CHAPTER 4

HUNGARY'S TOBACCO CONTROL EFFORTS UNDER THE MICROSCOPE

Tobacco consumption is the leading single cause of death in Hungary. While per capita cigarette consumption decreased in the past few years, smoking prevalence has not changed significantly. Hungarians tend to smoke less, but do not quit for good. In men, the country still has the highest lung cancer mortality in the world.

Thus, it is paramount that Hungary undertakes efficient tobacco control measures to decrease the high disease, mortality and economic burden imposed by smoking on the society. Any intervention which has already been proven as being effective by countries with more advanced tobacco control policies should be introduced in Hungary, too.

A summary of tobacco control measures taken by Hungary is given in **Table 2.1 (Chapter 2)** The review also provides a comparison with tobacco control policies of the EU and main recommendations of the FCTC.

This chapter also focuses on the main recommendations for the formulation of future tobacco control policies, including a rough estimate on the impact of recommended measures.

4.1 Overview of measures already taken

Table 4.1 summarizes the many different facets of tobacco control, and provides rough estimates on their impact on smoking by youth and adult, respectively.

Table 4.1 (Grading: +++ strong impact, ++ medium impact, + low impact. Scores decided by the author based on best international experience.)

Measure	Side of impact	Expected impact on young people	Expected impact on adults
Price measures to decrease demand for tobacco			
Taxation of tobacco products	Demand	+++	+++
Earmarked taxes	Demand	+ (indirectly +++)	+ (Indirectly +++)
Non-price measures to decrease demand for tobacco			
Smoke-free environments	Demand	+++	+++
Packaging and labelling	Demand	Data not available	++
Disclosure of harmful substance content	Demand	Data not available	++
Promotion and sponsorship bans	Demand	++	+
Mass media counter-advertising	Demand	++	++
School anti-smoking programmes	Demand	-	-
Treatment of tobacco dependence and cessation	Demand	-	+++
Measures to reduce supply of tobacco			
Regulation of sales to minors	Supply	-	
Suppressing tobacco growing	Supply	-	-
Control of smuggling	Supply	++	++
Complex measures			
Development and implementation of comprehensive national tobacco control programs	Demand + supply	+++	+++
Establishment of an intersectoral committee for tobacco control	Demand + supply	+++	+++
Research, collaboration and communication	Demand + supply	++	+++

The experience of countries implementing comprehensive tobacco control programmes suggests that the combination of interventions mentioned in **Table 4.1** should be the most effective in improving health of people through controlling tobacco consumption. The state of Victoria (Australia), New Zealand, Poland and the Scandinavian countries were among the most successful ones in limiting their tobacco epidemics by using the combination of these tools. Some of these countries have adopted "comprehensive tobacco control" laws, which cover all or many of these interventions.

The "winning combination" of these measures or the prioritization between them should, however, be determined by each individual country based on local needs, available information, evidence on the impact of measures already taken as well as their specific cultural, economic, political and other factors related to tobacco use.

Hungary does not have a "comprehensive tobacco control act", but it possesses one of the world's most comprehensive set of tobacco control regulations. The many facets of controlling tobacco are covered by a handful of laws and regulations; these are summarised in **Table 2.1** (Chapter 2). In what follows, a short review of the content of these measures is provided along with the expected impact of the implementation of that measure in Hungary.

4.1.1 Pricing and taxation policies

"if governments indicate their intention to employ punitive taxation in order to increase prices and reduce cigarette consumption, this should be strongly resisted..." (BAT, March 1982)

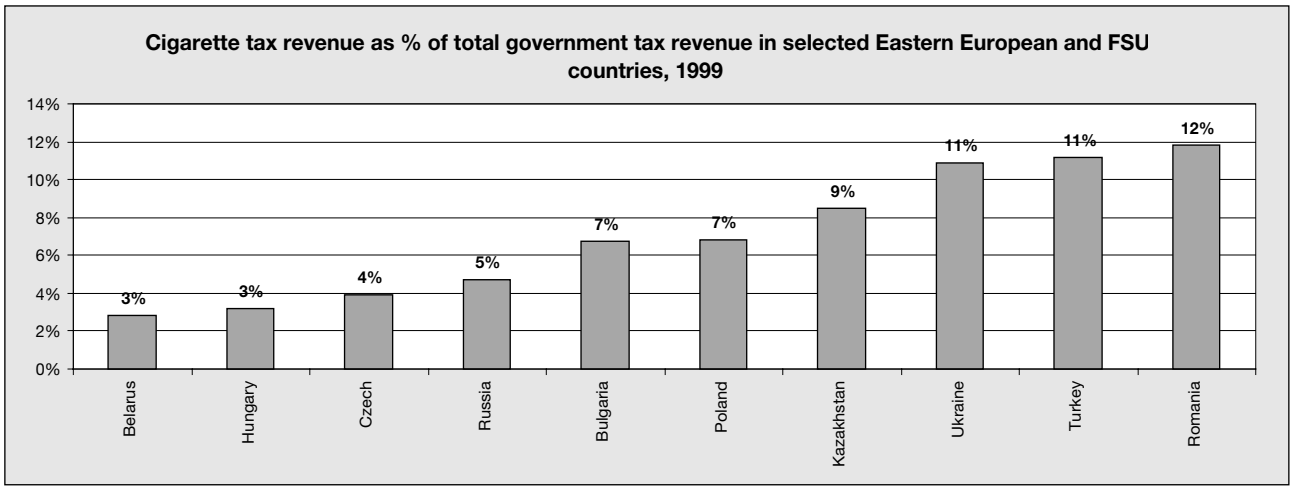
Background

Worldwide, raising tobacco taxes is considered the most effective measure to combat tobacco. According to the World Bank, in a CEE country a 10% rise in the retail price of cigarettes would decrease the demand for tobacco products by 6% and the overall mortality by 1.5%. Applying this calculation to Hungary's case, the postponement of an excise tax rise which could have resulted in a 10% increase in cigarette prices causes 2,181 smoking-related deaths yearly.

Cigarette tax increases represent a win-win situation for government and public health advocates: they provide net increases in national tax revenues while reduce consumption. In addition, former smokers tend to purchase other goods and services instead of tobacco, which also increase state revenues. The only looser of raising taxes is the tobacco industry; thus, they bitterly oppose any such attempt.

The World Bank indicates that in 1999 only 3% of the total tax revenue of the Hungarian government came from cigarette sales. **(Figure 4.1)** In 2003, Barta from the GKI Economic Research Institute put this figure to 4%. This is one of the lowest in the CEE region, indicating that Hungary is not dependent on the incomes from tobacco sector.

Figure 4.1 (Source: The World Bank)



Tobacco tax earmarking

Hypothecation or earmarking of tobacco tax revenues (a given percent of cigarette excises) for financing activities which promote health in general or curb tobacco in particular is a financial instrument used in a growing number of countries. In the state of Victoria (Australia) and in Thailand health promotion foundations have been established by law to manage these funds and co-ordinate activities promoting health financed from these funds.

This measure could be the key to developing and implementing a comprehensive set of interventions in Hungary, too. Some community-based interventions aimed at decreasing smoking could be extremely costly; these include traditional school-based health education, mass media campaigns and support for smoking cessation programmes. However, these programmes are necessary to complement policy measures in an attempt to decrease successfully social acceptability of smoking. Thus, lack of access to secure, long-term and sustainable funding influences – in fact, limits – the nature, number and frequency of interventions.

There were a couple of attempts to earmark tobacco tax revenues in Hungary. While the use of such tool is not without precedent (e.g. environmental tax on various non-recyclable products) the finance department declined to introduce it in the case of tobacco products. The issue of earmarking was first raised by Dr Pákozdi in the 1980s; in 1997 then Prime Minister Gyula Horn vocally refused in the Parliament to even consider an additional tobacco tax. Later, the finance ministry rejected the initiative, claiming that an "extra" tax would further increase inflation, which is not desirable. In 1999, during the debate of the anti-smoking bill, two MPs signed a proposal requesting earmarking three Hungarian Forints from the price of every cigarette pack for funding tobacco control activities, but again, the government failed to accept the proposal. Lately, the issue was raised again by the health ministry in 2002 without taking any further steps.

