

**OPEN SOCIETY INSTITUTE
INTERNATIONAL POLICY FELLOWSHIP PROGRAMME**

**TOBACCO ECONOMICS RESEARCH AND
ADVOCACY**

**ROMANIA - political mapping and advocacy
strategy in tobacco control**



= Policy Paper =

Author:

**Cornel Radu-Loghin – OSI -
International Policy Fellow**

Motto:

**"Tobacco use is unlike other threats to global health.
Infectious diseases do not employ multinational public relations firms.
There are no front groups to promote the spread of cholera.
Mosquitoes have no lobbyists."
WHO Zeltner Report, 2000**

International experts in Tobacco Control, Levy, Gitchell and Chaloupka¹ summarized the effects of tobacco control policies in the following way:

POLICY	EFFECT ON PREVALENCE RATES	STRENGTH OF EVIDENCE	SUBGROUPS AFFECTED	ISSUES IN IMPLEMENTATION
Taxes / Price	25% price increase yields a 7-13% decrease with effects increasing over time.	Strong, according to relatively consistent evidence from many studies and many different nations.	Greater effects on youth and low-income smokers.	The effects will depend on the size of the tax hike and initial price. Generates government funds that may be earmarked for other tobacco control programs. Likely to be strongly opposed by tobacco industry, some smuggling may result for large tax increases.
Clean Air Laws	5-10% decrease for work site ban, 2-4% ban for restaurant and other public places.	Moderate to strong. Many studies exist for high-income nations that generally find effects, but effect sizes vary.	Larger effects on high income, male and ages 24- 54, but depends on private restrictions in place.	Relatively low cost, but bans must be strict and may require publicity and government enforcement in areas without norms against smoking in public. Second-hand smoke issues may be used to mobilize political support for other programs. Likely to be opposed by the tobacco industry and some businesses.
Advertising Restrictions	6% decrease for comprehensive ban.	Moderate-weak. Studies have obtained mixed results.	Youth are found to recall ads, which are associated with more pro-smoking attitudes.	Relatively low cost, but bans must be comprehensive to avoid circumvention. Political concerns may be used to mobilize political support for other programs. Likely to be opposed by the tobacco industry and possibly other businesses.
Warning Labels	Indeterminate effects.	Weak. Mixed results and few studies in recent years.	May be most effective in low income countries.	Requires large graphic warnings. May be supplemented with government information campaigns, especially in low-income countries with growing smoking prevalence.
Media Campaigns	5-10% decrease in smoking rates.	Moderate, most studies obtain significant results but effect sizes vary and may depend on other policies in effect.	Unclear, but may have smaller effects on youth. May depend on whether campaigns are tailored to particular groups.	Expenditures must be sufficient in both scale and duration and content should be tested for recall. Most effective when combined with other policies. A relatively inexpensive way to reach many people in areas with good media reach. May be challenged by tobacco interests.
Mandating or Subsidizing cessation treatment	1-2% reduction after 2 years depending on coverage breadth.	Low, especially regarding the long-term effects.	Low income and possibly youth.	Effects may depend on the extent of requirements placed on users and the encouragement to health care providers. Depends on health care payers and providers support.
Telephone Hotlines	1-3% reduction in first year.	Moderate-low, long-term effects not well known.	Appears to affect most smokers, but may need to be tailored to specific groups.	Most effect when well publicized. May be more effective when coordinated with more extensive programs. Costs likely to be a slight impediment, but likely to face little political opposition.

¹ Levy D, J Gitchell J, Chaloupka F, The effects of tobacco control policies on smoking rates: A tobacco control scorecard. PIRE Working Paper, Calverton, MD,2003

Starting from this point all forces involved in Romanian tobacco control should take effective measures for prevention and reduction of tobacco usage.

Efforts to control tobacco use might have a positive health, social and economic impact on short and long term.

Reduction of the smoking prevalence can be considered investment in future.

Effective tobacco control interventions, sustained over time, would result in the fall of social acceptance of smoking and, of smoking-related mortality.

Taking adequate action against smoking now, significant decrease in smoking related diseases, especially lung cancer, would only be perceived in the late 2010's.

As regards to Romania, in May 2003 at the General World Assembly, the delegation of the country voted in favor of the Framework Convention on Tobacco Control (FCTC), and nevertheless, through its representatives, has constantly expressed a positive and enthusiastic opinion for the convention. Most of the provisions of this treaty are also included in the national legislation, as well as those coming from the "acquis communautaire", to which Romania is bound to harmonize until 1st of January 2007, the proposed date for accession to the European Union.

