

# ANNEXES

# CASE STUDY 1

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## HUNGARIAN LEGISLATORS' SUPPORT FOR THE LAW ON THE PROTECTION OF NON-SMOKERS

### **Summary**

*Aim: The study aims at analysing MPs' support for legislative measures to control tobacco included in the bill for the protection of non-smokers. The analysis attempts to identify determinants and factors influencing MPs' positions on various tobacco-related issues.*

*Methods: Review of minutes of parliamentary sessions available in the public library and on the website of the National Assembly (<http://www.mkogy.hu>). Review of bill amendments written by members of the parliament (MPs). Semi-structured interviews with members of the four political parties represented in the national legislature were also performed.*

*Results: Tobacco was considered an area of concern by all MPs. Legislators' level of support for particular approaches to controlling tobacco control vary. Party affiliation, education, professional orientation and the interference of lobby groups influences the support for particular policy initiatives.*

*Conclusions: Tobacco control advocates should improve their knowledge on the process of development and adoption of laws and ways of interfering with the process by strengthening their capacities and skills for promoting strong tobacco control policies.*

### **Background**

Hungarians are among the heaviest smokers in the World, ranking 6<sup>th</sup> among nations based on per capita cigarette consumption. (1) 28,000 Hungarians (out of a population of 10 million) die every year from smoking-related diseases. (2)

Moreover, escalation of the smoking epidemic accelerates among women, and also more teenagers become smokers. (3, 4) The average age of becoming regular smoker falls, feeding the worsening projections of raising cardiovascular disease and cancer mortality for the foreseeable future. (5)

In spite of alarming smoking trends, successive Hungarian governments' attention given to countering the tobacco epidemic remains unsatisfactory. Reasons for this include competing interests within the health sector, e.g. priority given for reforming health care and its financing, the chronic underfinancing of activities promoting health and the underdeveloped, uncoordinated and underfinanced tobacco control community. (6)

Controlling tobacco presumes the effective countering of activities of the tobacco industry and its allies. Soon after their arrival to Hungary, transnational tobacco companies (TTCs) successfully embarked upon lobbying decision makers to create a supportive environment for the tobacco business. The gained tax concessions and the possibility of withdrawing profits from the country in hard currency, the abolition of the comprehensive tobacco advertising and promotion ban and achieving to delay the adoption of rules aimed at protecting non-smokers from second-hand smoke are only a few examples for the success of TTC's efforts. (7)

### **Brief history of the anti-smoking law**

After five years of unchecked reigning of TTCs in Hungary, the first draft of an anti-smoking bill was developed by the socialist-liberal government in 1996. The bill, however, was given less priority by the government (led by the heavy smoker prime minister Gyula Horn), and forces acting against defeated the handful of politicians committed to taking effective action against tobacco. It was not until the right leaning coalition came to power in May 1998 that the bill eventually reached the legislative agenda. In the meantime the Horn-government, under heavy pressure from TTCs and its allies from the advertising sector abolished the tobacco advertising ban in June 1997, and supported an advertising act which gave green light to almost all forms of tobacco promotion. (8)

The carrier of the draft bill accelerated when the right leaning government\* took power in May 1998. The bill was submitted to the Parliament on October 22, 1998, while its parliamentary debate was scheduled for early 1999. The *'Act XLII of 1999 on the Protection of Non-smokers and the Regulation of Tobacco Sales, Marketing and Use'* (henceforth referred to as 'anti-smoking law') (9) was eventually adopted by the Parliament on April 13, 1999.

Main provisions of the law include:

- Restrictions of smoking in places open or accessible for the public, including:
  - Public institutions
  - Workplaces
  - Restaurants and other hospitality industry establishments
  - Health and social care and educational units
  - Indoor sports establishments
  - Public transport facilities
- Restrictions of smoking of young people in public places
- Size and content of warning labels of cigarette packages
- Rules of sale of tobacco products and ban on sales to minors (under 18 years of age)
- Designing institutions responsible for the enforcement of the law and penalties for violators

The Hungarian tobacco control community found the final product 'toothless', but 'more than nothing'. (10) It contains some weak provisions (e.g. 4% for the size of health warning and the use of ventilation systems for trying to prevent passive smoking in restaurants), and fails to cover others at all. Promotion of tobacco products and regulation of the content of cigarettes are not regulated in the law. Also, it does not request the government to provide sustainable funding for tobacco control or to draft and report on the implementation of a national tobacco control strategy. In their book *"In the captivity of smoking"* (11) Veér and Erőss characterized the law adopted by the Parliament *"after thirty-five run-ups"* as *"largely based on compromises, filled with slowing enzymes, hardly enforceable, resulted after a long-lasting negotiation with the tobacco industry, deceasing slowly in flat crawling, but after all something to show up"*.

The tobacco industry and its front groups (especially the Hungarian Association of Cigarette Manufacturers and the Smolderers' Association) called for a 'practicable' or 'workable' approach to regulating smoking, a 'sensitive' regulation, which is acceptable to both smokers and non-smokers. (10)

This study aims at identifying individual MPs' positions taken during the debate of the anti-smoking law, determinants and factors underlying these positions, and at analyzing predisposing factors for supporting particular tobacco control interventions.

## Methods

Minutes of sessions on the discussion of the law were accessed on the website of the Hungarian National Assembly at <http://www.mkogy.hu> and at the public library of the Parliament. 119 bill amendments, received courtesy of an MP contact, were also reviewed and analyzed. Four semi-structured interviews were performed with four MPs of four political parties (see table) about the development of the law.

Name	Party affiliation	Interview date
Gabriella Béki	SZDSZ – Alliance of Free Democrats	July 7, 2003
Ildikó Koltai	FIDESZ – Alliance of Young Democrats	July 7, 2003
Dr András Csáky	MDF – Hungarian Democratic Alliance	July 30, 2003
Dr Mihály Kökény	MSZP – Hungarian Socialist Party	August 19, 2003

\* Six political parties won seats in the Parliament at the 1998 elections: 2 left leaning (Hungarian Socialist Party – MSZP and the Alliance of Free Democrats – SZDSZ) and 4 right leaning parties (Young Democrats – FIDESZ-MPP, Small Holders' Party – FKGP, Hungarian Democratic Forum – MDF and the Hungarian Truth and Life Party – MIÉP). The latter, in slight majority formed the governing coalition, except for the far right party of MIÉP.