What is Hungary doing?

In the last decade excise duty payable on tobacco products changed every year at least once. In addition to excises, 25% VAT (value added tax) is also applied to all tobacco products.

Table 4.2 summarizes main information related to taxation of tobacco products in Hungary. In addition to excise taxes cigarettes are subject to 25% of value added tax (VAT); in 2003, around HUF 60 billion VAT were collected from the sale of tobacco products. In the same year total tax collected from cigarette sales reached around HUF 211 billion.

Successive Hungarian governments increased tobacco taxes regularly primarily as a tool to improve the balance of the budget; **Figure 4.2** indicates that the price of cigarettes increased sharper than the consumer price index and, since the late nineties, well above the rate of inflation.

In 2004, composition of the retail price of a pack of 20 cigarettes of the MPPC (in Hungary this is BAT's brand Sopiane) is as follows:

Item	Value in HUF	% of retail price
VAT	90	20
Specific tax	129	28.7
Ad valorem tax	103.5	23
Producer's price + trade margin	127.5	28.3
Total	**450**	**100**

Table 4.2 (Source: Magyar Fórum September 10, 1998 and Barta J. Economic impact of smoking and tobacco control in Hungary, study commissioned by the World Bank. GKI Economic Research Ltd. and Barta J personal communication (January 2004). NA=data not available.)

Year	Retail price of a pack of cigarette (MPPC)	Cigarette excise revenues* (billion HUF)	Excise tax levels	
			Specific (HUF/1000)	Ad valorem (%)
1988	NA	11.2	NA	NA
1989	NA	12.7	NA	NA
1990	NA	14.3	NA	NA
1991	NA	20	NA	NA
1992	NA	24.9	770	50
1993	NA	31.1	920	50
1994	NA	34	I-VI 1020	50
			VII-X 1120	50
			XI-XII 1210	65
1995	86.4	43.7	1210	65
1996	115	49.8	1390	75
1997	139	56	1560	75
1998	169	72.8	I-VIII 1725	75
			IX-XII 1950	17**
1999	198	87.6	1950	17**
2000	228	102	2300	17**
2001	258	112	2645	17**
2002	310	120.2	4200	18**
2003	341	151.5	4950	20**
2004	450	NA	6450	23**

* In addition to excise taxes the government also collects VAT after each cigarette pack sold. VAT for cigarettes accounts for 25% of the retail price. The Ministry of Finance does not disclose the exact amount of VAT income from cigarettes; GKI estimates that in 2003 around 60 billion HUF were collected from cigarette sales.

** % of retail sales price

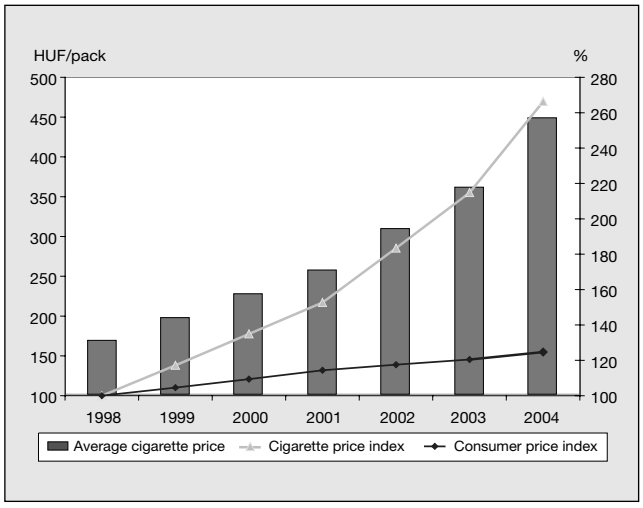
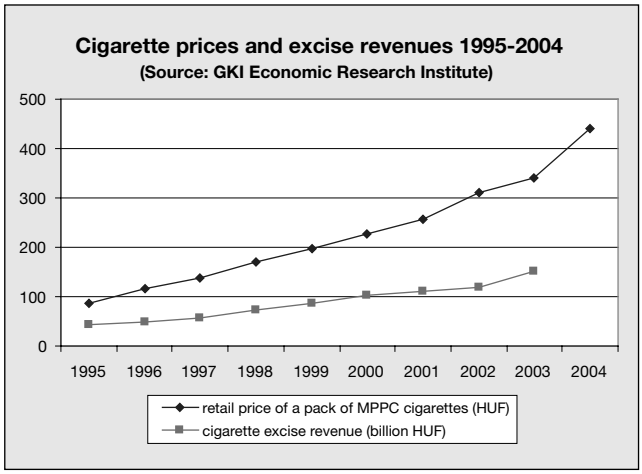


Figure 4.2 (Source: Barta J, GKI Economic Research Institute, 2004 based on data of the CSO. 2003: cigarette price in November. 2004: estimate of the HACM. Cigarette price index 1998=100%. Consumer price index 1998=100%.)

Figure 4.3 indicates that successive price increases resulted in increased excise revenues, contrary to the misinformation of tobacco industry claiming that collected tax would be diminished as a result of tax increases.

Figure 4.3



It is crucial that all tobacco products (including fine cut tobaccos) be taxed on the same level, to prevent "downgrading" to cheaper tobacco products. For example, in 2002 cigarette taxes were raised, while tax burden of fine cut tobaccos remained unchanged. Consequently, sales of cut tobacco increased and smokers started to use home-made, hand-rolled tobacco. The tax difference between manufactured cigarettes and fine cut tobaccos was corrected in 2004, when a 35% cigarette tax rise was accompanied by a 121% increase in the tax of fine cut tobaccos.

The accession to the European Union provides a unique opportunity for further tax hikes. EU directives set the minimum overall excise duty at 57% of the retail price of the price category most in demand. (Hungary stays at 51.7% in January 2004.) Encouraged by Günter Verheugen, EU commissioner for enlargement, nine out of ten accession countries, except for Malta, requested a transition period of up to six years to introduce the cigarette tax level set by EU directives. In Hungary, the derogation request was submitted by the young democrat-small holders' party coalition government in the wake of May 2002 parliamentary elections, between the two rounds of voting, when polls indicated the opposition coming out in a winning position. The request, however, was not withdrawn by the winning socialist government, and Hungary was awarded a delay in applying the EU tax levels until 31 December 2008.

In spite of the granted derogation request, the Hungarian government seems to be committed to reach EU tax level well before the end of 2008.

Cigarette prices and inflation

In the last few years the raise of cigarette prices in percentage exceeded that of the consumer price indices. In Hungary, the price of cigarettes account for 2.7% in the consumer price index. Therefore, cigarette price raises might be inflationary. According to the GKI, the 16.2% increase in cigarette prices in 1999 contributed to the overall increase of that years' inflation. GKI estimates that, if tobacco products had been removed from the basket of goods and services, the 1999 inflation would have been lower by 0.43%.

Exclusion of tobacco products from the consumer price index could be a solution to the potential inflationary effect of tobacco price increases. This measure has already been introduced by France, Luxembourg and Belgium. Removal of cigarettes from the basket of goods and services should be pursued in Hungary as well, since it would prevent the inflationary effect of tobacco tax increases.

On the other hand, by the time the EU tax level will have met, the relatively lower tax increases will have no significant effect on the consumer price index.

