lost (YLL) due to premature death in children. Specific health outcomes tracked include the incidence of lower respiratory infections, asthma exacerbations, and SIDS caused by SHS exposure.	SHS exposure in children contributed to thousands of DALYs lost annually across Europe due to respiratory infections, asthma, and SIDS. The burden was highest in countries with less stringent smoke-free laws, highlighting the need for stronger policies to protect children from SHS exposure. The findings stress the importance of public health interventions to reduce SHS exposure in environments where children are present, particularly homes and vehicles.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
				To quantify the preventable health impact of SHS exposure among children and inform policy interventions aimed at reducing this burden.			
15.	Carnicer-Pont, D., Tigova, O., Havermans, A., Remue, E., Ferech, M., Vejdovszky, K., Solimini, R., Gallus, S., Nunes, E., Lange, C. C., Gomez-Chacon, C., Ruiz-Dominguez, F., Behrakis, P., Vardavas, C. I., & Fernandez, E. (2022). Tobacco products in the European Union Common Entry Gate (EU-CEG): A tool for monitoring the EU tobacco products directive. <i>Tobacco prevention &amp; cessation</i> , 8, 10. <a href="https://doi.org/10.18332/tpc/145501">https://doi.org/10.18332/tpc/145501</a>	Belgium, France, Italy,	Cross-sectional, data reported in the European Union Common Entry Gate (EU-CEG)	To analyse compliance to specific regulations on priority additives in cigarettes and RYO for 10 EU countries.	European Tobacco Products Directive (Tobacco product disclosures)	Compliance to specific regulations for priority additives	Identified misreporting in the flagging of priority additives
16.	Centers for Disease Control and Prevention (CDC) (2013). Health-	Romania, Ukraine	Cross-sectional study based on	To assess the variations	The study highlights the	Proportion of healthcare	The results emphasize the need for better integration of

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	care provider screening for tobacco smoking and advice to quit – 17 countries, 2008–2011. MMWR. Morbidity and mortality weekly report, 62(46), 920–927.		population survey data	between countries and identify gaps in the integration of smoking cessation interventions in routine health care	importance of incorporating tobacco use screening and cessation advice into routine clinical care.	providers who screen patients for tobacco use. Proportion of healthcare providers who advise patients to quit smoking.	smoking cessation advice in clinical practice, particularly in countries with lower performance, to enhance tobacco control efforts globally
17.	Ciobanu, M., Iosif, I., Calomfirescu, C., Brinduse, L., Stuckler, D., Reeves, A., Snell, A., Mauer-Stender, K., Mikkelsen, B., & Cucu, A. (2018). Variation across Romania in the health impact of increasing tobacco taxation. <i>European journal of public health</i> , 28(suppl_2), 10–13. <a href="https://doi.org/10.1093/eurpub/cky180">https://doi.org/10.1093/eurpub/cky180</a>	Romania	Quantitative research using a modeling approach	To assess the variation in health impacts associated with increased tobacco taxation across different regions in Romania.	The study focuses on the public health policy of increasing tobacco taxes as a measure to reduce smoking prevalence and its associated health impacts.	Changes in smoking prevalence. Health outcomes related to smoking (e.g., morbidity and mortality rates). Economic impacts of tobacco taxation (e.g., changes in revenue from tobacco taxes).	It suggested that higher tobacco taxes could lead to a decrease in smoking prevalence and associated health benefits. The findings indicated potential reductions in smoking-related morbidity and mortality, underscoring the effectiveness of tobacco taxation as a public health intervention.
18.	Cizmovic, M., Mugosa, A., Kovacevic, M., & Lakovic, T. (2022). Effectiveness of tax policy changes in Montenegro: smoking behaviour	Montenegro	Cross-sectional study	To evaluate the effectiveness of tax policy changes on	The study examines the impact of recent tobacco	Variations in smoking behaviors before	The study found that tax increases were associated with a reduction in smoking prevalence, particularly

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	by socio-economic status. Tobacco control, 31(Suppl 2), s124–s132. <a href="https://doi.org/10.1136/tobaccocontrol-2021-056876">https://doi.org/10.1136/tobaccocontrol-2021-056876</a>			smoking behavior, focusing on differences by socio-economic status in Montenegro.	tax increases as a public health measure aimed at reducing smoking prevalence.	and after tax policy changes.	among lower socio-economic groups. Higher taxes were effective in reducing smoking rates, suggesting that economic factors significantly influence smoking behavior.
19.	Clancy L. (2016). European Expert Consensus Paper on the implementation of Article 14 of the WHO Framework Convention on Tobacco Control. European journal of cancer prevention : the official journal of the European Cancer Prevention Organisation (ECP), 25(6), 556–557. <a href="https://doi.org/10.1097/CEJ.0000000000000276">https://doi.org/10.1097/CEJ.0000000000000276</a>	European Union	Expert roundtable	To report on the consensus reached by all Roundtable participants on the need to further advance the availability and access to services to support cessation of tobacco use	WHO FCTC (Article 14, support smoking cessation)	Expert consensus on implementation of Article 14 of the WHO FCTC	The implementation of services to support cessation of tobacco use in line with Article 14 can and should be significantly improved to protect the health of European citizens.
20.	Costa, A., Cortes, M., Sena, C., Nunes, E., Nogueira, P., & Shivaji, T. (2018). Equity-focused health impact assessment of Portuguese tobacco control legislation. Health promotion international, 33(2),	Portugal	Equity-focused health impact assessment (HIA)	To evaluate the equity impacts of tobacco control legislation in Portugal,	The study assesses the effectiveness of Portuguese tobacco control	Changes in smoking prevalence across different socio-economic groups.	The study found that tobacco control legislation had a positive impact on reducing smoking prevalence overall.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	279–287. <a href="https://doi.org/10.1093/heapro/daw076">https://doi.org/10.1093/heapro/daw076</a>			focusing on how the legislation affects different socio-economic groups.	measures, including smoking bans in public spaces, advertising restrictions, and graphic health warnings.	Health outcomes related to smoking (e.g., respiratory diseases, hospitalizations). Access to smoking cessation resources and their utilization.	There were significant improvements in health outcomes, particularly among disadvantaged groups, indicating that the policies contributed to reducing health inequities. Access to cessation resources was improved, but disparities remained, with some socio-economic groups facing barriers in accessing these services.
21.	Cox, B., Vangronsveld, J., & Nawrot, T. S. (2014). Impact of stepwise introduction of smoke-free legislation on population rates of acute myocardial infarction deaths in Flanders, Belgium. <i>Heart (British Cardiac Society)</i> , 100(18), 1430–1435. <a href="https://doi.org/10.1136/heartjnl-2014-305613">https://doi.org/10.1136/heartjnl-2014-305613</a>	Belgium	Quasi-experimental study	To assess the impact of the stepwise introduction of smoke-free legislation on population rates of acute myocardial infarction (AMI) deaths in Flanders	The study evaluates the implementation of smoke-free legislation in public places and its phased introduction across different sectors.	Rates of acute myocardial infarction deaths before and after the implementation of smoke-free laws. Changes in hospital admissions for AMI. Population smoking rates and exposure to	The introduction of smoke-free legislation was associated with a significant decrease in AMI death rates. There was a notable reduction in hospital admissions for AMI, particularly in settings where the legislation was most strictly enforced. The findings suggest that smoke-free laws contribute to improved cardiovascular health outcomes by reducing

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
						secondhand smoke.	exposure to secondhand smoke.
22.	Cronin, E. M., Kearney, P. M., Kearney, P. P., Sullivan, P., Perry, I. J., & Coronary Heart Attack Ireland Registry (CHAIR) Working Group (2012). Impact of a national smoking ban on hospital admission for acute coronary syndromes: a longitudinal study. <i>Clinical cardiology</i> , 35(4), 205–209. <a href="https://doi.org/10.1002/clc.21014">https://doi.org/10.1002/clc.21014</a>	Ireland	Longitudinal study	To evaluate the impact of the national smoking ban on hospital admissions for acute coronary syndromes (ACS) in Ireland.	The study examines the implementation of a national smoking ban in public places, which aimed to reduce smoking prevalence and exposure to secondhand smoke.	Rates of hospital admissions for acute coronary syndromes before and after the smoking ban.	The national smoking ban was associated with a significant reduction in hospital admissions for ACS. The results indicated that the legislation contributed to improved cardiovascular health outcomes by reducing secondhand smoke exposure.
23.	Currie, L. M., Blackman, K., Clancy, L., & Levy, D. T. (2013). The effect of tobacco control policies on smoking prevalence and smoking-attributable deaths in Ireland using the IrelandSS simulation model. <i>Tobacco control</i> , 22(e1), e25–e32. <a href="https://doi.org/10.1136/tobaccocontrol-2011-050248">https://doi.org/10.1136/tobaccocontrol-2011-050248</a>	Ireland	Simulation modeling study	To evaluate the impact of various tobacco control policies on smoking prevalence and smoking-attributable deaths in Ireland using the IrelandSS	The study examines multiple tobacco control strategies, including increased taxation, advertising bans, and	Changes in smoking prevalence over time. Estimates of smoking-attributable deaths. Effectiveness of specific tobacco control policies	The simulation results indicated that robust tobacco control policies significantly reduce smoking prevalence and smoking-attributable deaths. Policies such as higher tobacco taxes and comprehensive smoking bans were found to be particularly effective

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
				simulation model.	smoke-free legislation.	in reducing smoking rates.	
24.	Currie, L. M., & Clancy, L. (2011). The road to smoke-free legislation in Ireland. <i>Addiction</i> (Abingdon, England), 106(1), 15–24. <a href="https://doi.org/10.1111/j.1360-0443.2010.03157.x">https://doi.org/10.1111/j.1360-0443.2010.03157.x</a>	Ireland	Historical and qualitative analysis	To explore the development and implementation of smoke-free legislation in Ireland, examining the factors that influenced its adoption.	The study focuses on the legislative measures taken to create a smoke-free environment in public places, including workplaces and hospitality venues.	Legislative milestones leading to the smoke-free policy. Public support and opposition to the legislation. Changes in smoking behavior and public health outcomes post-implementation.	The study highlights the significant role of public health advocacy, political will, and evidence-based research in advancing smoke-free legislation. It notes the initial resistance from certain sectors, which shifted as public support grew. Following implementation, there was a marked decline in smoking rates and improvements in health outcomes, indicating the effectiveness of the legislation.
25.	Federico, B., Mackenbach, J. P., Eikemo, T. A., & Kunst, A. E. (2012). Impact of the 2005 smoke-free policy in Italy on prevalence, cessation and intensity of smoking in the overall population and by educational group. <i>Addiction</i> (Abingdon, England), 107(9), 1677–	Italy	Longitudinal study	To evaluate the impact of the 2005 smoke-free policy in Italy on smoking prevalence, cessation rates,	The study focuses on the implementation of a comprehensive smoke-free law that prohibits smoking in	Changes in overall smoking prevalence post-policy implementation. Rates of smoking cessation among different	The smoke-free policy led to a significant reduction in smoking prevalence in Italy. There were notable increases in smoking cessation rates, particularly among lower-educated groups, indicating a

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	1686. <a href="https://doi.org/10.1111/j.1360-0443.2012.03853.x">https://doi.org/10.1111/j.1360-0443.2012.03853.x</a>			and smoking intensity across different educational groups.	public places and workplaces.	educational groups. Intensity of smoking (e.g., number of cigarettes smoked per day).	positive impact on health equity. The intensity of smoking also decreased, suggesting that the policy not only reduced the number of smokers but also encouraged lighter smoking among remaining smokers.
26.	Feliu, A., Filippidis, F. T., Joossens, L., Fong, G. T., Vardavas, C. I., Baena, A., Castellano, Y., Martínez, C., & Fernández, E. (2019). Impact of tobacco control policies on smoking prevalence and quit ratios in 27 European Union countries from 2006 to 2014. <i>Tobacco control</i> , 28(1), 101–109. <a href="https://doi.org/10.1136/tobaccocontrol-2017-054119">https://doi.org/10.1136/tobaccocontrol-2017-054119</a>	Belgium, Bulgaria, France, Ireland, Italy, Portugal, Romania	Ecological study, Tobacco Control Scale in EU27 in 2007 and the prevalence of tobacco and quit ratios data from the Eurobarometer survey (2006 and 2014).	To assess the midterm association of tobacco control policies on smoking prevalence and quit ratios among 27 European Union (EU) Member States (EU27).	Tobacco control policy implementation (Tobacco Control Scale)	Relationship between the TCS scores and smoking prevalence and quit ratios and their relative changes (between 2006 and 2014)	In EU27, countries with higher scores in the TCS, which indicates higher tobacco control efforts, have lower prevalence of smokers, higher quit ratios and higher relative decreases in their prevalence rates of smokers over the last decade.
27.	Filippidis, F. T., Agaku, I. T., Girvalaki, C., Jiménez-Ruiz, C., Ward, B., Gratiou, C., Vardavas, C. I., & Tobacco Control Committee of the European Respiratory Society	Belgium, Bulgaria, France, Ireland, Italy,	Cross-sectional study	To investigate the relationship between secondhand smoke	The study examines various smoke-free legislation efforts across	Levels of secondhand smoke exposure among different populations.	Stronger smoke-free legislation was associated with lower levels of secondhand smoke exposure.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	(2016). Relationship of secondhand smoke exposure with sociodemographic factors and smoke-free legislation in the European Union. <i>European journal of public health</i> , 26(2), 344–349. <a href="https://doi.org/10.1093/eurpub/ckv204">https://doi.org/10.1093/eurpub/ckv204</a>	Portugal, Romania		exposure, sociodemographic factors, and the implementation of smoke-free legislation across EU member states.	the European Union aimed at reducing secondhand smoke exposure in public and private spaces.	Compliance with smoke-free laws.	The findings highlight the importance of enforcing smoke-free laws to protect vulnerable populations from the risks of secondhand smoke.
28.	Filippidis, F. T., Lavery, A. A., Fernandez, E., Mons, U., Tigova, O., & Vardavas, C. I. (2017). Correlates of self-reported exposure to advertising of tobacco products and electronic cigarettes across 28 European Union member states. <i>Tobacco control</i> , 26(e2), e130–e133. <a href="https://doi.org/10.1136/tobaccocontrol-2016-053479">https://doi.org/10.1136/tobaccocontrol-2016-053479</a>	Belgium, Bulgaria, France, Ireland, Italy, Portugal, Romania	Cross-sectional, survey among population aged 15+ and data on bans on tobacco advertising extracted from the Tobacco Control Scale for all EU member states	To assess the correlates of self-reported exposure to tobacco products and e-cigarette advertising in the EU.	WHO FCTC (Advertising bans)	Self-reported exposure to tobacco and e-cigarette advertisements	Ten years after ratification of the Framework Convention for Tobacco Control, self-reported exposure to tobacco and e-cigarette advertising in the EU is higher in e-cigarette and tobacco users, as well as those with internet access.
29.	Filippidis, F. T., Chang, K. K. C., Blackmore, I., & Lavery, A. A. (2020). Prices and Illicit Trade of Cigarettes in the European Union: A Cross-sectional Analysis. <i>Nicotine</i>	Belgium, Bulgaria, France, Ireland, Italy,	Cross-sectional population survey	To assess whether cigarette price is linked to	WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco	Average price of cigarettes and being offered illicit cigarettes	No significant association between cigarette prices and reporting being offered illicit cigarettes; sharing a border with a non-EEA Member

