

SHAPING FUTURE POLICY OPTIONS IN TOBACCO CONTROL

*"Traveller there is no path. Paths are made by walking."
(Spanish proverb)*

A lot has been achieved

Chapter 4 describes tobacco control measures already taken by Hungary. Chapter 5 enlists a number of organizations, institutions and agencies working in tobacco control, as well as forums for information sharing and common thinking.

As described before, a comprehensive regulatory framework on tobacco control as well as a sound institutional basis for tobacco control activities does exist in Hungary. These could be the foundation of further, strengthened tobacco control interventions.

Table 6.1 provides a brief SWOT (strengths, weaknesses, opportunities, threats) analysis of tobacco control in Hungary. It does indicate that the strengths of the Hungarian tobacco control movement as well as the opportunities which it faces outweigh weaknesses and threats which could undermine effective action. Nonetheless, some threats, especially those which derive from the active resistance of the tobacco industry, should be carefully considered. Countering the arguments as well as the activity of the tobacco industry and, in relation to this, finding new anti-tobacco supporters not only among actors of the political arena, but also within other, non-traditional sectors could be the milestones of further success of tobacco control efforts.

Table 6.1

Strength	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> – the existing legislative framework on tobacco control – existence of structures for enforcing tobacco control legislation – high number of committed organizations and individuals which work in tobacco control – the health ministry gives in some degree attention to tobacco control – there is high number of political actors supporting tobacco control – increased international attention to tobacco control 	<ul style="list-style-type: none"> – the level of funding provided for tobacco control is not proportionate to the social burden of tobacco use – no tobacco tax earmarking – insufficient coordination of tobacco control efforts at government, health ministry and community levels 	<ul style="list-style-type: none"> – a National Tobacco Control Programme has been developed within the frame of the National Public Health Programme – early ratification of the FCTC by Hungary, entering into force and implementation of FCTC – joining tobacco control programmes of the EU after Hungary becoming a member state – tireless efforts of tobacco control professionals 	<ul style="list-style-type: none"> – high level political commitment towards tobacco control is diminishing – the tobacco industry succeeds in preventing introduction of further tobacco control measures (e.g. they achieve to delay the reaching of EU taxation level for cigarettes) – no additional funding is provided for tobacco control

Imitating or finding your own way?

Sometimes, tobacco companies look at the tobacco control efforts of Eastern European countries as being imitations of the efforts of developed countries, not a basic need which arises locally. As a Philip Morris official put it in 1998, when legislation was introduced in a CEE country *"it simply rests on the fact that the given country has decided to copy the US or a Western European country."*

Indeed, advanced tobacco control policies, which have already proven their efficiency, are worth to be followed. *"Tobacco-related deaths*

are preventable. The actions necessary to prevent them are known and cost effective", Dr Gro Harlem Brundtland, then Director-General of the WHO pointed out in 2000.

While efficient tobacco control interventions are known, there are no two countries where the same succession of tobacco control policies is redeeming*. Every country has to find its paths in developing and implementing an efficient set of tobacco control measures.

In fact Hungary, when designing its regulatory framework on tobacco, followed best international practice; and these interventions, adapted to specific Hungarian circumstances seem to have already produced results. The around 30% decrease in cigarette consumption experienced between 1998 and 2003 can primarily be attributed to cigarette tax raises, restrictions of smoking in public places and the ban on tobacco advertising.

The need for the further strengthening of tobacco control

Tobacco use is still the most frequent single cause of deaths in Hungary, resulting in 28,000 fatalities per year. 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.

In addition, tobacco control is increasingly becoming gender and social equity issue in Hungary. Smoking prevalence continues to increase among young girls and women, and remains constantly high among groups of lower socio-economic strata and the Hungarian Roma minority. Tackling tobacco use in these groups should be given particular attention in the future when developing further social and health policies.

Tobacco control should also be regarded as a development issue. In 2002, around 4% of the Hungarian GDP was lost due to smoking**. In 1999, 35% of all deaths in the economically most active group of 35-64-year-old people was smoking-related.

