

# CHAPTER 3

## HISTORY OF TOBACCO CONTROL IN HUNGARY

*"it would be necessary for us, to develop a unitary point of view on the smoking problem in medicosocial circles, something which, unfortunately, we are far from having achieved to date."  
(Letter to the editor, Orvosi Hetilap - Medical Weekly, 1965)*

Tobacco control has a long tradition in Hungary. Efforts to control smoking date back to the beginning of 1960s, to even before of well publicized international reports on smoking and health - the 1962 report of the Royal College of Physicians (London) and the 1964 report of the US Surgeon General on smoking. This chapter gives an insight into the variety of Hungarian tobacco control efforts implemented through decades.

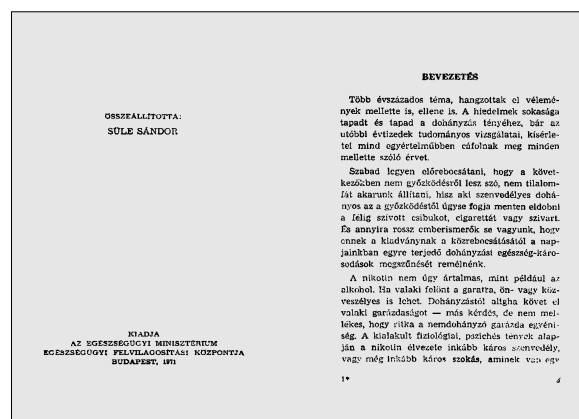
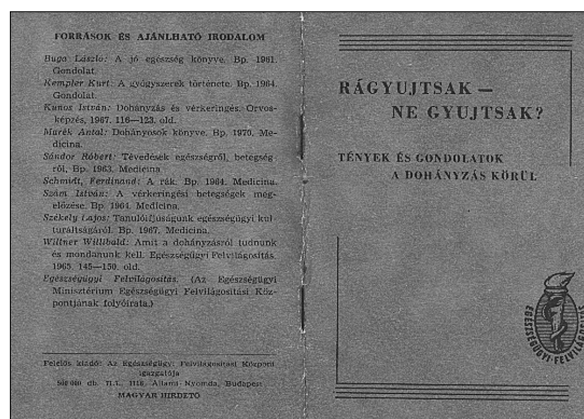
### 3.1 The beginnings (1960s)

Medical doctors, confronting the disastrous impact of smoking on health took the leadership in persuading decision makers to take action. The first such attempt was launched by the medical team of the State Hospital of Kékestető – an institute controlled by the health ministry and established for the medical care of chronic lung and chest conditions. The team succeeded in persuading the adoption of a new health ministry decree (No. 21/1960) on the referral of patients to the Kékestető Institute. According to this, no smoking patients have been allowed to be referred to the Institute. In addition, a ban of smoking for staff members was introduced within the hospital – an early manifestation of the concept of 'smoke-free hospitals'. Later referral rules no longer mentioned this requirement.

In 1965 the same medical team published an open letter in Orvosi Hetilap (Medical Weekly, the later Hungarian Medical Journal). The letter, entitled 'Smoking - medical ethics - economy' stressed the need of medical doctors behaving themselves ethically and not smoking when seen by their patients. It also referred to the economical impact of smoking to the society at large and argued that controlling tobacco would have a positive impact on the economical development of the country. A lively debate on the topic followed in the journal rising awareness on the medical community on the issue and disseminating information on latest research on tobacco and health.

### 3.2 Tobacco control in the communist regime (1970s and 1980s)

In 1970 the deputy prime minister issues a decree or regulation of smoking in public places and writes a circular letter to hospital directors and managers calling for the introduction of a ban on smoking in the health establishments under their control\*. In 1971, the health ministry published the first information brochure for smokers (Picture 1).