From now, in formulating a comprehensive law all politicians should be guided by the fundamental values of their society and by abundant evidence regarding the most effective strategies – evidence reflected in the Framework Convention on Tobacco Control:

- *Institution and mechanisms* – Legislation should create, empower and fund an authority to implement and direct the Tobacco Control legislation.
- *Public education* – Large public education campaigns are important parts of changing public attitudes and beliefs.
- *Advertising, promotion and sponsorship* – A comprehensive ban on tobacco advertising, promotion and sponsorship is a centerpiece of an evidence-based programme.
- *Taxes* – Tax increases have been proven most effective means of reducing tobacco consumption, especially among young peoples.

- *Second hand smoke* – Eliminating smoking in workplaces and public places protects non-smokers from hazards of exposure to smoke, discourages smoking initiation and promote cessation.
- *Labeling and packaging* – Large, clear health warnings and informational messages using rotating message developed by national authorities, should be required on tobacco packing, and misleading terms such as “light” and “mild” should be prohibited.
- *Product regulation* – Regulatory authority should be given to a specialized agency, to address such issues as ingredient disclosure, permissibility of harmful constituents, additive safety, and tar and nicotine yields.
- *Tobacco sales* – Legislation should prohibit the sale of tobacco to minors and address harmful sales practices such as the use of vending machines and self-service displays.
- *Smuggling* – To combat illicit trade, comprehensive legislation should include measures such as requirements for package markings or creation of a regime for tracking products through the distribution chain.
- *Other issues* – Comprehensive legislation may also include provisions to address smoking cessation, create school based programmes, modify agricultural policies or address issues of legal liability.

The entire text of the Framework Convention for Tobacco Control is acceptable for Romania. It is well known now that the level of restrictions and norms included in the provisions of the convention is a minimum level that could be obtained by tobacco control legislation, as it is usually happening with multilateral treaties.

Even the existing Romanian legislation is now on line with the European Union regulation the situation in Romania is characterized in this moment by the:

- Weak enforcement of the existing legislation.
- Low level of education of the general population to the tobacco related problems.
- Low interest of Romanian politicians to the tobacco related problems.
- Low interest of Romanian mass media to the tobacco related problems.
- Need to gain support for a strong FCTC from decision makers (sign and ratify) and from the general public (support implementation).

- Low number of physicians implied in the smoking cessation and lack of interest for this domain.
- Lack of skills and resources in this field.
- The presence on the Romanian market of all big Transnational Tobacco Companies.
- Strong and continuous pressure coming from the Tobacco Industry to delay the adoption and implementation of effective tobacco control measures.

In this direction Romania can follow good international and European examples:

Chief Medical Officer, UK, recommends banning smoking in workplaces and public places. In his annual report in July 2003, the Chief Medical Officer of the United Kingdom recommended banning smoking in public places and at work. "Together with the other action which has and is being taken, tough action on second-hand smoke would represent a further major assault on tobacco's long reign as the major killer in this country" said Sir Liam Donaldson. "Over the last few years, the Government has put in place an unprecedented range of measures to combat tobacco-related disease. Major action to clear the air of cigarette smoke in workplaces and public places would be the final brick in the wall.

It was reported that the Ministry of Social Affairs and Health from Finland plans to propose an amendment to Finnish tobacco legislation, which would make retail sales of tobacco products subject to a license. One of the aims of the move would be to prevent the resale of cigarettes bought in other European Union countries. This could become a problem when the personal import quotas of tobacco from the EU increase in January, and especially when the Baltic States join the EU in May. Tobacco taxes - and prices - are significantly lower in Estonia, Latvia, and Lithuania than in Finland. A tobacco retail license system already exists in Belgium, Spain, Italy, Austria, Greece, France, and Germany.

"La guerre contre tabac" - Jacques Chirac, the French President, has announced a war against tobacco which responsible for 30,000 deaths per year in France. In July 2003 the National assembly approved an increase on the tax on tobacco and introduced a law to limit the sales of cigarettes to minors under 16. The ministers of health and education are working together to increase the application of the law which bans smoking in public places.

Now is the right time for:

- **Elaboration and adoption of the National Action Plan on Tobacco Control elaborated and adopted by the Governmental competent agencies (Ministry of Health, Ministry of Finance, National Agency against Drugs) in co-operation with non-governmental organizations (Romanian Network for Smoking Prevention, Romanian Coalition for Tobacco Control), professional societies in a joint effort.**
- **Gradual increasing of the level of taxation for tobacco products for obtaining a constantly increase in tobacco products prices, as one of the most effective measure in decreasing tobacco consumption.**
- **Revising of the legislation regarding the tobacco earmarked taxes for tobacco in order to make it to be applicable.**
- **Not in the last, signing and ratifying the Framework Convention for Tobacco Control, having in mind the fact that the convention provides at the global level the general measures to be taken but establishes in the same time the financial ones in order to assist the countries with transition economies or developing countries and Romania is part of this group of countries.**

The Framework Convention on Tobacco Control should be also the followed by the Romanian media, medical community, nongovernmental organizations and, generally by all parties interested in tobacco control