Hungary has done a lot to control its tobacco epidemic, but there is still a long way to go until a reassuring success. Strengthened tobacco control efforts could accelerate the decrease of tobacco use, lower prevalence figures and could stop the increase of smoking prevalence among youth.

In spite of the latest international developments (such as the interrelation between the EU and Hungary regarding legal harmonization on regulations concerning tobacco as well as the adoption of FCTC) which have an impact on Hungarian tobacco control measures, TTCs still remain capable of coordinated actions aimed at maintaining a favorable business environment for themselves.

The way forward

Generally, Hungary's main objectives in making its tobacco control efforts more effective should be the following:

- **"Filling the gaps" – Hungary should do what has not done it so far.** Recommendations on elements of an advanced set of tobacco control measures can be obtained from the World Health Organization and other agencies. Take the list and start working on those which still do not exist. A high-level intersectoral board for tobacco policy development and implementation, sound, policy relevant research, monitoring, evaluation and regular reporting to the Government and the Parliament of implemented tobacco control measures fall in this category.
- **"Make interventions work" – Hungary should take best use of its previous achievements.** There is a quite comprehensive set of rules and regulations on various issues related to tobacco and smoking already operative in Hungary. These rules should be observed

* In 1998 a consultant to the World Bank visited Hungary to give advice on the action plan of the newly established tobacco and alcohol policy development programme. He criticized some elements of the draft activity plan put together by local experts by saying that the planned "media club" – a tool thought to reach media representatives in order to improve their awareness on policy measures to control tobacco – would not work and no financial resources should be spent on it. As a result, the idea of a regular media gathering was removed from the activity plan. In late 2000, the tobacco industry established a media club for industry-friendly journalists as a mean to maintain the openness of the media to industry arguments even after that a comprehensive advertising ban prevented them from channelling more advertising money into various media. Attendees later published news items about the tobacco and the advertising industries' positions on why advertising bans were needless in controlling tobacco. Tobacco control advocates lost about two years in experiencing a tool which might have provided them with a unique opportunity of using strategically the media for the interest of tobacco control.

** According to the 2002 data of CSO, the gross national product of Hungary reached HUF 16716 billion. The latest estimate of the economic burden of smoking on the Hungarian society of Barta J (GKI Economic Research Institute) indicates that in 2003 alone HUF 600-700 billion is lost due to smoking. Therefore, around 4% (3.58-4.18%) of GDP is being lost due to smoking in Hungary.

strictly and also heavy fines should be imposed to deter law violators from continuing illegal practices. Special attention should be given to the enforcement of tobacco advertising ban and of the ban of smoking in certain public places (including workplaces and restaurants).

- **"Take further steps" – Hungary should go beyond what it has achieved up till now.** There is still enough room for the strengthening of tobacco control regulations and introducing policy measures as recommended by international agencies. Regular increases in tobacco taxes, banning all forms of sponsorship by tobacco companies and financial support to those who want to quit are only a few examples for further steps which need to be taken.

Chapter 4 provides specific details on further directions of action within particular fields of tobacco control.

Better coordination – higher impact

Tobacco control is a mix of a series of initiatives, including policy actions and community-based programmes. Coordination among sectors and collaboration among stakeholders should be enhanced for programmes in order to improve their impact. Coordination mechanisms should include an intersectoral or interministerial committee, which could act as a common front on policy development and implementation at political level or a forum to strengthen collaboration in planning and implementing community programmes and share collated experience. Working in partnerships and developing coordinated interventions might improve cost-effectiveness of programmes and might help efforts to neutralize lobbying efforts of the tobacco industry. Chapter 5 provides further details on the establishment and functioning of such coordinative bodies.

The greater the support the more diverse interventions

The amount of funding provided for tobacco control determines the nature, diversity and frequency of interventions. While quality policy-oriented research and anti-smoking mass media campaigns could be costly, media and policy advocacy might rather need skills, determination and persistence from individual tobacco control activists.