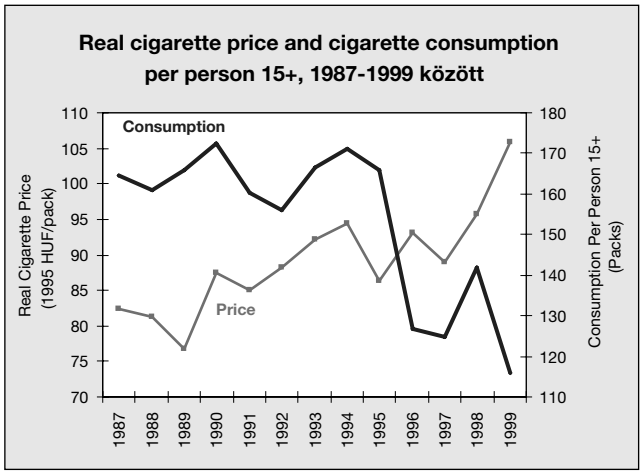
Health impact of cigarette tax rise

The report of the World Bank on the economics of tobacco control in Hungary indicates that cigarette tax rise, as a measure to control tobacco use, works in this country as well. **Figure 4.4** shows the fall of consumption as the real price of cigarettes goes up.

In Hungary, per capita cigarette consumption declines steadily since 1997. The HACM admits that cigarette taxes increased by 114% between 1998 and 2003 and that is the main cause of the 30% decline in consumption observed during that period.

According to the calculations of the HACM, cigarette consumption has fallen by up to 5% per year since 1998 due to increasing taxes and consequent rises in retail prices.

Figure 4.4 (Source: The World Bank)



While polls indicated that Hungarians still prefer decreasing their cigarette consumption instead of quitting for good, latest anecdotal reports (on small, non-representative polls of electronic newspapers) indicate that 2-3 out of 10 people would decide to quit as a result of successive tax increases.

Tobacco companies do also know that Hungarians are sensitive to cigarette prices. "Downgrading" is a common feature of consumers' response to cigarette price rises. The industry also attracted the smokers' attention to the issue of price by using campaign messages referring to it. **(Pictures 4.1 and 4.2)**

Picture 4.1
(Do not lay your hands deep in your purse!
An advertisement for Reemtsma's cheap brand "Pannonia".)

Picture 4.2
(Why would you pay more for a good cigarette?
An advertisement for Reemtsma's cheap brand "Pannonia".)

The way forward

Since cigarette tax rise is one of the most important policy interventions aimed at decreasing tobacco use, this measure must be pursued in Hungary. Also, cigarette tax earmarking can provide secure and long-term funding for the national tobacco control programme developed within the frame of the national public health programme.

Earmarking as little as 0.5% of collected cigarette excises to be used for funding tobacco control interventions would have meant an additional HUF 750 million (in 2003) for financing tobacco control, about 15 times more than that year's public support for tobacco control.

4.1.2 Control of smuggling

"... cooperative action is necessary to eliminate all forms of illicit trade in cigarettes and other tobacco products, including smuggling, illicit manufacturing and counterfeiting..."
(FCTC, Preamble)

Background

The issue of cigarette smuggling is closely linked to the taxation of tobacco products, but tax level is not the only incentive for smuggling. The World Bank claims that cigarette smuggling rises in line with the degree of corruption of a country. Cigarette smuggling, by providing cheap cigarettes to consumers, perils public health since it helps maintaining nicotine addiction and undermines the effectiveness of cigarette tax raises. If black market blooms, governments loose vast amount of tax money not collected from the legal market. Firm action on smuggling should, therefore, constitute an integral part of a comprehensive tobacco control policy.

According to the Hungarian Customs and Finance Guard (VPOP) only 5% of the volume of seized smuggled cigarettes is intended to be sold in Hungary. In the majority of cases Hungary is only a transit country since cigarettes could be sold with higher margins in Western European countries. Anecdotal reports indicate increased amount of smuggled cigarettes can be found in the eastern regions of the country, originating from the Ukraine and Romania. And what is more, smuggled cigarettes can still be found no less extensively in supermarkets, which involves the responsibility of retailers, retail chains, their interest groups and the institutions responsible for controlling their operations.

Since in all neighbouring acceding and other EU aspirant countries cigarettes are cheaper than in Hungary (Hungary has its cigarette tax levels closest to the EU requirement) bootlegging will expectably increase after 1 May 2004. Weaker border controls within the EU might also be an incentive for smokers to purchase tobacco products in neighbouring countries. Therefore VPOP needs to increase its vigilance obviously.

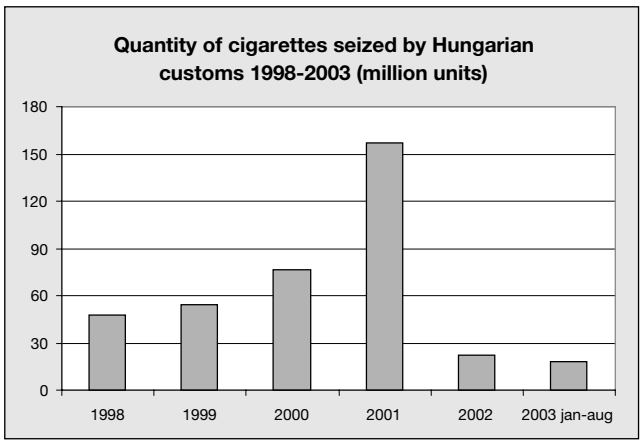
What is Hungary doing?

Since 1996 tobacco manufacturers are requested to apply tax stamps on every cigarette package; stamps must be purchased by companies on their own expenses. The stamp indicates the origin of the product and also means that all taxes have already been paid for that particular product.

The VPOP is responsible for detecting cigarette smuggling at borders, and also for investigating cases of organised smuggling. The VPOP partnered OLAF, the anti-fraud office of the EU. This partnership provides more opportunities for a more effective and co-ordinated effort against cigarette smuggling. According to the Hungarian regulation, seized tobacco products must be destroyed.

The amount of smuggled cigarettes seized at the Hungarian borders is given in **Figure 4.5.**

Figure 4.5 (Source: VPOP)



Health impact of controlling cigarette smuggling

Thanks to better control of smuggling, the decreasing availability of cheap cigarettes will enhance the impact of taxation and pricing policies and lower demand of cigarettes especially among price sensitive consumers (such as young people and the poor). Thus, the elimination of black market sale of cigarettes shall indirectly affect cigarette consumption or smoking habits of particular groups of the society.

The way forward

Improving border control and further support for VPOP's activities on smuggling control is needed, especially on borders with countries not included in the Schengen Pact (such as borders with non-EU acceding countries: Ukraine, Romania, Serbia). In-country cigarette distribution channels should also be tightly supervised taking into consideration the fact that black market cigarettes can still be found in grocery stores.

This would not only help achieving public health objectives through decreasing smoking, but would also support the government and hence, the state budget collecting the expected amount of cigarette tax revenues.

4.1.3 Smoke-free environments

"Measures have to be taken so that non-smokers should not have to work in the same smoke-filled rooms with the smokers."
(Székács S. Letter to the Editor. Orvosi Hetilap. 1965)

Background

Fewer opportunities for smoking would result in fewer cigarettes smoked. As Philip Morris put it: *"The immediate implication [of smoking bans] for our business is clear: if our consumers have fewer opportunities to enjoy our products, they will use them less frequently and the result will be an adverse impact on our bottom line."* In a 1985 report the Tobacco Institute concludes that smoking bans being *"the most effective way to reduce smoking"*.

According to Rupp (1995) in Hungary 1.25% of all smoking-related burden can be attributable to passive smoking. As Stanton Glantz of California points out, eight smoking-related deaths are followed by one passive smoking death.

What is Hungary doing?

The 1999 anti-smoking act provides the legal basis for the control of smoking in public places and for the prevention of passive smoking. The act tries – in line with tobacco companies' will – to accommodate both smokers and non-smokers, by providing smoking areas in almost every public place, including hospitals, restaurants and government offices. Tobacco industry was happy with the output of debates; the HACM even orchestrated a billboard campaign calling for the acceptance of those people who decided to smoke. **(Picture 4.3)**

Picture 4.3
(July 2000: the HACM campaign slogan says: "Some people smoke and some does not. Do not blow to each other!")