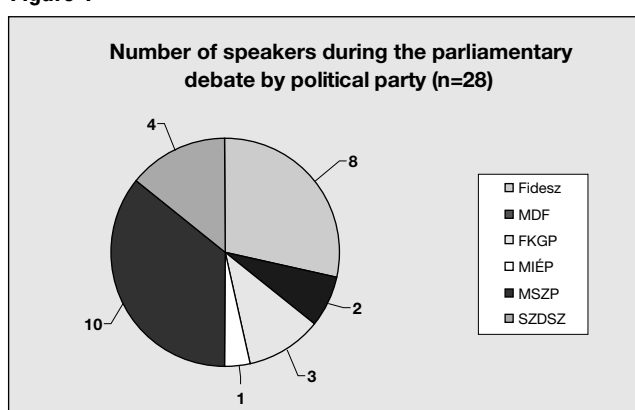
## Results

Following the submission of the bill to the Parliament two days were designed for its debate: February 11, 1999 ('general debate') and March 4, 1999 ('detailed debate'). The review of speeches delivered in the parliament and of written submissions attempting to amend provisions included in the bill gives an insight into the level of support of particular tobacco control measures at that time.

### Speeches given during the parliamentary debate

The health minister and main speakers of parliamentary committees and political party factions took the floor to provide an overview of the bill on the first debate day. In addition to them, a total of 28 MPs (out of 386) delivered speeches during the two days dedicated for the debate. No difference between the number of speakers based on their political affiliation (14 speakers belonged to governing parties and 14 to parties in opposition). (Figure 1)

Figure 1



Speakers usually took the floor more than once: a total of 75 speeches were delivered. MPs of opposition parties spoke more, delivering 47 speeches. (Figure 2)

MPs, regardless to their party affiliation, usually expressed their concerns about the escalation of the tobacco epidemic, iterated the international best practice for combating it, and welcomed the present initiative to providing legal protection to non-smokers. Their approaches to tobacco control, positions regarding various tobacco control measures and priorities they consider most urgent, however, varied substantially.

Figure 2

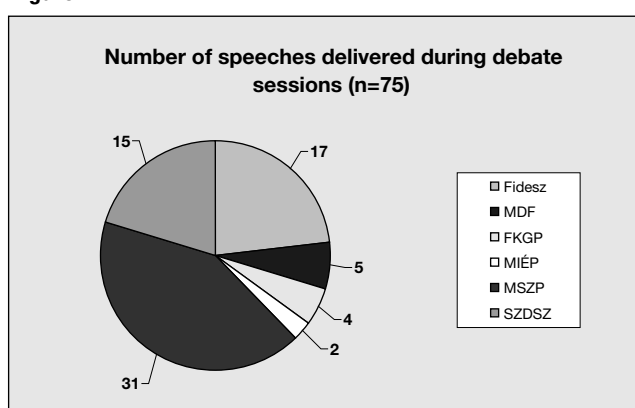


Figure 3

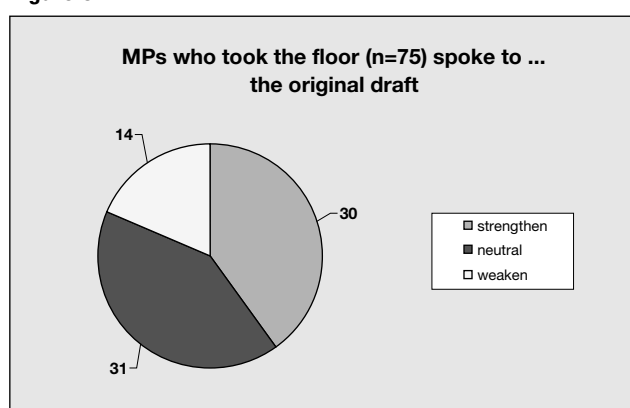
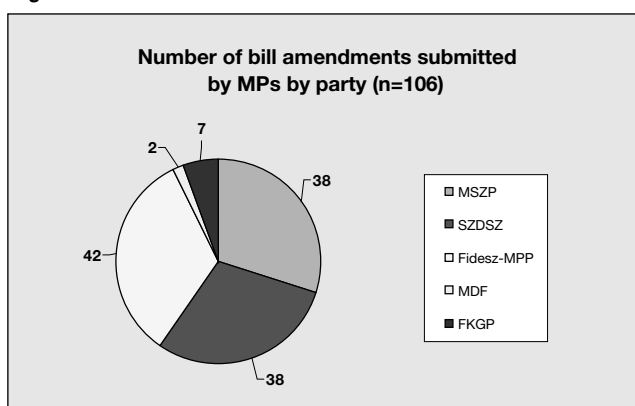


Figure 3 shows the classification of speeches by level of support for the provisions of the bill. Speeches were classified as such: 1) seeking to strengthen or 2) to weaken wording of the draft, and, hence the strength of the planned policy measures; and 3) neutral. Groups 1) and 2) included those speeches, which called for stronger or weaker provisions or wording, respectively. Speeches categorized as 'neutral' 1) stressed issues not directly related to the text; 2) commented exclusively the title of the bill; 3) indicated support for the original textual proposal with no change ('can live with'); and 4) requested stronger regulation in some issues, while aimed at weakening the text in others.

### Written submissions (bill amendments)

These, if accepted, could result in textual modifications of the original version. Amendments might seek to strengthen or weaken measures recommended by the submitter. Interviewees found MPs as being very active: a total of 130 bill amendments were submitted by both

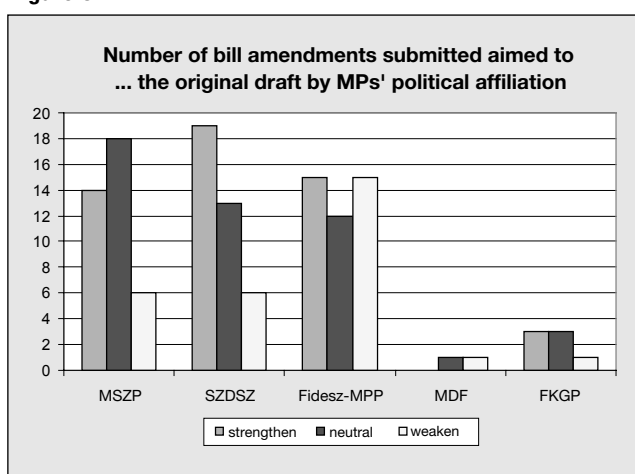
**Figure 4**



individual MPs and parliamentary committees. 119 of these amendments were accessible for the author and thus, reviewed. Out of 119, 106 were submitted by individual MPs, while the remaining 13 by parliamentary committees. 49 bill amendments were signed by MPs who have not spoken during the parliamentary debate.

**Figure 4** indicates party affiliation of submitters of bill amendments. More submissions were authored by MPs of parties in opposition (76) than by MPs of governing parties (51).

**Figure 5**



**Figure 5** indicates level of support for the bill, by comparing the number of amendments aimed at strengthening or weakening the text. Nearly twice as many amendments seeking to strengthen the bill came from opposition MPs (33) than from the governing side (18). The majority of amendments requesting stronger provisions were signed by only a handful of 'champions'. For example 17 out of 19 amendments aimed at strengthening the draft submitted by Free Democrats were signed by two MPs. The lower number of submissions from governing party MPs included more (17) requests for weaker provisions, against 12 such requests from opposition party MPs. MPs sought to weaken the text at provisions regulating smoking in hospitality establishments, especially by delaying the entering into force of these provisions and by requesting ventilation systems to be accepted instead of total isolation of smoking and non-smoking areas in restaurants.

