



REPORTING INSTRUMENT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

In order to use the interactive features of the reporting instrument, please follow the instructions below. **It is essential to complete the reporting instrument by providing information/data in the required format to ensure consistency and for ease of data processing and analysis.**

If you use a version of Microsoft Word of before 2010:

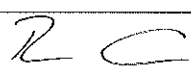
1. Save the Microsoft Word-based document (WHO FCTC reporting instrument) to a folder on the computer that will be used to complete the questionnaire.
2. Ensure your Microsoft Word security settings allow you to run macros in this document:
 - (i) Under the "Tools" menu, select "Macro".
 - (ii) In the "Macro" menu, select "Security".
 - (iii) In the "Security" pop up menu, please ensure that you have selected "Medium".
3. Close and re-open the WHO FCTC reporting instrument (Microsoft Word-based document which you saved to your computer under step 1).
4. As the document is opening, a box will appear asking if you want to enable macros. The answer is yes. Click "Enable macros".
5. Once you have clicked "Enable macros", the buttons indicating that you can add new rows or new categories to the tables provided will be functional.

If you use a newer version of Microsoft Word:

1. When receiving the security warning "Some active content has been disabled", click "Enable content".
2. When receiving another security warning "Macros have been disabled", click "Enable content".

I confirm that I read the note and followed the instructions therein

1. ORIGIN OF THE REPORT

| | | |
|------------|--|--|
| 1.1 | NAME OF CONTRACTING PARTY | Magyarország |
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| 1.4 | Period of reporting | 27/02/2012- 27/02/2014 |
| 1.5 | Date the report was submitted | 2014. 04. 18. |



2. TOBACCO CONSUMPTION AND RELATED HEALTH, SOCIAL AND ECONOMIC INDICATORS

(with reference to Articles 19.2(a), 20.2, 20.3(a), 20.4(c) as well as Articles 6.2(a), 6.2(b), 6.3, 15.4, 15.5 and 17 as referred to in the respective subsections)

| 2.1 | PREVALENCE OF TOBACCO USE | | |
|-------|--|---|--|
| 2.1.1 | Smoking prevalence in the adult population (all) <i>(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see 2.1.1.2)</i> | | |
| | | Prevalence (%) <i>(please include all smoking tobacco products in prevalence data)</i> | Average number of the most-consumed smoking tobacco product used per day |
| | MALES | | |
| | Current smokers | 25,11 % | |
| | Daily smokers | 22,82 % | |
| | Occasional smokers | 2,29 % | |
| | Former smokers | 26,76 % | |
| | Never smokers | 48,13 % | |
| | FEMALES | | |
| | Current smokers | 16,23 % | |
| | Daily smokers | 14,58 % | |
| | Occasional smokers | 1,65 % | |
| | Former smokers | 18,01 % | |
| | Never smokers | 65,75 % | |
| | TOTAL (males and females) | | |
| | Current smokers | 20,48 % | 14,3 |
| | Daily smokers | 18,52 % | 13,1 |
| | Occasional smokers | 1,96 % | |
| | Former smokers | 22,2 % | |
| | Never smokers | 57,33 % | |

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| 2.1.1.1 | Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.1: |
| | The prevalence was calculated from a relevant question of the questionnaire: “Do you smoke: a. daily, b. weekly, c. rarely, d. do not smoke.” |
| 2.1.1.2 | Please indicate the age range to which the data used to answer question 2.1.1 refer: |
| | 18+ |
| 2.1.1.3 | Please indicate the year and source of the data used to answer question 2.1.1: |
| | 2013, Adult Tobacco Survey 2013; http://www.fokuszpont.dohanyzasviszszasoritasa.hu/sites/default/files/17_evnel_idosebb_lakossag_dohanyzas_felmeres_II_honlapra_20140128_v2.pdf |
| 2.1.1.4 | Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report. |
| | current smokers: those who smoke daily or occasionally; daily smokers: those who smoke at least one cigarette per day; occasional smokers: those current smokers who do not smoke every day; former smokers: those who used to smoke at least for a year, but are not current smokers never smokers: non smokers, who never smoked on daily basis |
| 2.1.1.5 | Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past two years or since submission of your last report. |
| | Compared to 2012, the rate of tobacco users among adults decreased by 9%, from 29% to 20,5% in 2013. Compared to 2012, the rate of daily smokers among men decreased by 10%, from 32,3% to 22,8%. Since 2012, the rate of daily smokers among women decreased by 9%, from 23,6% to 14,5%. Compared to 2012, the rate of occasional smokers slightly increased in 2013. The rate of occasional smokers among men increased from 1,54% to 2,3%, the rate of occasional smokers among women increased from 1,14% to 1,65 %. In 2013, 22,2% stopped smoking. 62,24% of the smokers had ever tried to stop smoking and 24,84% of the smokers who had never tried to stop smoking would like to stop it now. |

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|----------------------------------|---|-----------------------|---|
| 2.1.2 | Smoking prevalence in the adult population (by age groups) | | |
| | <i>(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)</i> | | |
| | | Age group (adults) | Prevalence (%) <i>(please include all smoking tobacco products in prevalence data)</i> |
| MALES | | | |
| | Current smokers ¹ | 18-34 | 27,93 % |
| | | 35-64 | 29,35 % |
| | | 65+ | 6,94 % |
| | Add age group | | % |
| | | | % |
| FEMALES | | | |
| | Current smokers ¹ | 18-34 | 23,08 % |
| | | 35-64 | 18,07 % |
| | | 65+ | 4,51 % |
| | Add age group | | % |
| | | | % |
| TOTAL (males and females) | | | |
| | Current smokers ¹ | 18-34 | 25,56 % |
| | | 35-64 | 23,5 % |
| | | 65+ | 5,54 % |
| | Add age group | | % |
| | | | % |

¹ Please provide here data on either all current smokers or daily smokers only, whichever is available.

| | |
|---------|--|
| 2.1.2.1 | <p>Please indicate the smoking tobacco products included in calculating prevalence for question 2.1.2:</p> <p>The prevalence was calculated from a relevant question of the questionnaire: “Do you smoke: a. daily, b. weekly, c. rarely, d. do not smoke.”</p> |
| 2.1.2.2 | <p>Please indicate the year and source of the data used to answer question 2.1.2:</p> <p>2013, Adult Tobacco Survey 2013; http://www.fokuszpont.dohanyzasvisszaszoritasa.hu/sites/default/files/17_evnel_idosebb_lakossag_dohanyzas_felmeres_II_honlapra_20140128_v2.pdf</p> |
| 2.1.2.3 | <p>Please provide a brief explanation of the trend in current smoking prevalence by age group in the past two years or since submission of your last report, if data are available.</p> <p>Compared to 2012, the rate of current smokers decreased at all age groups. At the age group of 18-34, the rate decreased by nearly 7,5%, at the age group of 35-64, the rate decreased by 10%, at the age group of 65 and over 65, the rate decreased by 5%.</p> <p>Most important changes regarding the rate of current smokers among different age groups compared to 2012: the rate of current smokers among women at the age of 35-64 decreased by 12,5% and the rate of current smokers among men at the age 65 and over 65 decreased by 10%. Furthermore, the rate of current smokers among men at the age of 18-34 decreased by 10% and at the age of 35-64 decreased by 8%.</p> <p>Four important measures on tobacco control implemented since 2012 in Hungary: smoking ban in enclosed air space public places and in some of the open air space places, the significant tax increase on cigarettes, the warnings combined with pictures on cigarette packages and the drastic decrease in the number of stores selling tobacco products.</p> <p>The Act XLII of 1999 on the Protection of Non-Smokers and Certain Regulations on the Consumption and Distribution of Tobacco Products</p> <p>The Act CXXXIV of 2012 on „Reducing Smoking Prevalence among Young People and Retail of Tobacco Products</p> |

| | | |
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| 2.1.3 | Prevalence of smokeless tobacco use in the adult population (all) <i>(Please provide prevalence data for total adult population, and identify the age considered in 2.1.3.2, e.g. 15 years old and over, 18–64 years; see 2.1.3.2)</i> | |
| | | Prevalence (%) <i>(please include all smokeless tobacco products in prevalence data)</i> |
| | MALES | |
| | Current users | % |
| | Daily users | % |
| | Occasional users | % |
| | Former users | % |
| | Never users | % |
| | FEMALES | |
| | Current users | % |
| | Daily users | % |
| | Occasional users | % |
| | Former users | % |
| | Never users | % |
| | TOTAL (males and females) | |
| | Current users | % |
| | Daily users | % |
| | Occasional users | % |
| | Former users | % |
| | Never users | % |

| | |
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| 2.1.3.1 | Please indicate the smokeless tobacco products included in calculating prevalence for question 2.1.3: |
| | |
| 2.1.3.2 | Please indicate the age range to which the data used to answer question 2.1.3 refer: |
| | |
| 2.1.3.3 | Please indicate the year and source of the data used to answer question 2.1.3: |
| | |
| 2.1.3.4 | Please provide the definitions of “current user”, “daily user”, “occasional user”, “former user” and “never user” (of smokeless tobacco products) used in this report in the space below. |
| | |
| 2.1.3.5 | Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past two years or since submission of your last report. |
| | |

| | | |
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| 2.1.4 | Prevalence of smokeless tobacco use in the adult population (current users) by age group <i>(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)</i> | |
| | | Age group (adults) Prevalence (%) <i>(please include all smokeless tobacco products in prevalence data)</i> |
| MALES | | |
| | Current users ² | % |
| | Add age group | % |
| | | % |
| | | % |
| | | % |
| FEMALES | | |
| | Current users ² | % |
| | Add age group | % |
| | | % |
| | | % |
| | | % |
| TOTAL (males and females) | | |
| | Current users ² | % |
| | Add age group | % |
| | | % |
| | | % |
| | | % |

² Please provide data on either all current users or daily users only, whichever is available.

| | |
|---------|--|
| 2.1.4.1 | Please indicate the smokeless tobacco products included in the answer to question 2.1.4: |
| | |
| 2.1.4.2 | Please indicate the year and source of the data used to answer question 2.1.4: |
| | |
| 2.1.4.3 | Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report. |
| | |

| | | | | | | |
|--------------|--|-------------------------|--|---------|---------------------------|---|
| 2.1.5 | Tobacco use by ethnic group(s) | | | | | |
| | | Ethnic group(s) | Prevalence (%) <i>(please include all smoking or smokeless tobacco products in prevalence data)</i> | | | |
| | | | Males | Females | Total (males and females) | |
| | Current users ³ | | | % | % | % |
| | | | | % | % | % |
| | | Add ethnic group | | % | % | % |
| | | | | % | % | % |
| | | | | % | % | % |
| 2.1.5.1 | Please indicate the tobacco products included in the answer to question 2.1.5: | | | | | |
| | | | | | | |
| 2.1.5.2 | Please indicate the age range to which the data used to answer question 2.1.5 refer: | | | | | |
| | | | | | | |
| 2.1.5.3 | Please indicate the year and source of the data used to answer question 2.1.5: | | | | | |
| | | | | | | |

³ Please provide data on either all current users or daily users only, whichever is available.

| 2.1.6 | Tobacco use by young persons | | | |
|-------------------------------|------------------------------|-----------|--|-------------------|
| | | Age range | Prevalence (%) <i>(please include all smoking or smokeless tobacco products in prevalence data)</i> | |
| | | | Smoking tobacco | Smokeless tobacco |
| | | | Other tobacco (e.g. water pipe) | |
| Boys | | | | |
| | Current users ⁴ | grade | 23,97 % | 2,55 % |
| | Add youth group | 7-8-9 | | |
| | | students | | 19,96 % |
| | | | % | % |
| | | | % | % |
| | | | % | % |
| | | | % | % |
| Girls | | | | |
| | Current users ⁴ | grade | 23,51 % | 1,37 % |
| | Add youth group | 7-8-9 | | |
| | | students | | 12,84 % |
| | | | % | % |
| | | | % | % |
| | | | % | % |
| | | | % | % |
| TOTAL (boys and girls) | | | | |
| | Current users ⁴ | grade | 23,57 % | 2,02 % |
| | Add youth group | 7-8-9 | | |
| | | students | | 16,75 % |
| | | | % | % |

⁴ Please provide data on either all current users or daily users only, whichever is available.