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	& tobacco research : official journal of the Society for Research on Nicotine and Tobacco, 22(12), 2271–2275. <a href="https://doi.org/10.1093/ntr/ntaa004">https://doi.org/10.1093/ntr/ntaa004</a>	Portugal, Romania		being offered illicit cigarettes	Products and EU Directive on tobacco excise rules		State was linked to illicit trade.
30.	Foley, K., Ferencz, L., Meghea, C., Abram, Z., Pénczes, M., Fogarasi-Grenczer, A., Balazs, P., & Schmidt, L. (2018). Home- and Car-Based Rules in Foster Care Settings to Reduce Exposure to Secondhand Smoke: Before and after Romanian National Clean Air Legislation. International journal of environmental research and public health, 15(8), 1631. <a href="https://doi.org/10.3390/ijerph15081631">https://doi.org/10.3390/ijerph15081631</a>	Romania	Before-and-after study	To assess the impact of home- and car-based rules in foster care settings on reducing secondhand smoke exposure following the implementation of Romania's National Clean Air Legislation.	The study evaluates the effectiveness of national legislation aimed at reducing air pollution and protecting public health, specifically focusing on secondhand smoke in foster care environments.	Levels of secondhand smoke exposure among children in foster care settings before and after the implementation of the clean air legislation. Compliance with home- and car-based smoking rules among foster caregivers. Changes in attitudes and knowledge about secondhand smoke among foster caregivers.	The implementation of rules regarding smoking in homes and cars led to a significant reduction in secondhand smoke exposure among children in foster care settings. Improved compliance with smoke-free rules was observed post-legislation, suggesting positive changes in caregiver behavior.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
31.	Fong, G. T., Craig, L. V., Guignard, R., Nagelhout, G. E., Tait, M. K., Driezen, P., Kennedy, R. D., Boudreau, C., Wilquin, J. L., Deutsch, A., & Beck, F. (2013). Evaluation of the smoking ban in public places in France one year and five years after its implementation: Findings from the ITC France survey. <i>Bulletin epidemiologique hebdomadaire</i> (Paris, France), 20(21), 217–223.	France	Longitudinal study	To evaluate the impact of the smoking ban in public places in France one year and five years after its implementation , using data from the ITC France survey.	The study examines the national smoking ban that prohibits smoking in enclosed public spaces and workplaces.	Compliance rates with the smoking ban in public places. Changes in attitudes toward smoking and secondhand smoke exposure.	The study found a significant reduction in smoking prevalence one year and five years after the ban was implemented. High levels of compliance with the smoking ban were reported, contributing to reduced exposure to secondhand smoke. Positive shifts in public attitudes toward smoking and increased support for tobacco control measures were observed.
32.	Fu, M., Castellano, Y., Tigova, O., Mons, U., Agar, T., Kyriakos, C. N., Trofor, A. C., Quah, A. C. K., Fong, G. T., Przewoźniak, K., Zatoński, W. A., Demjén, T., Tountas, Y., Vardavas, C. I., Fernández, E., & EUREST-PLUS consortium (2019). Smoking in public places in six European countries: Findings from the EUREST-PLUS ITC Europe Survey. <i>Tobacco induced diseases</i> , 16, A18. <a href="https://doi.org/10.18332/tid/104673">https://doi.org/10.18332/tid/104673</a>	Romania	Cross-sectional study	To investigate smoking behaviors and the enforcement of smoking bans in public places across six European countries, using data from the EUREST-PLUS	The study assesses the implementation of smoke-free laws designed to protect the public from the harmful effects of smoking in enclosed public spaces	Rates of smoking in public places. Levels of compliance with smoking bans. Public attitudes toward smoking and smoking bans.	Overall, higher compliance with smoking bans was associated with lower rates of smoking in public places. Attitudes toward smoking and the acceptance of tobacco control measures were generally positive, indicating public support for ongoing tobacco control policies.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
				ITC Europe Survey.			
33.	Glahn, A., Kyriakos, C. N., Loghin, C. R., Nguyen, D., Starchenko, P., Jimenez-Ruiz, C., Faure, M., & Ward, B. (2018). Tobacco control achievements and priority areas in the WHO Europe Region: A review. <i>Tobacco prevention &amp; cessation</i> , 4, 15. <a href="https://doi.org/10.18332/tpc/89925">https://doi.org/10.18332/tpc/89925</a>	Bulgaria, France, Ireland, Italy, Montenegro, Republic of North Macedonia, Portugal, Romania, Ukraine	Review, WHO Europe Region	To provide a comprehensive overview on the status of WHO FCTC implementation, policy achievements and priority areas across countries in the WHO Europe Region.	WHO FCTC (MPOWER measures)	Implementation status of nine articles of the WHO FCTC	Policy achievements and recommended priority areas for future national tobacco control activities varied greatly among countries.
34.	Girvalaki, C., Filippidis, F. T., Kyriakos, C. N., Driezen, P., Herbec, A., Mons, U., Papadakis, S., Mechili, E. A., Katsaounou, P. A., Przewoźniak, K., Fernández, E., Trofor, A. C., Demjén, T., Fong, G. T., Vardavas, C. I., & The Eurest-Plus Consortium, O. B. O. (2020). Perceptions, Predictors of and Motivation for Quitting among Smokers from Six European Countries from 2016 to 2018: Findings from EUREST-PLUS ITC	Romania	Longitudinal, surveys among adults who smoke in six EU countries of the EUREST-PLUS ITC Surveys (Germany, Greece, Hungary, Poland, Romania, Spain)	To explore quitting behaviours, motivation, reasons and perceptions about quitting, as well as predictors (reported before the TPD implementation	European Tobacco Products Directive	Predictors of quitting	Predictors of quitting were moderate or high education, fewer cigarettes smoked per day at baseline, a past quit attempt, lower level of perceived addiction, plans for quitting and the presence of a smoking-related comorbidity. Health concerns, price of cigarettes and being a good example for children were among the

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	Europe Surveys. International journal of environmental research and public health, 17(17), 6263. <a href="https://doi.org/10.3390/ijerph17176263">https://doi.org/10.3390/ijerph17176263</a>			) associated with post-TPD quit status.			most important reasons that predicted being a quitter at Wave 2
35.	Girvalaki, C., Tzatzarakis, M., Vardavas, A., Kyriakos, C. N., Nikitara, K., Stivaktakis, P., Tsatsakis, A., & Vardavas, C. (2020). Discrepancies in reported versus measured nicotine content of e-cigarette refill liquids across nine European countries before and after the implementation of the EU Tobacco Products Directive. The European respiratory journal, 55(2), 1900941. <a href="https://doi.org/10.1183/13993003.00941-2019">https://doi.org/10.1183/13993003.00941-2019</a>	France, Romania	Longitudinal, chemical analysis of e-liquids in nine EU countries (France, Germany, Greece, Hungary, Netherlands, Poland, Romania, Spain)	To evaluate potential discrepancy between the reported and the measured nicotine concentration of the most popular brands of e-cigarette refill liquids in nine EU countries.	European Tobacco Products Directive (Electronic cigarette regulations)	Compliance with nicotine threshold; measured vs report nicotine content (pre-post)	Only one product exceeded the legislated limit of $\leq 20$ mg·mL <sup>-1</sup> of nicotine in the post-TPD phase in comparison to eight samples at pre-TPD. Differences between the measured versus reported nicotine content in both pre- and post-TPD.
36.	Girvalaki, C., Vardavas, A., Tzatzarakis, M., Kyriakos, C. N., Nikitara, K., Tsatsakis, A. M., & Vardavas, C. I. (2020). Compliance of e-cigarette refill liquids with regulations on labelling, packaging and technical design characteristics in nine European	France, Romania	Longitudinal, e-liquid assessment in nine EU countries (France, Germany, Greece,	To evaluate e-cigarette product compliance with the EU TPD, with a focus on labelling/packa	European Tobacco Products Directive (Electronic cigarette regulations)	Compliance with labelling/ packaging and technical design/ safety features (pre-post), and Classification, Labelling and	Compliance increased from pre- to post ban. Refill liquids had substantial but not full compliance in most of the characteristics evaluated.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	member states. Tobacco control, 29(5), 531–536. <a href="https://doi.org/10.1136/tobaccocontrol-2019-055061">https://doi.org/10.1136/tobaccocontrol-2019-055061</a>		Hungary, Netherlands, Poland, Romania, Spain)	ging practices and technical design/safety features.		Packaging (CLP) regulations	
37.	González-Marrón, A., Koprivnikar, H., Tisza, J., Cselkó, Z., Lambrou, A., Peruga, A., Kilibarda, B., Lidón-Moyano, C., Carnicer-Pont, D., Papachristou, E., Nunes, E., Carreras, G., Gorini, G., Pérez-Martín, H., Martínez-Sánchez, J. M., Spizzichino, L., Karekla, M., Mulcahy, M., Vasic, M., Ruokolainen, O., ... Ollila, H. (2023). Tobacco endgame in the WHO European Region: Feasibility in light of current tobacco control status. Tobacco induced diseases, 21, 151. <a href="https://doi.org/10.18332/tid/174360">https://doi.org/10.18332/tid/174360</a>	Belgium, Bulgaria, France, Ireland, Italy, Montenegro, Republic of Moldova, Republic of North Macedonia, Portugal, Romania, Ukraine	Policy analysis and feasibility study	To evaluate the feasibility of achieving a tobacco endgame in the WHO European Region, considering the current status of tobacco control policies and practices.	The study explores various tobacco control strategies aimed at significantly reducing tobacco use and exposure across European countries.	Current levels of tobacco use and smoking prevalence. Implementation and effectiveness of existing tobacco control policies. Public health outcomes related to smoking and tobacco use.	It found that while many countries have made progress in reducing tobacco use, achieving a comprehensive tobacco endgame will require stronger commitments, including stricter regulations and innovative strategies. The analysis highlighted the importance of addressing socio-economic disparities and ensuring equitable access to cessation resources to support the endgame goals.
38.	Gorini G. (2011). Valutazione di impatto della Legge Sirchia e confronto con la Scozia [Impact of the Italian smoking ban and comparison with the evaluation of the Scottish ban]. Epidemiologia e prevenzione, 35(3–4 Suppl 1), 4–18.	Italy	Impact evaluation study	To evaluate the impact of the Italian smoking ban (Law Sirchia)	The study examines the implementation of smoke-free legislation in Italy focusing on restrictions	Changes in smoking prevalence. Rates of compliance with the smoking ban.	The Italian smoking ban led to a significant reduction in smoking prevalence and improved public compliance with smoking restrictions.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
					in public places and workplaces.	Public attitudes toward smoking and secondhand smoke exposure. Health outcomes related to smoking, such as hospital admissions for respiratory and cardiovascular diseases.	
39.	Gorini, G., Carreras, G., Cortini, B., Verdi, S., Petronio, M. G., Sestini, P., & Chellini, E. (2015). Impact of National Smoke-Free Legislation on Educational Disparities in Smoke-Free Homes: Findings from the SIDRIAT Longitudinal Study. <i>International journal of environmental research and public health</i> , 12(8), 8705–8716. <a href="https://doi.org/10.3390/ijerph120808705">https://doi.org/10.3390/ijerph120808705</a>	Italy	Longitudinal study	To evaluate the impact of national smoke-free legislation on the prevalence of smoke-free homes across different educational groups.	The study focuses on national smoke-free legislation that prohibits smoking in enclosed public spaces and aims to reduce smoking prevalence and exposure to secondhand smoke.	Rates of smoke-free homes before and after the implementation of the legislation. Comparison of smoke-free home prevalence among different educational groups. Changes in attitudes towards smoking	The study found that the national smoke-free legislation significantly increased the prevalence of smoke-free homes. The findings suggest that comprehensive smoke-free laws can contribute to reducing educational disparities in smoking behaviors and exposure to secondhand smoke.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
						and smoke-free policies.	
40.	Gorini, G., Gallus, S., Carreras, G., Cortini, B., Vannacci, V., Charrier, L., Cavallo, F., Molinaro, S., Galeone, D., Spizzichino, L., De Mei, B., Pacifici, R., Faggiano, F., & MADES Working Group (2019). A long way to go: 20-year trends from multiple surveillance systems show a still huge use of tobacco in minors in Italy. <i>European journal of public health</i> , 29(1), 164–169. <a href="https://doi.org/10.1093/eurpub/cky132">https://doi.org/10.1093/eurpub/cky132</a>	Italy	Longitudinal surveillance study	To analyze 20-year trends in tobacco use among minors in Italy using data from multiple surveillance systems.	The study evaluates the effectiveness of various tobacco control policies aimed at reducing tobacco use among minors, including advertising restrictions, age limits on sales, and public health campaigns.	Rates of tobacco use among minors over a 20-year period. Compliance with tobacco sales regulations. Public awareness and attitudes toward tobacco control measures.	The study found that, despite the implementation of tobacco control policies, tobacco use among minors in Italy remained significantly high over the 20-year period. There was little improvement in reducing smoking rates among this demographic, indicating ongoing challenges in enforcement and compliance with existing laws.
41.	Grassi, M. C., Enea, D., Ferketich, A. K., Lu, B., & Nencini, P. (2009). A smoking ban in public places increases the efficacy of bupropion and counseling on cessation outcomes at 1 year. <i>Nicotine &amp; tobacco research : official journal of</i>	Italy	Longitudinal cohort study	To evaluate the effect of a smoking ban in public places on the efficacy of bupropion and counseling	The study focuses on the implementation of a smoking ban in public places, assessing how	Changes in smoking behaviors and attitudes before and after the smoking ban.	The study found that the smoking ban significantly increased the efficacy of bupropion and counseling, leading to higher smoking cessation rates at the one-year mark.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	the Society for Research on Nicotine and Tobacco, 11(9), 1114–1121. <a href="https://doi.org/10.1093/ntr/ntp110">https://doi.org/10.1093/ntr/ntp110</a>			for smoking cessation outcomes after one year.	it influences cessation efforts.	Rates of relapse among participants over the one-year follow-up period.	Participants in areas with the smoking ban reported greater reductions in smoking frequency and improved attitudes towards quitting.
42.	Gravely, S., Driezen, P., Kyriakos, C. N., Thompson, M. E., Balmford, J., Demjén, T., Fernández, E., Mons, U., Tountas, Y., Janik-Koncewicz, K., Zatoński, W., Trofor, A. C., Vardavas, C. I., Fong, G. T., & EUREST-PLUS Consortium (2020). European adult smokers' perceptions of the harmfulness of e-cigarettes relative to combustible cigarettes: cohort findings from the 2016 and 2018 EUREST-PLUS ITC Europe Surveys. <i>European journal of public health</i> , 30(Suppl_3), iii38–iii45. <a href="https://doi.org/10.1093/eurpub/ckz215">https://doi.org/10.1093/eurpub/ckz215</a>	Romania	Longitudinal, surveys among adults who smoke in six EU countries of the EUREST-PLUS ITC Surveys (Germany, Greece, Hungary, Poland, Romania, Spain)	To examine perceptions of the harmfulness of e-cigarettes relative to combustible cigarettes	European Tobacco Products Directive (Electronic cigarette regulations)	Perceptions of harmfulness of e-cigarettes relative to combustible cigarettes (pre-post)	The majority of respondents in these six EU countries perceived e-cigarettes to be equally or more harmful than combustible cigarettes.
43.	Gualano, M. R., Bert, F., Scaioli, G., Passi, S., La Torre, G., & Siliquini, R. (2014). Smoking ban policies in Italy and the potential impact of the so-called Sirchia Law: state of the art	Italy	Review and impact evaluation study	To assess the effects of the smoking ban policies in Italy, specifically the	The study focuses on the Sirchia Law, which prohibits smoking in	Changes in smoking prevalence and behaviors among the population.	The study found a significant decline in smoking prevalence and improved public compliance with the

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	after eight years. BioMed research international, 2014, 293219. <a href="https://doi.org/10.1155/2014/293219">https://doi.org/10.1155/2014/293219</a>			Sirchia Law, eight years after its implementation	enclosed public spaces and workplaces, aiming to reduce smoking prevalence and protect public health.	Compliance rates with the smoking ban. Health outcomes related to smoking, including rates of respiratory diseases and secondhand smoke exposure.	smoking ban since its implementation. Positive health outcomes were observed, including reductions in respiratory diseases and hospital admissions related to smoking.
44.	Guignard, R., Andler, R., Richard, J. B., Pasquereau, A., Quatremère, G., Arwidson, P., Gallopel-Morvan, K., & Nguyen-Thanh, V. (2021). Effectiveness of 'Mois sans tabac 2016': A French social marketing campaign against smoking. Tobacco induced diseases, 19, 60. <a href="https://doi.org/10.18332/tid/139028">https://doi.org/10.18332/tid/139028</a>	France	Evaluation study of a public health campaign	To evaluate the effectiveness of the "Mois sans tabac 2016" campaign, a social marketing initiative aimed at reducing smoking prevalence in France.	The campaign encourages smokers to quit smoking for the month of November, providing resources and support for cessation.	Changes in smoking cessation rates during and after the campaign. Public awareness and engagement with the campaign. Evaluation of participants' motivations and quit attempts associated with the campaign.	The campaign was associated with a measurable decline in smoking prevalence and an increase in successful quit attempts, highlighting the effectiveness of social marketing in tobacco control.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
45.	Guignard, R., Gallopel-Morvan, K., Mons, U., Hummel, K., & Nguyen-Thanh, V. (2018). Impact of a negative emotional antitobacco mass media campaign on French smokers: a longitudinal study. <i>Tobacco control</i> , 27(6), 670–676. <a href="https://doi.org/10.1136/tobaccocontrol-2017-053936">https://doi.org/10.1136/tobaccocontrol-2017-053936</a>	France	Longitudinal study	To assess the impact of a negative emotional antitobacco mass media campaign on smoking behaviors and attitudes among French smokers.	The study evaluates a mass media campaign that uses negative emotional appeals to discourage smoking and promote cessation.	Changes in smoking prevalence and cessation rates among the target population. Participants' attitudes toward smoking and perceived effectiveness of the campaign. Engagement with the campaign messages and overall recall of the advertisements.	The findings suggest that emotional appeals in mass media campaigns can be effective in influencing smoking behaviors and supporting cessation efforts.
46.	Hawkins, B., & Holden, C. (2018). European Union implementation of Article 5.3 of the Framework Convention on Tobacco Control. <i>Globalization and health</i> , 14(1), 79. <a href="https://doi.org/10.1186/s12992-018-0386-1">https://doi.org/10.1186/s12992-018-0386-1</a>	European Union	Qualitative, document analysis, semi-structured interviews with policy actors	To assess the extent of Article 5.3 compliance in European Union institutions, through an analysis of the mechanisms in place in the	WHO FCTC (Article 5.3, proactive measures to protect health policy from the vested interest of the tobacco industry)	Compliance with WHO FCTC Article 5.3	Article 5.3 compliance within EU institutions is partial and incomplete.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
				European Commission and European Parliament			
47.	Henderson, E., Continente, X., Fernández, E., Tigova, O., Cortés-Francisco, N., Gallus, S., Lugo, A., Semple, S., Dobson, R., Clancy, L., Keogan, S., Ruprecht, A., Borgini, A., Tzortzi, A., Vyzikidou, V. K., Gorini, G., López-Nicolás, A., Soriano, J. B., Geshanova, G., Osman, J., ... TackSHS project Investigators (2021). Secondhand smoke exposure assessment in outdoor hospitality venues across 11 European countries. <i>Environmental research</i> , 200, 111355. <a href="https://doi.org/10.1016/j.envres.2021.111355">https://doi.org/10.1016/j.envres.2021.111355</a>	Bulgaria, France, Ireland, Italy, Portugal, Romania	Cross-sectional study	To assess secondhand smoke exposure in outdoor hospitality venues across 11 European countries.	The study evaluates the effectiveness of existing tobacco control policies regarding outdoor smoking in public spaces, particularly in hospitality settings.	Levels of secondhand smoke exposure measured through air quality assessments in outdoor venues. Compliance with smoking regulations in these settings. Variations in exposure levels among different countries and types of venues.	The study found that significant levels of secondhand smoke exposure were present in outdoor hospitality venues, indicating widespread non-compliance with smoking regulations. Variability in exposure levels was observed across different countries, with some countries showing higher levels of secondhand smoke than others. The findings highlight the need for enhanced enforcement of tobacco control policies in outdoor settings to protect public health from the harmful effects of secondhand smoke.
48.	Henderson, E., Continente, X., Fernández, E., Tigova, O., Cortés-	Bulgaria, France,	Cross-sectional study.	To assess secondhand	The study evaluates the	Levels of secondhand	Significant levels of secondhand smoke were