Qualification of authors of amendments was also reviewed to find out if there is any connection with what they stood for. The 50 amendments (the author of one of them is not identifiable because of illegible signature) calling for stronger provisions were

authored by 15 MPs. They have got very different academic degrees (medicine, veterinary, economic, technological, agricultural or other university degrees, and even certificate of final examination [in a secondary school]). The 29 amendments seeking to weaken some provisions were submitted by 12 MPs; they have got all the above academic degrees (excluding veterinary), and, in addition, some of them have graduated hospitality, accountancy and foreign trade colleges). The numbers of different degrees are enough small not to enable us to draw any statistical conclusion. The only point which can be made that those with training in hospitality and accountancy tend to protect their industries regarding smoking in catering units.

The final voting took place on April 13, 1999. Of 283 MPs who cast their votes, 247 voted for, 4 against the bill and 32 MPs abstained. Out of 36 MPs who abstained or voted against the bill, only one belonged to a party at power (MDF); 16 belonged to the Socialist Party and 19 to the party of Free Democrats. In the case of the latter the reason for abstaining was the lack of 'teeth' of the bill. The law came into force on November 1, 1999, except for provisions on smoke-free areas in hospitality units (January 1, 2001).

## Discussion

The role of decision makers as stakeholders in successfully countering tobacco is critical. Reports on legislators' attitudes to formulation and adoption of tobacco control policies have been documented in Canada (12, 13, 14, 15), the US (16, 17, 18, 19) and the Netherlands (20). No analysis of the process of adoption of legislative measures concerning tobacco was performed in a former communist block country so far.

Hungary has embarked upon major political, economic and social reforms in late 1980s. A multi-party democracy was instated in 1990, with the legislature consisting of a one-chamber parliament, which has 386 members. After abolishing the former, centrally planned economy the transition to market economy was started. The country was increasingly attractive for foreign investors, including TTCs. (7)

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Tobacco companies not only brought in capital and bought up factories of the former State Tobacco Monopoly by successfully participating in privatisation, but also took advantage of their sophisticated lobbying and marketing practices to improve their market shares. The Hungarian society, including the tobacco control community and many politicians had no previous experience in dealing with such a wealthy and influential industry as tobacco multinationals are.

Regulation of tobacco manufacturing, trade and consumption are essential elements of a comprehensive tobacco control policy. (21) In spite of the urgent need, comprehensive action against tobacco was only initiated by the Hungarian government after many years of unchecked profit-chasing of TTCs.

This case study reviews the development of the law on the protection of non-smokers, adopted on April 13, 1999. The law, because of multiple aspects it regulates, is the centrepiece of the Hungarian set of regulations controlling tobacco. Because of its expected direct (creating smoke-free environment would decrease physical space where smokers could consume tobacco products) and indirect (adoption of rules limiting this habit might indicate smoking is no longer a socially accepted behaviour) effects both pro- and anti-tobacco stakeholders were keen to interfere with the legislative process in an attempt to have their positions prevailing. MPs positions and their behaviour during the legislative process were reviewed to better understand factors underlying their support for legislative action against tobacco.

Phases of the development of the law included: 1. drafting of the bill by the legal department of the health ministry; 2. submitting the draft to the parliament; 3. debating draft legislation in the National Assembly; 4. final voting; 5. signing of the law by the President.

There are opportunities for interfering with the development of the bill all along the process. One could follow the development of early versions of the draft text by contacting the legal department responsible for it. Should the staff of this department supportive to the issue, this might result in stronger provisions. After the submission of the bill to the Parliament, MPs receive the draft for consideration. They have the opportunity to express their views and to try to amend provisions of the draft.

First, they might deliver speeches during the parliamentary debate, which could attract the attention of the public. Print and electronic media provided publicity for the draft regulation and the process itself. Helping decision makers in preparing their speeches, and providing them with a set of arguments for stronger provisions was an avenue used by some tobacco control advocates to promote stricter measures. Research on social costs of smoking and public opinion polls indicating the level of support of people for the planned measures helped influencing MPs standpoints.

Majority of those who spoke during the debate admitted that smoking is an issue of concern for the Hungarian society. This was the first ever occasion when a law was being developed by the Parliament on an issue which could have been deeply impact public health and *'help health to become a value'*. (22)

While controlling smoking was considered essential by MPs to improve health status of Hungarians two different approaches were promoted for achieving that. Supporters of stricter tobacco control measures were irrespective to MPs political party affiliation; and inversely, tobacco industry also got its supporters in both sides (government and opposition). Political orientation or party affiliation seemed to have a slight, but perceptible impact on recommended solutions.

First, social-liberals thought that the tobacco problem *"cannot be solved by legal instruments"* or *"it is not the task of the state to forbid"*. *"It is much comfortable to use the power of law to ban something what cannot be reached by setting examples and educating"*, a member of the Alliance of Free Democrats said during the debate. (23) The main aim of some liberal MPs' intervention was to have the right to smoke safeguarded for those who wish to do so. The provision receiving the fiercest criticism from liberals was the banning of sale of tobacco products to minors and minors' right to smoke in the public.

Second, MPs representing or sympathizing with the economic and agricultural sector or with such backgrounds were particularly sensitive to arguments promoted by the hospitality industry with a view to prevent smoking ban in restaurants. Their arguments were fed by a well-publicized study performed by Deloitte & Touche (D&T) (commissioned by the Hungarian Association of Tobacco Manufacturers and a number of hospitality industry associations), concluding that restrictions on smoking in catering units would have a detrimental effect on the viability of the sector, with special regard to small enterprises in the countryside. D&T even acted as vocal supporter of the industry positions; *"we will protest at all possible forums against the bill and, if it will not be changed we will have members of the parliament delivering interpellations and submitting bill amendments"*, its director said in an interview. (24) Fears of having hospitality industry entrepreneurs going bankrupt resulted in supporting MPs promoting a clause on the use of ventilation systems as means for 'isolating' smoking and non-smoking areas.

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Third, MPs intending to strengthen the bill were scattered over all party factions. Majority of them served in the health or environmental committees of the Parliament. For example, 31 or 51 bill amendments seeking to strengthen the bill were produced by MPs who served in these two committees (the Parliament worked with 23 permanent committees at that time). Some of them were medical doctors by education, but educational background of individual MPs was not found to predispose for supporting stronger provisions.

Speakers knew about various interest groups which attempted to interfere with the lawmaking process. Lobbying power of the tobacco industry's and its partners' was recalled by many of them, but the hospitality industry was also found very active. Among the pro-health groups, the National Smoke-free Association was the most frequently mentioned organisation. An MP of the socialist party found that *"opponents of the bill proved its intolerability with greater emphasis than those who supported it"*, (25); this indicates the lower level of involvement of the anti-tobacco community.