| | | | | | |
|---------|---|--|---|---|---|
| | | | % | % | % |
| | | | % | % | % |
| | | | % | % | % |
| 2.1.6.1 | Please indicate the tobacco products included in calculating prevalence for question 2.1.6: | | | | |
| | We calculated the prevalence based on the questions about different tobacco products consumption. | | | | |

| | |
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| 2.1.6.2 | <p>Please indicate the year and source of the data used to answer question 2.1.6:</p> <p>Global Youth Tobacco Survey 2012, Global Youth Tobacco Survey 2013</p> |
| 2.1.6.3 | <p>Please provide the definition of “current smoking/tobacco use” used to answer question 2.1.6 in the space below.</p> <p>Smoking tobacco: cigarette; Smokeless tobacco: snuff and chewing tobacco Other tobacco: waterpipe Current smoking: cigarette smoked/tobacco used in the last 30 days</p> |
| 2.1.6.4 | <p>Please provide a brief explanation of the trend in tobacco use by young persons in the past two years or since submission of your last report.</p> <p>In 2012, 27% of the students (7-8-9 grade students) used cigarette, 3% used smokeless tobacco (snuff, chewing tobacco) and 19% used waterpipe in the last 30 days. In 2013, 23,57% used cigarette, 2,02% used smokeless tobacco and 16,75% used waterpipe in the last 30 days.</p> <p>In 2012, 7% of the students, who were current cigarette users, used cigarette on daily bases. 61% of the boys and 52% of the girls had ever tried smoking. 30,8% of the boys and 23,7% of the girls are current cigarette smokers.</p> <p>Four important measures on tobacco control implemented since 2012 in Hungary: smoking ban in enclosed air space public places and in some of the open air space places, the significant tax increase on cigarettes, the warnings combined with pictures on cigarette packages and the drastic decrease in the number of stores selling tobacco products.</p> <p>The Act XLII of 1999 on the Protection of Non-Smokers and Certain Regulations on the Consumption and Distribution of Tobacco Products</p> <p>The Act CXXXIV of 2012 on „Reducing Smoking Prevalence among Young People and Retail of Tobacco Products</p> |

| | |
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| 2.2 | EXPOSURE TO TOBACCO SMOKE |
| 2.2.1 | <p>Do you have any data on exposure to tobacco smoke in your population?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| 2.2.2 | <p>If you answered “Yes” to question 2.2.1, please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).</p> <p>In 2013, 63% of smokers and 92% of non-smokers were never exposed to tobacco smoke at their home. In 2012, this rate was 33% among smokers and 88% among non-smokers.</p> <p>Rate of non-smokers exposed to tobacco smoke in enclosed air space:</p> <p>health care provider: 6,5% public education institution: 3,75% public institution: 5,8% restaurant: 5,52% disco, music hall: 7,61% pub: 8,62% public transportation (train): 4,42% public area (waiting room): 8,33%</p> |

| | |
|-------|---|
| | <p>workplace: 6,64%</p> <p>Compare to 2012, the expose to tobacco smoke among non-smokers decreased in public education institution, public institution, restaurants, pubs, discos and workplaces, on trains and in waiting rooms however it increased in the area of health care provider.</p> <p>Rate of non-smokers exposed to tobacco smoke at open air space:</p> <p>play ground: 20%</p> <p>public transport area: 35,96%</p> <p>public transport waiting area: 28,53%</p> <p>passageway: 43,16%</p> <p>Compare to 2012, the expose to tobacco smoke among non-smokers decreased in public transport area and public transport waiting area, however it increased in playground and passageways.</p> <p>The exposition of passive smoking was declined due to the 2012 amendments of Act XLII of 1999 on the Protection of Non-Smokers and Certain Regulations on the Consumption and Distribution of Tobacco Products.</p> |
| 2.2.3 | <p>Please indicate the year and source of the data used to answer question 2.2.1:</p> <p>2013., Adult Tobacco Survey 2013; http://www.fokuszpont.dohanyzasvisszaszoritasa.hu/sites/default/files/17_evnel_idosebb_lakossag_dohanyzas_felmeres_II_honlapra_20140128_v2.pdf</p> |

| 2.3 | TOBACCO-RELATED MORTALITY |
|-------|--|
| 2.3.1 | <p>Do you have information on tobacco-related mortality in your population?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| 2.3.2 | <p>If you answered “Yes” to question 2.3.1, what is the estimated total number of deaths attributable to tobacco use in your population? 20 470</p> |
| 2.3.3 | <p>If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.</p> <p>20.470 was the total number of death attributable to tobacco use in 2010.</p> <p>Among the most significant tobacco-related diseases, lung cancer caused 34% and ischemic heart disease caused 22% of the deaths in Hungary.</p> |
| 2.3.4 | <p>Please indicate the year and source of the data used to answer questions 2.3.2 and 2.3.3, and please submit a copy of the study you refer to:</p> <p>http://www.fokuszpont.dohanyzasvisszaszoritasa.hu/hu/content/dohanyzasellenorzes-gazdasagtana</p> <p>http://www.fokuszpont.dohanyzasvisszaszoritasa.hu/sites/default/files/dohanyzas_tarsadalmi_terhe_OEFI_2012_.pdf</p> <p>The social burden of smoking in Hungary; 2012.</p> |

| 2.4 | TOBACCO-RELATED COSTS |
|-----|-----------------------|
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| | |
|-------|--|
| 2.4.1 | Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.4.2 | If you answered “Yes” to question 2.4.1, please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs). Direct and indirect costs deriving from smoking of the Hungarian population in 2010 were more than HUF 441 billion. |
| 2.4.3 | Please indicate the year and source of the data used to answer question 2.4.2, and please submit a copy of the study you refer to: http://www.fokuszpont.dohanyzasvisszaszoritasa.hu/hu/content/dohanyzasellenorzes-gazdasagtana http://www.fokuszpont.dohanyzasvisszaszoritasa.hu/sites/default/files/dohanyzas_tarsadalmi_terhe_OEFI_2012_.pdf The social burden of smoking in Hungary; 2012. |

| 2.5 | | SUPPLY OF TOBACCO AND TOBACCO PRODUCTS <i>(with reference to Articles 6.2(b), 20.4(c), and 15.5)</i> | | | | | |
|--|----------------------------------|--|---------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--|
| 2.5.1 | Licit supply of tobacco products | | | | | | |
| | Product | Unit (e.g. pieces, tonnes) | Domestic production | Retail sales | Exports | Imports | |
| Smoking tobacco products Add product | cigarette | 1000 pieces | 2012: 10368445,97 2013: 5962498,50 | 2012: 1162524,95 2013: 7104208,24 | 2012: 6908401,06 2013: 3850433,87 | 2012: 9092373,02 2013: 5631689,15 | |
| | fine cut smoking tobacco | 1000 kg | 2012: 1624747,72 2013: 611629,48 | 2012: 4154039,47 2013: 3327960,74 | 2012: 642642,48 2013: 872009,97 | 2012: 4267513,47 2013: 4469519,6 | |
| | other smoking tobacco | 1000 kg | 2012: 113814,50 2013: 133545,06 | 2012: 31350,60 2013: 1601,32 | 2012: 127637,68 2013: 152957,73 | 2012: 68150,48 2013: 43700,65 | |
| | cigar, cigarillo | 1000 pieces | 2012: 558731,55 2013: 453975,76 | 2012: 385969,36 2013: 339672,00 | 2012: 359370,94 2013: 236205,93 | 2012: 223492,74 2013: 167591,81 | |
| Smokeless tobacco products Add product | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | | | | | | | |
|-------|---|--------|--|--|--|--|--|
| | Other tobacco products | | | | | | |
| | Add product | | | | | | |
| | Tobacco | Leaves | | | | | |
| 2.5.2 | Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available. | | | | | | |
| | 2012: cigarette: 6 691,800 thousand pieces; cigar, cigarillo: 31, 301 thousand pieces 2013: cigarette: 6 166,400 thousand pieces; cigar, cigarillo: 64,842 thousand pieces | | | | | | |
| 2.5.3 | Please indicate the year and source of the data used to answer questions 2.5.1 and 2.5.2: | | | | | | |
| | Source of domestic production, export/imports data: National Tax and Customs Office Source of retail sales: Data based on bilateral agreements with different actors of the tobacco market. Period of time: From January to December 2012 and from January to September 2013. | | | | | | |

| 2.6 | SEIZURES OF ILLICIT TOBACCO PRODUCTS <i>(with reference to Article 15.5)</i> | | | | |
|-------|---|------|--------------------------|---|-----------------|
| 2.6.1 | | Year | Product | Unit (<i>e.g. millions of pieces</i>) | Quantity seized |
| | Smoking tobacco products Add row | 2010 | cigarette | thousand pieces | 9 511,78 |
| | | 2011 | cigarette | thousand pieces | 71 488,72 |
| | | 2012 | cigarette | thousand pieces | 75 853,47 |
| | | 2013 | cigarette | thousand pieces | 49 006,97 |
| | | 2010 | fine cut smoking tobacco | kilograms | 249,55 |
| | | 2011 | fine cut smoking tobacco | kilograms | 53 782,82 |
| | | 2012 | fine cut smoking tobacco | kilograms | 4 092,91 |
| | | 2013 | fine cut smoking tobacco | kilograms | 1 607,28 |
| | | 2010 | cigar, cigarillo | thousand pieces | 174,40 |
| | | 2011 | cigar, cigarillo | thousand pieces | 14,76 |
| | | 2012 | cigar, cigarillo | thousand pieces | 5,29 |
| | | 2013 | cigar, cigarillo | thousand pieces | 1,07 |
| | Smokeless tobacco products Add row | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Other tobacco products Add row | 2010 | other tobacco products | kilograms | 200,04 |
| | | 2011 | other tobacco products | kilograms | 709,54 |
| | | 2012 | other tobacco products | kilograms | 13 379,03 |
| | | 2013 | other tobacco products | kilograms | 2 469,56 |
| 2.6.2 | Do you have any information on the percentage of illicit tobacco products on the national tobacco market? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 2.6.3 | If you answered “Yes” to question 2.6.2, what percentage of the national tobacco market do illicit tobacco products constitute? 4,1 % | | | | |
| 2.6.4 | If you answered “Yes” to question 2.6.3 and you have information available, what | | | | |

| | |
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| 2.6 | SEIZURES OF ILLICIT TOBACCO PRODUCTS <i>(with reference to Article 15.5)</i> |
| | is the trend over the past two years or since submission of your last report in the percentage of illicit tobacco products in relation to the national tobacco market? |
| | The volume of illicit cigarette market can only be estimated, however, based on available data, conclusions can be made on the related tendencies (taking into account products within an analysed sample, what is the proportion of products that have been taxed in Hungary, of those having not been taxed in Hungary, and of counterfeit products). Accordingly, in 2010-2011, the proportion of products that have not been taxed in Hungary (and, presumably, in parallel the proportion of cigarettes illicitly placed on market) has continued to decrease, just like in previous years (2010: 5,5%, 2011: 3,8%), but afterwards this proportion has begun to increase (2012: 2012: 4,1%, 2013: 7,7% and 11,8%). |
| 2.6.5 | Please provide any further information on illicit tobacco products. |
| | Proportion of counterfeit tobacco product is not relevant (<0,5%) |
| 2.6.6 | Please indicate the source of the data used to answer questions in section 2.6: |
| | Source: for 2.6.1.: National Tax and Custom Office - Robotzsaru NEO and Titan information systems (2010-2013): from 01.01.2013. to 01.09.2013. for 2.6.2 – 2.6.5 : KPMG's "Project Star" system (2006-2012), and GfK Hungary's "Empty-pack Survey" (2004 -2012) |

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|------------|--|
| 2.7 | TOBACCO-GROWING |
| 2.7.1 | Is there any tobacco-growing in your jurisdiction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.7.2 | If you answered “Yes” to question 2.7.1, please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender. |
| | According to the data of the Hungarian Central Statistical Office: -according to the data on the number of persons in the tobacco-growing sector (0115 TEÁOR '08), 145 persons were participating in the activity of the organisation in 2012. Persons participating in the activity of the organisation are the employees, the persons employed for less than 60 hours on a monthly average basis according to their contract, other employed persons.- -The General Agricultural Census takes into account all undertakings where one of the activities is tobacco-growing. Therefore the persons figured in this statistics may pursue other activities as well. According to the 2010 results of this statistics, the number of individual farms with tobacco field is 770, the family working force in these farms is 1935 persons, the number of employees is 236. The number of economic entities with tobacco field is 40, the number of employees is 106. According to a study of the Research Institute of Agricultural Economics: 20 thousand people are involved in tobacco leaf growing, mostly in the under-developed Eastern Region of Hungary. 10 thousand work full time and 10 thousand on a temporary (6-8 months) basis. 70% of the workers are females. |

| | |
|-------|--|
| 2.7.3 | Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product. 0,12% |
| 2.7.4 | Please indicate the year and source of the data used to answer questions in section 2.7: Hungarian Central Statistical Office labour statistics 2012 Hungarian Statistical office General Agricultural Census 2010 The Tobacco Market and the Potential Future of Tobacco Production in Hungary and the European Union in the Light of the CAP Reform Budapest, Research Institute of Agricultural Economics. 142 p. 2008 |

| | | | | | | | | | | |
|--|--|--|------------------------------|--|-----------------------|------------------------------|--|--|---|-----------------------------|
| 2.8 | TAXATION OF TOBACCO PRODUCTS <i>(with reference to Articles 6.2(a) and 6.3)</i> | | | | | | | | | |
| 2.8.1 | <p>What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))?</p> <p>2012. cigarette: 86,69% fine cut smoking tobacco: 87,66% other tobacco products: 76,10% cigar, cigarillo: 49,76%</p> <p>2013. cigarette: 80,98% fine cut smoking tobacco: 77,40% other tobacco products: 61,48% cigar, cigarillo: 49,76%</p> | | | | | | | | | |
| 2.8.2 | <p>How are the excise taxes levied (what types of taxes are levied)?</p> <table border="1"> <tr> <td>· Specific tax only</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>· Ad valorem tax only</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>· Combination of specific and ad valorem taxes</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table> <p>· More complex structure (<i>please explain:</i></p> <ul style="list-style-type: none"> · for cigarettes: quantitative tax, plus tax in proportion of price, or tax minimum and VAT; · for cigars/cigarillos: in proportion of price and VAT · for tobacco products: tax in proportion of price or tax minimum and VAT) | · Specific tax only | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | · Ad valorem tax only | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | · Combination of specific and ad valorem taxes | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| · Specific tax only | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | |
| · Ad valorem tax only | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | | | | | | |
| · Combination of specific and ad valorem taxes | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | |
| 2.8.3 | If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties) | | | | | | | | | |

| | | Product | Type of tax | Rate or amount | Base of tax ⁵ |
|--|--|------------------------------------|-------------|----------------|--|
| Smoking tobacco products Add product | | cigarette | ad valorem | 31,00% | retail selling price (including all taxes) |
| | | cigarette | specific | 12 500 HUF | 1000 pieces |
| | | cigarette | minimum | 24 920 HUF | 1000 pieces |
| | | fine cut smoking tobacco | ad valorem | 52,00% | retail selling price (including all taxes) |
| | | other smoking tobacco | ad valorem | 32,50% | kg |
| | | smoking tobacco (fine cut + other) | minimum | 12 460 HUF | retail selling price (including all taxes) |
| | | cigar, cigarillo | ad valorem | 28,50% | retail selling price (including all taxes) |
| Smokeless tobacco products Add product | | | | | |
| | | | | | |
| | | | | | |
| Other tobacco products Add product | | all tobacco products | VAT | 21,26% | retail selling price (including all taxes) |
| | | | | | |
| | | | | | |
| 2.8.4 | Please briefly describe the trends in taxation for tobacco products in the past two years or since submission of your last report in your jurisdiction. | | | | |
| | <p>As it concerns cigarettes:</p> <p>the tax in proportion of price has been increased with 2,7% (to 9,5%)</p> <p>the quantitative tax has been increased with 33,7%</p> <p>while the tax minimum with 43,8%,</p> <p>As it concerns other tobacco products:</p> <p>the tax minimum has been increased with 71,2% in the past two years, namely in 2011-2012.</p> <p>The level of taxes has been modified/ has been increased (highly above the level of inflation rate) five times in 2011-2012.</p> | | | | |