Support provided for tobacco control must be increased to become proportional with the burden caused by tobacco to society. Since no other health determinant causes more fatalities in Hungary than tobacco, programmes aimed at curbing tobacco use should receive the higher amount of financial support within the overall public health interventions.

Taking into consideration the many attempts which failed to provide sufficient, secure and sustainable funding for tobacco control activities in Hungary, tobacco tax earmarking seems to be the financial mechanism capable to solve the long-standing insufficiency and insecurity of funding. Tobacco tax earmarking or hypothecation* is the key element in determining the comprehensiveness of tobacco control interventions.

In 2004, the health ministry is to spend around HUF 70 million for tobacco control, which accounts for 0.033% of the tax collected from cigarette sales. Should the government earmark only 0.5% of cigarette excises for funding tobacco control interventions in 2004, this would mean 15 times more resources available for tackling the leading threat to the health of Hungarians**.

Though the shortage of funds chronically affects the tobacco control sector, accepting of financial support from tobacco companies should not be the choice to be followed. As Gro Harlem Brundtland pointed out, *"money from the tobacco industry will inevitably distort public health priorities and ultimately work against the people"*. Hungarian governments should also avoid accepting funding or developing any form of partnership with tobacco companies***.

* Two mechanisms for tobacco tax "earmarking" can be chosen from: 1) The given "earmarked" percent of the cigarette excise is collected into a separate "fund"; and 2) A small, additional or "extra" percent of "earmarked tax" should be applied above the present cigarette excise. The first one, if collected separately, will decrease the overall amount of taxes controlled by the state finances and can only be used for purposes predetermined by law. The second option would leave the overall level of taxes "untouched" while creating the "extra" amount of public money to be spent on financing tobacco control activities.

** Information on the 2004 expense (cca HUF 70 million) was obtained by journalists at a press conference held by a high-level health ministry official on 20 February 2004. The estimate assumes that in 2004 the state income from tobacco tax collection will remain on the 2003 level (HUF 212 billion).

*** In 1997, the Youth and Child Protection Coordination Secretariat of the Prime Minister's Office and the Mental Hygiene Programme Office partnered with the HACM in launching an industry-funded youth "smoking prevention" programme. Since then, smoking among Hungarian children has been increasing steadily. This partnership might have been one determinant of the then governing socialist-liberal government when dropped its plan to submit to the National Assembly the first ever anti-smoking bill. Also, it was only two months before that the Parliament lifted the tobacco advertising ban, making possible publication of tobacco advertisements even in publications primarily read by young people. Formerly secret internal tobacco industry documents on the real scopes of industry-funded "smoking prevention" programmes as well as recommendations of the WHO now provide enough guidance for preventing government offices to repeat their 1997 mistake.

Potential prospective developments

Depending on the amount of funds available for tobacco control in Hungary three different scenarios can be imagined for the implementation of a national tobacco control programme. One scenario counts on tobacco tax earmarking; the two others assume that the introduction of this measure has failed. Main features of these scenarios are given in **Table 6.2**.

Table 6.2 (Grading: 0=no increase, +++=significant increase)

Scenario	Increase in funding	Comment
I	+++	Tobacco tax earmarking introduced
II	++	Increased funding provided through already established financial mechanisms (for example, spent through the financial channels of the health ministry or its subsidiaries)
III	0	Level of expenditures does not differ from the average spending of latest years

If **Scenario I** is to be implemented, a comprehensive set of policy measures and community-based interventions should be pursued. Earmarking 0.5% of cigarette excises for tobacco control would provide up to HUF 1 billion for the programme. Measures to be implemented as part of **Scenario I** shall include:

- Sustained anti-smoking mass media campaign with a sequence of varying messages targeted at various groups;
- Well-publicized smoking cessation programmes, with cessation aids provided through health insurance schemes;
- Youth smoking prevention programmes, with designs to follow best international practice;
- Sponsorship of sports and cultural events previously supported by the tobacco industry;
- Policy measures pursued as recommended by the latest guidelines of WHO, including the Framework Convention on Tobacco Control;
- Establishment of properly funded coordination mechanisms at both policy development and programme implementation levels (government, ministry and community);
- Development and financing of a policy-relevant research agenda – including monitoring and measuring the cost-effectiveness of the implemented programmes;
- Establishing mechanisms for monitoring activities of the tobacco industry, searching and publicizing internal industry documents relevant to Hungary.