Submitting written amendments is the only way to effectively push for a change in the text of the bill. The level of interest of MPs and indirectly, of the society, towards the topic was reflected in the high number of bill amendments submitted. Bill amendments could also reflect some 'behind the curtain' negotiations between various stakeholders and MPs.

These amendments can only be included in the text if there is support for it within the relevant ministry or among fellow MPs. For example, only 22 (out of 130 submitted) bill amendments were supported by the health ministry, and only three amendments received sufficient votes to be included in the final version of the text. Casting of votes can sometimes be influenced by actions of anti-smoking campaigners, e.g. a letter writing campaign as well as some supporting media coverage for the issue.

There are some important lessons to be learned by tobacco control advocates from Hungary's case. First, a handful of committed MPs could give strength to the word of the law, especially medical doctors or environmental experts. Political orientation of MPs might influence their preferences for stricter or weaker provisions. For example, liberals preferred fewer rules and more room left for "self-regulation", claiming that maturation of the society could result in the accommodation of both smokers and non-smokers.

Second, because of their higher possible impact on the final text, assisting MPs to write and submit bill amendments is to be given preference to simply letting them give a speech in the Parliament. Also, having MPs of ruling parties doing that offers greater chance for the proposal being taken into consideration. Similarly, their written submissions have better chance to be taken into consideration by the government. (26)

Third, the tobacco industry found its supporters in every political party. Also, together with their allies, they are able to deliver a well-orchestrated campaign against the bill, including visible and well-publicized actions, such as commissioning and disseminating reports to support their views. The industry approaches MPs directly to influence them towards submitting bill amendments promoting industry positions. (27) Industry-organised briefings for MPs and media representatives aim at portraying the industry as a powerful economic entity, depositary of the country's economic prospect. Events, where Hungarian MPs received invitation included working lunches or dinners, as well as study trips to industry headquarters abroad.

The satisfaction of the Hungarian tobacco control community was not complete with the adoption of the law. It should be admitted, however, that the development of a legislative framework against tobacco is an incremental process. It is almost impossible to achieve everything at once. For example, the Hungarian anti-smoking law did not cover tobacco advertising; but only one and a half years after passing the anti-smoking bill a comprehensive ban on direct and indirect tobacco advertising was instated. The Polish experience is similar: the higher the awareness of the public on the impact of tobacco control measures and the level of support for them, the easier the introduction of stronger measures will become. (28)

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# CASE STUDY 2

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## THE INTRODUCTION OF A BAN OF DIRECT AND INDIRECT TOBACCO ADVERTISING IN HUNGARY: AN ANALYSIS OF ITS PRINT MEDIA COVERAGE

### **Summary**

*Aim: To review and assess print media coverage of issues on tobacco advertising in relation to the adoption of the new advertising act by the Hungarian Parliament in December 2000.*

*Method: Content analysis of articles published in various print media (newspapers, magazines, journals). Electronic versions of articles were obtained through searching the database of the leading Hungarian media monitoring agency. A total of 388 articles published in periods critical to adoption and implementation of the new advertising regulation were reviewed. Analysis of the principal frames was also performed. Groups or individuals cited in article items were also taken into account.*

*Results: The Hungarian media covered issues related to the introduction of the tobacco advertising ban extensively. 388 media appearances on the advertising act passed by the Hungarian Parliament on 19 December 2000 were analyzed. Of 251 articles covering the issue of tobacco advertising, 24 were pro-ban, 73 opposed the ban, while 154 remained neutral. The more frequently used frames portrayed the ban as "needless" and also "too strict" and focused on the losses the advertising industry, various media and the entire economy will encounter because of the ban. Frames positive to tobacco control only appeared in 15.5% of articles. 94 persons in 346 instances expressed their positions regarding the ban. 61% (183) statements were negative, 20% (61) were positive to tobacco control.*

*Conclusions: The Hungarian media is open to tobacco control policy issues. Despite the full range of tobacco industry arguments against the advertising ban have been put forward, these failed to influence the final outcome of the voting in the parliament. While the number of pro-ban media appearances remained below those containing anti-ban messages, tobacco control advocates, backed by government officials and supporting MPs were still able to reach the public with messages underlining the importance of this measure in controlling smoking, especially in underage groups. Strengthening media advocacy might further enhance advocates' chances to influence decision makers and eventually, achieve policy change.*

### **Background**

Media plays an important role in influencing opinions of people and decision makers on various public health issues, including tobacco control. (1,2) Media advocacy – strategic use of media – has already been identified as crucial in advancing public policy objectives. (3) Various countries' experience already proved the role of the media in promoting effective policies to combat tobacco, in shaping public debate and improve public awareness on the impact of various tobacco control policies on health as well as their mechanisms of action. (4)

### **Methods**

Content analysis of articles on the amendment of the act on economic advertising activities in December 2000 published in various print media (newspapers, magazines, journals) was performed.

### **Sampling**

The sample comprised of print media items published in 142 national and local newspapers, magazines and trade publications. (5) These items were downloaded from the electronic archives of the Hungarian media monitoring agency "Observer Budapest Ltd". Articles featuring

the terms "dohányreklám" (tobacco advertisement), "cigarettareklám" (cigarette advertisement) and "reklámtörvény" (advertising act) anywhere in the article, were included in the study.

Because of their relevance, two other media which are not being reviewed by "Observer" were also searched. These are the most read Hungarian daily "Népszabadság" and the economic journal "Heti világgazdaság" (Economic Weekly, HVG). Electronic archives of these media (6) were searched using the same terms. The site of "Népszabadság" only contains articles from 11 April 2001 on.

A basic search has been performed for the period between 1 January 2000 and 31 December 2002. The search was then restricted to periods of crucial importance for the preparation, parliamentary debate and adoption, as well as entering into force of the new advertising act. Content analysis was only performed for articles published in two restricted periods as follows:

- 1 October 2000 – 31 July 2001: this period covers the elaboration of the first draft of the 2000 advertising act, its parliamentary debate, and passing of the law by the Parliament on 19 December 2000. Provisions on non-tobacco issues referred to in the law entered into force on 1 March 2001. This provided another opportunity for communicating issues also related to tobacco advertising. The new rules on tobacco advertising in the print media entered into force on 1 July 2001.
- 1 December 2001 – 31 January 2002: this period includes the deadline for introduction of the tobacco advertising ban on public places (for outdoor advertising), which took effect as of 1 January 2002.

A total of 388 articles were analysed and assessed. The frames of articles as well as names of groups or individuals mentioned were noted.