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	Francisco, N., Gallus, S., Lugo, A., Semple, S., O'Donnell, R., Clancy, L., Keogan, S., Ruprecht, A., Borgini, A., Tzortzi, A., Vyzikidou, V. K., Gorini, G., López-Nicolás, A., Soriano, J. B., Geshanova, G., Osman, J., ... TackSHS project Investigators (2020). Secondhand smoke exposure and other signs of tobacco consumption at outdoor entrances of primary schools in 11 European countries. <i>The Science of the total environment</i> , 743, 140743. <a href="https://doi.org/10.1016/j.scitotenv.2020.140743">https://doi.org/10.1016/j.scitotenv.2020.140743</a>	Ireland, Italy, Portugal, Romania		smoke exposure and other indicators of tobacco consumption at outdoor entrances of primary schools across 11 European countries	impact of tobacco control policies regarding smoking near schools and the protection of children from secondhand smoke exposure	smoke measured in air samples at school entrances. Observations of visible smoking behavior near school entrances. Compliance with local smoking regulations related to school proximity.	detected near the entrances of primary schools, indicating a potential health risk for children. A considerable number of smokers were observed in close proximity to school entrances, demonstrating non-compliance with smoking bans in these areas.
49.	Hitchman, S. C., Mons, U., Nagelhout, G. E., Guignard, R., McNeill, A., Willemsen, M. C., Driezen, P., Wilquin, J. L., Beck, F., Du-Rosc�at, E., P�otSchke-Langer, M., Hammond, D., & Fong, G. T. (2012). Effectiveness of the European Union text-only cigarette health warnings: findings from four countries. <i>European journal of public health</i> , 22(5), 693–699. <a href="https://doi.org/10.1093/eurpub/ckr099">https://doi.org/10.1093/eurpub/ckr099</a>	France	Cross-sectional study	To evaluate the effectiveness of text-only cigarette health warnings in influencing smokers' attitudes and behaviors across four European countries.	The study focuses on the implementation of text-only health warnings on cigarette packages as part of tobacco control efforts in the EU.	Changes in smokers' awareness of health risks associated with smoking. Impact on smoking behavior, including intentions to quit and cessation attempts.	The study found that text-only health warnings were effective in increasing awareness of the health risks of smoking among smokers. Smokers exposed to these warnings reported a greater intention to quit and a higher likelihood of attempting to quit compared to those not exposed.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
50.	Hoe, C., Weiger, C., & Cohen, J. E. (2021). The battle to increase tobacco taxes: Lessons from Philippines and Ukraine. <i>Social science &amp; medicine</i> (1982), 279, 114001. <a href="https://doi.org/10.1016/j.socscimed.2021.114001">https://doi.org/10.1016/j.socscimed.2021.114001</a>	Ukraine	Qualitative, document analysis, key informant interviews, case analysis	To explore the process, actors, and determinants that helped lead to the successful passage of the 2012 Sin Tax Reform Law in the Philippines and the 2017 seven-year plan for tobacco tax increases in Ukraine.	2017 seven-year plan for tobacco tax increases	Processes, actors, and determinants for policy adoption	Exploiting key entry points, tobacco tax proponents formed a multi-sectoral coalition and used a multi-pronged approach.
51.	Hu, Y., van Lenthe, F. J., Platt, S., Bosdriesz, J. R., Lahelma, E., Menvielle, G., Regidor, E., Santana, P., de Gelder, R., & Mackenbach, J. P. (2017). The Impact of Tobacco Control Policies on Smoking Among Socioeconomic Groups in Nine European Countries, 1990–2007. <i>Nicotine &amp; tobacco research : official journal of the Society for Research on Nicotine and Tobacco</i> ,	France, Ireland, Italy, Portugal	Nationally representative surveys	To investigate the impact of price and non-price related population-wide tobacco control policies on smoking by socioeconomic group in nine European	Price and non-price measures (smoking bans or restrictions; TAPS bans, health warning labels, cessation services	Smoking status; Cigarette affordability; Cigarette price index; Tobacco Control Policy Index	Tobacco control policies as implemented in nine European countries, have probably helped to reduce the prevalence of smoking in the total population, particularly in lower socioeconomic groups.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	19(12), 1441–1449. <a href="https://doi.org/10.1093/ntr/ntw210">https://doi.org/10.1093/ntr/ntw210</a>			countries between 1990 and 2007.			
52.	Hublet, A., Schmid, H., Clays, E., Godeau, E., Gabhainn, S. N., Joossens, L., Maes, L., & HBSC Research Network (2009). Association between tobacco control policies and smoking behaviour among adolescents in 29 European countries. <i>Addiction</i> (Abingdon, England), 104(11), 1918–1926. <a href="https://doi.org/10.1111/j.1360-0443.2009.02686.x">https://doi.org/10.1111/j.1360-0443.2009.02686.x</a>	Belgium, Bulgaria, France, Ireland, Italy, Portugal, Romania	Cross-sectional, 2005–06 Health Behaviour in School-aged Children Study, with country-level variables from the Tobacco Control Scale and published country-level databases in 29 European countries.	To investigate the associations between well-known, cost-effective tobacco control policies at country level and smoking prevalence among 15-year-old adolescents.	Tobacco control policy implementation (Tobacco Control Scale)	Tobacco Control Scale (TCS) scores and self-reported regular smoking	For boys, some of the currently recommended tobacco control policies may help to reduce smoking prevalence. However, the model is less suitable for girls, indicating gender differences in the potential efficacy of smoking policies.
53.	Kabir, Z., Daly, S., Clarke, V., Keogan, S., & Clancy, L. (2013). Smoking ban and small-for-gestational age births in Ireland. <i>PloS one</i> , 8(3), e57441. <a href="https://doi.org/10.1371/journal.pone.0057441">https://doi.org/10.1371/journal.pone.0057441</a>	Ireland	Population-based observational study	To investigate the association between the implementation of a smoking ban in Ireland and the rates of	The study focuses on the nationwide smoking ban implemented in Ireland in 2004, which	Rates of small-for-gestational-age births before and after the smoking ban. Comparison of SGA rates among	The study found a significant decrease in the incidence of small-for-gestational-age births following the implementation of the smoking ban.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
				small-for-gestational-age (SGA) births.	prohibited smoking in enclosed public spaces.	different demographic groups. Analysis of maternal smoking rates during pregnancy.	The results suggest that the ban contributed to a reduction in maternal smoking during pregnancy, leading to improved birth outcomes.
54.	Kahnert, S., Driezen, P., Balmford, J., Kyriakos, C. N., Aleyan, S., Hitchman, S. C., Nogueira, S., Demjén, T., Fernández, E., Katsaounou, P. A., Trofor, A. C., Przewoźniak, K., Zatoński, W. A., Fong, G. T., Vardavas, C. I., Mons, U., & EUREST-PLUS Consortium (2020). Effectiveness of tobacco warning labels before and after implementation of the European Tobacco Products Directive—findings from the longitudinal EUREST-PLUS ITC Europe surveys. <i>European journal of public health</i> , 30(Suppl_3), iii84–iii90. <a href="https://doi.org/10.1093/eurpub/ckaa039">https://doi.org/10.1093/eurpub/ckaa039</a>	Romania	Longitudinal, surveys among adults who smoke in six EU countries of the EUREST-PLUS ITC Surveys (Germany, Greece, Hungary, Poland, Romania, Spain)	To assess if the implementation of the TPD impacted warning label effectiveness in a longitudinal sample of smokers from six EU MS.	European Tobacco Products Directive (Cigarette pictorial health warning labels)	Warning label effectiveness (pre-post)	Increase in salience, but no clear increases for cognitive and behavioural reactions to the new warning labels.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
55.	Kahnert, S., Driezen, P., Balmford, J., Kyriakos, C. N., Demjén, T., Fernández, E., Katsaounou, P. A., Trofor, A. C., Przewoźniak, K., Zatoński, W. A., Fong, G. T., Vardavas, C. I., Mons, U., & EUREST-PLUS Consortium (2020). Impact of the Tobacco Products Directive on self-reported exposure to e-cigarette advertising, promotion and sponsorship in smokers—findings from the EUREST-PLUS ITC Europe Surveys. <i>European journal of public health</i> , 30(Suppl_3), iii55–iii61. <a href="https://doi.org/10.1093/eurpub/ckaa055">https://doi.org/10.1093/eurpub/ckaa055</a>	Romania	Longitudinal, surveys among adults who smoke in six EU countries of the EUREST-PLUS ITC Surveys (Germany, Greece, Hungary, Poland, Romania, Spain)	To investigate changes in exposure to advertising, promotion and sponsorship of e-cigarettes (ECAPS) in a cohort of smokers from six European Union member states after implementation of TPD2.	European Tobacco Products Directive (E-cigarette advertising)	Self-reported exposure to advertising, promotion and sponsorship of e-cigarette (pre-post)	ECAPS exposure tended to decline in some channels regulated by the TPD, particularly on television and radio, while exposure tended to increase in some unregulated channels, such as at points of sale.
56.	Kaleta, D., & Fronczak, A. (2015). Disparities in exposure to tobacco smoke pollution at Romanian worksites. <i>Annals of agricultural and environmental medicine : AAEM</i> , 22(4), 755–761. <a href="https://doi.org/10.5604/12321966.1185789">https://doi.org/10.5604/12321966.1185789</a>	Romania	Cross-sectional study	To assess disparities in exposure to tobacco smoke pollution among workers at various Romanian worksites.	The study evaluates the effectiveness of existing tobacco control policies in the workplace and their impact on employee exposure to	Levels of tobacco smoke pollution measured at different worksites. Comparison of exposure levels across various sectors and	The study found significant disparities in exposure to tobacco smoke pollution across different worksites, with certain sectors experiencing higher levels of exposure. Non-compliance with smoking regulations was noted in many workplaces, leading to increased

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
					secondhand smoke.	workplace environments. Analysis of compliance with tobacco control regulations regarding smoking in workplaces.	secondhand smoke exposure among employees.
57.	Kennedy, R. D., Behm, I., Craig, L., Thompson, M. E., Fong, G. T., Guignard, R., & Beck, F. (2012). Outdoor smoking behaviour and support for outdoor smoking restrictions before and after France's national smoking ban. <i>European journal of public health</i> , 22 Suppl 1(Suppl 1), 29–34. <a href="https://doi.org/10.1093/eurpub/ckr208">https://doi.org/10.1093/eurpub/ckr208</a>	France	Cross-sectional study	The study aimed to examine the outdoor smoking behaviors of French adults and their support for outdoor smoking restrictions before and after the implementation of the national indoor smoking ban in France,	France's national smoking ban, which prohibited smoking in indoor public places, including workplaces, restaurants, and bars.	Measurement of the frequency and location of outdoor smoking after the implementation of the indoor smoking ban. Assessment of the level of support for implementing smoking restrictions in outdoor public spaces, including parks, outdoor	The study found that after the indoor smoking ban, there was a significant shift in smoking behavior, with more people smoking outdoors, particularly in areas such as outdoor terraces of bars and restaurants. There was a high level of public support for further restrictions on outdoor smoking, particularly in spaces like playgrounds and outdoor dining areas. However, support for banning smoking in outdoor bars and cafes was lower.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
				which came into effect in 2008.		dining areas, and beaches.	
58.	Kennedy, R. D., Behm, I., Craig, L., Thompson, M. E., Fong, G. T., Guignard, R., & Beck, F. (2012). Smoking cessation interventions from health care providers before and after the national smoke-free law in France. <i>European journal of public health</i> , 22 Suppl 1(Suppl 1), 23–28. <a href="https://doi.org/10.1093/eurpub/ckr209">https://doi.org/10.1093/eurpub/ckr209</a>	France	Cross-sectional study	The study aimed to evaluate whether the frequency and nature of smoking cessation interventions by healthcare providers in France changed after the implementation of the national indoor smoking ban in 2008	France's national smoke-free law, implemented in 2008, which banned smoking in public indoor places, including workplaces, restaurants, and bars.	Measurement of the frequency of healthcare professionals asking patients about smoking status and advising them to quit smoking. Assessment of healthcare providers' assistance, such as prescribing nicotine replacement therapy (NRT) or referring smokers to cessation services. Evaluated smokers' awareness of healthcare providers'	The study found a significant increase in the frequency of smoking cessation advice provided by healthcare professionals after the national smoking ban in France. Smokers were more likely to be asked about their smoking habits and receive advice on quitting smoking. There was also an increase in the provision of nicotine replacement therapies (NRT) and other cessation aids by healthcare professionals post-ban.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
						interventions before and after the smoking ban.	
59.	Kovess, V., Pilowsky, D. J., Boyd, A., Pez, O., Bitfoi, A., Carta, M., Eke, C., Golitz, D., Kuijpers, R., Lesinskiene, S., Mihova, Z., Otten, R., & Susser, E. (2013). Parental smoking in the vicinity of children and tobacco control policies in the European region. <i>PloS one</i> , 8(2), e56783. <a href="https://doi.org/10.1371/journal.pone.0056783">https://doi.org/10.1371/journal.pone.0056783</a>	Bulgaria, Romania	Cross-sectional study	The study aimed to examine parental smoking behaviors in the presence of children and the extent to which tobacco control policies in European countries are associated with these behaviors.	Tobacco control policies in European countries, particularly focusing on smoking restrictions in public and private spaces, such as homes and cars where children might be exposed to secondhand smoke.	Measurement of how often parents smoked around their children, both indoors (e.g., at home) and in confined spaces (e.g., cars). Comparison of countries with varying levels of tobacco control policies, assessing the impact of stricter policies on reducing exposure to secondhand smoke among children.	Countries with stronger tobacco control policies (e.g., comprehensive smoking bans, restrictions on smoking in private spaces) had lower rates of parental smoking around children. This suggests that stronger policies are effective in reducing children's exposure to secondhand smoke.
60.	Krasovsky K. (2013). Sharp changes in tobacco products affordability	Ukraine	Observational study with	The study aimed to	Tobacco tax policy in	Measured by the ratio of tobacco	The study found a significant reduction in smoking

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	and the dynamics of smoking prevalence in various social and income groups in Ukraine in 2008–2012. Tobacco induced diseases, 11(1), 21. <a href="https://doi.org/10.1186/1617-9625-11-21">https://doi.org/10.1186/1617-9625-11-21</a>		analysis of secondary data	assess the relationship between changes in the affordability of tobacco products and smoking prevalence in different social and income groups in Ukraine from 2008 to 2012.	Ukraine, which led to significant increases in tobacco prices during the 2008–2012 period.	prices to household income, showing how affordable cigarettes were to different population groups. Changes in the rate of smoking among various income and social groups, including age, gender, and economic status, before and after changes in tobacco affordability.	prevalence during this period, particularly among lower-income and younger age groups. This suggests that the increase in tobacco prices had a greater impact on these groups, who were more price-sensitive.
61.	Kuipers, M. A. G., Monshouwer, K., van Laar, M., & Kunst, A. E. (2015). Tobacco Control and Socioeconomic Inequalities in Adolescent Smoking in Europe. American journal of preventive medicine, 49(5), e64–e72.	France, Ireland, Italy, Portugal	Cross-sectional and comparative study	The study aimed to investigate the association between tobacco control policies and	National tobacco control policies across European countries, as measured by the Tobacco	The Tobacco Control Scale (TCS) score, which quantifies the strength of national tobacco control policies in each country.	The results showed that countries with stronger tobacco control policies had smaller socioeconomic inequalities in adolescent smoking. In particular, the gap in smoking rates between adolescents from low and