The Ministry of Economic Affairs even provided restaurant owners with financial support to purchase air conditioning devices – otherwise ineffective with respect to the prevention of passive smoking – to cope with the anti-smoking act.

Health impact of legislation on smoking in public

The 1999 poll of the Fact Institute indicated that while the public was in general supportive to measures restricting smoking in public places, it was quite sceptical about people's compliance with the law. For example, 91% of people supported a ban on smoking in hospitals and educational establishments (which was not even requested by the law – patrons were only forced to design smoking areas), but 38% said the ban would not be kept.

Experience indicates that fears were not groundless. The years passed since the law entering into force on 1 November 1999 (and on 1 January 2001 for restaurants) found a number of managers still reluctantly disregarding the law. Both anecdotal reports and the experience of supervisions performed by the ÁNTSZ have proved the evasion of the law by patrons.

A 1999 public opinion poll indicates that still 56% of respondents tolerate passive smoking. This signifies that smoking is still considered an accepted behaviour by Hungarians. Unfortunately, no research on expected changes of this tolerance has been performed since 1999.

Hungarian tobacco companies seemed to be afraid of smoking restrictions introduced for workplaces, since such rules might have negative impact on consumption. In 2000, BAT launched a project called "Smoking Room"; it was aimed at providing financial support for employers to "accommodate" smokers by designing and installing special rooms for smoking employees.

Anecdotal experience and some local surveys performed within particular groups indicate, however, that the passive smoking related harm of the overall population has not decreased as expected by law makers. In 2000, 40% of kindergarten pupils in Budapest were still exposed to tobacco smoke in their homes.

The way forward

With stricter smoke-free regulations spreading across Europe, Hungary should also do more on protecting its citizens from involuntary tobacco smoke. Now, five years after the adoption of the anti-smoking act it would be time to make a firm advance.

Physical delimitation of smoking areas in restaurants and public places (such as airports, railway stations, workplaces and shopping malls) should have priority considering the number of non-smokers exposed to the others' tobacco smoke. This can be achieved by amending the 1999 act on the protection of non-smokers.

The public is still need to be made more active in demanding smoke-free public places. A mass media campaign focusing on passive smoking would effectively contribute to decreasing social acceptability of smoking. The campaign, supplemented by policy and media advocacy efforts in order to amend the 1999 legislation on rules of smoking in public, could be an effective succession of actions.

4.1.4 Advertising, promotion and sponsorship

"We should resist attempts to restrict our right to sponsor sporting, cultural and other events. ... Our reasons for undertaking sponsorship activities are to create company goodwill, endorse brand loyalty and encourage brand switching...."
(BAT, March 1982)

Background

The 1999 report of the World Bank refers to a study performed in 22 high-income countries, which concludes that tobacco advertising and sponsorship bans, if comprehensive and introduced as part of comprehensive tobacco control strategies, reduce tobacco consumption by 6%. Bans, to be effective, should cover all media, including direct and indirect forms of tobacco promotion as well as sponsorship of events by tobacco companies.

A 2000 study on 11 EU countries predicted that the EU ban on tobacco advertising could reduce cigarette consumption in these countries by 7.9% by 2006.

What is Hungary doing?

A 1977 decree of the minister of internal affairs banned all forms of direct and indirect tobacco advertising except for that at the point-of-sale (POS); Act No. I/1978 on internal trade reiterated the ban. Liberalisation of tobacco advertising, therefore, was one of the main objectives of TTCs' lobbying efforts following their arrival to Hungary.

The lack of enforcement of the ban, fines which were not able to hold back law violators from illegal practice resulted tobacco companies simply disregarding the law, thus wide cigarette promotion campaigns followed.

In addition to this illegal practice, the following strategies have been used by tobacco companies: promotion of a voluntary advertising code, creating and exploiting partnerships with the advertising and alcohol industries, intensive communication on the alleged negative impact of an advertising ban on the advertising industry. In 1997 their efforts fructified when the parliament adopted the country's first ever law "on economic advertising activities", with its provisions on tobacco advertising annulling the 1977 "obsolete" ban.

The recovery of all forms of tobacco advertisements commenced; public places, newspapers, women magazines and even publications primarily targeting young people were all filled with tobacco advertisements. Also, in an attempt to buy support from various actors of the society and exploit cheap advertising opportunities, TTCs started sponsoring almost everything they thought it would contribute to polishing their image; this was blurred because of the wave of litigation sweeping through a number of developed countries and intensified communication of their wrongdoing as exposed by formerly secret internal industry documents.

2000: advertising ban reinstated

After years of almost unlimited liberty concerning tobacco advertising, TTCs *'freedom of speech'* was restricted again. The then governing Young Democrat party took the leadership in reinstating the advertising ban in late 2000. The 1997 advertising act was amended and a ban of all forms of direct and indirect advertising of tobacco products was reinstated when the Parliament passed the new advertising act on 18 December 2000. Eventually, print media was freed from tobacco advertisements on 1 July 2001, while public places became tobacco billboard-free on 1 January 2002.

The new law still provides tobacco companies with marketing opportunities which remained unregulated by the law. These are as follows:

- POS advertising is allowed;
- There is no comprehensive ban of sponsorship by tobacco companies;
- The law enables the minister of economic affairs to grant exemption from the ban for worldwide sport events, such as the Hungarian Formula 1 race.

TTCs and the advertising industry expressed immediately their disappointment with the new tobacco advertising regulation. First, TTCs contemplated challenging particular provisions of the law at the Constitutional Court, claiming that the Hungarian Constitution protects freedom of speech, including the commercial one. Later this plan was dropped. Instead, they developed an own interpretation on what *'point of sale (POS) advertising'* means. According to this, advertisements in shop windows and outside shops – places well visible from public places – should be allowed. Seemingly a deal was concluded with the Ministry of Economic Affairs (MEA): the latter, accepting TTCs position, ordered the Consumer Protection Directorate – the institution responsible for enforcing this regulation – to apply tobacco and advertising industries' interpretation in everyday practice. As a result, tobacco advertisements still are in evidence.

Further, the advertising ban does not seem to prevent tobacco companies from continuing publishing illegal tobacco advertisements in public places and on the internet. Even after the ombudsman restricted the definition of POS to places which are not visible from outside shops and courts in many cases tobacco companies found guilty in publishing such advertisements. TTCs continue to conclude agreements with shop owners on displaying such ads and await every case of law violation to be taken to the court. This practice of tobacco companies results in considerable delays in freeing public places from tobacco advertisements and thus, in the fall of tobacco industry profits.

In addition to these, new forms of product marketing (such as direct mails)receive increased attention. As one of the many newspaper articles put it: *"tobacco advertising is not getting lost, it is only transforming"*.

Sponsorship of events and organisations by tobacco companies

Since sponsorship by tobacco companies is almost unlimited, hospitals, universities, charities such as the Red Cross, various sport and cultural events receive financial support from tobacco companies. And what is more, industry documents indicate that Hungarian researchers and medical professionals performed and still perform industry-funded research to provide tobacco companies with ammunition for fighting against effective tobacco control measures. Some Hungarian researchers even served as consultants for the industry. Leading Hungarian medical, public health and research institutions, such as the Semmelweis University of Medical Sciences, institutes of the Hungarian Academy of Sciences all received grants from tobacco companies to perform research with the prospect of supporting the industry's case.

Sponsorship to political parties is still not explicitly forbidden. Péter Félix, an investigative journalist found that during the 2002 parliamentary election campaigns both big political parties had received substantial support from tobacco companies through their satellite organisations. Civil organisations also accept support from tobacco companies; some of them are even established by tobacco companies themselves, such as the Philip Morris Foundation in Eger.

Sponsored institutions and individuals usually act as vocal supporters in public debates related to smoking or to various aspects of tobacco.