### Limitations of the study

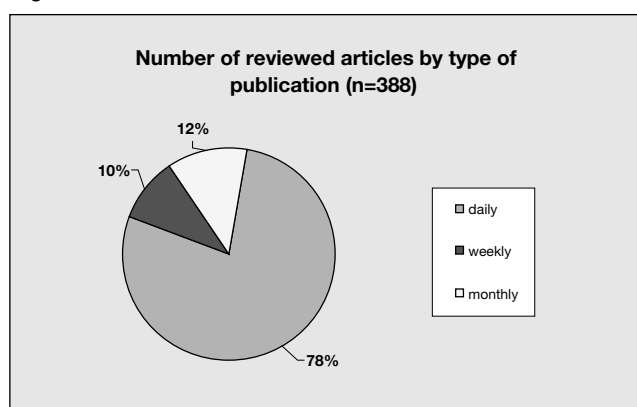
Every article stored in the Observer database is only accessible on payment. Due to limited resources devoted to this study, only articles published in the restricted periods have been accessed. It should be admitted that some articles relevant to tobacco control could also have been published in periods not selected for content analysis. There are no reasons for assuming, however, that articles not reviewed would have changed the overall conclusions of this study.

## Results

The Hungarian media covered issues related to the new advertising act extensively. 621 unique items (news items, articles, columns and interviews) were found in the extended study period; 595 articles were found in "Observer", 18 in "Népszabadság" and 8 in "HVG". 388 of them were published during the restricted periods and thus, analyzed.

303 (78%) of the 388 items were published in daily newspapers, 38 (10%) in weekly magazines, and 47 (12%) in monthly publications (Figure 1).

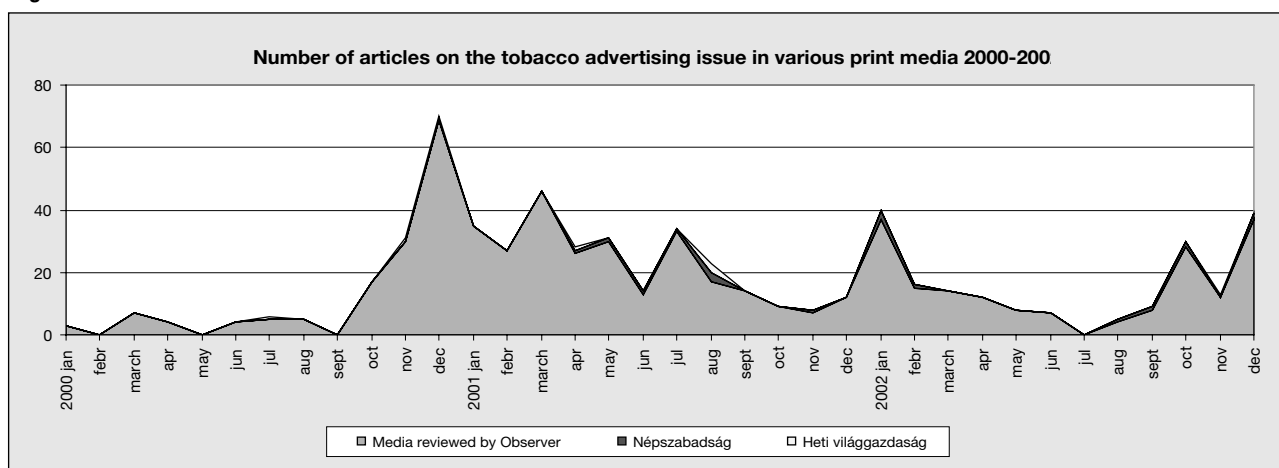
**Figure 1**



While in the restricted period the frequency of published articles was 32/month, outside this period their number dropped to 10/month. For example, the number of items (70) in the highest coverage month (December 2000, when the Parliament voted on the new advertising act) exceeded by seven times the average of non-restricted months.

Fluctuation of the mentioning of search terms is given in **Figure 2**. The number of print items started to increase in September 2000 and reached its highest peak in December 2000. The frequency of articles increased again around the entering into force of provisions on non-tobacco issues (1 March 2001) and later, of rules on tobacco advertising, respectively (1 July 2001 and 1 January 2002).

**Figure 2**



Articles analysed for their content were categorised on the issue they focused on (non-tobacco advertising versus tobacco advertising issues); in the case of the latter, articles were divided into three groups based on the overall stated or implied position towards the introduction of the tobacco advertising ban. Features of these categories are given in **Table 1**.

**Table 1**

**Articles categorised as being pro-ban:**

- state that the ban is needed and welcome provisions banning tobacco advertising
- only supporters of the ban are cited in the articles

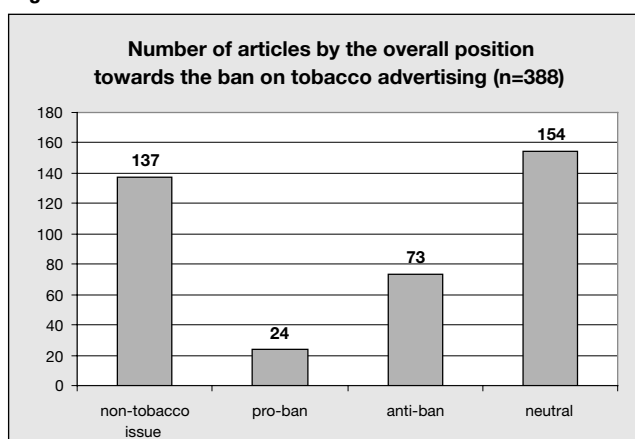
**Articles categorised as being anti-ban:**

- state that there is no need for amending the previous regulation
- criticize the new tobacco advertising regulation
- only declarations of the opponents of the new tobacco advertising regulation are cited

**Articles categorised as being neutral:**

- report on the adoption of the new law and cite its main provisions without making comments
- provide both pro and anti arguments
- cite declarations from both supporters and opponents of the new tobacco advertising regulation

**Figure 3**

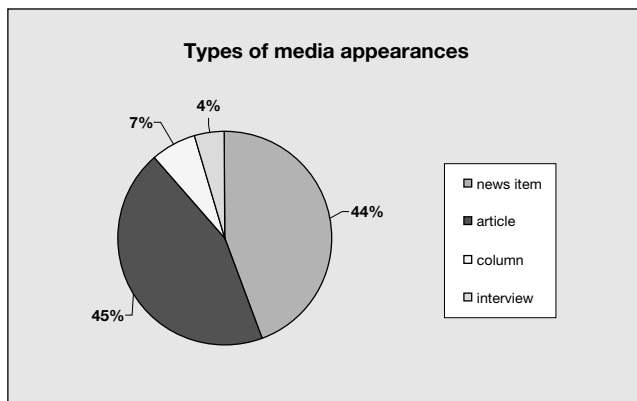


Articles which cited both pro-ban and anti-ban opinions were categorised as neutral. **Figure 3** indicates that the majority of articles expressed both pro- and anti-ban opinions. In addition, pure anti-law articles exceed by three times those which clearly stand for the tobacco advertising ban.

Media appearances were divided into news items (simple communication about details on the law, in the majority of cases these being neutral); articles (longer items which usually contain declarations of pro- or anti-ban stakeholders); interviews and columns (comments with strong opinions made by individuals or journalists). **Figure 4** gives the number of particular media appearances.