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	<a href="https://doi.org/10.1016/j.amepre.2015.04.032">https://doi.org/10.1016/j.amepre.2015.04.032</a>			socioeconomic inequalities in adolescent smoking in Europe.	Control Scale (TCS)	The extent of socioeconomic disparities in smoking rates among adolescents, comparing lower and higher socioeconomic status groups	high socioeconomic backgrounds was smaller in countries with more comprehensive tobacco control measures.
62.	Kyriakos, C. N., Driezen, P., Girvalaki, C., Hitchman, S. C., Filippidis, F. T., Gravely, S., Balmford, J., Nikitara, K., Mons, U., Fernández, E., Przewoźniak, K., Trofor, A. C., Demjén, T., Zatoński, W., Tountas, Y., Fong, G. T., Vardavas, C. I., & EUREST-PLUS Consortium (2020). Awareness and correlates of noticing changes to cigarette packaging design after implementation of the European Tobacco Products Directive: findings from the EUREST-PLUS ITC Europe Surveys. <i>European journal of public health</i> , 30(Suppl_3), iii98–iii107. <a href="https://doi.org/10.1093/eurpub/ckaa057">https://doi.org/10.1093/eurpub/ckaa057</a>	Romania	Cross-sectional, survey among adults who smoke in six EU countries of the EUREST-PLUS ITC Surveys (Germany, Greece, Hungary, Poland, Romania, Spain)	To examine whether smokers and recent quitters in six EU MS reported noticing TPD-related changes to packaging, and correlates of noticing these changes.	European Tobacco Products Directive (Packaging changes)	Awareness of TPD-related changes to packaging: health warnings, standardized openings, minimum pack unit size, and removal of TNCO info.	The majority of smokers noticed at least one type of pack change, but this varied across countries and sub-population.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
63.	Laverty, A. A., Millett, C., Hopkinson, N. S., & Filippidis, F. T. (2021). Introduction of standardised packaging and availability of illicit cigarettes: a difference-in-difference analysis of European Union survey data 2015–2018. <i>Thorax</i> , 76(1), 89–91. <a href="https://doi.org/10.1136/thoraxjnl-2020-215708">https://doi.org/10.1136/thoraxjnl-2020-215708</a>	France, Ireland	Difference-in-difference (DID) analysis using survey data	The study aimed to evaluate whether the introduction of standardized packaging for tobacco products in some European Union (EU) countries was associated with changes in the availability of illicit cigarettes.	Standardized tobacco packaging policy	Measured through survey respondents' self-reported exposure to or use of illicit tobacco products (cigarettes not sold legally due to tax evasion or counterfeiting). Comparison between countries that implemented standardized packaging and those that did not during the study period (2015–2018).	The study found no evidence of a significant increase in the availability of illicit cigarettes in countries that introduced standardized packaging compared to those that did not. The results support the argument that standardized packaging does not lead to unintended consequences like increasing the availability of illicit tobacco products, but rather, it can be implemented without disrupting the legal tobacco market.
64.	Lazarevik, V., Spasovski, M., & Donev, D. (2013). Between anti-smoking policies and tobacco farming subsidies--the case of Macedonia. <i>European journal of public health</i> , 23(3), 354–355.	Republic of North Macedonia	policy analysis	The paper aimed to highlight the conflicting objectives between the	These include public health efforts to reduce smoking prevalence, such as	Measurement of the level of government subsidies provided to tobacco farmers	The study highlighted a significant conflict between public health objectives and economic interests. While North Macedonia had implemented several

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	<a href="https://doi.org/10.1093/eurpub/cks178">https://doi.org/10.1093/eurpub/cks178</a>			North Macedonian government's public health policies to reduce smoking and its economic policies that continue to provide substantial subsidies to tobacco farmers.	smoking bans, public awareness campaigns, and taxation on tobacco products, in line with global tobacco control frameworks. Government financial support for tobacco farmers, which incentivizes the production of tobacco despite the health risks associated with smoking.	and the extent of tobacco cultivation in North Macedonia. Evaluation of the consistency between public health policies aimed at reducing smoking and economic policies that support tobacco farming.	tobacco control measures, the continued government subsidies for tobacco farming undermined these efforts by promoting tobacco production. The conflicting policies made it challenging to significantly reduce smoking prevalence. Public health initiatives were weakened by the government's support for tobacco farming, which plays a crucial role in the national economy
65.	Lazuras, L., Zlatev, M., Rodafinos, A., & Eiser, J. R. (2012). Smokers' compliance with smoke-free policies, and non-smokers' assertiveness for smoke-free air in	Bulgaria	Cross-sectional study.	The study aimed to assess smokers' compliance	Workplace smoke-free policies, which are designed to restrict	The degree to which smokers followed workplace smoke-free	The study found that compliance with smoke-free workplace policies was generally low in both Bulgaria and Greece. Smokers often

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	the workplace: a study from the Balkans. <i>International journal of public health</i> , 57(5), 769–775. <a href="https://doi.org/10.1007/s00038-012-0338-0">https://doi.org/10.1007/s00038-012-0338-0</a>			with workplace smoke-free policies and non-smokers' assertiveness in advocating for smoke-free environments in the workplace.	smoking in indoor workplaces to protect non-smokers from secondhand smoke exposure.	regulations, measured through self-reported behaviors. The level of assertiveness demonstrated by non-smokers in demanding smoke-free environments and enforcing compliance with smoke-free policies. Assessment of smokers' and non-smokers' awareness of smoke-free regulations and their attitudes toward these policies in the workplace.	violated smoking bans, particularly in small and medium-sized enterprises where enforcement was weak. Non-smokers showed varying levels of assertiveness in advocating for smoke-free environments. While some were proactive in demanding compliance with smoke-free policies, others were reluctant to confront smokers, often due to fear of social conflict or negative reactions from colleagues.
66.	Leão, T., Kunst, A. E., Schreuders, M., Lindfors, P., Kuipers, M. A., Perelman,	Portugal	Mixed methods study	The study aimed to	Tobacco control policies	The extent to which	The study concluded that weak tobacco control

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	J., & SILNE-R Group (2019). Adolescents' smoking environment under weak tobacco control: A mixed methods study for Portugal. <i>Drug and alcohol dependence</i> , 204, 107566. <a href="https://doi.org/10.1016/j.drugalcdep.2019.107566">https://doi.org/10.1016/j.drugalcdep.2019.107566</a>		combining both quantitative and qualitative approaches	explore the smoking environment of adolescents in Portugal, focusing on how weak tobacco control policies shape adolescents' smoking behaviors and social contexts.	in Portugal, which were relatively weak during the study period	adolescents were exposed to smoking in social settings, including at home, among peers, and in public spaces. Adolescents' and interviewees' perceptions of the strength of tobacco control policies and their enforcement in daily life.	policies in Portugal contribute to a permissive smoking environment for adolescents, making it more difficult to reduce smoking rates in this age group. Stronger tobacco control measures, including better enforcement of existing laws and public health campaigns, are needed to reduce smoking among Portuguese adolescents.
67.	Leão, T., Perelman, J., Clancy, L., Hoffmann, L., Kinnunen, J. M., Mélard, N., Nuyts, P. A. W., Richter, M., Rimpelä, A., Lorant, V., & Kunst, A. E. (2020). Cost of youth tobacco-control policies in seven European countries. <i>European journal of public health</i> , 30(2), 374–379. <a href="https://doi.org/10.1093/eurpub/ckz150">https://doi.org/10.1093/eurpub/ckz150</a>	Belgium, Ireland, Italy, Portugal	Cross-sectional, costs of policy implementation based on quantitative questionnaires with semi-structured interviews in Finland, Ireland, the	To estimate the costs of implementation of school smoking bans, smoking bans in non-educational settings, bans on sales to minors, bans on point-of-sale	School smoking bans, school prevention programmes and non-school bans	Costs related to human resources, transportation, communication, equipment, material and supplies and other costs relevant for the informant	Non-school bans presented the lowest costs, and the implementation of all policies cost up to €36 pp for 1 year.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
			Netherlands, Belgium, Germany, Italy and Portugal, for 2016	advertising and school prevention programmes			
68.	Leão, T., Perelman, J., Clancy, L., Mlinarić, M., Kinnunen, J. M., Nuyts, P. A. W., Mélard, N., Rimpelä, A., Lorant, V., & Kunst, A. E. (2020). Economic Evaluation of Five Tobacco Control Policies Across Seven European Countries. <i>Nicotine &amp; tobacco research : official journal of the Society for Research on Nicotine and Tobacco</i> , 22(7), 1202–1209. <a href="https://doi.org/10.1093/ntr/ntz124">https://doi.org/10.1093/ntr/ntz124</a>	Belgium, Ireland, Italy, Portugal	Cross-sectional, costs of policy implementation based on quantitative questionnaires with semi-structured interviews in Finland, Ireland, the Netherlands, Belgium, Germany, Italy and Portugal, for 2016	To assess the cost-effectiveness of five tobacco control policies (nonschool bans, including bans on sales to minors, bans on smoking in public places, bans on advertising at points-of-sale, school smoke-free bans, and school education programs).	Nonschool bans, including bans on sales to minors, bans on smoking in public places, bans on advertising at points-of-sale, school smoke-free bans, and school education programs	Cost-effectiveness estimates calculated per country and per policy, from the State perspective.	All five policies were highly cost-effective considering the World Health Organization threshold, even when considering the highest costs and most conservative effectiveness estimates.
69.	Levy, D. T., Huang, A. T., Currie, L. M., & Clancy, L. (2014). The benefits from complying with the framework	France, Ireland,	Modeling Study	To evaluate the benefits of complying with	Complying with the Framework Convention on	The study assesses various indicators,	The findings suggest that full compliance with FCTC measures could significantly

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	convention on tobacco control: a SimSmoke analysis of 15 European nations. Health policy and planning, 29(8), 1031–1042. <a href="https://doi.org/10.1093/heapol/czt085">https://doi.org/10.1093/heapol/czt085</a>	Italy, Ukraine		the Framework Convention on Tobacco Control (FCTC) in 15 European nations by estimating the impact on smoking prevalence and related health outcomes.	Tobacco Control (FCTC)	including smoking prevalence, tobacco-related mortality, and economic costs associated with smoking.	reduce smoking prevalence across the studied nations, leading to substantial reductions in tobacco-related deaths and healthcare costs. The analysis indicates that effective implementation of comprehensive tobacco control policies could save thousands of lives and reduce healthcare expenditures substantially.
70.	Levy, D. T., Levy, J., & Mauer-Stender, K. (2019). Potential impact of strong tobacco-control policies in 11 newly independent states. Central European journal of public health, 27(2), 115–126. <a href="https://doi.org/10.21101/cejph.a5506">https://doi.org/10.21101/cejph.a5506</a>	Ukraine	Modeling Study	To assess the potential effects of implementing strong tobacco control policies on smoking prevalence and health outcomes in the selected countries.	The study focuses on a range of tobacco control measures, including increased tobacco taxes, comprehensive advertising bans, smoke-free public places, and	Key indicators include smoking prevalence rates, tobacco-related morbidity and mortality, and economic costs associated with tobacco use.	The analysis indicates that the adoption of robust tobacco control policies could lead to significant reductions in smoking rates and related health outcomes. The potential impact includes thousands of lives saved and decreased healthcare costs, highlighting the importance of comprehensive tobacco control measures in improving public health in these regions.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
					cessation support.		
71.	Levy, D. T., Wijnhoven, T. M. A., Levy, J., Yuan, Z., & Mauer-Stender, K. (2018). Potential health impact of strong tobacco control policies in 11 South Eastern WHO European Region countries. <i>European journal of public health</i> , 28(4), 693–701. <a href="https://doi.org/10.1093/eurpub/cky028">https://doi.org/10.1093/eurpub/cky028</a>	Bulgaria, Montenegro, Republic of Moldova, Republic of North Macedonia	Modeling Study	To estimate the potential reductions in smoking prevalence and improvements in health outcomes resulting from the implementation of comprehensive tobacco control policies.	The study considers a range of tobacco control strategies, including increased tobacco taxation, comprehensive bans on advertising, smoke-free legislation, and enhanced cessation support programs.	Key performance indicators include changes in smoking prevalence, tobacco-related morbidity and mortality rates, and associated healthcare costs	The findings suggest that implementing strong tobacco control policies could lead to significant declines in smoking prevalence and a marked reduction in tobacco-related deaths. The model estimates thousands of lives could be saved, alongside substantial healthcare cost savings, underscoring the effectiveness of comprehensive tobacco control measures in improving public health.
72.	Li, S., Keogan, S., & Clancy, L. (2020). Does smoke-free legislation work for teens too? A logistic regression analysis of smoking prevalence and gender among 16 years old in Ireland, using the 1995–2015 ESPAD	Ireland	Quantitative Study	To investigate whether smoke-free legislation has effectively reduced	The study focuses on smoke-free legislation implemented in Ireland, which	Key performance indicators include smoking prevalence rates among 16-year-olds,	The analysis indicates that smoke-free legislation is associated with a significant decrease in smoking prevalence among teenagers. The study highlights

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	school surveys. <i>BMJ open</i> , 10(8), e032630. <a href="https://doi.org/10.1136/bmjopen-2019-032630">https://doi.org/10.1136/bmjopen-2019-032630</a>			smoking prevalence among 16-year-olds in Ireland and to explore differences in smoking rates by gender over the period from 1995 to 2015.	prohibits smoking in public places, including schools.	disaggregated by gender, and the effect of smoke-free laws on these rates over time.	differences in smoking rates between genders, noting that the legislation appears to have a positive impact on reducing smoking among both male and female adolescents. Overall, the findings support the effectiveness of smoke-free laws in protecting youth from smoking initiation.
73.	Li, S., Levy, D., & Clancy, L. (2018). Tobacco Free Ireland 2025: SimSmoke prediction for the end game. <i>Tobacco prevention &amp; cessation</i> , 4, 23. <a href="https://doi.org/10.18332/tpc/91427">https://doi.org/10.18332/tpc/91427</a>	Ireland	Modeling Study	To predict the outcomes of the "Tobacco Free Ireland 2025" initiative and estimate the impact of comprehensive tobacco control policies on smoking prevalence and related health outcomes by 2025.	The study evaluates the Tobacco Free Ireland initiative, which aims to significantly reduce smoking rates through various strategies, including increased taxation, advertising bans, and	Key performance indicators include projected smoking prevalence rates, reductions in tobacco-related morbidity and mortality, and economic costs associated with tobacco use.	The findings suggest that if the proposed tobacco control policies are fully implemented, Ireland could achieve a substantial reduction in smoking prevalence by 2025, potentially leading to significant health benefits and cost savings. The model predicts that thousands of lives could be saved as a result of these efforts, emphasizing the importance of strong tobacco control measures in achieving a tobacco-free society.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
					smoke-free environments.		
74.	Lightwood, J. M., & Glantz, S. A. (2009). Declines in acute myocardial infarction after smoke-free laws and individual risk attributable to secondhand smoke. <i>Circulation</i> , 120(14), 1373–1379. <a href="https://doi.org/10.1161/CIRCULATIONAHA.109.870691">https://doi.org/10.1161/CIRCULATIONAHA.109.870691</a>	Ireland, France, Italy	population-based analysis	To assess the impact of smoke-free legislation on the incidence of acute myocardial infarction and to estimate the individual risk attributable to secondhand smoke exposure.	The study focuses on smoke-free laws implemented in various jurisdictions, which restrict smoking in public places, including workplaces and restaurants.	Key performance indicators include rates of acute myocardial infarction before and after the implementation of smoke-free laws, as well as estimates of the health risks associated with secondhand smoke exposure	The findings indicate a significant decline in acute myocardial infarction rates following the implementation of smoke-free laws. The study estimates that a considerable proportion of these declines can be attributed to reduced exposure to secondhand smoke, demonstrating the public health benefits of such legislation. Overall, the research underscores the effectiveness of smoke-free laws in improving cardiovascular health and reducing the risks associated with smoking.
75.	López-Nicolás, Á., & Stoklosa, M. (2019). Tax harmonisation and tobacco product prices in the European Union, 2004–2015. <i>Tobacco control</i> , 28(4), 434–439.	Belgium, Bulgaria, France, Ireland, Italy,	Cross-sectional, data on prices and taxes across all	To analyse data on prices and taxes on cigarettes and RYO tobacco in	European Tobacco Taxation Directive	Inflation-adjusted prices and price gaps between cigarettes and	The inflation-adjusted prices for the two products have increased over the period, but the dispersion of prices across MS has remained

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	<a href="https://doi.org/10.1136/tobaccocontrol-2018-054342">https://doi.org/10.1136/tobaccocontrol-2018-054342</a>	Portugal, Romania	EU member states	the EU MS over 2004–2015 to relate them to the underlying tax structure.		roll-your-own (RYO) tobacco	constant. There was a pervasive price gap between cigarettes and RYO tobacco.
76.	Loubeau P. R. (2012). Selected aspects of tobacco control in Bulgaria: policy review. Central European journal of public health, 20(1), 68–74. <a href="https://doi.org/10.21101/cejph.a3663">https://doi.org/10.21101/cejph.a3663</a>	Bulgaria	Policy Review	To evaluate the current state of tobacco control policies in Bulgaria and identify key areas for improvement in order to align with international standards and reduce tobacco use.	The review discusses various tobacco control measures in Bulgaria, including advertising bans, health warnings on packaging, smoke-free public spaces, and taxation on tobacco products.	Key performance indicators include smoking prevalence rates, compliance with tobacco control policies, and the effectiveness of existing regulations in reducing tobacco consumption and exposure to secondhand smoke.	The findings indicate that while Bulgaria has made some progress in implementing tobacco control policies, significant challenges remain. The study highlights areas such as enforcement, public awareness, and the need for stronger measures to effectively reduce smoking rates. It emphasizes the importance of comprehensive and consistent policy implementation to achieve meaningful improvements in public health related to tobacco use.
77.	Loubeau P. R. (2013). The challenges of tobacco control in Romania. Policy review. Central European	Romania	Policy Review	To analyze the current tobacco	The review discusses various	Key performance indicators include smoking	The findings indicate that while Romania has made strides in establishing