Health impact of Hungarian advertising regulation

Disappearance of tobacco advertisements from various media and public places would certainly contribute to the decrease of social acceptance of smoking. Since advertisements are better remembered by or attract the attention of children, the ban would help them accepting that smoking is no longer the 'social norm'. Using the estimate of the World Bank to Hungary the advertising ban – if imple-

mented in conjunction with other tobacco control measures – might result in a (at least) 1.2 billion units decrease contrary to the present 20 billion units/per year cigarette consumption.

The way forward

Tobacco companies must be forced to comply with the laws in force and to clean off public places from illegal tobacco advertisements. Increasing fines and withdrawing licenses for selling tobacco of those retailers who accept to publish illegal advertisements could contribute to achieving progress in this regard.

In addition, marketing of tobacco products should be further restricted towards a "total" ban. Until a total ban is achieved, rules of POS advertising should be further clarified and the size of advertisements and posters displayed in shops and tobacconists' be further decreased.

Sponsorship of sports and cultural events by tobacco companies should be banned. Also, to prevent decision makers' partiality to the tobacco industry, financial support for political parties from any tobacco company or affiliate should be explicitly forbidden (e.g. by amending act XXXIII/1989 on functioning and support of political parties). This measure would prevent event sponsorship becoming the principal means of promoting tobacco products after a comprehensive ban will have been introduced.

4.1.5 Sales of tobacco products to minors

"... in order to increase their effectiveness, measures to prevent tobacco product sales to minors should be implemented in conjunction with other provisions contained in this Convention."
(FCTC, Art. 16)

Background

This laudable initiative in influencing smoking habits of teens seems to fail in everyday practice.

What is Hungary doing?

The 1999 anti-smoking law forbids the sale of tobacco products to young people under the age of 18. Tobacco companies are aware of the low impact of this measure on smoking. Thus, they even sponsor such interventions, since these could help portraying them as entities which behave responsibly. Two industry campaigns aimed at preventing the sale of tobacco products to minors have been launched by the HACM so far. First, in 1999, soon after the parliamentary adoption of the law on the protection of non-smokers; this PR effort was aimed at indicating how law-abiding the industry was and to which extent it would comply with the resolutions of the new act. The second campaign was launched in late 2003, when the government announced plans for a significant tax rise in 2004.

The GYTS-Hungary of 2003 provides evidence for the inefficiency of this measure. 76.2% of underage smokers reported that they never faced any difficulty in purchasing cigarettes in shops. The latest raid of the Consumer Protection Directorate aimed at checking compliance with the law of retailers, shop owners and salespersons found that in 1/3 of cases young people under 18 had been served with tobacco products without salespeople even asking their age. This low impact measure is also difficult to enforce, since – according to the Hungarian laws - salespersons are not allowed to ask for any proof of age (only police could do that).

Health impact on this measure

Due to its low efficiency no significant impact on youth smoking can be expected from this measure.

The way forward

Rising awareness of the public on retailers failing to comply with this measure might contribute to decreasing social acceptance of the entire tobacco sector, especially of tobacco companies, which prefer supporting such an ineffective measure and claim to curb smoking among young people. Fines should be increased for patrons not complying with the law, including the withdrawal of licence to sell tobacco products. The enforcement of this measure would become easier if the sale of tobacco products is rolled back to tobacconists' and to specially designed, separate units of supermarkets, where all impersonal ways of serving can be excluded.

4.1.6 Product control, identification and consumer information

"The risk of lung cancer was no different in people who smoked medium tar cigarettes, low tar cigarettes or very low tar cigarettes."
(Harris et al (2004) BMJ 328;72 (10 January))

Background

Cigarette packages remain the major source of exposure to health warnings, therefore they could be seen as important carriers of anti-smoking advertisements – what is more: at no cost. According to the experiences of a number of countries (Poland, Turkey, South Africa, Canada), warning labels by publicizing harmful substance content and health impact of cigarettes might improve receptivity for other tobacco control measures and contributes to influencing public opinion.

Tobacco Product Regulation Directive 2001/37/EC sets maximum yields of nicotine (1 mg/cigarette), tar (10 mg/cigarette) and carbon monoxide (10 mg/cigarette) levels as from 1 January 2004. The ISO machine testing method, on which these figures are based, has recently come under attack from the tobacco control community and is expected to change in the years to come. Since humans do not smoke as machines, the real harmful substance intake cannot be exactly assessed based on measurements using the ISO method. Therefore, the regulatory scheme based on ISO yields determination is fundamentally flamed.

The Directive also bans misleading descriptors suggesting that some tobacco products are less harmful than others. The regulation also introduced new, bolder, larger, black and white health warnings to be published on every cigarette pack.

Increasing evidence supports the usefulness of pictorial warnings; Canada reports better awareness and positive response of smokers to these warnings. This measure is spreading now around the world. Thailand and Australia have recently decided to introduce them in a few months and the recent recommendation of the European Commission (2003/641/EC) also promotes the use of colour photographs or other illustrations as health warnings on tobacco packages.

What is Hungary doing?

Hungary has recently introduced EU directive 2001/37/EC on packaging and labelling of tobacco products. The regulation entered into force as of 1 January 2004. In contrast to initial attempts, Hungary eventually has not asked for derogation for lowering nicotine and tar yields of cigarettes manufactured in Hungary.

The way forward

After analysing the impact of bigger health warnings on smoking habits as well as on the knowledge, attitudes and beliefs on tobacco use, the Hungarian government should consider moving forward to introducing graphic health warnings as recommended by the EU.

Tobacco control advocates should put more emphasis in publicizing latest research on smoking lower tar and nicotine cigarettes not having resulted in a significant decrease in the disease burden caused by cigarette use.

4.1.7 Smoking cessation

"Mortality from tobacco in the first half of the 21st century will be affected much more by the numbers of adult smokers who stop than the numbers of adolescents who start."
(Peto et al (2000). BMJ;321:323-9)

Background

Assisting smokers to quit is a cost-effective method of decreasing the health impact of smoking. A 1995 international review, analysing societal costs of 310 medical interventions, found smoking cessation a much valuable intervention than many other medical interventions. Nicotine replacement therapy (NRT) doubles the chances of quitting successfully as compared to efforts without any help. **Table 4.3** presents incremental effectiveness of cessation interventions

Table 4.3 (Source: Raw M, McNeill A, West R. Smoking cessation guidelines for health professionals. Thorax 1998;53(Suppl 5, Part 1):S1-19.)

Intervention element	Data source	Increase in % of smokers abstinent for 6 months or longer
Very brief advice to stop (3 min) by clinician versus no advice	AHCPR	2
Brief advice to stop (up to 10 min) by clinician versus no advice	AHCPR	3
Adding NRT to brief advice versus brief advice alone or brief advice plus placebo	Cochrane	6
Intensive support (e.g. smokers' clinic) versus no intervention	AHCPR	8
Intensive support plus NRT versus intensive support or intensive support plus placebo	Cochrane	8
Cessation advice and support for hospital patients versus no support	AHCPR	5
Cessation advice and support for pregnant smokers versus usual care or no intervention	AHCPR	7

Note: The incremental cessation rate is the difference between the % successful in the intervention and control groups (percentages rounded).

In addition to this, the World Bank states that compared to initiatives aimed at preventing tobacco use, cessation of tobacco use provides better health impact even on short term and at a much lower cost. **(Figure 4.6)**

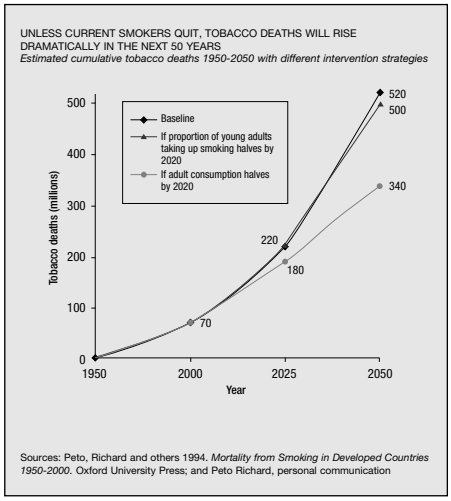
What is Hungary doing?