The number of news items and articles was almost equal, far exceeding the number of other unique items. Out of the 17 interviews, only one was given by a tobacco control advocate, while two others were items containing short questions and answers performed with people. The remaining 14 interviews were given by the representatives of the advertising industry.

**Figure 4**



The analysis attempted to categorise articles based on the frames used in the articles for defining or presenting the issue of tobacco advertising. In recent literature framing has been defined as "*the emphasis placed around particular issues*", which seeks to determine "*what this issue is really about*". (7) Framing also refers to the process "*by which groups of facts are packaged to create a story*" (1), to the highlighting "*some aspects of an issue while ignoring or downplaying others.*" (2) **Table 2** summarizes the frames identified in articles.

Frames which are negative to tobacco control far outweigh those which support tobacco control objectives. There are only two frames supporting the ban: one, which portrayed the advertising ban as an important means to control tobacco use; the other being the

"kids" frame, with the core position that children and young people should be protected against deceptive tobacco advertisements.

**Table 2**

Frames identified in articles
<ul style="list-style-type: none"> <li>• "needless" (the 1997 advertising act and industry "self-regulation" worked well) and "too strict" (goes beyond EU requirements);</li> <li>• "ineffective intervention" (tobacco advertising bans do not influence consumption);</li> <li>• "infringement of the freedom of speech" (advertising of a legally manufactured product should be also be legal);</li> <li>• "unconstitutional" (the Hungarian Constitution ensures freedom of speech for all)</li> <li>• "sponsorship needed" (sponsorship must be left as an opportunity for tobacco marketing)</li> <li>• "there will be losers" (the advertising industry and publishers will encounter financial losses as a result of the new regulation)</li> <li>• "forced innovation" (the tobacco industry will seek new, more subtle ways of marketing)</li> <li>• "anti-public health" (there will be no opportunity for tobacco companies to market their new, "healthier" brands)</li> <li>• "an interventions to control tobacco use"</li> <li>• "youth issue" (young people should be protected from misleading tobacco advertisements)</li> <li>• "aggression against the tobacco industry" (decreases competitiveness of the tobacco industry in the EU)</li> </ul>

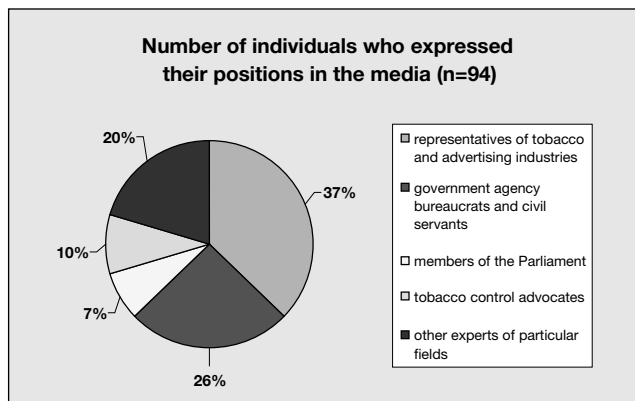
The frequency of frames is given in **Table 3**. Frames positive to tobacco control were identified in only 15.5% of articles. The third most frequently used frame was that portraying the ban on tobacco advertising as an important intervention to curb tobacco use.

**Table 3**

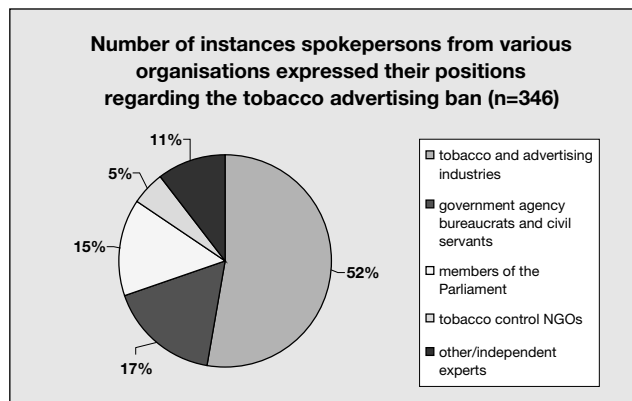
Frame found in articles	No of articles	Percent
"needless", "too strict", "self-regulation worked well"	34	23.9
"there will be losers"	27	19
"an interventions to control tobacco use"	17	12
"anti-public health"	13	9.2
"infringes freedom of speech"	12	8.5
"sponsorship"	11	7.8
"aggression against the industry"	10	7
"forced innovation"	8	5.6
"ineffective"	5	3.5
"youth issue"	5	3.5
<b>TOTAL</b>	<b>142</b>	<b>100</b>

94 people expressed their views in relation to the ban; they represented 69 organisations and institutions. **Figure 5** summarizes their institutional affiliation. The number of instances these "spokespersons" expressed their positions on the tobacco advertising ban is given in **Figure 6**.

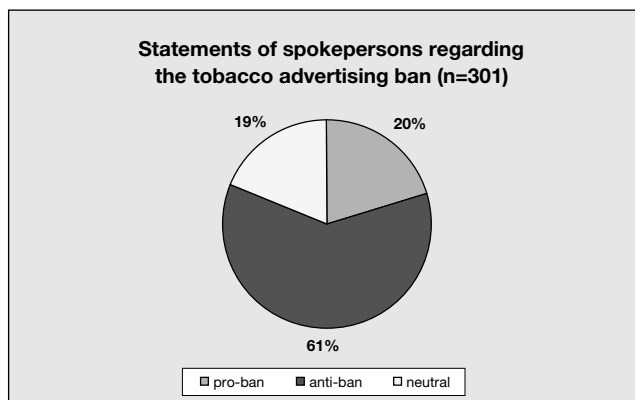
**Figure 5**



**Figure 6**



**Figure 7**



**Figure 6** indicates that MPs and tobacco/advertising industry spokespersons were more active in promoting their positions than the supporters of the ban. They reached an average of 7.28 and 5.22 declarations per spokesperson, while tobacco control advocates' average is 1.88 occasions/spokesperson.

In 244 (81%) instances these spokespersons stated or implied if they are in favour or oppose the advertising ban; 57 (19%) of them remained neutral, thus exposing both pro- and anti-ban arguments. The share of their statements is given in **Figure 7**.

## Discussion

Comprehensive bans of promotion of tobacco products are effective tools for reducing smoking, while partial bans or restrictions have little or no effect. (8) The Framework Convention on Tobacco Control also accepts that promotion of tobacco products encourages smoking and pursues a comprehensive ban of all forms of promotion of tobacco products. (9)

The introduction of a comprehensive ban on direct and indirect tobacco advertising is one of the latest successes in tobacco control in Hungary. (10) The Hungarian Parliament voted for severely restricting tobacco advertising in December 2000. It was only three years earlier (26 June 1997) that the national legislature passed the country's first economic advertising act following the commencement of the democratic transformation.