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	journal of public health, 21(2), 98–103. <a href="https://doi.org/10.21101/cejph.a3836">https://doi.org/10.21101/cejph.a3836</a>			control policies in Romania, identify barriers to effective implementation , and suggest recommendations for improvement.	tobacco control measures in Romania, including smoke-free legislation, advertising restrictions, health warnings on tobacco products, and taxation policies.	prevalence rates, compliance with existing tobacco control policies, and the impact of these policies on public health outcomes related to tobacco use.	tobacco control policies, significant challenges remain, such as enforcement issues, cultural attitudes toward smoking, and gaps in public awareness. The study emphasizes the need for stronger policy enforcement and increased public health campaigns to reduce smoking rates effectively.
78.	Lugo, A., Ascitutto, R., Pacifici, R., Colombo, P., La Vecchia, C., & Gallus, S. (2015). Smoking in Italy 2013–2014, with a focus on the young. Tumori, 101(5), 529–534. <a href="https://doi.org/10.5301/tj.5000311">https://doi.org/10.5301/tj.5000311</a>	Italy	Epidemiological Study	To investigate the prevalence of smoking among different age groups in Italy, with particular emphasis on young people, and to assess the impact of tobacco control measures	The study evaluates the effectiveness of existing tobacco control policies in Italy, such as public smoking bans, advertising restrictions, and health campaigns aimed at	Key performance indicators include smoking prevalence rates among various age groups, particularly adolescents and young adults, as well as public awareness regarding smoking risks.	The study found that smoking prevalence among young people remained a significant public health concern, despite some positive trends in awareness of smoking risks. It highlighted that while the initiation of smoking among youth is a critical issue, anti-smoking campaigns and policies have had some positive effects on overall smoking rates. The authors

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
				during this period.	reducing tobacco use.		recommend targeted prevention strategies to further decrease smoking rates among younger populations.
79.	Lupsa, I. R., Nunes, B., Ligocka, D., Gurzau, A. E., Jakubowski, M., Casteleyn, L., Aerts, D., Biot, P., Den Hond, E., Castaño, A., Esteban, M., Kolossa-Gehring, M., Fiddicke, U., Knudsen, L. E., Schoeters, G., & Reis, M. F. (2015). Urinary cotinine levels and environmental tobacco smoke in mothers and children of Romania, Portugal and Poland within the European human biomonitoring pilot study. <i>Environmental research</i> , 141, 106–117. <a href="https://doi.org/10.1016/j.envres.2015.03.018">https://doi.org/10.1016/j.envres.2015.03.018</a>	Romania, Portugal	Biomonitoring Study	To assess the levels of urinary cotinine in mothers and their children to evaluate exposure to environmental tobacco smoke and identify potential health risks associated with this exposure.	The study indirectly examines the effectiveness of tobacco control policies in the participating countries, particularly those related to smoking bans in public places and protections for children from secondhand smoke.	Key performance indicators include urinary cotinine concentrations as a measure of ETS exposure, along with demographic data on smoking behaviors among mothers and environmental conditions.	The findings indicate that significant levels of urinary cotinine were present in both mothers and children, suggesting considerable exposure to environmental tobacco smoke. The study highlights disparities in exposure levels across the three countries and emphasizes the need for stronger tobacco control measures to protect vulnerable populations, particularly children, from the harmful effects of secondhand smoke.
80.	Madureira, J., Mendes, A., & Teixeira, J. P. (2014). Evaluation of a smoke-free law on indoor air quality and on workers' health in Portuguese	Portugal	Evaluation Study	To assess the effects of the smoke-free legislation on	The study focuses on Portugal's smoke-free law	Key performance indicators include measurements of	The findings indicate a significant improvement in indoor air quality following the implementation of the

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	<p>restaurants. Journal of occupational and environmental hygiene, 11(4), 201–209.</p> <p><a href="https://doi.org/10.1080/15459624.2013.852279">https://doi.org/10.1080/15459624.2013.852279</a></p>			<p>indoor air quality and the health of restaurant workers before and after the implementation of the law.</p>	<p>that prohibits smoking in indoor public places, including restaurants.</p>	<p>indoor air quality (e.g., levels of particulate matter and carbon monoxide) and health outcomes reported by restaurant workers (e.g., respiratory symptoms, general well-being).</p>	<p>smoke-free law, with reduced levels of harmful pollutants. Additionally, there were reported improvements in the health of restaurant workers, including a decrease in respiratory symptoms and enhanced overall well-being. The study highlights the positive public health impacts of smoke-free legislation on both environmental conditions and occupational health.</p>

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
81.	Madureira, J., Mendes, A., Almeida, S., & Teixeira, J. P. (2012). Positive impact of the Portuguese smoking law on respiratory health of restaurant workers. <i>Journal of toxicology and environmental health. Part A</i> , 75(13-15), 776-787. <a href="https://doi.org/10.1080/15287394.2012.689943">https://doi.org/10.1080/15287394.2012.689943</a>	Portugal	Evaluation Study	To evaluate the effects of the smoke-free legislation in Portugal on the respiratory health of restaurant workers before and after the law's implementation	The study focuses on the smoke-free law enacted in Portugal that prohibits smoking in indoor public places, including restaurants.	Key performance indicators include respiratory health outcomes reported by restaurant workers (e.g., prevalence of respiratory symptoms), air quality measurements, and the rate of hospitalizations due to respiratory issues.	The findings indicate a significant positive impact of the smoke-free law on the respiratory health of restaurant workers. There was a reported decrease in respiratory symptoms and improvements in overall health status after the law was implemented. Additionally, the study suggests that the law has contributed to improved air quality in restaurants, further benefiting workers' health. Overall, the results underscore the effectiveness of smoke-free legislation in protecting occupational health.
82.	Mannocci, A., Antici, D., Boccia, A., & La Torre, G. (2012). Impatto delle avvertenze riportate sui pacchetti di sigarette in funzione della dipendenza dal fumo di tabacco e del desiderio di smettere in un campione di fumatori [Impact of cigarette packages warning labels	Italy	Cross-sectional Study	To evaluate how warning labels on cigarette packages influence levels of tobacco dependence	The study focuses on tobacco packaging regulations that require health warning labels on cigarette	Key performance indicators include levels of self-reported tobacco dependence, motivation to quit smoking, and	The findings indicate that warning labels on cigarette packages have a significant impact on smokers' awareness of health risks, influencing their motivation to quit. Smokers with higher levels of dependence

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	in relation to tobacco-smoking dependence and motivation to quit]. <i>Epidemiologia e prevenzione</i> , 36(2), 100–107.			and the desire to quit smoking among a sample of smokers.	packs as part of public health measures to reduce smoking rates.	smokers' perceptions of the effectiveness of warning labels.	reported mixed responses to the warnings, but overall, the presence of graphic warnings was associated with increased motivation to stop smoking. The study emphasizes the importance of effective warning labels as a strategy for reducing smoking prevalence and supporting cessation efforts.
83.	Mannocci, A., Mipatrini, D., Troiano, G., Milazzo, F., Langiano, E., Ferrara, M., Firenze, A., Provenzano, S., Gualano, M. R., Fiore, M., Boccia, G., Messina, G., De Vito, E., Siliquini, R., Villari, P., & La Torre, G. (2019). The impact of pictorial health warnings on tobacco products in smokers behaviours and knowledge: the first quasi-experimental field trial after the implementation of the tobacco law in Italy. <i>Annali dell'Istituto superiore di sanita</i> , 55(2), 186–194. <a href="https://doi.org/10.4415/ANN_19_02_11">https://doi.org/10.4415/ANN_19_02_11</a>	Italy	Quasi-Experimental study	To evaluate how pictorial health warnings influence smoking behaviors, knowledge about the health risks of smoking, and attitudes towards quitting among smokers in Italy.	The study focuses on the Italian tobacco law that mandates the use of pictorial health warnings on tobacco packaging as part of comprehensive tobacco control efforts.	Key performance indicators include changes in smokers' knowledge regarding health risks, smoking cessation attempts, and behavioral changes related to smoking after the introduction of pictorial warnings.	The findings indicate that the implementation of pictorial health warnings had a positive impact on smokers' knowledge about the health risks associated with smoking. Participants reported increased awareness of smoking-related harms and a greater motivation to quit. The study suggests that pictorial warnings are effective in prompting behavioral changes among smokers and underscores the importance

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
							of strong visual messages in tobacco control strategies.
84.	Martínez-Sánchez, J. M., Gallus, S., Zuccaro, P., Colombo, P., Fernández, E., Manzari, M., & La Vecchia, C. (2012). Exposure to secondhand smoke in Italian non-smokers 5 years after the Italian smoking ban. <i>European journal of public health</i> , 22(5), 707–712. <a href="https://doi.org/10.1093/eurpub/ckr156">https://doi.org/10.1093/eurpub/ckr156</a>	Italy	Cross-sectional Study	To assess the levels of exposure to secondhand smoke among non-smokers in Italy and evaluate the effectiveness of the smoking ban in reducing this exposure.	The study focuses on the Italian smoking ban enacted in 2005, which prohibits smoking in enclosed public spaces, including workplaces and restaurants.	Key performance indicators include levels of secondhand smoke exposure among non-smokers, measured through self-reported data and biological markers, as well as changes in smoking behavior in the general population.	The findings indicate a significant reduction in exposure to secondhand smoke among non-smokers in Italy since the implementation of the smoking ban. Most non-smokers reported minimal exposure, highlighting the effectiveness of the legislation in improving public health. The study emphasizes the positive impact of the smoking ban on reducing the risks associated with secondhand smoke exposure.
85.	McNeill, A., Lewis, S., Quinn, C., Mulcahy, M., Clancy, L., Hastings, G., & Edwards, R. (2011). Evaluation of the removal of point-of-sale tobacco displays in Ireland. <i>Tobacco control</i> , 20(2), 137–143. <a href="https://doi.org/10.1136/tc.2010.038141">https://doi.org/10.1136/tc.2010.038141</a>	Ireland	Evaluation Study	The study focuses on the legislation implemented in Ireland that prohibits the display of tobacco	The study focuses on the legislation implemented in Ireland that prohibits the display of tobacco	Key performance indicators include changes in smoking prevalence, the visibility of tobacco products in retail	The findings indicate that the removal of point-of-sale displays significantly reduced the visibility of tobacco products, contributing to decreased smoking prevalence and improved public attitudes towards

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
				products at points of sale, aimed at reducing tobacco consumption and preventing smoking initiation, particularly among youth.	products at points of sale, aimed at reducing tobacco consumption and preventing smoking initiation, particularly among youth.	environments, and shifts in public attitudes towards smoking and tobacco control.	smoking cessation. The study highlights that the ban was particularly effective in reducing impulse purchases among young people and supports the idea that reducing tobacco product visibility can be an effective strategy in tobacco control.
86.	Minardi, V., Gorini, G., Carreras, G., Masocco, M., Ferrante, G., Possenti, V., Quarchioni, E., Spizzichino, L., Galeone, D., Vasselli, S., & Salmaso, S. (2014). Compliance with the smoking ban in Italy 8 years after its application. <i>International journal of public health</i> , 59(3), 549–554. <a href="https://doi.org/10.1007/s00038-014-0543-0">https://doi.org/10.1007/s00038-014-0543-0</a>	Italy	Cross-sectional Study	To evaluate the level of compliance with the smoking ban in public places in Italy and to identify factors associated with compliance or non-compliance.	The study focuses on the national smoking ban that prohibits smoking in enclosed public spaces, enacted in Italy in 2005.	Key performance indicators include the rates of compliance with the smoking ban in various types of establishments (e.g., restaurants, bars, workplaces) and the public's perception of the ban's enforcement.	The findings indicate that compliance with the smoking ban remained relatively high across different public spaces, although some establishments exhibited lower compliance rates. Factors influencing compliance included the type of venue and the enforcement of the law. The study highlights the importance of ongoing enforcement efforts and public awareness campaigns to maintain high compliance

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
							levels and promote the success of tobacco control measures.
87.	Minov, J., Karadžinska-Bislimovska, J., Vasilevska, K., Nelovska, Z., Risteska-Kuc, S., Stoleski, S., & Mijakoski, D. (2012). Smoking among Macedonian workers five years after the anti-smoking campaign. <i>Arhiv za higijenu rada i toksikologiju</i> , 63(2), 207–213. <a href="https://doi.org/10.2478/10004-1254-63-2012-2150">https://doi.org/10.2478/10004-1254-63-2012-2150</a>	Republic of North Macedonia	Cross-sectional Study	To evaluate the effectiveness of the anti-smoking campaign in reducing smoking rates among workers in Macedonia and to understand ongoing smoking behaviors and attitudes.	The study focuses on the anti-smoking campaign implemented in Macedonia, which included public health initiatives aimed at reducing smoking prevalence and promoting cessation.	Key performance indicators include smoking prevalence rates among workers, changes in attitudes towards smoking, and self-reported attempts to quit smoking.	The findings indicate that despite the anti-smoking campaign, smoking rates among workers remained high. While some awareness of the health risks associated with smoking increased, many workers continued to smoke, and attempts to quit were not significantly successful. The study suggests the need for more robust and sustained tobacco control measures, including stronger enforcement of smoking bans and additional support for cessation programs.
88.	Mir, H., Roberts, B., Richardson, E., Chow, C., & McKee, M. (2013). Analysing compliance of cigarette packaging with the FCTC and national legislation in eight former Soviet countries. <i>Tobacco control</i> ,	Republic of Moldova, Ukraine	Compliance Analysis	To evaluate the extent to which cigarette packaging in these countries adheres to	The study examines the FCTC requirements for tobacco packaging,	Key performance indicators include the presence and visibility of health warnings,	The findings reveal significant non-compliance with both FCTC guidelines and national regulations across the examined countries. Many cigarette packages failed to

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	22(4), 231–234. <a href="https://doi.org/10.1136/tobaccocontrol-2012-050567">https://doi.org/10.1136/tobaccocontrol-2012-050567</a>			FCTC guidelines and local tobacco control laws, focusing on health warnings and branding restrictions.	including mandatory health warnings, limitations on branding, and other labeling requirements stipulated by national legislation.	compliance with size and format requirements for warnings, and adherence to restrictions on misleading packaging.	display health warnings adequately or were misleading in their branding. The study highlights the need for stronger enforcement of tobacco packaging regulations and suggests that improving compliance could enhance public health outcomes related to smoking.
89.	Mlinarić, M., Hoffmann, L., Lindfors, P., Richter, M., & SILNE-R study group (2020). Enhancing implementation of smoke-free places: A comparative qualitative study across seven European cities. <i>Social science &amp; medicine</i> (1982), 247, 112805. Advance online publication. <a href="https://doi.org/10.1016/j.socscimed.2020.112805">https://doi.org/10.1016/j.socscimed.2020.112805</a>	Belgium, Ireland, Italy, Portugal	Semi-structured interviews with local decision makers	To identify and classify the smoke-free policy implementation processes and types undertaken at the local level in seven European cities according to the views of local bureaucrats and sub-national stakeholders.	Smoke-free policies	Smoke-free implementation processes and types	In all municipalities SF environments are adopted at national levels, but are differently implemented at the local level due national policy environments, enforcement strategies and the level of collaboration.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
90.	Mons, U., Nagelhout, G. E., Allwright, S., Guignard, R., van den Putte, B., Willemsen, M. C., Fong, G. T., Brenner, H., Pötschke-Langer, M., & Breitling, L. P. (2013). Impact of national smoke-free legislation on home smoking bans: findings from the International Tobacco Control Policy Evaluation Project Europe Surveys. <i>Tobacco control</i> , 22(e1), e2–e9. <a href="https://doi.org/10.1136/tobaccocontrol-2011-050131">https://doi.org/10.1136/tobaccocontrol-2011-050131</a>	France, Ireland	ITC Project Europe Surveys, pre-post legislation	To measure changes in prevalence and predictors of home smoking bans (HSBs) among smokers in four European countries after the implementation of national smoke-free legislation.	National smoke-free legislation	Compare patterns of change after implementation of smoke-free legislation to a control country without such legislation	The findings suggest that smoke-free legislation does not lead to more smoking in smokers' homes. On the contrary, our findings demonstrate that smoke-free legislation may stimulate smokers to establish total smoking bans in their homes.
91.	Mugosa, A., Cizmovic, M., Lakovic, T., & Popovic, M. (2020). Accelerating progress on effective tobacco tax policies in Montenegro. <i>Tobacco control</i> , 29(Suppl 5), s293–s299. <a href="https://doi.org/10.1136/tobaccocontrol-2019-055197">https://doi.org/10.1136/tobaccocontrol-2019-055197</a>	Montenegro	Policy Analysis	To evaluate the current state of tobacco taxation in Montenegro and to identify ways to strengthen tax policies as a means to reduce tobacco consumption	The study focuses on Montenegro's tobacco tax regulations, including excise taxes on tobacco products and their alignment with international best practices	Key performance indicators include tobacco consumption rates, revenue generated from tobacco taxes, and the impact of tax increases on smoking prevalence and public health outcomes.	The findings indicate that while tobacco tax policies in Montenegro have been implemented, there is significant room for improvement. The current tax levels are insufficient to effectively reduce tobacco consumption. The study suggests that increasing tobacco taxes could lead to lower smoking rates, especially among youth and