In spite of the evidence on the effectiveness of various smoking cessation interventions, Hungary does not properly exploit this opportunity. In spite of the existence of about 110 surgeries scattered over the country where smokers can get professional help to their quit attempts ("network of smoking cessation clinics"), and aids for treating tobacco dependence (NRT and others) are also available, smoking prevalence figures do not change. Further, according to the statistics of the network's management, yearly only around 4,000 smokers seek advice from and are helped to quit by this network.

The functioning of the network provides an example of well-functioning public-private partnership in tobacco control. Patients seeking advice from the network are routinely offered NRT, and – through a support scheme operated by the Novartis Hungary Ltd (producer of some nicotine replacement products) – every second weeks' supply is provided to patients free of charge. However, the Hungarian network of smoking cessation clinics still lacks sufficient, secure and sustainable public funding.

As of 1 January 2004 a "quitline" was established to assist smokers in their quit attempt. The line is a reduced toll "blue line" (06-40-200493), which can be called at the cost of a local call. The number has to be printed on cigarette packages in rotating manner (with 13 other messages).

Figure 4.6 (Source: The World Bank. Curbing the epidemic. 1999.)



In spite of some important successes achieved in the last few years in promoting cessation of tobacco use in Hungary, there are still a couple of set-backs. These include:

- high smoking prevalence among medical doctors and other health professionals; smoking among health professionals is inversely proportionate to their willingness to provide cessation advice to their patients;
- insufficient attention given to providing smoking cessation advice to patients within health care units; lack of interest of physicians in more actively participating in organisation or maintaining smoking cessation services;
- insufficient knowledge of patients on cessation services or other help they can get during their quit attempts;
- lack of commitment of the National Health Insurance Fund (in fact of the successive governments) in providing drug cost allowance for cessation aids or taking over and improving support for smoking cessation services ensured by health care providers.

Hungarian health professionals' role in promoting smoking cessation

WHO expects pro-active involvement of health professionals in promoting smoking cessation as well as policy measures to control tobacco use. In 1966 the Hungarian medical journal (Orvosi Hetilap) published a number of letters to the editor, which called on medical doctors to play a more active role in tobacco control*. *"For 43 years [written in 1966!], in lectures and articles, I have spoken about the hazards of smoking but **even the doctors have smiled at me for this"*** [emphasis added], writes Dr Lajos Szilágyi in a letter. He also refers to the widespread use of tobacco among doctors, recalling that he even saw doctors who *"perform their work with a cigarette in their mouths"*. Szilágyi concludes that *"only the doctors are to blame for the lack of educating the public regarding the dangers of smoking and consequently for the widespread damage caused by it."*

Unfortunately, apart from a couple of doctors who become active tobacco control advocates the medical and health community still remains highly inactive in tobacco or health issues, and smoking prevalence among medical staff does not differ significantly from that of the general population**. Medical doctors and other health personnel can still be seen smoking by patients in health establishments or medical doctors occupying high positions (some of them highly relevant from a tobacco control point-of-view, such as the director of the National Institute of Oncology) are heavy smokers, there is nothing surprising in the fact that more than two-thirds of medical doctors do not even ask their patients about their smoking habits. Also, some hospital managers fear that strictly regulating smoking among staff members might result in a situation when even more nurses leave their jobs and this also would aggravate the otherwise serious lack of staff in some of the institutions.

Health impact of improved smoking cessation services

In 1998, Barta J (GKI Economic Research Institute) performed a calculation on the economic impact of various smoking cessation interventions.

Table 4.4 summarizes the estimates on the financial gains of various smoking cessation interventions***.

Table 4.4

Description of intervention	Cost per quitter	Social gain per quitter	Percent of return per intervention
Very brief advice (3')	18,000	130,000	720%
Brief advice (5')	17,000		765%
Brief advice (5') + nicotine replacement therapy (NRT)	35,000		371%
Brief advice (5') + self-help material	15,200		855%
Brief advice (5') + self-help material + NRT	35,500		366%
Smoking cessation clinic (inpatient unit, 4 days of hospitalisation)	240,000		54%

It can be seen that the combination of brief advice and NRT, offered by Hungarian smoking cessation services, cost only HUF 35,000 per smoker and results in a net gain of HUF 130,000 for the society.

The way forward

As quitting smoking would reduce the risk of serious diseases almost to the level observed among non-smokers, Hungary should give greater attention to develop more efficient smoking cessation programmes. The present network of smoking cessation services must be strengthened, with special regard to its promotion and to an improved geographical availability (in fact, increasing the number of services). An anti-smoking mass media campaign would significantly increase the demand for cessation services; therefore, the increase of receptivity of the network and of the "quitline" service should be carefully considered.

* English translations of the cited letters to the editor were found in the archives of the Tobacco Institute of US (see reference section at the end of this chapter for the exact citation). This proves that tobacco companies were interested in learning about medical communities' opinions on questions related to smoking and health as early as the middle of 1960s.

** According to a report of Mark L et al in Hungary 41% of surgeons and 26% of medical doctors of non-surgical specialities smoked regularly in 1995. A 1998 study of Pikó indicates that 36% of medical students, 48% of nursing students and 23% of pharmacy students were regular smokers.

*** For the method of calculation of data provided in the table see Szilágyi T, Vadász I, Barta J. Az egészségbiztosítók szerepe a hazai dohányzás elleni küzdelemben. (Manuscript in Hungarian) Budapest, May 1999. (Contact the author to receive a copy.) Figures on the effectiveness of various interventions were taken over from the study of Tengs et al.

Medical and other health professional organisations (such as the National Primary Care Institute (Országos Alapellátási Intézet) and the Hungarian Alliance of Hospitals (Magyar Kórházszövetség)) should adopt and promote the use of clinical practice guidelines describing the possible roles of health professionals to provide cessation advice to their patients in a more formal way.

Also, giving smoking cessation advice to every patient neither should be dependent on financial incentives given to medical doctors or on the provision of extra financing by the National Health Insurance Fund. Medical professionals must be trained and requested by law to give smoking cessation advice to every patient. On the other side, health personnel itself should receive help to quit; hospital managers should consider providing formal help, including free NRT for their staff. Programmes aimed at reducing smoking among physicians must be made part of the national tobacco control programme.

Taking into consideration that NRT doubles the chance of successful quitting, these products should be supported by the insurance fund, at least for patients of lower socio-economic strata.

As improved specialized smoking cessation services need secure and sustained funding, proper financial mechanisms should be developed in their support. Hypothecation of a given percent of tobacco tax for supporting cessation programmes could be a feasible way for this.

4.1.8 Education, public information and public opinion

"Each Party shall promote and strengthen public awareness of tobacco control issues, using all available communication tools..."
(FCTC, Article 12)

The section below reviews anti-smoking mass media campaigns and traditional health education programmes aimed at preventing tobacco use.

Background

Experience from a number of developed countries (such as the US, UK and Australia) indicates that public information or mass media campaigns, if properly funded and maintained for a long time, might play significant role in decreasing smoking prevalence. Such campaigns could also be important in communicating, complementing and reinforcing policy measures. Information campaigns might play crucial role in explaining the mechanisms of action and the possible impact of tobacco control measures taken or contemplated by the government. This might not only improve the awareness of measures but also increase people's compliance with these interventions.

On the other side, the influence of school-based health education programmes on the attitude and behaviour of young people is uncertain. Tobacco companies also prefer to sponsor such programmes, which might imply that they can be considered ineffective. Some programme designs (peer-led sessions and refusal skills' development), however, seem to have some impact on smoking behaviour, especially in delaying the uptake of smoking. There is no doubt, however, that spending public funds to support programmes targeted at children and young people might be sympathetic from a political point-of-view (MPs in their speeches delivered in the Parliament often refer to such programmes as key elements of tobacco control) and might attract additional funding from private sectors into tobacco control.

What is Hungary doing?