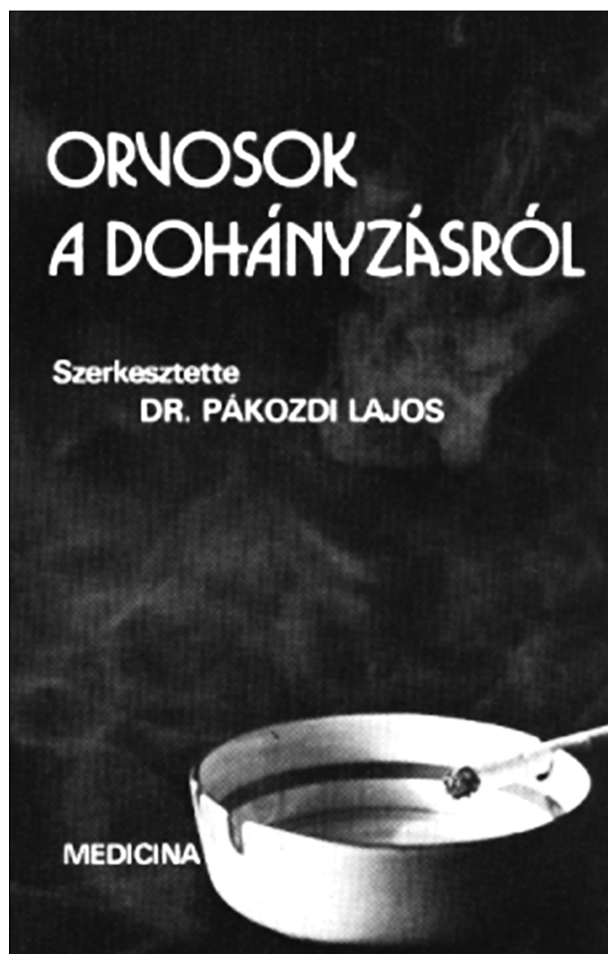


Picture 1

\* A 1972 follow-up of recommendations of this letter revealed that in fact only very few hospitals answered positively to the call.

Considering the high percentage of smoking among medical doctors and other health professionals the lack of response to this initiative is not surprising. No effort of formalising the involvement of the medical sector in tobacco control was yet successful in Hungary. The plan for establishing a "Smoking or Health Scientific Association" doomed to failure in 1980.

Those few committed medical doctors willing to actively participate in tobacco policy advocacy turned towards the civil sector. Dr Lajos Pákozdi, a medical doctor belonging to the staff of the Kékestető-hospital took the leadership in establishing the first ever civil organization against smoking in 1975. The Hungarian Association of Opponents of Smoking (Dohányzást Ellenzők Társasága) was involved in raising the awareness of medical professionals and other actors (local governments, parliamentarians, the media) on the need to take action against smoking by organizing scientific meetings and symposia all over the country. The first ever publication in Hungarian about smoking and health, written by medical doctors and calling for policy interventions was edited by Dr Pákozdi in 1978 (Picture 2).



Picture 2

Since 1976 Dr Pákozdi has concentrated his efforts on advocating the adoption of policy measures aimed at decreasing tobacco use. Initial attempts to regulate various aspects of tobacco trade and consumption include the 10/1977 (V.14.) decree of the Minister of Internal Affairs and the Act No. I of 1978 on internal trade; both aim at restricting tobacco advertising. According to these rules advertisements which are aimed at "increasing tobacco consumption" are forbidden, but exemption is made for point-of-sale advertising.

In 1980, in a letter sent to leading actors of the Hungarian political arena Dr Pákozdi called for cigarette tax earmarking, and the collected amount to be dedicated for funding tobacco control programmes and for strengthening enforcement of rules banning tobacco advertising. Further, in 1986 he compiled a comprehensive tobacco control strategy on the request of Dr Judit Csehák, former health minister, then deputy prime minister. It was the first ever action plan against smoking, which, unfortunately has never been implemented. (In this regard the plan shared the fate of a number of other "comprehensive" programmes which followed suit.)

As follower of the Hungarian Society of Opponents of Smoking, the Hungarian Smoke-free Association was created in 1987. The organisation succeeded in mobilizing a wide range of community actors for active participation in the fight against smoking. Nowadays the organization focuses its efforts on enforcing legal measures taken by the government, with special regard to the ban of tobacco advertising.

In spite of the activity of a handful of committed and dedicated tobacco control advocates, raising tobacco control in the mainstream of public health policy was not successful in the communist era.

### **3.3 Tobacco control in the years of democratic transformation (till 1990 by now)**

Every government which ruled after the fall of the communism expressed its concerns about the poor health status of Hungarians. Contrary to these declarations, strengthening public health remained of low priority within successive government terms, while efforts to put the country's economy to prosper has involved the majority of resources gathered as a result of strict, restrictive financial policies in the first half of the 1990s.

In the health sector, the functioning and the long term financing of health care got priority; there was no way to ensure financial resources for activities promoting health. Strategic papers featuring new '*public health strategies and programmes*' emerged with regularity. These, however, always came out in the last few month of every government's four-year political term, and the change of the political power made their implementation very unlikely. (None of the governments served two consecutive four-year terms so far in Hungary.)

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Thus, 'comprehensive' tobacco control strategies have also been developed in the past decade, but no one has been fully implemented. Despite the lack of sound, evidence-based and successfully implemented comprehensive programmes, some isolated, but advanced tobacco control measures were taken by successive governments especially in late 1990s. The majority of these interventions were legislative and financial measures, but well-designed, expectably impactful community-based programmes were hard to find.