⁵ The “base of the tax” should clearly indicate the tax rate or amount the tax is based on. If the tax is expressed as a percentage (e.g. ad valorem tax), the base of the tax is the actual value of the good that is taxed; for example, 45% of the manufacturer’s price, 30% of the retail price. In this case the “base” is the manufacturer’s price or retail price. If the tax is expressed as an amount (e.g. specific tax), the base of the tax is the volume (number of pieces or by weight) of goods that is taxed. For example, if a tax is US\$ 5 per 100 cigarettes, the amount of tax is US\$ 5 and the base of the tax is 100 cigarettes.

| | |
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| | The level of VAT has been increased once, from 25% to 27%. |
| 2.8.5 | <p>Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>(In reference to Article 26)</i></p> |
| 2.8.6 | <p>If you answered “Yes” to question 2.8.5, please provide details in the space below.</p> |
| 2.8.7 | <p>Please indicate the year and source of the data used to answer questions 2.8.1 to 2.8.6:</p> |
| | Source: Ministry for National Economy, January 2013 |

| | |
|-----|--|
| 2.9 | <p align="center">PRICE OF TOBACCO PRODUCTS</p> <p align="center"><i>(with reference to Article 6.2(a))</i></p> |
|-----|--|

| | | | | | | |
|----------|---|--------------------------|----------------------------|------------------------|---------------------------------------|--------------------------------------|
| 2.9.1 | Please provide the retail prices of the three most widely sold brands of domestic and imported tobacco products at the most widely used point of sale in your capital city. | | | | | |
| | | Most widely sold brand | | | Number of units or amount per package | Retail price |
| | | Smoking tobacco products | Smokeless tobacco products | Other tobacco products | | |
| Domestic | Sopianae | | | | 19 | 2012: 780 HUF 2013: 930 HUF |
| | Pall Mall | | | | 19 | 2012: 820 HUF 2013: 910 HUF |
| | Viceroy | | | | 19 | 2012: 780 HUF 2013: 870 HUF |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Imported | Marlboro | | | | 19 | 2012: 850 HUF 2013: |

| | | | | | | |
|-------|--|-------------|--|--|----|--------------------------------------|
| | | | | | | 950 HUF |
| | | Bond | | | 19 | 2012: 770 HUF 2013 870 HUF |
| | | Multifilter | | | 19 | 2012: 810 HUF 2013: 910 HUF |
| | | | | | | |
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| | | | | | | |
| 2.9.2 | Please indicate the year and source of the data used to answer question 2.9.1. | | | | | |
| | Source: National Tax and Custom Office - data based on bilateral agreements with different actors of the tobacco market for the years of 2012 and 2013 | | | | | |
| | Price depends on different types of cigarettes (e.g. taste, slim cigarette or not etc.) | | | | | |
| 2.9.3 | Please provide the currency used to complete the “Rate or amount” section of question 2.8.3 and the “Retail price” section of question 2.9.1. If known, please provide the exchange rate of this currency to US dollars as well as the date of this exchange rate. | | | | | |
| | USD/HUF exchange rate: 220,93 HUF/1 USD, source: Magyar Nemzeti Bank, 31.12.2012. | | | | | |
| | USD/HUF exchange rate: 221,06 HUF/1 USD, source: Magyar Nemzeti Bank, 31.10.2013. | | | | | |
| 2.9.4 | Please briefly describe the trend in the prices of tobacco products in the past two years or since submission of your last report in your jurisdiction. | | | | | |
| | As it concerns cigarettes: the tax in proportion of price has been increased with 2,7% (to 9,5%), the quantitative tax has been increased with 33,7% , while the tax minimum with 43,8%, | | | | | |
| | As it concerns other tobacco products: | | | | | |
| | The tax minimum has been increased with 71,2% in the past two years, namely in 2011-2012. | | | | | |
| | The level of taxes has been modified/ has been increased (highly above the level of inflation rate) five times in 2011-2012. | | | | | |

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| | The level of VAT has been increased once, from 25% to 27%. |
|--|--|

3. LEGISLATION, REGULATION AND POLICIES

| 3.1 | Article | GENERAL OBLIGATIONS (with reference to Article 5) | | |
|---------|---------|--|---|--|
| 3.1.1 | 5 | General obligations | | |
| 3.1.1.1 | 5.1 | Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3.1.1.2 | | If you answered “No” to question 3.1.1.1, have you partially developed and implemented tobacco control strategies by including tobacco control in national health, public health or health promotion strategies, plans and programmes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.1.1.3 | | If you answered “No” to question 3.1.1.2, is any aspect of tobacco control that is referred to in the Convention included in any national strategy, plan or programme? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.1.1.4 | 5.2(a) | Have you established or reinforced and financed <ul style="list-style-type: none"> · a focal point for tobacco control · a tobacco control unit · a national coordinating mechanism for tobacco control | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.1.1.5 | | If you answered “Yes” to any of the questions under 3.1.1.4, please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs). The Tobacco Focal Point is established in the National Institute for Health Development, an institution of the Ministry of Human Resources (State Secretariat for Health). It works with 3 full time employees. | | |
| 3.1.1.6 | | Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (<i>General obligations</i>) in the past two years or since submission of your last report. | | |

| | |
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| | <p>From 1st January 2013, according to the Act XLII of 1999 on the Protection of Non-Smokers and Certain Regulations on the Consumption and Distribution of Tobacco Products smoking is prohibited in rooms of public institutions that are open to the public and warnings combined with pictures and illustrations were introduced.</p> <p>From 1 September 2012 cigarettes can be produced only with combined warnings and from 1 January 2013, cigarettes can be marketed only with combined warnings. Controls and polls of the amendments shows, that the social supporting of the modification is high, 85 %. The compliance of the act is also adequate.</p> <p>From 1st January 2013, according to the Act XLII of 1999 on the Protection of Non-Smokers and Certain Regulations on the Consumption and Distribution of Tobacco Products smoking is prohibited in rooms of public institutions that are open to the public and warnings combined with pictures and illustrations were introduced.</p> |
| 3.1.1.7 | <p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p> |
| | |

| | | | | |
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| 3.1.2 | 5.3 | <p>Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p> | | |
| | | <p>Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:</p> | | |
| 3.1.2.1 | | – protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3.1.2.2 | | – ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3.1.2.3 | <p>If you answered “Yes” to any of the questions under 3.1.2.1 or 3.1.2.2, please provide details in the space below.</p> | | | |
| 3.1.2.4 | <p>Please provide a brief description of the progress made in implementing Article 5.3 in the past two years or since submission of your last report.</p> <p>No further steps have been made in the implementation of Article 5.3.</p> | | | |
| 3.1.2.5 | <p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 5.3 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 5.3 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p> <p>The Health State Secretariat has no relation with the tobacco industry.</p> <p>The website of the Tobacco Focal Point provides information on the practices of the tobacco industry.</p> | | | |
| 3.1.2.6 | <p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p> | | | |

| | | | | |
|------------|--|--|---|-----------------------------|
| 3.2 | Article | MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO (with reference to Articles 6–14) | | |
| 3.2.1 | 6 | Price and tax measures to reduce the demand for tobacco (Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.) | | |
| | | Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following: | | |
| 3.2.1.1 | 6.2(a) | – tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.1.2 | 6.2(b) | – prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.1.3 | | – prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.1.4 | Please provide a brief description of the progress made in implementing Article 6 (<i>Price and tax measures to reduce the demand for tobacco</i>) in the past two years or since submission of your last report. | | | |
| | <p>As it concerns cigarettes: The tax in proportion of price has been increased with 2,7% (to 9,5%); The quantitative tax has been increased with 33,7%, while the tax minimum with 43,8%.</p> <p>As it concerns tobaccos: The tax minimum has been increased with 71,2% in the past two years, namely in 2011-2012. The level of taxes has been modified/ has been increased (highly above the level of inflation rate) five times in 2011-2012. The level of VAT has been increased once, from 25% to 27%. In the past two years the illicit tobacco market has further decreased (in 2010.: 5,5 %, 2011.: 3,8 %), later there has been a minor increase (2012.: 4,1%).</p> | | | |
| 3.2.1.5 | If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below. | | | |
| | <p>In the case of air travellers from third countries above 17 years of age imports of 200 cigarettes or 100 cigarillos (cigars of a maximum weight of three grams each) or 50 cigars or 250 grams of smoking tobacco are subjects to exemption from VAT and excise duty.</p> <p>In the case of other travellers from third countries above 17 years of age imports of 40 cigarettes or 20 cigarillos (cigars of a maximum weight of three grams each) or 10 cigars or 50 grams of smoking tobacco are subjects to exemption from VAT and excise duty.</p> | | | |

| | | | | |
|---------|-----|--|--|---|
| 3.2.2 | 8.2 | <p>Protection from exposure to tobacco smoke</p> <p><i>(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p> | | |
| | | <p>Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:</p> | | |
| 3.2.2.1 | | <p>– banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?</p> | <p><input checked="" type="checkbox"/> Yes</p> | <p><input type="checkbox"/> No</p> |
| 3.2.2.2 | | <p>If you answered "Yes" to question 3.2.2.1, what is the type/nature of the measure providing for the ban?</p> | | |
| | | <p>· national law</p> | <p><input checked="" type="checkbox"/> Yes</p> | <p><input type="checkbox"/> No</p> |
| | | <p>· subnational law(s)</p> | <p><input checked="" type="checkbox"/> Yes</p> | <p><input type="checkbox"/> No</p> |
| | | <p>· administrative and executive orders</p> | <p><input type="checkbox"/> Yes</p> | <p><input checked="" type="checkbox"/> No</p> |
| | | <p>· voluntary agreements</p> | <p><input type="checkbox"/> Yes</p> | <p><input checked="" type="checkbox"/> No</p> |
| | | <p>· other measures (<i>please specify:</i>)</p> | <p><input type="checkbox"/> Yes</p> | <p><input checked="" type="checkbox"/> No</p> |
| 3.2.2.3 | | <p>Please provide a brief explanation of the type/nature and content of the measures providing for the ban.</p> | | |
| | | <p>Smoking rules have been significantly modified with the adoption of Act XLI. of 2011 on the amendment of Act XLII of 1999 on the Protection of Non-Smokers and Certain Regulations on the Consumption and Distribution of Tobacco Products on 26th April 2011 with an effect from 1st January 2012.</p> <p>Apart for areas designated for smoking no smoking is permitted in rooms of public institutions that are open to the public, on means of public transport, at work places, in the following areas qualifying as public area: underpasses open to passenger traffic and in other connection spaces of public passageways with closed air spaces, in playgrounds in public places and within 5 metres of the external borderlines of playgrounds, in the areas of railway operation facilities in place for the provision of public railway services and in the accessories of the railway track that are open to the public, in the stops and stations constructed or designated to passengers boarding or alighting from the means of public transport, in waiting areas or rooms, and within a distance of 5 metres of the external borderlines of outdoor stops or waiting areas, providing, that if the external borderline of the area under smoking restriction cannot be unambiguously determined, then smoking is prohibited within a 5 meter range of the board or other sign designating the stop or waiting area. No smoking area</p> | | |