The latest countrywide anti-smoking campaign ("Population-based Anti-Smoking Campaign") was implemented in 1996 by using a loan from the World Bank. Anti-smoking advertisements were aired only for a short period of time and, with a few exceptions, only the local media in the town of Pécs was used. Since then – apart from a few anti-smoking posters displayed with the occasion of national 'Quit and Win' campaigns or on the national non-smoking day – no national anti-smoking campaign has been organised in the country.

As health education programmes targeted at children are concerned, there are a few formal and sustained youth smoking prevention programmes in various stages of implementation in Hungary. These include kindergarten and primary school programmes of the National Institute for Health Development, the peer-led smoking prevention programme of the Semmelweis University of Medical Sciences, the drug-alcohol-smoking prevention programme of the Country Police Department as well as other, non-regular initiatives of various government-based agencies and NGOs.

In 1997 the HACM also implemented a youth smoking prevention programme, with a predominating PR-component. While "smoking prevention" programmes funded and designed by tobacco companies only aim at delaying the adoption of effective policy measures against smoking, companies still try to partner with government-based agencies for launching such new, inefficient initiatives.

Health impact of campaigns

While some modest effect on local smokers' habits was found during the monitoring survey, the 1996-1997 Pécs campaign had no national level impact. Successive Hungarian governments failed to dedicate sufficient funding for the implementation and the follow-up of well-designed, adequately long and impactful mass media campaigns. While anti-smoking campaigns are effective, they are among the most resource-demanding tobacco control interventions. Thus, strong political and financial commitments are needed for organizing a prospectively impactful anti-smoking campaign in Hungary. After the country's accession to the EU, the Community-level anti-smoking campaign might have an impact in Hungary as well.

The programmes, which use traditional health education for disseminating information about smoking among young people, seem to have failed in achieving their scopes. In spite of the present disproportionate dedication of human and financial resources for youth smoking prevention programmes in Hungary, smoking prevalence among teenagers keeps rising. (See **Chapter 1** for details on youth smoking.) Thus, new programme designs are needed as well as a renewed focus from individual-oriented efforts to the social approach of tobacco control.

The way forward

In an environment, where the public is often facing new and stronger anti-smoking measures in form of rules and regulations, media campaigns are a must to back them and/or to provide more information on the expected impact of these legislative measures. The design of the Australian "National Anti-smoking Campaign", which has been sustained for a long time and operates with a regularly renewed set of messages, could be a good choice for Hungary, too.

If the government decides the launch of an anti-smoking mass media campaign, careful attention should be given to the development of its message. International evidence shows that hard hitting messages, declarations of individuals who have been affected by smoking or messages revealing tobacco industry's wrongdoing might have a better chance to stimulate than those which beg or otherwise try to ask people not to smoke. Some opinions claim that these messages would work in Hungary as well. A focus group analysis could help to define campaign messages; later, the response of the public should be continuously followed up.

As health education among young people is concerned, only those methods or programme designs are recommended for use in Hungary which have already proved their effectiveness in other countries (such as peer-led education and empowerment of young people to resist social pressure for smoking). Their extension, as well as the development of new programmes should be made dependent on thorough monitoring and measuring the impact of already implemented programmes.

Again, tobacco tax earmarking could be the best choice to provide the necessary resources for supporting mass media campaigns and other educational programmes.

4.1.9 Litigation and product liability

Background

Litigation is viewed increasingly as an influential component of comprehensive tobacco control efforts. It helps decreasing the social acceptance of the industry by shaping the public debate and revealing tobacco industry's wrongdoing and misleading behaviour as indicated by searchable internal industry documents.

In some developed countries, such as the US and Australia tobacco-related litigation has a long history. By now, 15 European countries have reported individual litigation cases seeking compensation for harms caused by tobacco.

Recent cases of tobacco-related litigation in Europe are related to:
- claims for compensation from the industry by affected individuals or their families;
- claims by consumer protection organisations because of illegal or misleading advertising and marketing practices of the tobacco industry;
- individual non-smokers' claims for compensation from their employers because of their exposure to environmental tobacco smoke.

What is Hungary doing?

Though the Hungarian Constitution enables product liability cases to be filed, no such legislative action has been taken against the tobacco industry so far.

However, increasing efforts are being made to force tobacco companies to comply with the country's advertising ban. The HSFA took up the responsibility for suing tobacco companies because of illegal POS advertisements. Efforts of the HSFA also reveals that tobacco companies have even concluded agreements on displaying tobacco advertisements outside shops well after the comprehensive advertising ban came into force. Evidence indicates that Philip Morris still pays sums up to HUF 500,000 (plus VAT=20%) to every shop owner for displaying Marlboro ads outside shops (portals or shop windows). Agreements were concluded in late 2003, nearly two years after the ban on advertising of tobacco products on public places came into force. The HSFA even sued – and won the case – the Consumer Protection Directorate which concluded a deal with the SRAB on applying tobacco and advertising industries' "interpretation" of the advertising act.

HSFA's efforts help tobacco control advocates to attract the attention of the media to the illegal practice of tobacco companies.

The way forward

The assertion of tobacco companies that they comply with local regulations has not been proved to be the case in Hungary. Even after many orders of courts TTCs still fail to comply with the law. NGOs should put pressure on the CPD and its superior, the MEA to force tobacco companies to act legally.

4.1.10 Policy development and coordination of tobacco control activities

Background

In general, Hungary applies the best international practice to developing its national tobacco control policy. The Hungarian legislative framework for controlling tobacco seems to be quite advanced, but in fact these measures correspond only to the minimal requirements of international recommendations (for example binding principles of the EU), and they are not proportionate to the level of burden of smoking within the Hungarian society. Therefore, further efforts should be made to strengthen policies aimed at decreasing smoking-related harm.

A proper institutional background to policy development and to the coordination of the country's tobacco control efforts would certainly improve both efficiency in tobacco policy development and implementation and social gains related to financial investments in tobacco control. **Table 4.5** gives a short overview of such coordinative structures. Further information on the functioning of these structures is also provided. For details on the possible role of coordination between programme planners and implementing agencies see **Chapter 5**.

* There could be a few special organizational structures which could enhance effectiveness of the country's tobacco control efforts. The coordinating body the WHO pursues for the development and coordination of national tobacco control efforts is a high-level committee, with members from various government portfolios and its secretariat located within the health ministry. Such a body could plan and coordinate the participation of various portfolios in the national tobacco control programme. It could coordinate the development and the debate of policy alternatives. Also, by maintaining communication with other ministries the interests of non-smokers can be better taken into consideration during the development of policies other than health policy.

Hungary does already have experience by operating such an intersectoral committee, one responsible for the development, implementation and supervision of the country's national drug strategy.

The function of secretariat of the coordinating committee could be attributed to a small unit of full-time employers, which – reporting for example to the public health department of the health ministry – can also be made responsible for the coordination of community-based programmes and other activities on tobacco control implemented by government-based agencies and other organizations. Its staff could overview the progress of the national tobacco control action plan and develop reports on its progress to be submitted to the leadership of the ministry, health committee of the Parliament or to the Parliament itself.

Establishing an advisory group/panel of professionals with experience in tobacco control should improve quality of policy development efforts. Such a group could provide professional advice to the secretariat of the intersectoral coordinating body. It could also provide professional input to the development of policy alternatives and write reports and background materials based on relevant literature as well as on national and international experiences. The advisory group should also be helpful in assessing tender applications for funds dedicated for tobacco control activities.

Table 4.5

Level of structure	Type of structure	Possible functions
Government	High-level, intersectoral-inter-ministerial coordinating committee	Development of policy alternatives, review of policy implementation Funding decisions for tobacco control
Health ministry	Tobacco control unit	Secretariat of the intersectoral committee Coordination and overview of community-based programmes Supervision of the implementation of the national tobacco control action plan Reporting
Health ministry	Scientific advisory panel	Overviewing and synthesizing research Development and review of policy alternatives Assessment of applications for funding
Community level	Informal network of organizations, institutions and individuals planning and implementing tobacco control programmes	Information sharing Lobbying Orchestrating public debate of policy alternatives and of tobacco control action plans

The Third Action Plan for a Tobacco-free Europe 1997-2001 of the WHO stipulates that effective coordination of national tobacco control efforts requires the establishment of a coordinating body/board with members from relevant government portfolios.