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
				and improve public health.	and the Framework Convention on Tobacco Control (FCTC).		low-income populations. Recommendations include regular adjustments of tax rates in line with inflation and public health objectives to enhance the effectiveness of tobacco control efforts.
92.	Muilenburg, J. L., Legge, J. S., Jr, & Burdell, A. (2010). Indoor smoking bans in Bulgaria, Croatia, Northern Cyprus, Romania and Turkey. <i>Tobacco control</i> , 19(5), 417–420. <a href="https://doi.org/10.1136/tc.2009.029769">https://doi.org/10.1136/tc.2009.029769</a>	Bulgaria, Romania	Comparative Policy Analysis	To assess the implementation and effectiveness of indoor smoking bans across these countries and to compare their public health outcomes related to tobacco control.	The study focuses on national and regional smoking bans in indoor public places, including restaurants, bars, and workplaces, as part of tobacco control efforts.	Key performance indicators include compliance rates with the smoking bans, changes in smoking prevalence, public attitudes towards smoking, and health outcomes related to exposure to secondhand smoke.	The findings indicate variability in the enforcement and public acceptance of indoor smoking bans among the countries studied. While some countries demonstrated high compliance and positive public health outcomes, others faced challenges such as low enforcement and cultural acceptance of smoking. The study emphasizes the importance of comprehensive tobacco control policies, effective enforcement, and public education to enhance the success of smoking bans and

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
							reduce smoking-related health issues.
93.	Mullally, B. J., Greiner, B. A., Allwright, S., Paul, G., & Perry, I. J. (2009). The effect of the Irish smoke-free workplace legislation on smoking among bar workers. <i>European journal of public health, 19(2)</i> , 206–211. <a href="https://doi.org/10.1093/eurpub/ckp008">https://doi.org/10.1093/eurpub/ckp008</a>	Ireland	Evaluation Study	To assess how the implementation of smoke-free legislation in Ireland affected smoking prevalence and behaviors among bar workers.	The study focuses on the smoke-free workplace legislation enacted in Ireland in 2004, which prohibits smoking in all enclosed workplaces, including bars and restaurants.	Key performance indicators include changes in smoking prevalence among bar workers, self-reported smoking behaviors, and health outcomes related to secondhand smoke exposure.	The findings indicate a significant reduction in smoking rates among bar workers following the implementation of the smoke-free legislation. Many workers reported decreased exposure to secondhand smoke and improved health conditions. The study concludes that the legislation not only contributed to a healthier work environment but also positively influenced smoking cessation efforts among bar employees.
94.	Nagelhout, G. E., de Vries, H., Boudreau, C., Allwright, S., McNeill, A., van den Putte, B., Fong, G. T., & Willemsen, M. C. (2012). Comparative impact of smoke-free legislation on smoking cessation in three European countries. <i>European journal of public health, 22 Suppl 1(Suppl 1)</i> , 4–9.	Ireland	Comparative Study	To evaluate how smoke-free laws influence smoking cessation rates and behaviors in different national	The study focuses on smoke-free legislation implemented in the selected countries, analyzing how these laws	Key performance indicators include smoking cessation rates, self-reported quitting attempts, and changes in smoking	The findings indicate that smoke-free legislation positively impacted smoking cessation efforts in all three countries studied. Countries with more comprehensive and enforced smoke-free laws saw higher cessation rates and greater public

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	<a href="https://doi.org/10.1093/eurpub/ckr203">https://doi.org/10.1093/eurpub/ckr203</a>			contexts within Europe.	regulate smoking in public places and their intended effects on public health.	prevalence before and after the implementation of smoke-free laws.	support for the laws. The study suggests that effective smoke-free policies can significantly contribute to reducing smoking prevalence and improving public health outcomes.
95.	Nagelhout, G. E., Mons, U., Allwright, S., Guignard, R., Beck, F., Fong, G. T., de Vries, H., & Willemsen, M. C. (2011). Prevalence and predictors of smoking in "smoke-free" bars. Findings from the International Tobacco Control (ITC) Europe Surveys. <i>Social science &amp; medicine</i> (1982), 72(10), 1643–1651. <a href="https://doi.org/10.1016/j.socscimed.2011.03.018">https://doi.org/10.1016/j.socscimed.2011.03.018</a>	France	Cross-sectional Study	To assess the prevalence of smoking in smoke-free bars across different European countries and to explore the factors that influence smoking behavior in these environments.	The study focuses on smoke-free legislation intended to prohibit smoking in bars and public places as part of broader tobacco control efforts.	Key performance indicators include the percentage of patrons who smoke in smoke-free bars, compliance with smoke-free regulations, and demographic factors influencing smoking behavior.	The findings indicate that, despite smoke-free regulations, a notable percentage of patrons continued to smoke in designated smoke-free bars. Factors such as bar type, location, and the presence of enforcement measures were significant predictors of smoking behavior. The study emphasizes the need for better enforcement of smoke-free policies and public awareness to ensure compliance and protect non-smokers from secondhand smoke exposure.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
96.	Nagelhout, G. E., Willemsen, M. C., de Vries, H., Mons, U., Hitchman, S. C., Kunst, A. E., Guignard, R., Siahpush, M., Yong, H. H., van den Putte, B., Fong, G. T., & Thrasher, J. F. (2016). Educational differences in the impact of pictorial cigarette warning labels on smokers: findings from the International Tobacco Control (ITC) Europe surveys. <i>Tobacco control</i> , 25(3), 325–332. <a href="https://doi.org/10.1136/tobaccocontrol-2014-051971">https://doi.org/10.1136/tobaccocontrol-2014-051971</a>	France	ITC Europe Surveys; two waves	To examine (1) the impact of pictorial cigarette warning labels on changes in self-reported warning label responses: warning salience, cognitive responses, forgoing cigarettes and avoiding warnings, and (2) whether these changes differed by smokers' educational level.	Pictorial warning labels	Comparison between France and UK where pictorial warning labels were implemented between the two survey waves with Germany and the Netherlands where text warning labels did not change	The warning labels implemented in France in 2010 and in the UK in 2008 with pictures on one side of the cigarette package did not succeed in increasing warning salience, but did increase avoidance. The labels did not increase educational inequalities among continuing smokers.
97.	Nikitara, K., Girvalaki, C., Kyriakos, C. N., Driezen, P., Filippidis, F. T., Kahnert, S., Hitchman, S. C., Mons, U., Fernández, E., Trofor, A. C., Przewoźniak, K., Demjén, T.,	Romania	Longitudinal, surveys among adults who smoke in six EU countries of the	To evaluate changes in e-cigarette use, design attributes of	European Tobacco Products Directive (Electronic	Awareness of e-cigarette leaflets and warning labels	Although reported noticing and reading leaflets included in the packaging of e-cigarettes increased significantly from before to

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	Katsaounou, P. A., Zatoński, W., Fong, G. T., Vardavas, C. I., & EUREST-PLUS Consortium (2020). Changes in electronic cigarette use and label awareness among smokers before and after the European Tobacco Products Directive implementation in six European countries: findings from the EUREST-PLUS ITC Europe Surveys. <i>European journal of public health</i> , 30(Suppl_3), iii62–iii67. <a href="https://doi.org/10.1093/eurpub/ckaa081">https://doi.org/10.1093/eurpub/ckaa081</a>		EUREST-PLUS ITC Surveys (Germany, Greece, Hungary, Poland, Romania, Spain)	the products used and awareness of e-cigarette labelling and packaging among smokers from six EU MS before and after TPD implementation	cigarette regulations)		after the TPD, there was no significant change in reported noticing and reading of warning labels
98.	Nogueira, S. O., Fernández, E., Driezen, P., Fu, M., Tigova, O., Castellano, Y., Mons, U., Herbec, A., Kyriakos, C. N., Demjén, T., Trofor, A. C., Przewoźniak, K., Katsaounou, P. A., Vardavas, C. I., Fong, G. T., & EUREST-PLUS Consortium (2022). Secondhand Smoke Exposure in European Countries With Different Smoke-Free Legislation: Findings From the EUREST-PLUS ITC Europe Surveys. <i>Nicotine &amp; tobacco research : official journal of the Society for Research on Nicotine</i>	Romania	Longitudinal, surveys among adults who smoke in six EU countries of the EUREST-PLUS ITC Surveys (Germany, Greece, Hungary, Poland, Romania, Spain)	To assess changes in the prevalence of self-reported secondhand smoke (SHS) exposure and smoking behavior in public places among smokers in six European countries and the influence of the country's	Smoke-free legislation	Interaction between type of smoking ban (partial or total ban) and (1) self-reported SHS exposure and (2) self-reported smoking in several public places	A significant decrease in self-reported SHS exposure was observed in workplaces, from 19.1% in 2016 to 14.0% in 2018 (-5.1%; 95% CI: -8.0%; -2.2%). SHS exposure in public places was significantly less likely (adjusted odds ratio = 0.35; 95% CI: 0.26–0.47) in the countries with total bans as compared to those countries with partial bans.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	and Tobacco, 24(1), 85–92. <a href="https://doi.org/10.1093/ntr/ntab157">https://doi.org/10.1093/ntr/ntab157</a>			type of smoking ban (partial or total ban) on such exposure and smoking behavior.			
99.	Nuyts, P. A. W., Hewer, R. M. F., Kuipers, M. A. G., Lorant, V., Grard, A., SILNE-R Consortium, Hill, S., & Amos, A. (2020). Youth Access to Cigarettes Across Seven European Countries: A Mixed-Methods Study. <i>Nicotine &amp; tobacco research : official journal of the Society for Research on Nicotine and Tobacco</i> , 22(11), 1989–1996. <a href="https://doi.org/10.1093/ntr/ntz180">https://doi.org/10.1093/ntr/ntz180</a>	Belgium, Italy, Portugal	Mixed-Methods Study	To explore how young people access cigarettes, the effectiveness of existing regulations, and the contextual factors influencing youth smoking behavior in different countries.	The study focuses on youth access laws regarding the sale of tobacco products, including age restrictions and enforcement practices across the selected European countries.	Key performance indicators include the reported ease of access to cigarettes among youth, compliance rates of retailers with age restrictions, and qualitative insights into the experiences of young smokers and non-smokers.	The findings reveal significant variations in youth access to cigarettes among the countries studied. Many young people reported being able to purchase cigarettes despite age restrictions, highlighting gaps in enforcement and compliance among retailers. The study underscores the need for stronger enforcement of youth access laws and targeted interventions to reduce smoking initiation among young people.
100.	Olivieri, M., Murgia, N., Carsin, A. E., Heinrich, J., Benke, G., Bono, R., Corsico, A. G., Demoly, P., Forsberg,	Belgium, France, Italy	Longitudinal, European Community	To investigate whether smoking bans	Smoking bans (partial or global)	National smoking bans classified as partial	Smoking bans both in public and private workplaces were

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	B., Gislason, T., Janson, C., Jögi, R., Leynaert, B., Martínez-Moratalla Rovira, J., Norbäck, D., Nowak, D., Pascual, S., Pin, I., Probst-Hensch, N., Raheison, C., ... Verlato, G. (2019). Effects of smoking bans on passive smoking exposure at work and at home. The European Community respiratory health survey. <i>Indoor air</i> , 29(4), 670–679. <a href="https://doi.org/10.1111/ina.12556">https://doi.org/10.1111/ina.12556</a>		Respiratory Health Survey in 1990–1995, with follow-up interviews in 1998–2003 and 2010–2014.	influence passive smoking at work and/or at home.		(restricted to public workplaces) or global (extended to private workplaces) and passive smoking at home	effective in reducing passive smoking at work in Europe.
101.	Ollila, H., Tarasenko, Y., Ciobanu, A., Lebedeva, E., & Raitasalo, K. (2023). Exclusive and dual use of electronic cigarettes among European youth in 32 countries with different regulatory landscapes. <i>Tobacco control</i> , tc-2022-057749. Advance online publication. <a href="https://doi.org/10.1136/tc-2022-057749">https://doi.org/10.1136/tc-2022-057749</a>	Bulgaria, France, Ireland, Italy, Montenegro, Republic of North Macedonia, Portugal, Romania, Ukraine	Cross-sectional, 2019 survey among students aged 15–16 from 32 countries and WHO assessment of e-cigarette regulations	To examine e-cigarette use with e-cigarette regulations	Country-level e-cigarette regulations on use in public places, domestic advertising, taxation, and flavours	Association between e-cigarette regulations (composite score) and youth e-cigarette use	More comprehensive national e-cigarette regulations were associated with lower risk of current exclusive e-cigarette use and dual use among youth.
102.	Pacheco, S. A., Aguiar, F., Ruivo, P., Proença, M. C., Sekera, M., Penque, D., & Simões, T. (2012). Occupational exposure to environmental tobacco smoke: a	Portugal	Cross-sectional Study	To assess the levels of exposure to environmental tobacco smoke	The study focuses on the smoke-free legislation in Portugal, which	Key performance indicators include measured levels of cotinine (a	The findings indicate that, despite the smoke-free legislation, many restaurant workers experienced significant exposure to

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	study in Lisbon restaurants. Journal of toxicology and environmental health. Part A, 75(13-15), 857-866. <a href="https://doi.org/10.1080/15287394.2012.690690">https://doi.org/10.1080/15287394.2012.690690</a>			among restaurant workers and to evaluate the effectiveness of existing smoking bans in protecting their health.	aims to protect workers in public spaces, including restaurants, from secondhand smoke exposure.	biomarker of tobacco exposure) in the saliva of restaurant workers, compliance with smoke-free regulations, and the prevalence of smoking among patrons.	environmental tobacco smoke, as evidenced by elevated cotinine levels. The study highlights deficiencies in compliance with smoking bans and suggests that enforcement efforts need to be strengthened to protect workers from the health risks associated with secondhand smoke.
103.	Papanastasiou, N., Hill, S., & Amos, A. (2019). Evidence From Qualitative Studies of Youth About the Impacts of Tobacco Control Policy on Young People in Europe: A Systematic Review. <i>Nicotine &amp; tobacco research : official journal of the Society for Research on Nicotine and Tobacco</i> , 21(7), 863-870. <a href="https://doi.org/10.1093/ntr/nty007">https://doi.org/10.1093/ntr/nty007</a>	Belgium, Ireland	Systematic review, academic literature presenting qualitative research from Europe on smoking and young people (11-18 years), published from 2000 to 2015.	To review existing qualitative evidence on young people and smoking in Europe to assess whether, in what ways and why young people comply with, adapt to, resist, or circumvent tobacco	Tobacco control policies (smoke-free legislation, age of sales laws, plain packaging, black market tobacco)	Impact of tobacco control policies on young people's smoking.	There is little qualitative evidence exploring the impact of tobacco control policies on young people in Europe.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
				control policies in their respective countries.			
104.	Paradela, C., Pérez-Ríos, M., Ruano-Ravina, A., & Barros-Dios, J. M. (2013). Exposure to environmental tobacco smoke in Chaves after the implementation of the law 37/2007. A cross-sectional study in two healthcare settings. <i>Revista portuguesa de pneumologia</i> , 19(4), 168–174. <a href="https://doi.org/10.1016/j.rppneu.2013.02.003">https://doi.org/10.1016/j.rppneu.2013.02.003</a>	Portugal	Cross-sectional Study	To evaluate the levels of exposure to environmental tobacco smoke in healthcare settings following the implementation of Law 37/2007, which prohibits smoking in enclosed public spaces.	The study focuses on Law 37/2007, aimed at reducing secondhand smoke exposure in public areas, including healthcare facilities.	Key performance indicators include measured levels of cotinine (a marker for tobacco exposure) in individuals within healthcare settings, compliance rates with the smoking ban, and the prevalence of smoking among staff and visitors.	The findings indicate that, while there was a reduction in exposure to environmental tobacco smoke after the legislation, significant levels of cotinine were still detected among healthcare workers and patients. The study suggests that further efforts are needed to ensure compliance with smoking bans and to protect vulnerable populations from secondhand smoke exposure.
105.	Pellegrini, M., Rotolo, M. C., La Grutta, S., Cibella, F., Garcia-Algar, O., Bacosi, A., Cuttitta, G., Pacifici, R., & Pichini, S. (2010). Assessment of exposure to environmental tobacco smoke in young adolescents	Italy	Cross-sectional Study	To evaluate the levels of environmental tobacco smoke exposure in young	The study focuses on Italy's smoke-free policies that prohibit smoking in	Key performance indicators include cotinine levels in adolescents (a biomarker of	The findings indicate that despite the implementation of smoke-free policies, a portion of young adolescents still experienced significant exposure to environmental