Some public health policy initiatives, which were more or less focused on tobacco control, are briefly reviewed as follows:

- In 1987, at the very end of the communist era, the government developed a "long-term public health programme" based on the "Health for All" initiative of the WHO. Controlling tobacco was one of its eight priorities. The programme, which lacked both political and professional support, did not survive the fall of the communist regime.
- The first freely elected Hungarian government (a moderate right coalition led by the Hungarian Democratic Forum) developed its public health programme in April 1994, a few weeks before it left office. Again, tobacco control represented one of those ten national programmes which were included in this 'dead-born' initiative.
- The succeeding socialist-liberal coalition (1994-1998) has taken some steps in making public health a priority within the health reform (e.g. by declaring intersectoral cooperation for health a priority). Also, some promising developments took place in the field of tobacco control.

In February 1997, a WHO delegation visited the country and elaborated a report on tobacco or health and reviewed opportunities for further development. The report was expected to help shaping the key elements of a national tobacco control programme. Launching a 'tobacco and alcohol policy development programme' (in September 1997) using a loan from the World Bank can be considered an output of this mission. (More information on the mission can be found on page 32.)

In 1997 the Parliament adopted Act CLIV on health; §141 stipulates that *"the state is responsible for the health of its people, especially for developing conditions in which preservation, protection and development of health of communities and individuals becomes possible"*. With regard to tobacco control the wording of the law implies that individuals can no longer be blamed for their smoking behaviour; decision about smoking cannot be viewed as being merely an expression of "freedom of choice", since it is made under the pressure of social, cultural and economical factors, many of which emerged with the arrival of the free market economy (including affordability of cigarettes, advertising of and access to tobacco products, lack of regulation of smoking in public, etc.)

But history repeated itself when the government's plan for a new public health programme emerged just weeks before the parliamentary elections of May 1998. Unfortunately the plan, which again stressed the importance of tackling the issue of tobacco, was not taken over by the new health ministry officials.

Looking back to the four year term of the socialist-liberal government it can be concluded that it better protected the tobacco industry instead of taking conclusive steps to prevent the escalation of tobacco epidemic. While it largely contributed to the removal of tobacco advertising restrictions, the government, led by a heavy smoker prime minister\*, failed to draft the bill on the protection of non-smokers - a bill which himself promised when the government introduced legislation giving green light to tobacco advertisements.

- Soon after the right wing democratic coalition (1998-2002) took office in 1998, the bill on the protection of non-smokers, "forgotten" by the previous socialist government, was given a chance to become a law. On 13 April 1999 the law was unanimously adopted by the Parliament, becoming the first legislative tool applying to a public health issue.

During the 1998-2002 government term two health promotion programmes were developed, but neither of them received any financial support for the implementation. The first one, elaborated in 2000, was later abandoned when minister Dr Árpád Gógl left his office in January 2001. The second, authored by a team supervised by minister Dr István Mikola was an ambitious long-term health promotion programme with activities planned until 2010. The plan was not even attempted to receive bipartisan political support, since no resolution of the National Assembly was sought. Though the managing team was set up, no activity started in the one and half year until the government left its office in May 2002. The programme also included a tobacco control action plan, which shared the fate of the entire plan. Minister Mikola, however, has made efforts to make the health ministry smoke-free and championed for stricter rules concerning smoking on the workplaces.

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\* In June 2000, socialist Prime Minister Gyula Horn stated in an interview: "Smoking is a question of strength of will. Nowadays, when smokers are really chased one needs much more strength of will to stick to it." Horn also declared in a statement in the parliament that he would not support the introduction of an earmarked tax on cigarettes – with the collected amount to be spent for tobacco control programmes - since "tobacco products are already too expensive".

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### 3.4 The present

On 28 June 2002, soon after the socialist-liberal government took office, the Parliament adopted a decree on the development, while on 16 April 2003 (OGY 46/2003. (IV.16.) on the implementation of a new, public health programme.

The programme, featuring 17 subcomponents, also includes a tobacco control action plan. The plan calls for both community based activities and policy interventions. For example, it counts on the introduction of an earmarked tobacco tax to provide sustainable funding for tobacco control programmes and champions for pictorial warnings on cigarette packages. On 6 February 2003 Dr Judit Csehák, then health minister, in her address to the participants of the parliamentary open day on the public health programme stressed that *"basic infrastructure for tobacco control is to be developed, including institutional background of the co-ordination of national tobacco policy development."* This – if pursued – would make up for many years' backwardness in this area.

Until the present, only limited funds have been dedicated for the implementation of the national tobacco control action plan. In 2003, HUF 24 million (around \$US 100,000) were distributed on a competitive basis for NGOs working in tobacco control. (In comparison, tobacco farmers received HUF 300 million in form of subsidies in the same year.) Some tobacco control activists fear the programme will not receive the necessary support from other, especially external affairs and finance ministries, which both stood for a delay on the introduction of the EU minimum tax requirements in Hungary until the end of 2008.

Hungary is committed, however, to pursue recommendations of FCTC. See **Chapter 2** for further details on the adoption of FCTC by Hungary.

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