| | | | |
|---------|---|---|-----------------------------|
| | <p>may be designated in public institutions, in rooms of closed air spaces, in work places, in rooms of closed air spaces, in means of public transport in local public transport services, on trains in local railway services, on buses/coaches in domestic intercity public transport services based on service schedules as well as on passenger trains in scheduled railway services. No smoking area may be designated even in open air spaces in public education institutions, in child welfare and child protection institutions, in the premises of health service. Smoking area may also be designated in a closed air space for detainees held in penitentiary institutions and prisons (including those with mental disorders), for psychiatric patients in psychiatric institutions, at workplaces where the corrected effective temperature is over 24C° and -with certain conditions- at workplaces and establishments with increased risk or risk of fire and explosion and risk of fire. Cigar rooms of hotels already operating at the time of the coming into effect of the Act could also apply for derogation. At workplaces that the employer did not declare smoke-free, as open air smoking area shall be designated. The smoking ban also applies in case of apartment houses in enclosed rooms of common use unless at least four fifth of the owners decide otherwise.</p> <p>As to regulations on a subnational level: local governments can issue regulations on smoking in open public areas, like imposing smoking ban in a larger area around certain types of institutions (schools, kindergartens, health establishments).</p> | | |
| 3.2.2.4 | <p>If you answered “Yes” to any options in 3.2.2.2, do any of these measures provide for a mechanism/ infrastructure for enforcement?</p> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.2.5 | <p>If you answered "Yes" to question 3.2.2.4 please provide details of this system.</p> <p>Compliance with the provisions on smoking bans is controlled by the health authority which shall impose a health protection fine in the case of violations of those provisions, on the infringing natural or legal person or organisation without legal personality.</p> <p>The amount of the health care penalty</p> <p>a) in the event of any breach of the prohibitions or restrictions with regard to smoking is between 20 000 and 50 000 forints;</p> <p>b) in the event of failure to fulfil or to properly fulfil the obligation regarding designation of smoking areas and prohibitions on smoking, or any infringement of the supervisory obligation with regard to the enforcement of prohibitions and restrictions concerning smoking and the distribution of tobacco products:</p> <p>ba) is between 100 000 and 250 000 forints if imposed upon the person held liable to fulfill these obligation, or</p> <p>bb) between 1 000 000 and 2 500 000 forints if imposed upon an institution, organization, operator or business association.</p> <p>If someone experiences a breach of the smoking bans, he/she can make complaint at the health authority.</p> | | |

| 3.2.2.6 | If you answered “Yes” to question 3.2.2.1, please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. | Complete | Partial | None |
|--|--|-------------------------------------|-------------------------------------|-------------------------------------|
| Indoor workplaces: | | | | |
| · government buildings | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| · health-care facilities | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| · educational facilities ¹ | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| · universities | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| · private workplaces | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| · other (<i>please specify:</i>) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Public transport: | | | | |
| · airplanes | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| · trains | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| · ferries | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| · ground public transport (buses, trolleybuses, trams) | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| · motor vehicles used as places of work (taxis, ambulances, delivery vehicles) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| · private vehicles | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| · other (<i>please specify:</i>) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

¹ except universities

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------|--|--------------------------|-------------------------------------|--------------------------|--------------------------|------------------|-------------------------------------|--------------------------|--------------------------|-----------------|-------------------------------------|--------------------------|--------------------------|--------------|-------------------------------------|--------------------------|--------------------------|---------------|-------------------------------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|
| | <p>Indoor public places:</p> <table border="1"> <tr> <td data-bbox="464 215 986 277">· cultural facilities</td> <td data-bbox="986 215 1177 277"><input checked="" type="checkbox"/></td> <td data-bbox="1177 215 1318 277"><input type="checkbox"/></td> <td data-bbox="1318 215 1457 277"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="464 277 986 340">· shopping malls</td> <td data-bbox="986 277 1177 340"><input checked="" type="checkbox"/></td> <td data-bbox="1177 277 1318 340"><input type="checkbox"/></td> <td data-bbox="1318 277 1457 340"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="464 340 986 403">· pubs and bars</td> <td data-bbox="986 340 1177 403"><input checked="" type="checkbox"/></td> <td data-bbox="1177 340 1318 403"><input type="checkbox"/></td> <td data-bbox="1318 340 1457 403"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="464 403 986 465">· nightclubs</td> <td data-bbox="986 403 1177 465"><input checked="" type="checkbox"/></td> <td data-bbox="1177 403 1318 465"><input type="checkbox"/></td> <td data-bbox="1318 403 1457 465"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="464 465 986 528">· restaurants</td> <td data-bbox="986 465 1177 528"><input checked="" type="checkbox"/></td> <td data-bbox="1177 465 1318 528"><input type="checkbox"/></td> <td data-bbox="1318 465 1457 528"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="464 528 986 611">· other (<i>please specify:</i>)</td> <td data-bbox="986 528 1177 611"><input type="checkbox"/></td> <td data-bbox="1177 528 1318 611"><input type="checkbox"/></td> <td data-bbox="1318 528 1457 611"><input type="checkbox"/></td> </tr> </table> | · cultural facilities | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | · shopping malls | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | · pubs and bars | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | · nightclubs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | · restaurants | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | · other (<i>please specify:</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| · cultural facilities | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| · shopping malls | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| · pubs and bars | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| · nightclubs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| · restaurants | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| · other (<i>please specify:</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| 3.2.2.7 | <p>Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented.</p> <ul style="list-style-type: none"> · Banning tobacco smoking in indoor workplaces <p>There is no possibility to designate areas for smoking in work places except for workplaces where the corrected effective temperature is over 24C° and -with certain conditions- at workplaces and establishments with increased risk or risk of fire and explosion and risk of fire.</p> <ul style="list-style-type: none"> · Banning tobacco smoking in public transport <p>There is no possibility to designate areas for smoking in means of public transport in local public transport services, on trains in local railway services, on buses/coaches in domestic intercity public transport services based on service schedules as well as on passenger trains in scheduled railway services.</p> <p>The same rule applies for areas of railway operation facilities in place for the provision of public railway services and in the accessories of the railway track that are open to the public, in the stops and stations constructed or designated to passengers boarding or alighting from the means of public transport, in waiting areas or rooms, and within a distance of 5 metres of the external borderlines of outdoor stops or waiting areas.</p> <p>In case of other means of public transport in service in the public transport system or in private transport services, decision on the designation of smoking areas shall be made by the operator of the service.</p> <ul style="list-style-type: none"> · Banning tobacco smoking in indoor public places <p>There is no possibility to designate smoking areas in public institutions, in rooms of closed air spaces. No smoking area may be designated even in open air spaces in public education institutions, in child welfare and child protection institutions, in the premises of health service providers. Smoking area may also be designated in a closed air space for detainees held in penitentiary institutions and prisons, for psychiatric patients in psychiatric institutions</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.2.2.8 | <p>Please provide a brief description of the progress made in implementing Article 8 (<i>Protection from exposure to tobacco smoke</i>) in the past two years or since submission of your last report.</p> <p>The Hungarian Parliament adopted Act XLI. of 2011 on the amendment of Act XLII of</p> | | | | | | | | | | | | | | | | | | | | | | | | |

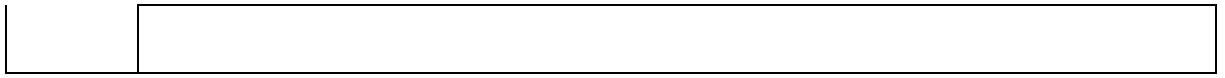
| | |
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| | <p>1999 on the Protection of Non-Smokers and Certain Regulations on the Consumption and Distribution of Tobacco Products on 26th April 2011. Most of the amendments had come into force on 1st January 2012.</p> <p>The text of the Act is available at this link: http://www.fokuszpont.dohanyzasvisszaszoritasa.hu/sites/default/files/Act_XLII_of_1999_on_the_protection_of_non_smokers_01.08.2013.pdf</p> |
| 3.2.2.9 | <p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 8 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 8 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p> <p>According to the amendment (entered into force on the 1st of January 2012) of the decree no. 6/1996 of the Minister of Justice on rules applicable for the execution of pre-trial detention and imprisonment, in penal institutions smoker and non-smoker convicted persons should be placed separately.</p> <p>According to the decree mentioned above the convicted person should inform the penal institution in writing about his/her smoking habits at the beginning of the execution of his/her sentence and later in order to place him/her in a smoking or a non-smoking living area or cell. The longest period between the opportunities to inform the penal institution should not be longer than 3 months. When the convicted person informs the penal institution about the change of his/her smoking habits, his/her placement should be changed for the request of such person. When the convicted person should be placed into a non-smoking area because of sanitary reasons, the penal institution should change his/her placement immediately.</p> |
| 3.2.2.10 | <p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p> |

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| 3.2.3 | 9 | Regulation of the contents of tobacco products <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i> | | |
| | | Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following: | | |
| 3.2.3.1 | | – testing and measuring the contents of tobacco products? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3.2.3.2 | | – testing and measuring the emissions of tobacco products? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.3.3 | | – regulating the contents of tobacco products? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.3.4 | | – regulating the emissions of tobacco products? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.3.5 | Please provide a brief description of the progress made in implementing Article 9 (<i>Regulation of the contents of tobacco products</i>) in the past two years or since submission of your last report. | | | |
| | No further steps have been made in the implementation of Article 9. | | | |
| 3.2.3.6 | USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 9 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary . | | | |
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| 3.2.3.7 | If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below. | | | |
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| 3.2.4 | 10 | <p>Regulation of tobacco product disclosures</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p> | | |
| | | <p>Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:</p> | | |
| 3.2.4.1 | | <p>– requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:</p> | | |
| | | <p>· contents of tobacco products?</p> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <p>· emissions of tobacco products?</p> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.4.2 | | <p>– requiring public disclosure of information about the:</p> | | |
| | | <p>· contents of tobacco products?</p> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <p>· emissions of tobacco products?</p> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.4.3 | <p>Please provide a brief description of the progress made in implementing Article 10 (<i>Regulation of tobacco product disclosures</i>) in the past two years or since submission of your last report.</p> | | | |
| | | <p>No further steps have been made in the implementation of Article 10.</p> | | |
| 3.2.4.4 | <p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 10 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p> | | | |
| 3.2.4.5 | <p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p> | | | |

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| 3.2.5 | 11 | Packaging and labelling of tobacco products | | |
| | | <i>(Please check "Yes" or "No". For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i> | | |
| | | Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following: | | |
| 3.2.5.1 | 11 | - requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.5.2 | 11.1(a) | - requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.5.3 | 11.1(b) | - requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.5.4 | 11.1(b)(i) | - ensuring that the health warnings are approved by the competent national authority? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.5.5 | 11.1(b)(ii) | - ensuring that the health warnings are rotated? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.5.6 | 11.1(b)(iii) | - ensuring that the health warnings are clear, visible and legible? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.5.7 | 11.1(b)(iii) | If you answered "" to question 3.2.5.6, does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.5.8 | 11.1(b)(iv) | - ensuring that the health warnings occupy no less than 30% of the principal display areas? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.5.9 | | - ensuring that the health warnings occupy 50% or more of the principal display areas? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3.2.5.10 | 11.1(b)(v) | - ensuring that health warnings are in the form of, or include, pictures or pictograms? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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| 3.2.5.11 | | If you answered “Yes” to question 3.2.5.10, does the Government own the copyright to these pictures and pictograms? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3.2.5.12 | | If you answered “Yes” to question 3.2.5.10, would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3.2.5.13 | 11.2 | - requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant: | | |
| | | · constituents of tobacco products | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | · emissions of tobacco products | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3.2.5.14 | 11.3 | - requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.5.15 | Please provide a brief description of the progress made in implementing Article 11 (<i>Packaging and labelling of tobacco products</i>) in the past two years or since submission of your last report. | | | |
| | The amendment of Act XLII of 1999 in April 2011 had introduced combined health warnings with an effect from 1 September 2012. From 1 September 2012 cigarettes can be produced only with combined warnings and from 1 January 2013, cigarettes can be marketed only with combined warnings. The pictorials shall be depicted on a main side of the packaging, covering at least 40 per cent of the surface. We use the European Commission pictorial library. | | | |
| 3.2.5.16 | USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES | | | |
| | Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 11 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 11 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary . | | | |
| | For point 3.2.5.13: from emission tar, nicotine and carbone-monoxide shall be depicted on the packaging. | | | |
| 3.2.5.17 | If you have any other relevant information pertaining to or not covered in this section, please provide details in the space below. | | | |



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| 3.2.6 | 12 | <p>Education, communication, training and public awareness</p> <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p> <p>Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:</p> | | |
| 3.2.6.1 | 12(a) | <ul style="list-style-type: none"> - educational and public awareness programmes? <i>(Please refer to programmes implemented since submission of your two-year report.)</i> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.6.2 | | <p>If you answered “Yes” to question 3.2.6.1, to whom are these programmes targeted?</p> | | |
| | | <ul style="list-style-type: none"> · adults or the general public | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <ul style="list-style-type: none"> · children and young people | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <ul style="list-style-type: none"> · men | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | <ul style="list-style-type: none"> · women | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | <ul style="list-style-type: none"> · pregnant women | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | <ul style="list-style-type: none"> · ethnic groups | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | <ul style="list-style-type: none"> · other <i>(please specify:)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.6.3 | | <p>If you answered “Yes” to question 3.2.6.1, do you reflect the following key differences among targeted population groups in educational and public awareness programmes?</p> | | |
| | | <ul style="list-style-type: none"> · age | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <ul style="list-style-type: none"> · gender | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | <ul style="list-style-type: none"> · educational background | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | <ul style="list-style-type: none"> · cultural background | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | <ul style="list-style-type: none"> · socioeconomic status | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | <ul style="list-style-type: none"> · other <i>(please specify:)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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| 3.2.6.4 | 12(b) | If you answered “Yes” to question 3.2.6.1, do these educational and public awareness programmes cover: | | | |
| | | · health risks of tobacco consumption? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | | · health risks of exposure to tobacco smoke? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | | | · benefits of the cessation of tobacco use and tobacco-free lifestyles? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 12(f) | · adverse economic consequences of | | | |
| | | - tobacco production? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | | - tobacco consumption? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| · adverse environmental consequences of | | | | | |
| - tobacco production? | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| | | - tobacco consumption? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 3.2.6.5 | 12(e) | – awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control: | | | |
| | | · public agencies? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | | · nongovernmental organizations not affiliated with the tobacco industry? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | | · private organizations? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | | · other (<i>please specify:</i>)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 3.2.6.6 | 12 | Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 3.2.6.7 | 12(d) | Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to: | | | |
| | | · health workers? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | | · community workers? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | | · social workers? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |

