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**TOBACCO
CONTROL
IN HUNGARY
past, present, future**

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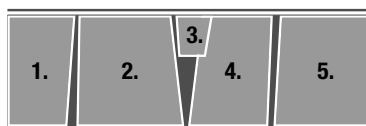
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1. Drawing by Bálint Kabó (Hungary) – won 3rd prize in the 6-10 year-olds category at the "Worldwide Be Tobacco Free Cartoon Contest 2001";
2. Billboard in Budapest during the F1 race in 2002. (Picture taken by the author.);
3. Indirect tobacco advertisement. (Source unknown.);
4. Drawing by Dániel Eisenberger (Hungary) – won 2nd prize in the 11-14 year-olds category at the "Worldwide Be Tobacco Free Cartoon Contest 2001";
5. Illegal point-of-sale advertising at Déli Railway Station in Budapest in 2002. (Picture taken by the author.)

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FOREWORD

The public debate engendered in Hungary by the suits of the WHO Framework Convention on Tobacco Control and the new regulations related to joining the EU shows how prominent the issue of tobacco control can become when national governments, public health professionals, voluntary health organizations and the media focus their concerns on a public health issue of monumental proportions. Our strategy as public health advocates should be to move consideration of this landmarked action into the public domain. Tobacco control should become a high priority of every ministry, every government, every official health agency, every voluntary health organization, every public health professional, every citizen and consumer group to stop the global epidemic that now kills nearly 5 million people a year. This study of Dr Tibor Szilágyi supported by the Centre for Policy Studies contributes to this aim. This is a policy oriented, quite innovative approach, which is an important element for the development of the Hungarian tobacco control programme and an example of good practice for the countries in Central and Eastern Europe.

I am convinced that this book will provide a strong basis for the further development of tobacco control and the promotion of a better health in Europe. This book is intended to provide a knowledge and experience base for tobacco policy development. I hope that this publication will be of use to those in health administrations, who have an interest in, or are in a position to influence health policy development, to their colleagues in other sectors and departments whose work may impinge on health, and to decision makers at national, regional and local levels, who must take action for tobacco control, health and development. It is also hoped, that much of the material presented will also reach a wider readership and provoke some of the interests and discussions necessary for a democratic and open tobacco control development. I should like to express my continued support for this type of health policy analysis and look forward to seeing in future publications on the development of many of the issues raised here.

Dr Péter Makara
Deputy director-general
National Institute for Health Development

INTRODUCTION

For a long time Hungary attempted to tackle one of the most important threats to the health of its people, tobacco smoking. Despite a number of initiatives implemented over years, the burden of smoking remains significant: until recently some 28,000 people die every year because of smoking in Hungary, more than due to alcohol abuse, road traffic accidents, illicit drug use, suicides and homicides, HIV/AIDS and infectious diseases combined.

Compared to the social burden of smoking, attention given to the issue by medical and health promotion professionals, policy makers and other sectors of the society, including human and financial resources devoted to tobacco control programmes remain disproportionately low.

On the other hand, increasing attention is devoted to controlling tobacco in the international arena. Coordinated worldwide efforts aimed at limiting the menace of tobacco are being developed. The momentum built by the adoption by the World Health Assembly (21 May 2003) of the Framework Convention on Tobacco Control (FCTC) developed under the auspices of the World Health Organization (WHO) provides opportunity for countries to redesign and strengthen their tobacco control efforts. Acceding the European Union (EU) on 1 May 2004 is another unique opportunity for Hungary to take over tobacco control policy initiatives already instated in many member states. Binding directives and other recommendations worked out at EU level provide the framework of regulatory steps to limit harms related to tobacco use.

Aims of this study

The study takes into account efforts made by the Hungarian society to control tobacco, with special regard to the challenging period following the fall of the communism. Special attention would be given to reviewing tobacco control policy measures taken by successive governments and data concerning their impact.

Recent Hungarian experience provides lessons on which interventions worth to be pursued; it could be instructive for advocates especially from other Central and Eastern European (CEE) countries, in similar or earlier stages of their tobacco epidemics when planning their tobacco control initiatives.

The author of this study accepts that without the tireless work of tobacco control advocates and the non-governmental sector working in tobacco control recent successes in tobacco control in Hungary could not have been achieved. The study, apart from collecting and analysing information on how these successes were achieved, is aimed at generating new knowledge on how advocates could strengthen their policy and media advocacy skills. In an attempt to assess the role of the media and decision makers in promoting tobacco control efforts, two original research papers were prepared as part of the study. First, decision makers' behaviour in the wake of adoption of the 1999 act protecting non-smokers is being assessed. Second, media coverage of the tobacco advertising issue during and after the introduction of the ban on tobacco advertising in 2000 is reviewed, with special attention on the role of media advocacy in promoting stricter tobacco control policies.