Act LVIII of 1997 on economic advertising activities (11) featured two paragraphs (§12 and §13) on tobacco advertising. It allowed promotion of tobacco products in almost every media, with few exemptions including: publications primarily intended for use for children and young people; the front page of publications; in theatres and cinemas before 8 pm; on toys and their packages; in educational and health care establishments and in a perimeter of 200 metres from their entrance; advertisements targeting and depicting children or young people or individuals who smoke; advertisements claiming that smoking is a healthy behaviour. Advertisements must have carried a health warning and information on nicotine and tar content of the cigarette. Soon after the adoption of the 1997 law tobacco companies developed and adopted a "voluntary advertising code", not least to nurture their image as responsible companies.

Provisions of the 1997 act repealed the strict rules instated in the communist era (1972 and 1978, respectively). Since their entering into the Hungarian market transnational tobacco companies, through *"direct lobbying and action with third party allies"* aimed at amending this *"obsolete tobacco advertising legislation"*. (12) Furthermore, repealing the old advertising ban was considered an essential requirement for their success in Hungary. As Philip Morris put it: *"A critical factor for the implementation of the Philip Morris proposal to modernise the Hungarian tobacco industry is the complete freedom of manufacturers to advertise their products."* (13)

In late 2000, the main reasons for amending the 1997 advertising act were requirements coming up by Hungary's accession to the European Union. It was not until the annulment of the tobacco advertising Directive 43/98/EC that harmonisation with the EU legislation was expected to cover this issue as well. The government submitted the bill (No T/3263) on the amendment of the Act LVIII of 1997 for consideration by the National Assembly in the fall of 2000, soon after the European Court annulled the advertising directive. As an immediate impact, new provisions on tobacco advertising were dropped from the bill. As it turned out later, the government was in favour

the sector. BAT had a constant opportunity to let the public to know its position, which, however, would be difficult to imagine without some "help" from journalists. This, of course, does not mean financially influencing journalists (although this cannot be excluded), yet one can read signals from some reporters that would presume stronger ties between the journalist and his subject.

All of the companies are probably spending enormous sums on developing connections with the press, but such an extensive and open strategy (connections with almost all of the daily newspapers) can only be seen in the case of BAT. The essence of the communications strategy is to seize every opportunity to get newspapers to report continuously, albeit briefly, about the company.

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of the tobacco advertising ban, but intended to introduce it by carrying over a bill amendment originating from an individual MP, Mihály Babák of the Young Democrat Party. (10) As he commented in an interview: *"Put simply, in relation to the advertising act there is the sphere of economic interests on one side, social and ethical expectations on the other. I have been approached by groups calling for answering these social and ethical demands."* (14)

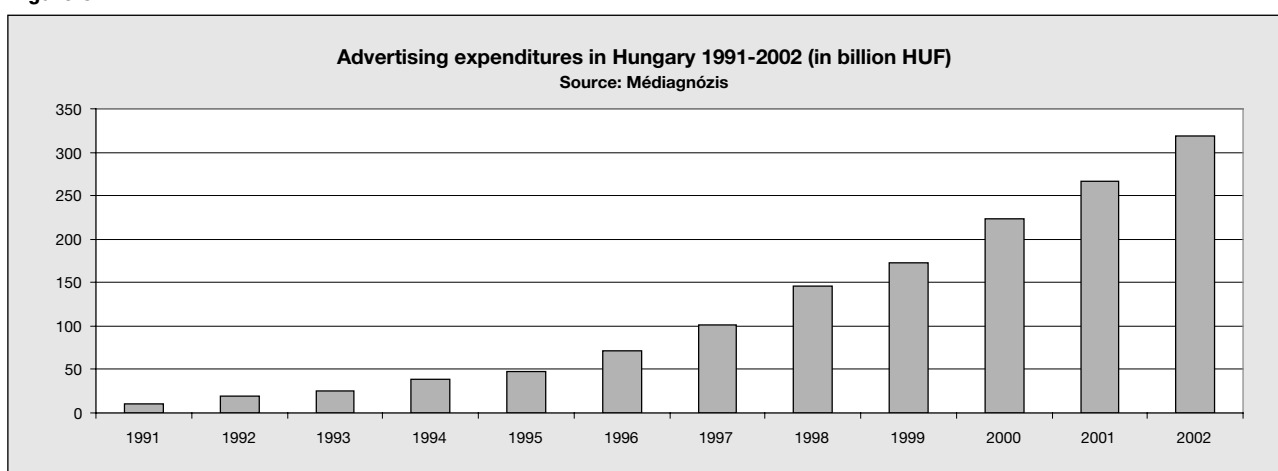
The reaction of the tobacco and alcohol industries to the sudden emerging of the Babák-amendment was immediate and fierce. In the light of previous knowledge on well-established and funded, sometimes aggressive media strategies pursued by tobacco companies (Figure 8) no one should be surprised by the fact that media appearances against the advertising ban far outweighed those supporting the ban. Significant number of anti-ban spokespersons, including representatives of tobacco companies

**Figure 8** (Excerpt from the report on tobacco companies' media appearances of the Századvég Centre of Political Analysis – October 1997)

themselves along with the president of the Hungarian Association of Cigarette Manufacturers as well as leaders of advertising agencies and their professional associations argued that the advertising ban would seriously damage the advertising industry and harm media which publish tobacco advertisements.

Latest experience indicates that this argument has been proved to be false. The increase of the overall advertising expenditures remained unchanged after the introduction of the tobacco advertising ban. Figure 9 indicates that in spite of the print media ban taking effect on 1 July 2001 and the outdoor advertising ban on 1 January 2002 the overall advertising spending and thus, the profitability of the advertising industry continued to raise.

**Figure 9**



The tobacco industry also claimed that there is no need for regulation on tobacco advertising beyond self-regulation which works well since 1997. Usual tobacco industry arguments against advertising bans, including references to the freedom of commercial speech as well as

the need for allowing advertising of a product which can be manufactured legally have also been used. Opponents considered the new tobacco advertising rules too "radical", which do not follow majority practice of Europe, but rather go beyond the needs imposed by the country's accession to the EU ("it is not EU-conform"). In fact, the introduction of the tobacco advertising ban was a sudden, unexpected move from the government. As Ádám Levendel, president of the Hungarian Advertising Association put it, the advertising industry expected that tobacco advertising would only vanish *"as slowly as smoking itself is going to disappear"*. (15)