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| | <ul style="list-style-type: none"> · media professionals? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | <ul style="list-style-type: none"> · educators? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | <ul style="list-style-type: none"> · decision-makers? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | <ul style="list-style-type: none"> · administrators? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | <ul style="list-style-type: none"> · other (<i>please specify:</i>)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.6.8 | <p>Please provide a brief description of the progress made in implementing Article 12 (<i>Education, communication, training and public awareness</i>) in the past two years or since submission of your last report.</p> <p>The Decree of the Ministry of Human Resources 20/2012. (VIII. 31.) on the names and functions of schools and kindergartens contains the rules of the so called full health promotion. One part of this is the prevention of the addiction prevention, included the smoking prevention.</p> <p>From European Union Funds support, in the development of innovative schools, health promotion programs can be realized, included smoking prevention programs.</p> <p>http://www.dohanyzasvisszaszoritasa.hu/eng/megelozes_es_leszokas_segites.html</p> <p>The content of the website “Ciki a cigi” (Smoking is sticky) aiming at helping the youth of the 5-8, 9-14 and 15-20 age groups with opinion forming, prevention of smoking and cessation has been renewed.</p> | | |
| 3.2.6.9 | <p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 12 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 12 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p> | | |
| 3.2.6.10 | <p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p> | | |

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| 3.2.7 | 13 | Tobacco advertising, promotion and sponsorship | | |
| | | <p><i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i></p> <p>Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:</p> | | |
| 3.2.7.1 | 13.2 | – instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| If you answered “No” to question 3.2.7.1, please proceed to question 3.2.7.3. | | | | |
| 3.2.7.2 | | If you answered “Yes” to question 3.2.7.1, does your ban cover: | | |
| | | · display and visibility of tobacco products at points of sales? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | · the domestic Internet? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | · the global Internet? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | · brand stretching and/or brand sharing? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | · product placement as a means of advertising or promotion? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | · the depiction of tobacco or tobacco use in entertainment media products? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | · tobacco sponsorship of international events or activities and/or participants therein? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | · contributions from tobacco companies to any other entity for “socially responsible causes” and/or any other activities implemented under the umbrella of “corporate social responsibility” by the tobacco industry? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | · cross-border advertising, promotion and sponsorship originating from your territory? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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| | 13.7 | <ul style="list-style-type: none"> the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Please proceed to question 3.2.7.12. | | | | |
| 3.2.7.3 | 13.2 | If you answered "No" to question 3.2.7.1. are you precluded by your constitution or constitutional principles from undertaking a comprehensive ban on tobacco advertising, promotion and sponsorship? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.7.4 | 13.3 | <ul style="list-style-type: none"> applying restrictions on all tobacco advertising, promotion and sponsorship? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.7.5 | 13.3 | <ul style="list-style-type: none"> applying restrictions on cross-border advertising, promotion and sponsorship originating from your territory with cross-border effects? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.7.6 | 13.4(a) | <ul style="list-style-type: none"> prohibiting those forms of tobacco advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.7.7 | 13.4(b) | <ul style="list-style-type: none"> requiring that health or other appropriate warnings or messages accompany all tobacco advertising, promotion and sponsorship? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.7.8 | 13.4(c) | <ul style="list-style-type: none"> restricting the use of direct or indirect incentives that encourage the purchase of tobacco products by the public? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.7.9 | 13.4(d) | <ul style="list-style-type: none"> requiring the disclosure to relevant Government authorities of expenditures by the tobacco industry on advertising, promotion and sponsorship not yet prohibited? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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| 3.2.7.10 | 13.4(e) | – restricting tobacco advertising, promotion and sponsorship on: | | |
| | | · radio? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | · television? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | · print media? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | · the domestic Internet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | · the global Internet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | · other media (<i>please specify:</i>)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.7.11 | 13.4(f) | – restricting tobacco sponsorship of: | | |
| | | · international events and activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | · participants therein? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Whether you answered “Yes” or “No” to question 3.2.7.1, are you: | | | | |
| 3.2.7.12 | 13.6 | – cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.7.13 | 13.7 | – imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.7.14 | Please provide a brief description of the progress made in implementing Article 13 (<i>Tobacco advertising, promotion and sponsorship</i>) in the past two years or since submission of your last report. | | | |
| | <p>According to Law No 49 of 2008 (Section 19) the advertising of tobacco products is prohibited. The prohibition also applies to any indirect advertising of tobacco products. Indirect advertising of tobacco products shall, in particular, mean:</p> <p>a) when, although it does not specify a tobacco product, it is aimed at advertising a tobacco product by using any other marking or trademark that can be related to the tobacco product in question;</p> <p>b) when it presents a tobacco product under the name, marking or trademark of another product;</p> <p>c) when it presents another product under the name, marking or trademark of a tobacco product.</p> <p>The advertising of a product whose name, marking or trademark is the same as that of a</p> | | | |

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| | <p>tobacco product shall not be deemed as the advertising of a tobacco product, provided that the name, marking or trademark of such product is clearly distinguishable from that of the tobacco product. According to Section 20 the Sponsorship of tobacco products shall be prohibited a) in connection with events or activities involving or taking place in several Member States of the European Economic Area or otherwise having cross-border effects; b) in connection with sporting and cultural events, or events or activities relating to health care; c) in connection with events and activities organized by political parties.(2) Tobacco companies shall publish the amount of their spending on advertisements and sponsorship during the current year on or before 31 March of the following year on their website and in at least two national daily newspapers.</p> <p>As the result of the Act CXXXIV of 2012 on „Reducing Smoking Prevalence among Young People and Retail of Tobacco Products”, on the outer walls of the tobacco store it is prohibited to display any picture or visualization relating to tobacco products or smoking.</p> |
| 3.2.7.15 | <p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the “Guidelines for implementation of Article 13 of the WHO FCTC” in your jurisdiction (please refer to the section on Article 13 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p> |
| 3.2.7.16 | <p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p> |

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| 3.2.8 | 14 | Demand reduction measures concerning tobacco dependence and cessation <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i> | | |
| | | Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following: | | |
| 3.2.8.1 | 14.1 | – developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2.8.2 | 14.1 | – programmes to promote cessation of tobacco use, including: | | |
| | | · media campaigns emphasizing the importance of quitting? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | · programmes specially designed for: | | |
| | | ○ underage girls and young women | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | ○ women | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | ○ pregnant women | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | · telephone quitlines | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | · local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| · other (<i>please specify</i> : the address of the website www.leteszemacigit.hu is indicated on combined health warnings of tobacco products)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | |

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| 3.2.8.3 | 14.2(a) | – design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as: | |
| | | · educational institutions? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | · health-care facilities? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | · workplaces? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | · sporting environments? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | · other (<i>please specify:</i>)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3.2.8.4 | 14.2(b) | – inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for: | |
| | | · tobacco control? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | · health? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | · education? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3.2.8.5 | | – inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3.2.8.6 | 14.2(b) | If you answered “Yes” to question 3.2.8.5, which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence? | |
| | | · primary health care | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | · secondary and tertiary health care | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | · specialist health-care systems (<i>please specify:</i>) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | · specialized centres for cessation counselling and treatment of tobacco dependence | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | · rehabilitation centres | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | · other (<i>please specify:</i>) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 3.2.8.7 | 14.2(b) | If you answered “Yes” to question 3.2.8.5, are the services provided in these settings covered by public funding or reimbursement schemes? | | | |
| | | · primary health care | <input checked="" type="checkbox"/> Fully | <input type="checkbox"/> Partially | <input type="checkbox"/> None |
| | | · secondary and tertiary health care | <input type="checkbox"/> Fully | <input checked="" type="checkbox"/> Partially | <input type="checkbox"/> None |
| | | · specialist health-care systems (<i>please specify:</i>) | <input type="checkbox"/> Fully | <input checked="" type="checkbox"/> Partially | <input type="checkbox"/> None |

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| | | <ul style="list-style-type: none"> specialized centres for cessation counselling and treatment of tobacco dependence | <input checked="" type="checkbox"/> Fully | <input type="checkbox"/> Partially | <input type="checkbox"/> None |
| | | <ul style="list-style-type: none"> rehabilitation centres | <input checked="" type="checkbox"/> Fully | <input type="checkbox"/> Partially | <input type="checkbox"/> None |
| | | <ul style="list-style-type: none"> other (<i>please specify:</i>) | <input type="checkbox"/> Fully | <input type="checkbox"/> Partially | <input type="checkbox"/> None |
| 3.2.8.8 | 14.2(b) | If you answered “Yes” to question 3.2.8.5, which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services? | | | |
| | | Health professionals including: | | | |
| | | <ul style="list-style-type: none"> physicians | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | | <ul style="list-style-type: none"> dentists | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | | <ul style="list-style-type: none"> family doctors | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | | <ul style="list-style-type: none"> practitioners of traditional medicine | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | | <ul style="list-style-type: none"> other medical professionals (<i>please specify:</i>) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | | <ul style="list-style-type: none"> nurses | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | | <ul style="list-style-type: none"> midwives | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | | <ul style="list-style-type: none"> pharmacists | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | | Community workers | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | | Social workers | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | | Others (<i>please specify:</i>) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 3.2.8.9 | 14.2(c) | – training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools: | | | |
| | | <ul style="list-style-type: none"> medical? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | | <ul style="list-style-type: none"> dental? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | | <ul style="list-style-type: none"> nursing? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | | <ul style="list-style-type: none"> pharmacy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |

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| | | · other (<i>please specify:</i>)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 3.2.8.10 | 14.2(d) | – facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 3.2.8.11 | 14.2(d) | If you answered “Yes” to question 3.2.8.10, where and how can these products be legally purchased in your country? | | | |
| | | Tobacco dependence treating pharmaceutical products are available in pharmacies as non prescription (OTC) medicines. | | | |
| 3.2.8.12 | 14.2(d) | If you answered “Yes” to question 3.2.8.10, which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction? | | | |
| | | · nicotine replacement therapy | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | | · bupropion | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| | | · varenicline | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | | · other (<i>please specify:</i>) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 3.2.8.13 | 14.2(d) | If you answered “Yes” to question 3.2.8.10, are the costs of these products covered by public funding or reimbursement? | | | |
| | | · nicotine replacement therapy | <input type="checkbox"/> Fully | <input type="checkbox"/> Partially | <input checked="" type="checkbox"/> None |
| | | · bupropion | <input type="checkbox"/> Fully | <input type="checkbox"/> Partially | <input checked="" type="checkbox"/> None |
| | | · varenicline | <input type="checkbox"/> Fully | <input type="checkbox"/> Partially | <input checked="" type="checkbox"/> None |
| | | · other (<i>please specify:</i>) | <input type="checkbox"/> Fully | <input type="checkbox"/> Partially | <input type="checkbox"/> None |
| 3.2.8.14 | Please provide a brief description of the progress made in implementing Article 14 (<i>Demand reduction measures concerning tobacco dependence and cessation</i>) in the past two years or since submission of your last report. | | | | |
| | <p>Pictorial warnings on tobacco products have been introduced as reported under the relevant section. The warnings contain the website (www.leteszemacigit.hu) and telephone number (06 40 200 493) of the cessation aid service.</p> <p>The Methodological Support Center for Smoking Cessation began operation at the National Korányi Institute of Tuberculosis and Pulmonology in October 2012 with European Union Funds support.</p> <p>The most important functions of the Methodological Centre:</p> <ul style="list-style-type: none"> - tasks with the process, characteristics and methodology of smoking cessation, - organize trainings for workers of pulmonary care and for GPs, | | | | |

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| | <p>- there is a call centre with qualified psychologists and physicians give information and advice relating smoking, and make cessation service through telephone calls. The Centre's free call is 06 80 44-20-44.</p> <p>- on the website (www.leszokaspont.hu) there is opportunity for widespread communication with the population.</p> <p>- up to date communication with the pulmonary care. With the regular data service of pulmonary care the trend of the smoking cessation can be followed.</p> <p>Connected websites: http://egeszseg.hu/</p> <p>In the second half of 2013, 58 health promotion offices was established from European Union Funds Support, which also provide brief intervention on smoking cessation in primary health care.</p> |
| 3.2.8.15 | <p>USE OF THE GUIDELINES ADOPTED BY THE CONFERENCE OF THE PARTIES</p> <p>Please use the space below to provide additional information regarding use of the "Guidelines for implementation of Article 14 of the WHO FCTC" in your jurisdiction (please refer to the section on Article 14 of the step-by-step instructions document when responding to this question). Alternatively, you may wish to provide detailed information through the additional questionnaire on the use of guidelines. Response to this section or to the additional questionnaire is voluntary.</p> |
| 3.2.8.16 | <p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p> |