Based on previous years' experience, and taking into consideration conduciveness of present social, cultural and political environment a set of recommendations is developed on steps which should be taken by the Hungarian authorities to strengthen and improve efficiency of their tobacco control efforts.

Methods of data collection

Data used in this report were mainly collected through desk research (if not otherwise mentioned). The author also performed research on documents stored in the library of the Hungarian National Assembly, of the Central Statistical Office and in the National Agricultural Library.

To complete information gathered through desk research, interviews have been performed with members of the Parliament, ministry officials and tobacco control advocates as well as representatives of various media.

Data collection for this study was performed between 1 March 2003 and 10 March 2004. Information which emerged after this date was not included in this study. Links to particular references were checked throughout the study period.

Limitations of the study

This study is subject to some limitations. There is only limited research on tobacco-related issues performed so far, while community-based interventions are badly documented. Even less research data are available electronically. In spite of efforts made to collect information from as wide sources as possible, some information might have been overlooked.

More importantly, there was not possible to perform an economic impact analysis of the recommendations exposed in Chapter 6. However, past studies on the economics of tobacco and on the impact of particular tobacco control measures performed by local researchers were reviewed subject to their accessibility. Therefore an economic impact analysis of particular recommendations given in Chapter 6 (especially a comparative analysis of the impact of different scenarios) is recommended when a particular combination of measures is planned.

Acknowledgements

The author would like to thank sponsors for providing the opportunity to perform for this work. I would not been able to elaborate this study without the help and support of those working in tobacco control, including health professionals, tobacco control advocates, policy makers and media representatives, who devoted their time and energy to provide me with knowledge and information.

My special thanks go to Dr Lajos Pákozdi, senior Hungarian tobacco control advocate, who supports my work with information and advice since years.

EXECUTIVE SUMMARY

***"... tobacco control can become a cornerstone of health and development. Indeed, a cornerstone of sustainable development. Because health is the gold-standard of sustainability."
(Opening statement by commissioner Byrne at the High Level Round Table on Tobacco Control and Development Policy, Brussels, 4 February 2003)***

1. At the beginning of the 21st century tobacco use is still the most important single cause of deaths in Hungary. Despite a number of initiatives implemented since early 1960s, the social and economical burden of smoking remains significant: until recently some 28,000 people died every year of smoking in Hungary, more than of alcohol abuse, road traffic accidents, illicit drug use, suicides and homicides and infectious diseases combined.

2. According to 1999 data of the Central Statistical Office, out of 100 Hungarians who died of a disease caused by smoking 25 died of coronary heart disease, 24 of lung cancer, 16 of hypertension and consequent stroke, 10 of cancers of the upper digestive and respiratory tracks (lip, oral, esophageal and laryngeal cancers), 10 of chronic obstructive pulmonary diseases (chronic bronchitis, asthma and emphysema) and 15 of other smoking-related ill health statuses. In 1998, Hungary ranked 1st in the world based on lung cancer mortality among men, and 1st among both men and women as mortality from oral cancers is concerned.

3. This study takes into account the efforts made by the successive Hungarian governments in order to control tobacco use, focusing on policies adopted in the economically and politically challenging period of the country's democratic transformation. Special attention is given to reviewing regulatory measures against smoking and also to the available data on the impact of these policies. Hungarian experience could be instructive for advocates of other Central and Eastern European (CEE) countries which are in similar or earlier stages of their tobacco epidemics and help them to design their tobacco control initiatives.

4. Controlling tobacco use is also a cornerstone of promoting women's health. Smoking prevalence is rising among women and young girls. Also, the increase of lung cancer mortality in women is accelerating. In 2002 more Hungarian women died of lung cancer than of breast cancer. Hungary already ranks 1st in the world as mortality from oral cancers in women is concerned. Thus, tackling smoking among women should be prioritized by developing gender-specific tobacco control programmes, especially at community level.

5. Smoking behaviour largely depends on the socio-economic status of the smoker. Tobacco use is high, without any sign of decline, among the less educated people and those who belong to lower socio-economic strata. Similarly, high smoking levels can be observed among the Hungarian Roma minority. In 1999, 45% of blue-collar workers smoked daily, as compared to 26% of white-collar workers. Tobacco use is a social equity issue, insomuch as poor smokers' increased spending on tobacco products and their inability to work because of higher morbidity of tobacco-related diseases make members of these groups even poorer. Therefore, particular attention should be paid to tackling smoking as part of social and health policies.