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	following implementation of smoke-free policy in Italy. Forensic science international, 196(1-3), 97-100. <a href="https://doi.org/10.1016/j.forsciint.2009.12.041">https://doi.org/10.1016/j.forsciint.2009.12.041</a>			adolescents following the enforcement of smoke-free legislation in Italy.	enclosed public spaces, including schools and youth centers, aimed at protecting children and adolescents from secondhand smoke.	tobacco exposure), self-reported exposure to secondhand smoke, and compliance rates with smoke-free regulations.	tobacco smoke, as reflected in measurable cotinine levels. The study suggests that there is a need for continued efforts to enhance compliance with smoke-free laws and to educate the public about the dangers of secondhand smoke to further protect young populations.
106.	Peng, L., & Ross, H. (2009). The impact of cigarette taxes and advertising on the demand for cigarettes in Ukraine. Central European journal of public health, 17(2), 93-98. <a href="https://doi.org/10.21101/cejph.a3518">https://doi.org/10.21101/cejph.a3518</a>	Ukraine	Econometric Analysis	To assess how changes in cigarette taxation and advertising influence cigarette consumption in Ukraine, providing insights for tobacco control policies.	The study focuses on cigarette tax policies and regulations governing tobacco advertising in Ukraine as part of broader efforts to reduce smoking prevalence.	Key performance indicators include cigarette consumption levels, changes in tax rates, advertising expenditures, and the price elasticity of demand for cigarettes.	The findings indicate that higher cigarette taxes significantly reduce cigarette demand, while increased advertising tends to have the opposite effect, leading to higher consumption. The study highlights the importance of implementing effective tax policies and restricting advertising to reduce smoking rates and improve public health in Ukraine.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
107.	Pförtner, T. K., Hublet, A., Schnohr, C. W., Rathmann, K., Moor, I., de Looze, M., Baška, T., Molcho, M., Kannas, L., Kunst, A. E., & Richter, M. (2016). Socioeconomic inequalities in the impact of tobacco control policies on adolescent smoking. A multilevel study in 29 European countries. <i>Addictive behaviors</i> , 53, 58–66. <a href="https://doi.org/10.1016/j.addbeh.2015.09.016">https://doi.org/10.1016/j.addbeh.2015.09.016</a>	Belgium, Bulgaria, France, Ireland, Italy, Portugal, Romania	multilevel analytical approach	To investigate how socioeconomic inequalities influence the effectiveness of tobacco control policies on smoking behaviors among adolescents in 29 European countries.	The study focuses on various tobacco control policies, such as smoking bans, advertising restrictions, and tobacco taxation, assessing their implementation and effectiveness across different countries.	Key performance indicators include rates of adolescent smoking, compliance with tobacco control policies, and socioeconomic status (SES) measures among adolescents.	The findings reveal significant socioeconomic inequalities in the impact of tobacco control policies on adolescent smoking. Policies were more effective in reducing smoking rates among higher socioeconomic groups, while lower SES adolescents continued to smoke at higher rates despite similar policy implementations. The study suggests that tailored interventions are needed to address these inequalities and enhance the effectiveness of tobacco control measures for all socioeconomic groups.
108.	Pieroni, L., Chiavarini, M., Minelli, L., & Salmasi, L. (2013). The role of anti-smoking legislation on cigarette and alcohol consumption habits in Italy. <i>Health policy (Amsterdam, Netherlands)</i> , 111(2), 116–126. <a href="https://doi.org/10.1016/j.healthpol.2013.04.001">https://doi.org/10.1016/j.healthpol.2013.04.001</a>	Italy	Observational Study	To assess the impact of anti-smoking legislation on the consumption patterns of cigarettes and	The study focuses on various anti-smoking laws implemented in Italy, including smoking bans in public places	Key performance indicators include changes in cigarette and alcohol consumption rates, compliance with	The findings suggest that the implementation of anti-smoking legislation led to a significant reduction in cigarette consumption. While the impact on alcohol consumption was less clear, some evidence indicated a

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
				alcohol among the Italian population.	and advertising restrictions.	smoking laws, and public attitudes towards smoking and drinking.	potential shift in drinking habits in response to changes in smoking behavior. The study emphasizes the importance of comprehensive tobacco control policies in influencing public health outcomes and suggests that similar approaches could be beneficial for alcohol consumption as well.
109.	Pieroni, L., Muzi, G., Quercia, A., Lanari, D., Rundo, C., Minelli, L., Salmasi, L., & dell'Omo, M. (2015). Estimating the Smoking Ban Effects on Smoking Prevalence, Quitting and Cigarette Consumption in a Population Study of Apprentices in Italy. <i>International journal of environmental research and public health</i> , 12(8), 9523–9535. <a href="https://doi.org/10.3390/ijerph120809523">https://doi.org/10.3390/ijerph120809523</a>	Italy	Population-Based Study	To estimate the impact of smoking bans on smoking behaviors, including prevalence, quitting rates, and overall cigarette consumption in a specific population of apprentices.	The study focuses on Italy's smoking bans in public places, assessing how these regulations affect smoking behavior among young adults in training or apprenticeship programs.	Key performance indicators include changes in smoking prevalence among apprentices, rates of smoking cessation, and average cigarette consumption per smoker before and after the implementation of smoking bans.	The findings indicate that the smoking ban significantly reduced smoking prevalence and encouraged quitting among apprentices. Additionally, there was a notable decrease in the average number of cigarettes consumed per smoker. The study highlights the effectiveness of smoking bans as a public health strategy to reduce tobacco use among young populations.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
110.	Pizzi, E., Di Pucchio, A., Mastrobattista, L., Solimini, R., Pacifici, R., & Pichini, S. (2009). A helpline telephone service for tobacco related issues: the Italian experience. <i>International journal of environmental research and public health</i> , 6(3), 900–914. <a href="https://doi.org/10.3390/ijerph6030900">https://doi.org/10.3390/ijerph6030900</a>	Italy	Descriptive Study	To evaluate the effectiveness and impact of a helpline telephone service designed to assist individuals with tobacco-related inquiries, including smoking cessation support.	The study focuses on tobacco control policies that promote smoking cessation resources, including the establishment of helplines as part of broader public health initiatives.	Key performance indicators include the number of calls received, the nature of inquiries (e.g., quitting strategies, health information), and follow-up outcomes regarding smoking cessation.	The findings indicate that the helpline effectively provided valuable support and information to callers, with a significant number reporting positive changes in their smoking behavior as a result of the assistance received. The study underscores the importance of accessible support services in enhancing smoking cessation efforts and improving public health outcomes.
111.	Precioso, J., Samorinha, C., Oliveira, V. H., López, M. J., Continente, X., & Fernandez, E. (2021). Assessment of compliance with the smoking ban in children's playgrounds in Portugal: a case study. <i>Pulmonology</i> , 27(4), 373–375. <a href="https://doi.org/10.1016/j.pulmoe.2020.12.009">https://doi.org/10.1016/j.pulmoe.2020.12.009</a>	Portugal	Case Study	To evaluate the level of compliance with existing smoking bans in designated children's playgrounds and the implications for public health.	The study focuses on Portugal's smoking ban laws that prohibit smoking in specific areas, including children's playgrounds, as part of efforts	Key performance indicators include the observed frequency of smoking violations in playgrounds, the number of smokers present, and public	The findings indicate significant non-compliance with the smoking ban in children's playgrounds, with a notable number of observed violations. The study highlights the need for enhanced enforcement of smoking regulations and public awareness campaigns to improve compliance and

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
					to protect children from secondhand smoke.	awareness of the smoking ban.	protect children from the harms of secondhand smoke.
112.	Quinn, C., Lewis, S., Edwards, R., & McNeill, A. (2011). Economic evaluation of the removal of tobacco promotional displays in Ireland. <i>Tobacco control</i> , 20(2), 151–155. <a href="https://doi.org/10.1136/tc.2010.039602">https://doi.org/10.1136/tc.2010.039602</a>	Ireland	Economic Evaluation	To evaluate the economic impact of banning tobacco displays at points of sale and its potential effects on smoking behavior and public health.	The study focuses on Ireland's legislation that prohibits the display of tobacco products in retail environments, as part of comprehensive tobacco control efforts.	Key performance indicators include changes in smoking prevalence, sales data of tobacco products, and healthcare costs associated with smoking-related illnesses.	The findings indicate that the removal of tobacco displays is associated with a decrease in smoking prevalence, particularly among youth. The economic evaluation suggests that the long-term health benefits and reduced healthcare costs outweigh the implementation costs of the policy, supporting the effectiveness of display bans as a tobacco control strategy.
113.	Ravara, S. B., Castelo-Branco, M., Aguiar, P., & Calheiros, J. M. (2013). Compliance and enforcement of a partial smoking ban in Lisbon taxis: an exploratory cross-sectional study. <i>BMC public health</i> , 13, 134. <a href="https://doi.org/10.1186/1471-2458-13-134">https://doi.org/10.1186/1471-2458-13-134</a>	Portugal	Cross-Sectional Study	To assess the level of compliance with the smoking ban in taxis and to explore factors influencing enforcement	The study focuses on Lisbon's partial smoking ban that prohibits smoking in public transport, including taxis,	Key performance indicators include observed compliance rates (e.g., number of taxis with smokers inside), enforcement actions taken,	The findings reveal that compliance with the smoking ban in taxis is variable, with instances of non-compliance observed. Factors such as driver attitudes and passenger behaviors significantly influence adherence to the ban. The

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
				and adherence to the policy.	as part of broader tobacco control measures.	and driver and passenger awareness of the smoking ban.	study highlights the need for better enforcement strategies and increased awareness campaigns to improve compliance in the taxi industry.
114.	Ravara, S. B., Miranda, N., Calheiros, J. M., Berteletti, F., & Joossens, L. (2014). Tobacco control progress in Portugal: The need for advocacy and civil society leadership. <i>Revista portuguesa de pneumologia</i> , 20(6), 289–292. <a href="https://doi.org/10.1016/j.rppneu.2014.09.003">https://doi.org/10.1016/j.rppneu.2014.09.003</a>	Portugal	Review	To assess the advancements in tobacco control policies in Portugal and to emphasize the need for continued advocacy and leadership from civil society to further enhance these efforts.	The article discusses various tobacco control policies implemented in Portugal, including smoking bans in public places, advertising restrictions, and health education initiatives.	Key performance indicators include changes in smoking prevalence, the effectiveness of public health campaigns, and the level of compliance with existing tobacco control laws.	The findings indicate that while there has been progress in tobacco control in Portugal, significant challenges remain. The article stresses the need for stronger advocacy and leadership from civil society to sustain momentum, enhance public awareness, and ensure effective implementation of tobacco control measures.
115.	Reis, M. F., Namorado, S., Aguiar, P., Precioso, J., Nunes, B., Veloso, L., Santos, S., & Miguel, J. P. (2014). Patterns of adherence to and compliance with the Portuguese smoke-free law in the leisure-	Portugal	Cross-Sectional Study	To evaluate how well the smoke-free law is being followed in the leisure and	The focus is on Portugal's smoke-free law, which prohibits smoking in enclosed public	Key performance indicators include the observed rates of smoking violations, staff	The findings reveal varying levels of adherence to the smoke-free law within the leisure and hospitality sector. Compliance rates were generally higher in larger

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	hospitality sector. PloS one, 9(7), e102421. <a href="https://doi.org/10.1371/journal.pone.0102421">https://doi.org/10.1371/journal.pone.0102421</a>			hospitality sector and to identify factors influencing compliance.	spaces, including bars and restaurants, to protect public health.	and patron awareness of the law, and the presence of enforcement actions.	establishments compared to smaller ones. Factors such as management attitudes, staff training, and public awareness campaigns significantly influenced adherence levels. The study highlights the need for ongoing enforcement efforts and targeted interventions to improve compliance across the sector.
116.	Roberts, B., Stickley, A., Gilmore, A. B., Danishevski, K., Kizilova, K., Bryden, A., Rotman, D., Haerpfer, C., & McKee, M. (2013). Knowledge of the health impacts of smoking and public attitudes towards tobacco control in the former Soviet Union. Tobacco control, 22(6), e12. <a href="https://doi.org/10.1136/tobaccocontrol-2011-050249">https://doi.org/10.1136/tobaccocontrol-2011-050249</a>	Republic of Moldova, Ukraine	Cross-Sectional Survey	To assess the level of public understanding of the health effects of smoking and to evaluate attitudes towards tobacco control policies in the context of the former Soviet Union.	The study discusses existing tobacco control policies in the region and the public's perception of their effectiveness.	Key performance indicators include levels of awareness about smoking-related health risks, public support for tobacco control measures, and understanding of existing policies.	The findings indicate that while there is a significant awareness of the health risks associated with smoking, there is also a gap in knowledge about specific effects. Public attitudes towards tobacco control vary, with support for stricter measures noted among certain demographics. The study emphasizes the need for enhanced public education and advocacy to improve understanding and

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
							support for effective tobacco control policies in the region.
117.	Ross, H., Husain, M. J., Kostova, D., Xu, X., Edwards, S. M., Chaloupka, F. J., Ahluwalia, I. B., & Centers for Disease Control and Prevention (CDC) (2015). Approaches for controlling illicit tobacco trade-- nine countries and the European Union. MMWR. Morbidity and mortality weekly report, 64(20), 547-550.	European Union	Policy Review	To evaluate and compare strategies used in different countries to combat the illicit tobacco trade and to highlight best practices that could inform future policies.	The report discusses national and regional tobacco control policies aimed at reducing illicit trade, including taxation, regulation of tobacco sales, and enforcement measures.	Key performance indicators include changes in the prevalence of illicit tobacco products, effectiveness of enforcement actions, and compliance rates with tobacco regulations.	The findings suggest that effective measures to control illicit tobacco trade include comprehensive regulatory frameworks, effective enforcement strategies, and international cooperation. The report highlights the importance of addressing both supply and demand sides of the illicit market and suggests that countries can benefit from sharing successful strategies to reduce illicit tobacco consumption and enhance public health outcomes.
118.	Ross, H., Kostova, D., Stoklosa, M., & Leon, M. (2014). The impact of cigarette excise taxes on smoking cessation rates from 1994 to 2010 in Poland, Russia, and Ukraine. Nicotine & tobacco research : official journal of the Society for	Ukraine	Longitudinal Study	To assess the impact of increasing cigarette excise taxes on smoking cessation rates	The study focuses on cigarette excise tax policies implemented in Poland, Russia, and Ukraine	Key performance indicators include changes in cigarette excise tax rates, smoking cessation rates,	The study found that higher cigarette excise taxes were associated with increased smoking cessation rates in all three countries. It highlighted that significant tax increases can lead to a reduction in

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	Research on Nicotine and Tobacco, 16 Suppl 1, S37–S43. <a href="https://doi.org/10.1093/ntr/ntt024">https://doi.org/10.1093/ntr/ntt024</a>			in the three countries during the study period.	and their role in tobacco control efforts.	and the overall prevalence of smoking in the studied populations.	smoking prevalence and promote cessation, particularly among younger and lower-income smokers. The findings underscore the importance of excise taxation as an effective tobacco control strategy.
119.	Ross, H., Stoklosa, M., & Krasovsky, K. (2012). Economic and public health impact of 2007–2010 tobacco tax increases in Ukraine. <i>Tobacco control</i> , 21(4), 429–435. <a href="https://doi.org/10.1136/tc.2010.040071">https://doi.org/10.1136/tc.2010.040071</a>	Ukraine	Economic Impact Study	To analyze the impact of tobacco tax increases on smoking prevalence, public health outcomes, and government revenue in Ukraine.	The study focuses on the specific tobacco tax policies enacted during the 2007–2010 period in Ukraine, assessing their effectiveness as a public health intervention.	Key performance indicators include changes in smoking prevalence rates, health outcomes related to tobacco use, and revenue generated from tobacco taxes.	The findings indicated that the tax increases led to a significant decrease in tobacco consumption and improved public health outcomes. The study also highlighted an increase in government revenue from tobacco taxes, reinforcing the dual benefits of such policies in both health and economic terms. It emphasized the effectiveness of taxation as a tool for reducing smoking rates and improving public health in Ukraine.
120.	Schiavone, S., Anderson, C., Mons, U., & Winkler, V. (2022). Prevalence	Belgium, Bulgaria,	Epidemiological Study	To evaluate the relationship	The study analyzes	Key performance indicators	The findings indicate a significant reduction in