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| 3.3 | <i>Article</i> | MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO <i>(with reference to Articles 15–17)</i> | | |
| 3.3.1 | 15 | Illicit trade in tobacco products <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i> | | |
| | | Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following: | | |
| 3.3.1.1 | 15.2 | - requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3.3.1.2 | 15.2(a) | - requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.3.1.3 | 15.2(a) | - requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: “Sales only allowed in ...” or carry any other effective marking indicating the final destination of the product? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.3.1.4 | 15.2(b) | - developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3.3.1.5 | 15.3 | - requiring that marking is presented in legible form or appears in the principal language and/or languages of the country? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.3.1.6 | 15.4(a) | - requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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| 3.3.1.7 | 15.4(a) | - facilitating the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.3.1.8 | 15.4(b) | - enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.3.1.9 | 15.4(c) | - requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment-friendly methods where possible, or disposed of in accordance with national law? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.3.1.10 | 15.4(d) | - adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.3.1.11 | 15.4(e) | - enabling the confiscation of proceeds derived from illicit trade in tobacco products? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.3.1.12 | 15.6 | - promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.3.1.13 | 15.7 | - licensing or other actions to control or regulate production and distribution in order to prevent illicit trade? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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| 3.3.1.14 | <p>Please provide a brief description of the progress made in implementing Article 15 (<i>Illicit trade in tobacco products</i>) in the past two years or since submission of your last report.</p> |
| | <p>No further steps have been made in the implementation of Article 15.</p> |
| 3.3.1.15 | <p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p> |
| | <p>The Act CXXXIV of 2012 on „Reducing Smoking Prevalence among Young People and Retail of Tobacco Products” from 1st July 2013, tobacco products can only be purchased in 7000 supervised tobacco stores with concession, instead of in more than 40 000 shops all over the country before.</p> |

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| 3.3.2 | 16 | Sales to and by minors | | |
| | | <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i> | | |
| | | Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following: | | |
| 3.3.2.1 | 16.1 | - prohibiting the sales of tobacco products to minors? If “Yes”, please specify the legal age: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.3.2.2 | 16.1(a) | - requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.3.2.3 | 16.1(a) | - requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.3.2.4 | 16.1(b) | - banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.3.2.5 | 16.1(c) | - prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3.3.2.6 | 16.1(d) | - prohibiting the sale of tobacco products from vending machines? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| If you answered “Yes” to question 3.3.2.6, please proceed to question 3.3.2.8. | | | | |
| 3.3.2.7 | 16.1(d) | If you answered “No” to question 3.3.2.6, do you ensure that tobacco vending machines are not accessible to minors and/or do not promote the sale of tobacco products to minors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.3.2.8 | 16.2 | - prohibiting and/or promoting the prohibition of the distribution of free tobacco products: | | |
| | | - to the public? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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| | | · to minors? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.3.2.9 | 16.3 | - prohibiting the sale of cigarettes individually or in small packets? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.3.2.10 | 16.6 | - providing for penalties against sellers and distributors in order to ensure compliance? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.3.2.11 | 16.7 | - prohibiting the sales of tobacco products by minors? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.3.2.12 | <p>Please provide a brief description of the progress made in implementing Article 16 (<i>Sales to and by minors</i>) in the past two years or since submission of your last report.</p> <p>In September 2012 the Parliament adopted the Act on „Reducing Smoking Prevalence among Young People and Retail of Tobacco Products”, also known as the “Tobacco Shop Law”. In consequence of the Act, selling of tobacco products can only be permitted in supervised tobacco stores, where only adults above 18 can purchase. The aim of the Act is to restrict the widespread availability and presence of tobacco products in order to promote tobacco control among young people, furthermore to supply smokers with tobacco products professionally and satisfyingly in compliance with consumer protection rules, thereby to prevent the illegal trade of tobacco products.</p> <p>As a result of the Act, from 1st July 2013, tobacco products can only be purchased in 7000 supervised tobacco stores with concession, instead of in more than 40 000 shops all over the country before. At retail, young people need to be prevented from buying tobacco products as much as possible. If there is a doubt about the age of the customer, the retailer must check the documents proving the age of the customer. In case of contravening these requirements, the consumer protection agency can impose a fine on the tobacco product retailer.</p> <p>On the outer walls of the tobacco store it is prohibited to display any picture or visualization relating to tobacco products or smoking. As a result of these measures, purchasing tobacco products has become more difficult for young people.</p> <p>Results of Youth Surveys in 2012 and 2013</p> <p>The youth surveys in 2012 and 2013 were conducted within the WHO Global Youth Tobacco Survey (GYTS). Respondents of the surveys were pupils in the 7th, 8th and 9th grades in the age group of 13-15.</p> <p>In 2012 the rate of current – both daily and occasional – smokers was 27%; 31% of boys and 25% of girls smoked. This rate decreased by 3% in 2013. The decrease was observed among boys: the rate of current smokers among boys fell to 24% by 2013 and there was no change among girls.</p> <p>In 2012, 7% of the age group of 13-15 were daily smokers, that is, 9% of boys and 5% of girls. The rate of current smokers among young people rose to 9% by 2013. The increase was 1% among boys and 2% among girls.</p> <p>In 2012, 45% of young people bought cigarettes in shops; this rate decreased significantly to 20% by 2013. In 2012, 43% of young people were not prevented by shop assistants in</p> | | | |

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| | <p>service from buying cigarettes because of their age, this rate unfortunately increased by 2013: 50% of the age group of 13-15 were not refused during service because of their age.</p> <p>The Adult Tobacco Survey 2013 contains that 58% of the smokers said, that it is more or much more difficult to buy a tobacco product than before decreasing the number of the tobacco-selling places.</p> <p>Four important measures on tobacco control implemented since 2012 in Hungary:</p> <p>smoking ban in enclosed air space public places and in some of the open air space places, the significant tax increase on cigarettes, the warnings combined with pictures on cigarette packages and the drastic decrease in the number of stores selling tobacco products.</p> <p>A significant decline of the prevalence among adults and slight decline of the prevalence among the youth occurred related to the four measures.</p> <p>The reduction of the number of smokers is expected to help reduce tobacco related morbidity, mortality and tobacco related economic and social burden.</p> |
| 3.3.2.13 | <p>If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.</p> |

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| 3.3.3 | 17 | Provision of support for economically viable alternative activities <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i> | | | |
| | | Have you adopted and implemented, where appropriate, measures or programmes on any of the following: | | | |
| 3.3.3.1 | 17 | - promoting economically viable and sustainable alternatives for: | | | |
| | | · tobacco growers? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| | | · tobacco workers? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| | | · tobacco individual sellers? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| 3.3.3.2 | Please provide a brief description of the progress made in implementing Article 17 (<i>Provision of support for economically viable alternative activities</i>) in the past two years or since submission of your last report. | | | | |
| | Based on EU subvention from year 2010, the Hungarian Government supports a program of restructuring, replacing tobacco leaf growing with the production of other agricultural products with the objective to maintain employment in the region of tobacco leaf growing. (29/2010. (III. 30.) FVM regulation on aid for fruit and vegetable tobacco growing areas subject to restructuring and development programmes) The production restructuring program throughout the grant period must prove : -1000 hours of work for Virginia, Burley tobacco payment entitlement per calendar year, -realized revenue of 300 000 HUF per year for each approved activity. | | | | |
| 3.3.3.3 | If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below. | | | | |
| | (Empty space for additional information) | | | | |

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| 3.4 | <i>Article</i> | OTHER MEASURES AND POLICIES <i>(with reference to Articles 18–21)</i> | | |
| 3.4.1 | 18 | Protection of the environment and the health of persons <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i> | | |
| | | Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following: | | |
| 3.4.1.1 | 18 | - implementing measures in respect of tobacco cultivation within your territory, which take into consideration: | | |
| | | · the protection of the environment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | · the health of persons in relation to the environment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.4.1.2 | 18 | - implementing measures in respect of tobacco manufacturing within your territory, which take into consideration: | | |
| | | · the protection of the environment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | · the health of persons in relation to the environment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.4.1.3 | Please provide a brief description of the progress made in implementing Article 18 (<i>Protection of the environment and the health of persons</i>) in the past two years or since submission of your last report. | | | |
| <p>Regulation 50/2008 (April 24th) FVM of the single area payments, and certain rural development measures it met "Good Agricultural and Environmental Condition" condition is required to maintain the system, and the animals to livestock units conversion ratio of the definition</p> <p>Regulation 59/2008 (April 29th) FVM waters against pollution from agricultural sources of nitrate action program for the protection arrangements, as well as reporting and record</p> <p>Regulation 89/2004 (May 15th) FVM the marketing and use of pesticides on the authorization of plant protection products and packaging, labeling, storage and movement</p> <p>Act 46/2008 the food chain and regulatory oversight</p> <p>Act 53/1995 the general rules of environmental protection</p> <p>93/1993 Occupational Safety and Health Act</p> <p>In clubs and restaurants the indoor air quality improved significantly since the cessation: the average concentration of air pollution, related to smoking, decreased by 90%. Measuring outside the clubs and restaurants verified that the main sources of air pollution</p> | | | | |

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| | inside in these facilities were cigarettes – outside measuring values did not change after the aggravation. |
| 3.4.1.4 | If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below. |
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| 3.4.2 | 19 | Liability <i>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</i> | | | |
| 3.4.2.1 | 19.1 | Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| 3.4.2.2 | 19.1 | Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not applicable |
| 3.4.2.3 | 19.1 | Do you have any civil liability measures that are specific to tobacco control? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| 3.4.2.4 | 19.1 | Do you have any general civil liability provisions that could apply to tobacco control? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| 3.4.2.5 | 19.1 | Do you have civil or criminal liability provisions that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not applicable |
| 3.4.2.6 | 19.1 | Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| 3.4.2.7 | 19.1 | Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| 3.4.2.8 | | Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (<i>Liability</i>) in the past two years or since submission of your last report. | | | |
| | | No further steps have been made in the implementation of Article 19 in the reporting period. | | | |

| | | |
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| 3.4.2.9 | | If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below. |
| | | Our Penal Code does not provide for any specific regulation on the eventual penal liability of the tobacco industry. |

| | | | | |
|---------|---------|--|---|--|
| 3.4.3 | 20 | Research, surveillance and exchange of information | | |
| | | <p>(Please check “Yes” or “No”. For affirmative answers, please provide a brief summary in the space provided at the end of the section and attach the relevant documentation. Please provide documentation, if available, in one of the six official languages.)</p> <p>Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:</p> | | |
| 3.4.3.1 | 20.1(a) | - developing and/or promoting research that addresses: | | |
| | | · determinants of tobacco consumption? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | · consequences of tobacco consumption? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | · social and economic indicators related to tobacco consumption? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | · tobacco use among women, with special regard to pregnant women? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | · the determinants and consequences of exposure to tobacco smoke? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | · identification of effective programmes for the treatment of tobacco dependence? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | · identification of alternative livelihoods? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | · other (<i>please specify:</i>) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.4.3.2 | 20.1(b) | - training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3.4.3.3 | 20.3(a) | - a national system for epidemiological surveillance of: | | |
| | | · patterns of tobacco consumption? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | · determinants of tobacco consumption? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | · consequences of tobacco consumption? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | · social, economic and health indicators related to tobacco consumption? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | · exposure to tobacco smoke? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

| | | | | |
|---------|--|---|---|--|
| | | <ul style="list-style-type: none"> other relevant information (<i>please specify:</i>) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.4.3.4 | 20.3(a) | If you answered "Yes" to any question under 3.4.3.3, please list all surveys, including the year of the survey, that you have undertaken in the past. | | |
| 3.4.3.5 | 20.3(a) | In reference to any question under 3.4.3.3, does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below. | | |
| | | Hungarian Focal Point for Tobacco Control plans to pursue a national representative survey among the adult population and youth. | | |
| 3.4.3.6 | 20.4 | - regional and global exchange of publicly available national: | | |
| | | <ul style="list-style-type: none"> scientific, technical, socioeconomic, commercial and legal information? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <ul style="list-style-type: none"> information on the practices of the tobacco industry? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | | <ul style="list-style-type: none"> information on the cultivation of tobacco? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3.4.3.7 | 20.4(a) | - an updated database of: | | |
| | | <ul style="list-style-type: none"> laws and regulations on tobacco control? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <ul style="list-style-type: none"> information about the enforcement of laws on tobacco control? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <ul style="list-style-type: none"> pertinent jurisprudence? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3.4.3.8 | Please provide a brief description of the progress made in implementing Article 20 (<i>Research, surveillance and exchange of information</i>) in the past two years or since submission of your last report. | | | |
| | <p>For point 3.4.3.6: The restriction of smoking bans and the introduction of pictorial warnings have attracted great international attention. We shared the text of the Act with other countries, especially members of the EU.</p> <p>Experts of the WHO and the ENSP (European Network for Smoking and Tobacco Prevention) have provided expertise during the preparation of the Act.</p> | | | |
| 3.4.3.9 | If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below. | | | |
| | The summary of the data gained during the control of complying with smoking prohibitions needs to comply with qualitative and quantitative requirements. For this purpose, the development of the new software regarding the control of | | | |

| | |
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| | compliance with the law, which is fitting to the registration system had finished. |
|--|--|

4. INTERNATIONAL COOPERATION AND ASSISTANCE

Note: The goal of this section is to assist the Convention Secretariat in matching available skills and resources with identified needs at national, subregional, regional and international levels.