Scenario II assumes that the spending for tobacco control activities reaches up to HUF 500 million. In this case policy measures (including strict enforcement of already adopted regulatory measures) should be pursued as priority interventions, but a set of properly designed community-based interventions could also be implemented. When a decision is made upon the latter, those measures should be given priority, which have already proved their efficiency in- or outside the country. Some essential features of community-based programmes include:

- They could reach high number of people (both smokers and non-smokers);
- They are able to generate increased media interest;
- They are known that they have worked well in countries with more advanced tobacco control policies.

These programmes should include:

- Periodic anti-smoking mass media campaigns with messages known "to hit";
- Community actions attracting the attention of the media (such as anti-smoking marches, collecting signatures in support of smoke-free policies, etc.);
- Programmes promoting cessation of smoking (including further support and possibly extension of the Hungarian network of smoking cessation sites);
- Comprehensive school-based interventions designed and implemented by pupils (including dissemination of information by trained "peer" groups);
- Tobacco industry denormalisation (TID) – including media coverage of tobacco industry's misconduct as revealed by formerly secret internal industry documents.

Scenario III only counts on maintaining the present amount of funds (up to 100 million HUF) for tobacco control activities. In addition to the effort to strengthen tobacco control measures emphasis shall be laid on proper enforcement of tobacco policy measures already instated. Also, decision makers should give initiatives promoting cessation of smoking preference over youth smoking prevention programmes, since the former produces health gain much earlier than the latter.

There are a number of reasons why preference should be given for Scenario I over Scenario II or III. These include:

- Hungary loses 28,000 lives due to smoking every year, half of which occur in the economically active middle-aged;
- Smoking harms the Hungarian economy: direct and indirect costs related to smoking might reach HUF 600-700 billion, around three times higher than the state's income from the tobacco sector;
- Hungary still has one of the highest per capita cigarette consumption (rank 8) and the highest mortality on lung cancer in the world (rank 1);
- The European Union gives controlling smoking preference with every mean, and Hungary – soon member of the EU – should share the EU in these efforts;
- The launch of the ten-year National Public Health Programme in 2002 provides a unique opportunity to channelling more funds for activities promoting health;
- According to international and limited local experience, legislative measures against tobacco use work well, and a comprehensive set of measures could result in sharper decline of smoking prevalence and smoking-related morbidity and mortality and could attain economic gain to the society even on short-term;
- The momentum of ratifying and implementing FCTC – if it enters into force and becomes a legally binding instrument – would draw the attention of the society on the need for controlling tobacco use;
- Hungary could receive international recognition for its tobacco control efforts.

Conclusions

Tobacco use is the principal threat to the health of Hungarians. Effective tobacco control measures are known; they are available and have already been found that they worked in Hungary as well.

Hungary has already taken some important steps to control its tobacco epidemic. The first results of these interventions can already be seen.

The international environment including the adoption of FCTC by the World Health Assembly and the sustained efforts of the EU to control tobacco use is conducive to strengthening Hungarian tobacco control efforts.

The opportunity exists and it should not be missed. Tobacco control would not only improve health of Hungarians and give a chance future generations to live healthy lives, but would also boost the country's economy. Only by raising cigarette prices by 10% in a year at least 2,000 lives will be protected and half of them belong to the middle-aged economically active people.

Our citizen's life, our children's health and our country's development is at stake. All of us must be part of these efforts.

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