6. Today tobacco control is increasingly viewed as a key determinant of the overall economic development of a country. The European Commission organized a High Level Round Table on Tobacco Control and Development Policy in Brussels in February 2003. At the meeting the Commission recommended countries to include tobacco control in comprehensive strategies of economic development. In 2002 around 4% of the Hungarian GDP was lost due to smoking, contrary to only 2.6% of year 1998. In 1999, 35% of all deaths in the economically most active group of 35-64-year-olds were smoking-related. Thus Hungary loses a significant part of its workforce prematurely and also encounters economic losses due to smoking.

7. The international tobacco control environment is conducive to the development of a comprehensive set of effective actions in Hungary. In the European Union, binding legislation and non-binding principles guide tobacco control efforts of the member states. EU-wide information campaigns and financial support given to networks active in smoking prevention and cessation complete the regulatory efforts of the Community. The Framework Convention on Tobacco Control, developed under the auspices of the World Health Organization opens the door to putting tobacco higher on the public health agenda in Hungary.

8. Since the fall of the communism Hungary has taken a number of initiatives aimed at controlling tobacco use. Legal and regulatory measures against tobacco use introduced by Hungary in the last few years evolved one of the most comprehensive tobacco policies in the world. As the most important and efficient step cigarette taxes are being raised regularly and above the rate of inflation.

9. The first results of the country's tobacco control efforts have already shown up. Between 1998 and 2003 cigarette consumption decreased by over 30%, and even the tobacco industry admits unwillingly that this progress can principally be attributed to increases in tobacco excises, regulation of smoking in public places and the introduction of a comprehensive ban on advertising of tobacco products.

10. While recognizing the impact of measures already taken by Hungary, it should be admitted that there is still a long way to go until a reassuring success. The development of a national tobacco control programme within the frame of the "Decade of Health National Public Health Programme" is certainly an important step forward, provided that the necessary resources will be secured for its implementation.

11. With regard to the strengthening of the impact of regulatory measures, emphasis should be laid on enforcing rules and regulations already adopted. In addition, loopholes of the legislation (such as tobacco industry sponsorship, unchecked point-of-sale advertising, smoking in public places, etc.) should be abolished in order to enhance the effectiveness of these measures.

12. So far very few efficient community-based tobacco control programmes are implemented in Hungary. Moreover, similarities and overlapping of these efforts are common, principally because of the limited communication within the tobacco control movement and the lack of coordination of tobacco control efforts at all levels of intervention (government, health ministry, implementing agencies). Creating a high-level intersectoral committee in order to coordinate tobacco control efforts of various government portfolios, establishing networks and new partnerships at the level of implementing agencies would certainly improve cost-effectiveness of programmes.

13. Financial support provided for tobacco control activities must be increased so as to become proportional with the burden caused by tobacco to the Hungarian society. Tobacco tax earmarking should be pursued as the fiscal mechanism capable to provide sufficient, secure and sustainable funding for tobacco control activities in Hungary. Earmarking as little as 0.5% of cigarette excises to be used for funding tobacco control interventions would mean a 15 times increase in resources available for tobacco control activities in 2004 as compared to 2003.

14. Depending on the amount of available funds, **Chapter 6** exposes three possible scenarios for a comprehensive national tobacco control programme. All scenarios feature both legislative measures and community-based interventions to be implemented in conjunction. These two types of intervention are largely interdependent; legislative measures need to be communicated carefully to communities, if winning the compliance of the public is at stake. On the other hand, research activities and community programmes could provide further ammunition and input to the development of new tobacco policy measures. All these interventions, if wisely coordinated, could have a synergistic effect.

15. Transnational tobacco companies with interests in Hungary are still highly capable for coordinated action to maintain a more or less favorable environment for their business. Tobacco companies still oppose effective tobacco control interventions, while they seemingly support others, which have been proven to be ineffective. The higher the expected impact of a tobacco control intervention contemplated by the government is the fiercer the reaction of tobacco companies would be against that measure. Monitoring of the activities of the tobacco industry and its "denormalisation" (by exposing its behaviour as well as misconduct) will not only diminish social acceptance of the industry and of smoking itself, but will also decrease the number of policy makers who still support the industry.

16. A comprehensive set of effective interventions, if implemented in a consistent manner, might result in over 5% decrease of the overall cigarette consumption in the coming years. This is a conservative estimate which attributes the greatest share to the impact of the rise of cigarette taxes, which alone might be responsible for up to 4% of decline in consumption.

17. Efforts to control tobacco use might have a positive health, social and economic impact even in the short term, although interventions which might reduce the prevalence of actual smoking can primarily be considered investments for the future. Effective tobacco control interventions, sustained for a long time, would result in the fall of the social acceptance of smoking and, eventually, of smoking-related mortality. Taking adequate actions against smoking now, significant decrease in smoking related diseases, especially lung cancer, would only be perceived in the late 2010s.