| | <i>Article</i> | Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, subregional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas: | Assistance provided | Assistance received |
|-----|---|---|---|---|
| 4.1 | 22.1(a) | - development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.2 | 22.1(b) | - provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.3 | 22.1(c) | - appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4.4 | 22.1(d) | - provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4.5 | 22.1(e) | - identification of methods for tobacco control, including comprehensive treatment of nicotine addiction? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4.6 | 22.1(f) | - promotion of research to increase the affordability of comprehensive treatment of nicotine addiction? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4.7 | If you answered “Yes” to any of questions 4.1–4.6, please identify the Party or Parties from which assistance was received or to which assistance was provided. | | | |
| | Turkey, European Union Member States, WHO Parties, France | | | |

| | |
|------|--|
| 4.8 | Please provide information about any assistance provided or received in the space below. |
| | <p>In the relevant committee of the European Commission, the sharing of expertise and experiences is continuous.</p> <p>The network of WHO tobacco counterparts helps in the implementation of activities related to smoking prohibition.</p> <p>In the organisation of the Hungarian and Turkish WHO country offices, Hungarian experts participated in a study tour in Turkey during the preparation of the amendment of the Act on smoking prohibitions.</p> <p>The competent ministry of France received an expert of the Health State Secretariat dealing with tobacco control for an internship.</p> |
| 4.9 | If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate. |
| | |
| 4.10 | <p>Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>(Please refer to Article 26.4.)</i></p> |
| 4.11 | If you answered “Yes” to question 4.10, please provide details in the space below. |
| | |

5. PRIORITIES AND COMMENTS

| | |
|-----|---|
| 5.1 | What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction? |
| | In the future our priorities are to continue the dissemination of smoking prevention programs in kindergartens and schools and to strengthen the smoking cessation system. |
| 5.2 | <p>Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| 5.3 | If you answered “Yes” to question 5.2, please provide details in the space below. |
| | We need to establish adequate resources for prevention and cessation researches, surveys, data collection and for the infrastructure for the testing of tobacco ingredients. |
| 5.4 | <p>What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?</p> <p><i>(Please refer to Article 21.1(b).)</i></p> |
| | As the modification of smoking rules took effect on 1 January 2012, the demand for tobacco products imitative electronic products (e-cigarettes) has increased. Moreover, as nicotine is considered as pharmaceutical active ingredient we see that the marketing of e-cigarettes interferes with pharmaceutical rules. We consider it is necessary to make |

| | |
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| | internationally coordinated efforts in this field. |
| 5.5 | Please provide any other relevant information not covered elsewhere that you consider important. |
| | |
| 5.6 | Your suggestions for further development and revision of the reporting instrument: |
| | |

End of reporting instrument

Act XLII of 1999

on the Protection of Non-Smokers and Certain Regulations on the Consumption and Distribution of Tobacco Products

The Parliament,

- having regard to the unfavorable general health indicators of the Hungarian population,
- in the interest of dissuading young non-smokers from starting to use tobacco by way of imposing some restrictions concerning the sale of tobacco products,
- showing its commitment for providing protection to non-smokers and persons who, due their age or state of health, require increased protection against the harmful effects of passive smoking through the regulation of the consumption of tobacco products primarily in public places,
- recognizing, moreover, the need for having the regulations concerning the protection of non-smokers to be reviewed periodically consistent with the expansion of more health-conscious behavior, so as to enable the state to provide protection against the harmful effects of passive smoking in previously unaffected areas of the private sector,
- stressing, particularly, that smoking should be avoided, in due respect of the right to privacy, in the presence of minors, pregnant women, sick people or persons whose mobility is limited for any reason, even in areas of private life, especially in enclosed areas or inside of cars, in light of the fact that all tobacco smoke has toxic properties, and it has no health-based limit value in terms of exposure, that can be considered safe,
- thus promoting the implementation and protection of the constitutional rights related to good health and a healthy environment,
- having regard - subject to consultation concerning reconciliation of conflicting interests - to the need for improvements in the traditional habits of consumption of tobacco products, while recognizing reasonable consumption patterns,

has adopted the following Act:

Interpretative provisions

Section 1.

For the purposes of this Act:

- a)* "tobacco product" means cigarettes, cigars, cigarillos, pipe tobacco and tobacco in other processed forms or any other tobacco-based product intended for smoking in accordance with a separate legal regulation;
- b)* "smoking" means the burning of tobacco products causing smoke;
- c)* "public institution" means any establishment or other similar means of natural or legal persons, or unincorporated business associations engaged in performing public functions, public duties or other services in the public interest (hereinafter referred to collectively as "services") for those concerned, irrespective of whether admission thereto for the general public is unrestricted or rendered conditional;
- d)* "event" means a gathering or program created through the congregation of at least three persons as set forth in Subsection (1) of Section 2 of Act III of 1989 on the Right of Assembly, and organized for business, cultural, sport - other than recreational - or religious purposes or for interest representation purposes;

in force 01.08.2013.

e) "confined area" means any structure or medium physically separated from its environment by some technical solution, whose continual ventilation from the external environment is not guaranteed or is guaranteed exclusively by means of doors and windows or other technical equipment.

f) "combined warning" means a warning arranged according to the government decree adopted by authorization of this Act, comprising a picture or representation and a text message of supplementary warning;

g) "non-governmental organization for the protection of health" means an association established under the Act on the Right of Association, whose objective specified in the statutes is the suppression of smoking, that has been operating for at least two years, including the alliances of such associations.

h) "outside packaging" shall mean any packaging in which products are placed on the market and which include a unit packet or an aggregation of retail unit packets;

Fundamental Provisions on the Consumption of Tobacco Products

Section 2.

(1) With the exception of areas designated for smoking - subject to the derogation set out in Subsection (3) - smoking is prohibited:

a) in the areas of public institutions which are open to the general public;

b) on means of public transport;

c) at places of work;

d) in public places, such as:

da) underpasses for pedestrian traffic and other enclosed interconnecting spaces open for public traffic, in public playgrounds, including a five-meter zone surrounding such playgrounds, measured from the perimeter of the playground,

db) in railway facilities serving the operation of public railway services and other spaces comprising part of railway lines which are open to the general public, in stations and stopping places installed or designated for the use of means of public transport, including waiting areas and spaces, in the case of open-air stopping places and waiting areas inside a five-meter zone surrounding such stopping places and waiting areas, measured from the perimeter of the stopping place and waiting area, however, if the outer perimeter of the designated non-smoking area cannot be clearly identified, smoking shall be prohibited within a five-meter radius from the sign or other marking of the stopping place or waiting area.

(2) Subject to the exception set out in Subsection (5), smoking areas may not be designated:

a) in the enclosed spaces of public institutions;

b) in the enclosed spaces of work places;

c) on means of local public transport, suburban light rails, suburban railways, on scheduled intercity buses and scheduled railways carrying passengers.

(3) By way of derogation from Paragraph *a)* of Subsection (1), smoking is permitted without the designation of a smoking area:

a)

b) in the enclosed rooms of institutions providing accommodations, if let and expressly designated as a room for smokers;

in force 01.08.2013.

provided that smoking is not prohibited by other provisions of this Act or by fire regulations.

(4) In addition to what is contained in Paragraphs *a)* and *b)* of Subsection (2), areas may not be designated outdoors for smoking:

a) in public education institutions;

b) in child welfare and child protection institutions;

c) subject to the exception set out in Subsection (5), in the facilities of healthcare service providers referred to in Paragraph *f)* of Section 3 of Act CLIV of 1997 on Health Care (hereinafter referred to as "HCA").

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

a) in the cases described in Section 9;

b) in penal institutions, police detention facilities, lockups and compounds of restricted access for the inmates and detainees, including those suffering in some form of mental disorder;

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

d) for workers, where the adjusted effective temperature - defined in specific other legislation - in indoor workplaces is higher than 24 °C;

e) for workers working in places rated extremely or highly flammable or in workplaces and facilities of moderate fire risk where areas may not be designated outdoors for smoking:

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

eb) in compliance with fire regulations, and

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

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

(6) The government body in charge of the healthcare system and the fire protection authority shall inspect designated smoking areas for compliance with the provisions of this Act and from the point of view of fire prevention, respectively.

(7) Areas and spaces where smoking is prohibited and designated smoking areas, spaces and public places must be clearly indicated as such by means of a symbol or other explicit sign, or a standard prohibitive sign or pictogram in the event of prohibition under fire regulations.

(8) Where an enclosed area is designated for smoking under this Act, such smoking section may not be designated in the same room where a non-smoking area is also located. In the case of enclosed smoking areas, an adequate supply of fresh air must be ensured through windows or by the installation of other technical means, where tobacco smoke must not be allowed to enter the non-smoking areas. In the application of this Subsection, circulation of air shall be considered adequate if:

a) a ventilation mechanism providing a steady supply of fresh air and the removal of spent air is installed, and

b) the designation of the smoking areas and the air ventilation of the premises are designed in such a way that tobacco smoke flows directly from where it originates through the ventilation conduit without the non-smoking areas being in the direction of the flow.

(9) In the cases referred to in Paragraphs *d)* and *e)* of Subsection (5) enclosed smoking areas may be designated subject to the prior consent of the government body in charge of the healthcare system. The government body in charge of the healthcare system shall conduct regulatory proceedings upon request, including site inspection, for the authorization of a smoking area if it meets the requirements set out in Paragraphs *d)* and *e)* of Subsection (5) and in Subsections (7) and (8) hereof. The proceedings of the government body in charge of the healthcare system for the authorization of a designated smoking area shall be subject to an administrative service fee in the amount decreed by the minister in charge of the healthcare system in agreement with the minister in charge of taxation.

Section 2/A.

(1) In addition to what is contained in Paragraph *d*) of Subsection (1) of Section 2, municipal governments shall be empowered to declare public places non-smoking areas by way of a decree. The decree of municipal governments shall define the scope of prohibition of smoking in sufficient detail so as to allow the persons required to designate smoking areas in accordance with this Act to satisfy such obligation. The provisions of Subsection (7) of Section 2 shall apply to the designation of non-smoking public places.

(2) Compliance with smoking restrictions in public places pursuant to this Act and the municipal decree referred to in Subsection (1) may be monitored - in addition to what is contained in Section 7 and in accordance with the relevant municipal decree - by the local community patrol as well, with the right to levying an instant fine of up to 30,000 forints upon any person violating smoking restrictions.

(3) The instant fine referred to in Subsection (2) shall constitute revenue for the competent municipal government.

(4) For any violation of smoking restrictions by the same person, at the same time and place, the instant fine under Subsection (2) hereof and the healthcare penalty under Section 7 may not be imposed collectively. If both the local community patrol and the government body in charge of the healthcare system have opened proceedings for any violation of smoking restrictions by the same person, at the same time and place, it shall be conducted by the authority vested with competence under Subsection (6) of Section 21 of Act CXL of 2004 on the General Rules of Administrative Proceedings and Services (hereinafter referred to as "APA").

Section 3.

(1) Persons acting within the scope of duties of the public institution as well as persons professionally involved in the operation of means of public transport (hereinafter jointly referred to as „authorized persons”) are obliged to request anyone violating the smoking restriction to immediately cease such infringement. In the event that the request is unsuccessful, the authorized person shall demand that the person concerned leave the public institution or the means of public transport or shall initiate the proceedings described in Subsections (1), (2) and (13) of Section 7.

(2) At the request of the person defined in Subsection (1)- upon presenting proof of authority for the measures being taken - the person concerned is obliged to prove his identity.

Section 4.

(1) In the cases defined in Paragraphs *a*) and *c*) of Subsection (1) of Section 2 - with the exceptions set out in Subsection (6) of this Section and Subsections (3)-(5) of Section 2 - a non-enclosed area that meets the requirements set out in this Act and by fire regulations shall be designated and maintained for smoking subject to the provisions of Subsection (7) of Section 2. With the exception of public institutions providing entertainment and/or restaurant services, smoking areas may not be designated within five meters from the entrance of any public institution. In the case of public institutions providing entertainment and/or restaurant services, a smoking area may be designated within five meters from the entrance if there is no outdoor space available inside the premises of the institution that can be designated for smoking within five meters from the entrance.

(2)

(3) The designation of smoking areas on means of public transport, operating by public or private operators, other than those mentioned in Paragraph *c*) of Subsection (2) of Section 2, shall be determined by the operator in compliance with fire regulations and traffic safety requirements.

(4)-(5)

(6) The operator of a public institution - other than the public institutions under Paragraphs *a*)-*c*) of Subsection (5) of Section 2 - may declare the institution a non-smoking establishment. In this case there is no need to designate a smoking area in the institution, neither enclosed nor outdoors. The non-smoking status of the institution must be displayed in an easily visible manner using unambiguous wording or signs at the entrance to the institution open to the general public, as well as in all places which are open to the general public.

in force 01.08.2013.

(7)

(8) By way of derogation from Paragraph *c*) of Subsection (4) of Section 2, in multi-purpose institutions in which or in the premises of which healthcare services are also provided, the provisions contained in Subsection (1) hereof shall be observed, with the exception that areas may be designated outdoors for smoking only if properly separated from the areas attended by persons seeking medical services out of habit or necessity.

(9) The requirements set out in Subsections (1)-(8) of this Section and in Section 4/A shall be enforced by the person appointed under the internal regulations of the public institution - failing this by the head or operator of the institution -, by the organizer of the event or by the operator of the means of public transport, or the principal of the institution of public education or the employer.

Section 4/A.

(1) Employers may prohibit smoking at any workplace - or any business establishment where applicable - in accordance with the provisions laid down in Subsections (2)-(3). In this case, in the facilities and areas of which the employer has exclusive control smoking areas may not be designated. The designation that a workplace has been declared smoke-free must be displayed in an easily visible manner using unambiguous wording or signs at the entrance to the premises open for pedestrian traffic, as well as in all places used also by persons other than the employees and in the corridors leading to these areas at places where it can be seen by all persons admitted.

(2) The decision to declare an employer a smoke-free workplace in accordance with Subsection (1) may be adopted:

a) in the collective agreement where applicable;

b) at the request of or in agreement with the employees of employers to whom Paragraph *a*) does not apply.