Since tobacco use is still rising among women, and remains constantly high among lower socio-economic strata and ethnic groups, mainly the Hungarian Roma minority, tobacco policies should give particular attention to these groups. Therefore, tobacco control is increasingly becoming a social as well as a development issue. This again, calls for the establishment of a board which could help to coordinate tobacco control efforts in the population groups most affected.

What is Hungary doing?

The latest tobacco control strategy was elaborated in 2002, by an expert group invited to work under the auspices of the public health department of the health ministry. Comments on the draft strategy were asked of various stakeholders involved in tobacco control. An informal brainstorming and information sharing forum requested between stakeholders could also be functional in developing action plans, discussing and debating policy alternatives. The launch of the National Forum for Tobacco Control by the Health 21 Hungarian Foundation (see **Chapter 5**) is such an initiative.

According to a 2001 report of the WHO Regional Office for Europe, Hungary is one of the two countries (beside Italy) among the 37 countries of the European region, which does have a national tobacco control action plan but does not have a national coordinating body for tobacco control*. What is more, there is not a full time employee within the health ministry, who devotes its working time entirely to tobacco control.

Health impact of development of policy measures

Though the lack of interministerial coordination of tobacco control efforts is still missing, the legislative and regulatory measures already taken have come into view recently resulting in a decline in the overall cigarette consumption. But still, the impact of otherwise advanced tobacco control policies is imperceptible among women, young girls, poor people and the Hungarian Roma population.

The way forward

Adopting further, stricter tobacco control policies seem to strengthen or improve the achievements gained so far. Better coordination of efforts would certainly enhance the efficiency of efforts.

* Based on the available data there are only 10 countries out of 37 in the European region of the WHO which does not have a national committee on tobacco control.

Social- and gender-based policies should also incorporate efforts to control tobacco use among their primary target groups. For example, policies having as their purpose the overall development of the Hungarian Roma population should also focus on health improvement via the control of tobacco use. The special programme on Roma population of the new public health strategy should also take up the issue of smoking.

4.1.11 Policy oriented research

Background

As the WHO points out, those are the most successful tobacco control policies, which are "supported by a thorough initial assessment of the tobacco-related situation and further regular monitoring". Important research areas with relevance to tobacco policy planning and financing include:

- smoking prevalence, consumption of tobacco use;
- knowledge, attitudes and beliefs (KAB) on smoking and tobacco control efforts;
- health impact of tobacco use;
- economic analysis of harm related to tobacco use and of tobacco control policies on the country's economic performance;
- analysis of cost-effectiveness of various tobacco control efforts;
- monitoring and evaluation of programmes funded from public sources;
- best practice of gender-based tobacco control and curbing tobacco use in ethnic minority groups, with special regard to the Hungarian gypsy population;
- research on best methods to promote cessation of tobacco use in various population groups;
- analysis of pro- and anti-tobacco stakeholders, their level of influence and policy and media advocacy capacities;
- monitoring the behaviour of the tobacco industry;
- following international developments in tobacco control and feasibility analysis of applying best international practice in Hungary;
- research on ways to improving communication and collaboration among stakeholders of the tobacco control arena.

Research findings, especially if they are policy relevant, should be imparted to decision makers: ministry officials and parliamentarians. Various direct (letter writing campaigns, lobbying) and indirect ways (publication of findings in the scientific and mass media) can be used to reach those from whom the use of findings can be expected. New research findings on tobacco are still considered newsworthy by many media.

Therefore, as the usefulness of research on tobacco is concerned it can be stated that research which is not widely communicated is not only useless but it is a waste of financial and human resources; research activities that lack a budget on communication should not be funded from public sources.

There is an explicit demand for local, quality tobacco-related research. MPs need up-to-date information on tobacco-related issues. In the wake of parliamentary debate of the 1999 anti-smoking bill a number of MPs expressed their satisfaction with the comprehensive background material provided by the health ministry – even though this material was based mainly on the compilation of best international practice and recommendations of international agencies. In February 2004, during the parliamentary debate of the ratification of FCTC an MP of the Hungarian Democrat Forum called for the inclusion of a clause in the act regarding compulsory monitoring and regular feedback of the implementation of FCTC – a request which also involves research.

What is Hungary doing?

While the resources spent by the Hungarian government on health research and development (R&D) has been rising dynamically since 1999, proportionally the larger amount of money goes to biomedical research and only a small proportion of this amount goes to public health and health policy-oriented research.

It is not surprising, therefore, that expenditures on research in tobacco control is also extremely small*. In fact, there is no exact data on

* A few other examples of policy relevant research of the latest years include: an analysis of the detrimental economic impact of smoking on society in 1999; compilation of data on smoking and disease, disability and deaths related to smoking in 1999; an overview of smoking related legislation in European countries as well as a template of tobacco related regulations based on best international practice (all commissioned by the National Institute for Health Promotion); a public opinion poll to gain information on knowledge, attitudes and believes related to smoking and tobacco control measures in 1999 (commissioned by the Tobacco and Alcohol Policy Development Programme of the Public Health Subcomponent of the World Bank-funded Hungarian project) and the Health Behaviour Survey with questions on smoking habits in 2000.

the amount spent on tobacco-related research; empirical evidence shows that in 2003 only two publicly funded studies were performed in relation to any tobacco issue: the evaluation of the kindergarten programme of the National Institute for Health Development and tobacco-related questions included in the health behaviour survey of November – December 2003 – initial data on the subject are expected for spring 2004.

Limited research has been done by non-governmental agencies and independent experts on various topics. These include a 2002 analysis of pro-tobacco stakeholders done by the Health 21 Hungarian Foundation and another research on tobacco industry documents relevant to Hungary done by Dr Tibor Szilágyi in 2001-2002.

The NGO community has the imperishable merits of communicating research findings to decision makers, the media and the public. For example, the 1999 survey performed by the Fact Institute proved the information about the strong public support of the public for a ban on tobacco advertising. Tobacco control advocates used this argument in a letter writing campaign which called for restrictions in tobacco marketing in late 2000.

On the other side, tobacco companies are always ready to provide local research data on issues of concern in a timely manner. For example, they commission economic impact studies and report their findings when legislation is pending. (See industry-funded research activities mentioned in **Chapter 1**.)

The way forward

The health ministry, in collaboration with tobacco control professionals should develop a research agenda in order to support the development and monitoring of tobacco control initiatives ("proactive research"). Proper funding should be dedicated to research activities, for example within the frame of the new public health programme. It is advisable that some resources should be kept for funding "reactive research". The latter, complementing planned or "proactive research", aims at collecting evidence to counter tobacco industry arguments which emerge on an irregular basis. For example, if tobacco industry announces a new youth access prevention programme, it would be desirable that both international and local data on the inefficiency of such programmes should immediately be provided, along with information on the real purpose of the industry with the launch of youth programmes.

Research findings must be provided regularly to decision makers and the media; in the attempt to reach as wide audience as possible. Effective tools for disseminating tobacco policy-relevant research findings are to be established taking into consideration the characteristics of the functioning of Hungarian decision taking and policy making systems. A database on documents – including research findings – related to tobacco control should be established and made available for the public through a special website.

Information on the implemented community-based programmes aimed at preventing and cessation of tobacco use should be collected regularly and included in the database. The media and decision makers should be provided with updated, short and concise information material on various issues related to tobacco control on a regular basis. Tobacco control advocates should also take every opportunity to respond without delay to the arguments the tobacco industry comes forward with, since these are almost exclusively aimed at preventing the government from taking adequate action against tobacco.

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