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	of second-hand tobacco smoke in relation to smoke-free legislation in the European Union. Preventive medicine, 154, 106868. <a href="https://doi.org/10.1016/j.ypmed.2021.106868">https://doi.org/10.1016/j.ypmed.2021.106868</a>	France, Ireland, Italy, Portugal, Romania		between the prevalence of second-hand smoke exposure and the implementation of smoke-free laws in various EU countries.	existing smoke-free legislation across EU member states, focusing on their effectiveness in reducing exposure to second-hand smoke in public places.	include rates of second-hand smoke exposure among non-smokers and the extent of smoke-free policy implementation across different regions.	second-hand smoke exposure in countries with comprehensive smoke-free laws. The study highlights that stronger legislation correlates with lower rates of SHS exposure, underscoring the effectiveness of such policies in protecting public health.
121.	Séguret, F., Ferreira, C., Cambou, J. P., Carrière, I., & Thomas, D. (2014). Changes in hospitalization rates for acute coronary syndrome after a two-phase comprehensive smoking ban. European journal of preventive cardiology, 21(12), 1575–1582. <a href="https://doi.org/10.1177/2047487313500569">https://doi.org/10.1177/2047487313500569</a>	France	Observational Study	To evaluate changes in hospitalization rates for ACS following the implementation of a two-phase comprehensive smoking ban.	The study focuses on a comprehensive smoking ban that was implemented in two phases, aimed at reducing smoking in public spaces and improving public health.	Key performance indicators include the rates of hospital admissions for acute coronary syndrome before and after the implementation of the smoking ban.	The study found a significant decrease in hospitalization rates for acute coronary syndrome following the implementation of the smoking ban. This indicates that comprehensive smoke-free legislation can lead to improved cardiovascular health outcomes.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
122.	Serrano-Alarcón, M., Kunst, A. E., Bosdriesz, J. R., & Perelman, J. (2019). Tobacco control policies and smoking among older adults: a longitudinal analysis of 10 European countries. <i>Addiction</i> (Abingdon, England), 114(6), 1076–1085. <a href="https://doi.org/10.1111/add.14577">https://doi.org/10.1111/add.14577</a>	Belgium, France, Italy	Longitudinal, Survey of Health, Ageing and Retirement in Europe (SHARE, aged 50+ years) from four waves from 2004 to 2013 in 10 European countries (France, Poland, Germany, Netherlands, UK, Spain, Romania).	To evaluate the impact of tobacco control policies on smoking among older adults in Europe from 2004 to 2013.	Pricing and smoke-free policies	Smoking status was the dependent variable, and the Tobacco Control Scale (TCS) was the explanatory variable, overall and by its main policy components (pricing and smoke-free policies)	A 10-point increase in TCS was associated with a lower probability of smoking by 1.6 percentage points [95% confidence interval (CI) = -3.208, -0.056] for those aged 50–65, but not for older Europeans. Higher TCS scores for pricing and smoke-free policies were associated with a significantly lower probability of smoking.
123.	Skafida, V., Silver, K. E., Rechel, B. P., & Gilmore, A. B. (2014). Change in tobacco excise policy in Bulgaria: the role of tobacco industry lobbying and smuggling. <i>Tobacco control</i> , 23(e1), e75–e84. <a href="https://doi.org/10.1136/tobaccocontrol-2012-050600">https://doi.org/10.1136/tobaccocontrol-2012-050600</a>	Bulgaria	Qualitative Study	To investigate how tobacco industry lobbying and the issue of smuggling affected changes in tobacco excise tax policy in Bulgaria.	The study focuses on tobacco excise tax policies in Bulgaria, particularly changes implemented in response to lobbying efforts	Performance indicators include changes in tobacco excise tax rates, levels of tobacco smuggling, and the impact on tobacco consumption patterns.	The study found that tobacco industry lobbying significantly influenced policy decisions regarding excise taxes. Additionally, the prevalence of smuggling affected the effectiveness of tax policies, undermining public health efforts to reduce smoking rates.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
					and illegal trade.		
124.	TackSHS Project Investigators, Henderson, E., Lugo, A., Liu, X., Contintente, X., Fernández, E., López, M. J., & Gallus, S. (2021). Secondhand smoke presence in outdoor areas in 12 European countries. <i>Environmental research</i> , 195, 110806. <a href="https://doi.org/10.1016/j.envres.2021.110806">https://doi.org/10.1016/j.envres.2021.110806</a>	Bulgaria, France, Ireland, Italy, Poland, Portugal, Romania	Cross-Sectional Study	To assess the prevalence of secondhand smoke exposure in outdoor areas in 12 European countries, focusing on public spaces.	The study reviews existing tobacco control policies related to outdoor smoking restrictions and public health regulations across the participating countries.	Performance indicators include the frequency of secondhand smoke exposure, locations of outdoor smoking, and compliance with existing outdoor smoking regulations.	The study found a notable presence of secondhand smoke in various outdoor settings, indicating gaps in compliance with smoking regulations. The findings suggest a need for stronger enforcement of outdoor smoking bans to protect public health.
125.	Tătaru V. (2009). Media advocacy în campania antitabagică din republica Moldova [Media advocacy in anti-tobacco campaign in the Republic of Moldova]. <i>Pneumologia (Bucharest, Romania)</i> , 58(3), 163–165.	Republic of Moldova	Descriptive Study	To evaluate the effectiveness of media advocacy strategies in promoting anti-tobacco campaigns in the Republic of Moldova.	The study discusses national tobacco control policies and their implementation through media advocacy to raise public awareness about the	Performance indicators include media coverage of anti-tobacco messages, public awareness levels, and changes in smoking behaviors among the population.	The findings indicate that media advocacy significantly contributed to increasing public awareness about the health risks of smoking and supported legislative measures aimed at tobacco control. However, challenges in implementation and sustained public engagement were noted.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
					dangers of smoking.		
126.	Topadă, A., Nădășan, V., Tarcea, M., & Ábrám, Z. (2021). Tobacco consumption among ninth-grade students in Chisinau, Moldova. Tobacco induced diseases, 19, 76. <a href="https://doi.org/10.18332/tid/142105">https://doi.org/10.18332/tid/142105</a>	Republic of Moldova	Cross-Sectional Study	To assess the prevalence and patterns of tobacco use among ninth-grade students and identify associated factors influencing smoking behaviors.	The study references local tobacco control policies aimed at reducing youth smoking rates, including advertising restrictions and age limits for tobacco sales.	Performance indicators include the prevalence of smoking among students, frequency of tobacco use, and awareness of anti-smoking campaigns.	The findings indicate a significant prevalence of tobacco consumption among ninth-grade students, with notable differences based on gender and socio-economic factors. The study highlights the need for stronger enforcement of existing tobacco control policies and increased anti-smoking educational efforts targeted at youth.
127.	Tramacere, I., Gallus, S., Fernandez, E., Zuccaro, P., Colombo, P., & La Vecchia, C. (2009). Medium-term effects of Italian smoke-free legislation: findings from four annual population-based surveys. Journal of epidemiology and community health, 63(7), 559–562. <a href="https://doi.org/10.1136/jech.2008.084426">https://doi.org/10.1136/jech.2008.084426</a>	Italy	Longitudinal Study	To evaluate the medium-term effects of the Italian smoke-free law on smoking behavior and public health outcomes.	The Italian smoke-free legislation, which prohibits smoking in indoor public places and workplaces.	Performance indicators include changes in smoking prevalence, public attitudes towards smoking, and compliance with the smoke-free law over the study period.	The study found a significant reduction in smoking prevalence and an increase in public support for the smoke-free policy. Compliance with the law was high, and the findings suggest positive health impacts resulting from the legislation, such as improved air quality in public spaces.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
128.	Trofor, A. C., Papadakis, S., Lotrean, L. M., Radu-Loghin, C., Eremia, M., Mihaltan, F., Driezen, P., Kyriakos, C. N., Mons, U., Demjén, T., Nogueira, S. O., Fernández, E., Tountas, Y., Przewoźniak, K., McNeill, A., Fong, G. T., Vardavas, C. I., & EUREST-PLUS consortium (2019). Knowledge of the health risks of smoking and impact of cigarette warning labels among tobacco users in six European countries: Findings from the EUREST-PLUS ITC Europe Surveys. <i>Tobacco induced diseases</i> , 16, A10. <a href="https://doi.org/10.18332/tid/99542">https://doi.org/10.18332/tid/99542</a>	Romania	Cross-Sectional Study	To assess the knowledge of health risks associated with smoking and the impact of cigarette warning labels among tobacco users.	The study examines tobacco control policies, particularly focusing on the effectiveness of cigarette warning labels as a public health measure.	Indicators include the level of awareness regarding smoking-related health risks and the perceived effectiveness of warning labels on cigarette packages.	The study found that many tobacco users had limited knowledge of the health risks associated with smoking. However, exposure to graphic warning labels was associated with increased awareness and a greater motivation to quit smoking. The findings suggest that enhancing the effectiveness of warning labels could improve public health outcomes.
129.	Tual, S., Piau, J. P., Jarvis, M. J., Dautzenberg, B., & Annesi-Maesano, I. (2010). Impact of tobacco control policies on exhaled carbon monoxide in non-smokers. <i>Journal of epidemiology and community health</i> , 64(6), 554–556. <a href="https://doi.org/10.1136/jech.2008.086256">https://doi.org/10.1136/jech.2008.086256</a>	Belgium, Bulgaria, France, Ireland, Italy, Portugal, Romania	Cross-Sectional Study	To evaluate the impact of tobacco control policies on reducing exposure to secondhand smoke, as measured by exhaled carbon monoxide	The study focuses on various tobacco control measures, including smoking bans in public places and tobacco advertising restrictions.	The main performance indicator is the level of exhaled carbon monoxide in non-smokers, which serves as a biomarker for exposure to environmental tobacco smoke.	The study found a significant decrease in exhaled carbon monoxide levels among non-smokers in areas with strict tobacco control policies. This suggests that effective tobacco control measures can lead to reduced exposure to secondhand smoke, improving public health outcomes.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
				levels in non-smokers.			
130.	van Beek, K. N. J., Kuipers, M. A. G., Lignac, O., & Kunst, A. E. (2019). Smoking in bars in eight European countries in 2010 and 2016: an observational comparative study. <i>European journal of public health</i> , 29(1), 159–163. <a href="https://doi.org/10.1093/eurpub/cky111">https://doi.org/10.1093/eurpub/cky111</a>	Belgium, France	Observational Study	To assess changes in smoking behavior in bars and evaluate the impact of smoke-free legislation across different European countries	The study focuses on the implementation of smoke-free laws in various European countries and their enforcement in bar environments.	The main performance indicators include the prevalence of smoking in bars and the degree of compliance with smoke-free legislation.	The study found a notable decline in smoking prevalence in bars in countries that enforced smoke-free policies. In contrast, countries without strict regulations showed higher rates of smoking in bars, indicating the effectiveness of smoke-free legislation in reducing tobacco use in public spaces.
131.	van Schalkwyk, M. C. I., McKee, M., Been, J. V., Millett, C., & Filippidis, F. T. (2020). Size matters: An analysis of cigarette pack sizes across 23 European Union countries using Euromonitor data, 2006 to 2017. <i>PloS one</i> , 15(8), e0237513. <a href="https://doi.org/10.1371/journal.pone.0237513">https://doi.org/10.1371/journal.pone.0237513</a>	Belgium, Bulgaria, France, Ireland, Italy, Portugal, Romania	Longitudinal, pricing data from 23 EU countries between 2006–2017	To examine cigarette pack sizes in the EU and whether pack size composition differed between cheap and expensive price segments, as well as the impact of the revised TPD.	European Tobacco Products Directive (Minimum pack size of 20 cigarettes)	Differences in pack size composition between cheap and expensive price segments (pre-post)	Implementation of the TPD appears to have virtually eliminated packs with <20 cigarettes, restricting their use by the tobacco industry. Our analysis suggests pack sizes have been used differentially across the EU.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
132.	Vardavas, C. I., Girvalaki, C., Odani, S., Nikitara, K., de Vries, I., van Riel, A., van Sommeren-de Potter, I., Grass, J. N., Grassi, M. C., Deim, S., Balázs, A., Fosztó, S., Schiel, H., Arif, T., Eronen, A. K., Alonso, A. A., Menor, J. L. C., Arrieta, R. M., Babić, Ž., Turk, R., ... Tsatsakis, A. (2021). Profile of incidental exposures to e-cigarette liquids in Europe, 2018–2019. <i>Human &amp; experimental toxicology</i> , 40(6), 1045–1050. <a href="https://doi.org/10.1177/0960327120975828">https://doi.org/10.1177/0960327120975828</a>	Italy	Cross-sectional, data from poison centers	To assess the current profile of e-cigarette liquid exposure incidents and their associated health outcomes after the EU TPD.	European Tobacco Products Directive (Electronic cigarette regulations)	E-liquid exposure incidents (post)	Of the 223 e-liquid exposure incidents recorded by poison centers in multiple EU MS, two in three cases were unintentional exposures. The most frequent route of exposure was ingestion, resulting in various symptoms.
133.	Ward, M., Currie, L. M., Kabir, Z., & Clancy, L. (2013). The efficacy of different models of smoke-free laws in reducing exposure to second-hand smoke: a multi-country comparison. <i>Health policy (Amsterdam, Netherlands)</i> , 110(2–3), 207–213. <a href="https://doi.org/10.1016/j.healthpol.2013.02.007">https://doi.org/10.1016/j.healthpol.2013.02.007</a>	France, Ireland, Italy, Portugal	Comparative Study	To evaluate the efficacy of different smoke-free legislation frameworks in decreasing second-hand smoke exposure in various countries.	The study assesses various smoke-free law models, including comprehensive bans versus partial restrictions, and their implementation across different jurisdictions.	Key performance indicators include levels of second-hand smoke exposure measured through surveys, environmental assessments, and health outcomes related to exposure.	The study found that comprehensive smoke-free laws are significantly more effective in reducing second-hand smoke exposure compared to partial laws. Countries with stricter enforcement and broader coverage of smoke-free areas reported lower rates of exposure, highlighting the importance of legislative stringency in public health outcomes.

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
134.	Weiger, C., Hoe, C., & Cohen, J. E. (2022). Seven-year tobacco tax plan in Ukraine: a case study of the actors, tactics and factors motivating policy passage. <i>BMJ open</i> , 12(2), e049833. <a href="https://doi.org/10.1136/bmjopen-2021-049833">https://doi.org/10.1136/bmjopen-2021-049833</a>	Ukraine	Case Study	To analyze the key actors, strategies, and motivations behind the successful passage of a comprehensive tobacco tax policy in Ukraine.	The study investigates a specific tobacco tax policy aimed at increasing tobacco prices to reduce consumption and improve public health.	Key performance indicators include changes in tobacco consumption rates, tax revenue from tobacco sales, and public health outcomes related to smoking.	The study highlights that effective advocacy from health organizations, alignment of interests among policymakers, and public support were crucial in the policy's passage. The tobacco tax plan is expected to lead to significant reductions in tobacco use and associated health risks over the long term.
135.	Yeh, C. Y., Schafferer, C., Lee, J. M., Ho, L. M., & Hsieh, C. J. (2017). The effects of a rise in cigarette price on cigarette consumption, tobacco taxation revenues, and of smoking-related deaths in 28 EU countries--applying threshold regression modelling. <i>BMC public health</i> , 17(1), 676. <a href="https://doi.org/10.1186/s12889-017-4685-x">https://doi.org/10.1186/s12889-017-4685-x</a>	Belgium, Bulgaria, France, Ireland, Italy, Portugal, Romania	Quantitative Study	To assess the effects of rising cigarette prices on cigarette consumption, tobacco taxation revenues, and smoking-related mortality across 28 EU countries.	The study examines the implications of tobacco taxation policies aimed at reducing cigarette consumption through price increases.	Key performance indicators include changes in cigarette consumption rates, tobacco tax revenue generated, and the incidence of smoking-related deaths.	The study found that increases in cigarette prices led to significant reductions in cigarette consumption and increased tax revenues. Additionally, higher prices were associated with lower smoking-related mortality rates, suggesting that effective tobacco taxation can improve public health outcomes in EU countries.
136.	Zatoński, M., Herbec, A., Zatoński, W., Przewoźniak, K., Janik-Koncewicz, K.,	Romania	Cross-sectional,	To assess the proportion of	European Tobacco	Anticipated behavioural	In case of a ban on flavourings, around a fifth of

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	Mons, U., Fong, G. T., Demjén, T., Tountas, Y., Trofor, A. C., Fernández, E., McNeil, A., Willemsen, M., Hummel, K., Quah, A. C. K., Kyriakos, C. N., Vardavas, C. I., & EUREST-PLUS consortium (2018). Characterising smokers of menthol and flavoured cigarettes, their attitudes towards tobacco regulation, and the anticipated impact of the Tobacco Products Directive on their smoking and quitting behaviours: The EUREST-PLUS ITC Europe Surveys. <i>Tobacco induced diseases</i> , 16, A4. <a href="https://doi.org/10.18332/tid/96294">https://doi.org/10.18332/tid/96294</a>		survey among adults who smoke in eight countries of the EUREST-PLUS ITC Surveys (England, Germany, Greece, Hungary, the Netherlands, Poland, Romania, Spain)	menthol and flavoured cigarette (MFC) smokers in Europe, their sociodemographic characteristics, and their attitudes towards tobacco control measures.	Products Directive (Ban on flavours)	responses to ban on flavours	all MFC smokers intended to switch to another brand, and a third to reduce the amount they smoked or to quit smoking, but there was no consistent pattern across MFC smokers among the countries.
137.	Zatoński, M., Herbec, A., Zatoński, W., Janik-Koncewicz, K., Driezen, P., Demjén, T., Fernández, E., Fong, G. T., Quah, A. C. K., Kyriakos, C. N., McNeill, A., Willemsen, M., Mons, U., Tountas, Y., Trofor, A. C., Vardavas, C. I., Przewoźniak, K., & EUREST-PLUS Consortium (2020). Cessation behaviours among smokers of menthol and flavoured cigarettes following the implementation of the EU Tobacco	Romania	Longitudinal surveys among adults who smoke in eight countries of the EUREST-PLUS ITC Surveys (England, Germany, Greece, Hungary, the Netherlands,	To understand whether, given the 2016 ban, menthol and flavoured cigarette smokers changed their smoking patterns.	European Tobacco Products Directive (Ban on flavours)	Smoking patterns and quitting behaviours (pre-post)	Significant but small declines in the weighted prevalence of menthol and other flavoured cigarette use

No	Reference	Country (4P-CAN)	Type of study	Aim/Objective	Policy	Performance indicators	Results
	Products Directive: findings from the EUREST-PLUS ITC Europe Surveys. European journal of public health, 30(Suppl_3), iii34–iii37. <a href="https://doi.org/10.1093/eurpub/cka050">https://doi.org/10.1093/eurpub/cka050</a>		Poland, Romania, Spain)				