(3) The initiative referred to in Paragraph *b*) of Subsection (2) may be presented by a trade union vested with powers to conclude the collective agreement, or failing this by at least fifty per cent of all workers employed at the particular workplace, or at the business establishment where applicable, at the time the agreement is concluded. If initiated by the employer the agreement of employees shall be governed by the same rules that govern the launching of the initiative. The employer must comply with the initiative presented by the employees and shall declare the workplace or establishment smoke-free within thirty days.

(4) In connection with any workplace where a smoking area cannot be designated in accordance with Subsections (2) and (4) of Section 2, or where designating smoking areas is not obligatory under Subsection (3) of Section 2, Subsections (1)-(3) may not be applied. Where a workplace has been declared smoke-free according to Subsection (1), Subsections (2)-(3) shall apply *mutatis mutandis* to requests for the designation of smoking areas.

Restrictions on the Marketing and Distribution of Tobacco Products

Section 5.

(1) Activities for the retail sale of tobacco products may not be pursued in public education institutions, social institutions providing personal care, in child welfare and child protection institutions as well as in health care institutions.

(2) Tobacco products may not be placed on the market as representative samples.

(3) Tobacco products may not be sold by vending machines.

(4) For the purposes of this Section, 'retail sale of tobacco products' shall have the meaning defined in the Act on Anti-Smoking Programs for Young People and on the Retail Sale of Tobacco Products.

Section 6.

in force 01.08.2013.

(1) Placing cigarettes on the market is allowed only if the wording on the consumer packaging units of the product being placed on the market - which shall be visible with a contrasting background, easily readable, and durable - contains the following in the Hungarian language:

a) on one of the main sides covering at least 30 per cent of the surface

aa) the warning “A dohányzás súlyosan károsítja az Ön és a környezetében élők egészségét!” (*Smoking seriously harms you and others around you*), or

ab) “A dohányzás halált okozhat!” (*Smoking can kill*);

b) on the other main side covering at least 40 per cent of the surface, a combined warning selected by the manufacturer from among the options defined by the government decree adopted for the implementation of this Act, and

c) on one of the narrow sides covering at least 10 per cent of the surface, the numerical values of the tar, nicotine and carbon-monoxide content present in the primary smoke of each cigarette.

(2) The general health warnings under Paragraphs *aa*) and *ab*) of Subparagraph *a*) of Subsection (1) and the combined warning to be selected by the manufacturer shall be varied in such a way as to guarantee their systematic appearance on each of the main sides.

(3) The provisions contained in Subsection (1) shall apply *mutatis mutandis* to the retail unit packets of tobacco products which are not mentioned in Subsection (1), with the proviso that - as regards health warnings - the relevant government decree may contain provisions in derogation from the provisions of Paragraphs *a*) and *b*) of Subsection (1) as pertaining to the minimum size of health warnings set out in Paragraphs *a*) and *b*) of Subsection (1). Paragraph *c*) of Subsection (1) shall not apply to the retail unit packets of tobacco products not mentioned in Subsection (1). In the case of smokeless tobacco products, the relevant government decree may contain derogating provisions as pertaining to the wording of the general health warning set out in Paragraph *a*) of Subsection (1).

(3a) The provisions contained in Subsection (1) shall also apply to the conditions for placing tobacco products on the market in outside packaging, however, Paragraph *c*) of Subsection (1) shall not apply unless the relevant government decree provides otherwise.

(4) The health warning defined in Paragraph *a*) of Subsection (1) must also be posted on the premises of shops selling tobacco products and in the serving area of mobile vendors. The provisions contained in Subsection (1) shall apply *mutatis mutandis* to the display method of the warning with the understanding that the provision regarding the minimum size of the warning need not be applied.

(5) The detailed regulations governing the labeling and packaging of tobacco products are laid down in specific other legislation.

(6)

Violation of Prohibitions and Obligations Regarding the Consumption and Distribution of Tobacco Products

Section 7.

(1) The government body in charge of the healthcare system shall monitor compliance with the provisions contained in Sections 2-4/A and Section 9 of this Act, and Section 38 of Act XCIII of 1993 on Labor Safety, and - in the case of any infringement - shall impose a healthcare penalty upon the infringer natural or legal person, or unincorporated business association. The government body in charge of the healthcare system may waive the penalty in respect of the person specified in Subsection (9) of Section 4, if the authorized person has verifiably discharged his obligation set out in Subsection (1) of Section 3 in respect of the person engaged in any violation of the smoking restriction.

in force 01.08.2013.

(2) The party described in Subsection (9) of Section 4 shall also be obliged to pay a health care penalty if, within his scope of responsibilities, he does not enforce adherence to the prohibitions and restrictions contained in this Act with reference to smoking.

(3) A healthcare penalty may only be imposed on natural persons who at the time of the act were over the age of 14.

(4) The amount of the health care penalty

a) in the event of any breach of the prohibitions or restrictions with regard to smoking is between 20,000 and 50,000 forints;

b) in the event of non-compliance with the obligation regarding designation of smoking areas, or any infringement of the supervisory obligation with regard to the enforcement of prohibitions and restrictions concerning smoking:

ba) is between 100,000 and 250,000 forints if imposed upon the person held liable to fulfill these obligation, or

bb) between 1,000,000 and 2,500,000 forints if imposed upon an institution, organization, operator or business association.

(5) The health care penalty shall be determined in such a way that it conforms to the gravity of the act and the circumstances of the person concerned. In the case of Paragraph *a)* of Subsection (4) - by way of derogation from the amount limit specified therein - the competent authority may impose an instant health care penalty upon the perpetrator of up to 30,000 forints. In the event of non-payment of the instant penalty within thirty days the provisions of Subsection (4) shall apply.

(6)

(7) The health care penalty must be imposed by the authority vested with powers and jurisdiction for conducting the procedure within 6 months of acquiring knowledge of the conduct in accordance with Subsections (1)-(2). The health care penalty may not be imposed if one year has passed from confirmation of the unlawful conduct, unless such unlawful conduct continues. In this case the term of limitation begins the day the violation ceases.

(8)

(9) The healthcare penalty established by a definitive decision, and the consumer protection penalty imposed by final decision for any violation of the prohibitions or restrictions contained in this Act with regard to the distribution of tobacco products, as well as instant fines shall be payable into the account of government body in charge of the healthcare system.

(10)

(11)

(12) The imposition of the health care penalty shall not affect the applicability of any other legal ramifications of the violation, as set forth in other legal regulations.

(13) The person described in Subsection (1) of Section 3 shall initiate the execution of the disciplinary procedures against a violator of the smoking prohibition in public education institutions as provided for by this Act, in the course of fulfilling the obligation arising from the student relationship, or in the course of any other connected activity in the public education institution or in any other institution operating in this line of activity, with regard to students over the age of 14.

Section 7/A.

(1) The consumer protection authority shall monitor compliance with the provisions set out in Sections 5 and 6, and shall take action in the event of any infringement thereof in accordance with Act CLV of 1997 on Consumer Protection (hereinafter referred to as "CPA").

in force 01.08.2013.

(2) The provisions contained in Subsection (1) above are treated as consumer protection regulations in the application of the CPA.

Section 7/B.

(1) The government body in charge of the healthcare system, civil society organizations for the protection of health or the public prosecutor may file charges against any party engaged in illegal activities and causing substantial harm to public health policies affecting a broad segment of the population, aimed at enforcing the interests of the general public and/or to prevent such substantial harm to public health policies. The legal action referred to above may be filed if the identity of the injured persons cannot be established.

(2) The legal action referred to in Subsection (1) may be filed within one year of the occurrence of the infringement.

(3) In its decision the court may authorize the party enforcing the claim to publish the court's decision in a national newspaper at the expense of the infringing party.

(4) Client rights shall be conferred upon the civil society organization for the protection of health:

a) in proceedings of the government body in charge of the healthcare system opened with respect to any infringement of the provision of Sections 2-4/A of this Act and Section 38 of Act XCIII of 1993 on Labor Safety,

b) in proceedings of the consumer protection authority opened with respect to any infringement of the provision of Sections 5 and 6.

Closing Provisions

Section 8.

(1) This Act shall enter into force on the first day of the seventh month following its promulgation, whereby in respect of institutions open to the public providing entertainment and hospitality services operating with a valid business license on the day the law enters into force, or which start operation after the law enters into force based on an application which has been filed and is in progress for a business license, the smoking restriction and the obligation regarding the designation of smoking areas shall be applied as of 1 January 2001.

(2) The prohibitions and restrictions set forth in this Act with regard to smoking and the distribution of tobacco products shall not affect the smoking prohibitions and restrictions provided for in other legal regulations for other interests or objectives.

(3) Cigarette tobacco products that do not conform to the provisions of Subsections (1) and (2) of Section 6 of this Act or the regulations laid down in specific other legislation cannot be manufactured and cannot be released for free circulation according to the provisions of Act CIII of 1997 on Excise Taxes and Special Regulations on the Marketing of Excise Goods; nor can they marketed for more than one year from the date on which this provision enters into force.

(4) The ministers affected are hereby authorized to decree detailed regulations on smoking, the designation of smoking areas and the distribution of tobacco products with regard to the armed services operating under their control and supervision in harmony with the provisions of this Act.

(5) The Government is hereby authorized to decree:

a) the combined warnings, and the detailed regulations for the application thereof, the wording of health warnings applicable to smokeless tobacco products, the detailed regulations relating to the retail unit packets of tobacco products not covered in Subsection (1) of Section 6, the contents and form of symbols and signs of smoking restrictions and for the designation of the smoking areas, and the conditions for the production, marketing and control of tobacco products, other than those covered by the Act on Excise Taxes and Special Regulations on the Distribution of Excise Goods;

in force 01.08.2013.

b) the detailed rules for the payment of healthcare penalties and keeping records on such payments.

(6) This Act contains regulations that may be approximated with the following legal regulations of the European Communities:

a) Directive 2001/37/EC of the European Parliament and of the Council of 5 June 2001 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco products;

b) 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, Article 5(2) [Subsection (4) of Section 5 of this Act].

Section 8/A.

(1) Between 1 January 2012 and 31 March 2012 the government body in charge of the healthcare system shall refrain from levying a healthcare penalty in the event where the provisions of this Act in effect on 31 December 2011 did not sanction the conduct detected by regulatory inspection to constitute an infringement of this Act by having to levy a penalty.

(2) The proceedings of the government body in charge of the healthcare system referred to in Subsection (1) shall be governed by the provisions laid down in Paragraph *a)* of Subsection (1) of Section 94 of the APA, where:

a) the infringer shall be ordered to cease the infringement within a minimum deadline of twenty days, which must not be set before 1 April 2012, and

b) during the period referred to in Subsection (2), Paragraph *d)* of Subsection (2) of Section 94 of the APA shall not apply with respect to any infringement of this Act.

Section 8/B.

The cigarette tobacco products which are in conformity with the provisions of Section 6 as effective on 31 December 2011, that - however - fail to conform with the provisions of Section 6 as established by Act XLI of 2011 on the Amendment of Act XLII of 1999 on the Protection of Non-Smokers and Certain Regulations on the Consumption and Distribution of Tobacco Products (hereinafter referred to as "Amending Act"),

a) may not be manufactured as of the first day of the eighth month from the time of entry into force of the decree adopted under authorization by Paragraph *a)* of Subsection (5) of Section 8, and may not be released for free circulation according to Act CXXVII of 2003 on Excise Taxes and Special Regulations on the Distribution of Excise Goods, and

b) may not be placed on the market effective as of the first day of the twelfth month from the time of entry into force of the decree adopted under authorization by Paragraph *a)* of Subsection (5) of Section 8, and may not be released to final consumers."

Section 9.

(1) Any enclosed smoking area existing at the time of Amending Act entering into force in a public institutions that is recognized as accommodation under the Trade Act, and operated as a hotel in accordance with the relevant legislation, and that is authorized according to Subsections (3) and (4) may be retained and operated as a cigar room. Such continued operation shall be authorized by the government body in charge of the healthcare system.

(2) In the cigar rooms described in Subsection (1) no other service may be provided as of 1 January 2012, specifically, food and beverages may not be served, and employees may not be compelled to perform that function of their job that may require them to enter the cigar room in the presence of any guest to whom the service is supplied.

in force 01.08.2013.

(3) The operator of a hotel referred to in Subsection (1), if wishing to keep the cigar room operational after 31 December 2011, may apply for authorization within sixty days following the time of the Amending Act entering into force.

(4) The government body in charge of the healthcare system shall make inquiries, including an on-site inspection, to determine whether a cigar room that has been notified is in conformity with the conditions set out in Subsections (5) and (6). If the notified cigar room

a) is found not in conformity with the relevant conditions, the government body in charge of the healthcare system shall prohibit the designation of the cigar room as a smoking area effective as of 1 January 2012,

b) is found in conformity with the relevant conditions, the government body in charge of the healthcare system shall authorize the continued operation of the cigar room.

(5)-(6)

Section 10.

(1) Where a request had been submitted by an employer for the authorization of a designated smoking area in accordance with Paragraphs *d)-e)* of Subsection (5) of Section 2, as established by Act XXVI of 2012 on the Amendment of Act XLII of 1999 on the Protection of Non-Smokers and Certain Regulations on the Consumption and Distribution of Tobacco Products (hereinafter referred to as “Act XXVI/2012”) to the government body in charge of the healthcare system within thirty days of the operative date of Act XXVI/2012, healthcare penalty may not be levied after 1 April 2012 until the final conclusion of the proceedings with respect to the designation of the smoking area in question.

Schedule to Act XLII of 1999