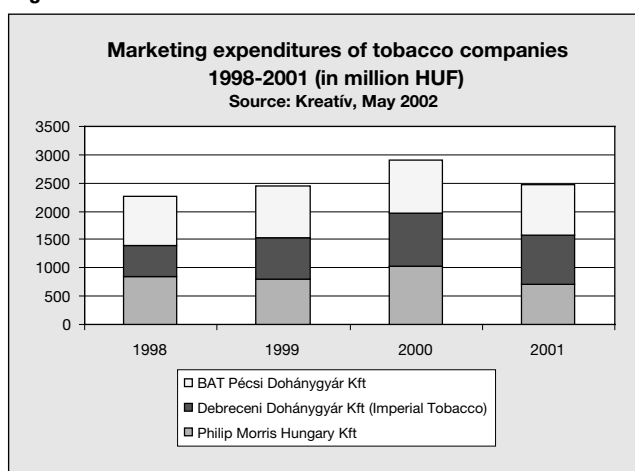
Also, opponents to the advertising ban claim that it does not have influence on consumption. *"If tobacco advertising would not increase cigarette sales producers and distributors would not spend millions for doing it and would not oppose to its prohibition with such vehemence"*, stated MP Gabriella Béki responding to this claim. (16) She reiterates the position of former chairman of the board of McCann – Erickson, Emerson Foote, who refused to accept that tobacco advertising does not influence sales. (17)

Transnational tobacco companies sought to partner with the advertising industry soon after their arrival to Hungary. (18) The introduction of the tobacco advertising ban has even strengthened their partnership. As Ildikó Fazekas, secretary of the Self-regulation Advertising Board – an NGO established by the advertising industry and its partners, including tobacco companies – admitted, *"the tobacco advertising ban bristled up the advertising profession and resulted in a collaboration never seen before."* (19)

Some less usual anti-ban arguments also emerged. Tobacco industry representatives claimed that banning tobacco advertising is rather a measure against the health of the public, since it makes impossible promotion of new, "less harmful" or "healthier" less tar and nicotine products. (20) In addition, should tobacco advertisements be banned, health warnings they carried - real anti-smoking advertisements - would also disappear. (21)

Tobacco and advertising industry representatives warned that expenditures not spent on traditional tobacco advertising would have to be used for newer, more subtle and direct ways of promoting tobacco. This claim seems to be supported by Hungarian figures. **Figure 10** indicates the overall advertising spending by tobacco companies in 2001 (when as of 1 July 2001 tobacco advertising disappeared from the print media) was equal to that of year 1999 when all forms of tobacco marketing have still been legal.

**Figure 10**



Despite the full range of tobacco industry arguments against the advertising ban have been put forward, these failed to influence the final outcome of the voting in the parliament. The advertising and tobacco industries remained active in communicating their anti-ban position well after the passage of the law and introduction of the ban.

The commitment and support for the tobacco advertising ban of a single MP was decisive. While there were defeated as the number of pro-ban media appearances is concerned, the handful of Hungarian tobacco control advocates, backed by government officials and supporting MPs were able to reach the public with messages underlining the importance of this measure in controlling smoking, especially in underage groups. A more proactive approach is needed, however, to echo the demand of the public for further tobacco control interventions. The Hungarian media

was found to be open to cover issues related to tobacco, therefore strengthening media advocacy on legislative measures against tobacco use would enhance advocates' chances to influence decision makers and eventually, achieve policy change. Experience with the coverage of the tobacco advertising ban can be incorporated into future media advocacy strategies.

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## — ABBREVIATIONS —

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AHCPR	= Agency for Health Care Policy and Research (USA)
ÁNTSZ	= National Public Health and Medical Officer Service (Állami Népegészségügyi és Tisztiorvosi Szolgálat)
BAT	= British American Tobacco
CDC	= Centers for Disease Control and Prevention (Atlanta, Georgia, USA)
CEE	= Central and Eastern Europe
CINDI	= Countrywide Integrated Noncommunicable Diseases Intervention Programme
CPD	= Consumer Protection Directorate (Fogyasztóvédelmi Főfelügyelőség)
CSO	= Central Statistical Office (Központi Statisztikai Hivatal)
\$US	= United States dollar
EC	= European Community
ESPAD	= European School Survey Project on Alcohol and Other Drugs
EU	= European Union
FCTC	= Framework Convention on Tobacco Control
FSU	= Former Soviet Union
GDP	= Gross Domestic Product
GKI	= Economic Research Institute (GKI Gazdaságkutató Rt)
GYTS	= Global Youth Tobacco Survey
HAA	= Hungarian Advertising Association (Magyar Reklámszövetség)
HACM	= Hungarian Association of Cigarette Manufacturers (Magyar Dohányipari Szövetség)
HIAA	= Hungarian Division of the International Advertising Association
HIV/AIDS	= Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HUF	= Hungarian Forint (the local currency)
ILO	= International Labour Organization
ISO	= International Organization for Standardization
ITGA	= International Tobacco Growers' Association
KAB	= knowledge, attitudes and beliefs
MALÉV	= Hungarian Airways Company (Magyar Légiforgalmi Vállalat)
MÁV	= Hungarian State Railways (Magyar Államvasutak)
MEA	= Ministry of Economic Affairs (Gazdasági és közlekedési minisztérium)
MPs	= members of the Hungarian Parliament
NA	= data not available
NGO(s)	= non-governmental organization(s)
NPHMOS	= see ÁNTSZ
NRT	= nicotine replacement therapy
NSFA	= National Smoke-free Association (Országos Dohányfüstmentes Egyesület)
OLAF	= the European Anti-Fraud Office
PM	= Philip Morris
POS	= point-of-sale
PR	= public relations
SPA	= State Property Agency (Állami Vagyongazdálkodó Rt)
SRAB	= Self-regulatory Advertising Board (Önszabályozó Reklám Testület)
SWOT	= strengths, weaknesses, opportunities, threats
TTCs	= transnational tobacco companies
UNDP	= United Nations Development Programme
UK	= United Kingdom
US	= United States
VAT	= value added tax
VPOP	= Hungarian Customs and Finance Guard (Vám- és Pénzügyőrség Országos Parancsnoksága)
WB	= the World Bank
WHO	= World Health Organization

# HUNGARY – BASIC FACTS\*



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Source: <http://www.rec.org>

## **Geography**

Area of the country, km <sup>2</sup>	93,030
Length of borders, km	2,246
Number of neighbouring countries	7

## **Population, 1 January 2004**

Number of population, thousands	10,117
Population density, person/km <sup>2</sup>	108.7
Proportion of males, %	47.5
Proportion of females, %	52.5
Females per thousand males	1,106

## **From the population rate of, %**

children aged 0-14 years	15.9
persons aged 15-59 years	63.1
persons aged 60 and over	21.0

## **Gross domestic product (GDP), 2002**

GDP (previous year = 100)	103.5
Per capita GDP, thousand HUF	1648.2

## **Contribution to the GDP, %**

Agriculture	3.7
Industry and construction	30.7
Trade, tourism, transport, post and telecommunication	21.6
Other services	43.9

## **Financial data, 2002**

Mean exchange rate of forint (HUF), value of 1 EUR:	
Average exchange rate in 2001	256.68
Average exchange rate in 2002	242.97

\*For more data on Hungary go to: [http://www.ksh.hu/pls/ksh/docs/index\\_efontosabb\\_adatok.html](http://www.ksh.hu/pls/ksh/docs/index_efontosabb_adatok.html)

# ABOUT THE AUTHOR

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**Dr Tibor Szilágyi, MD, MphilPH** is a specialist in internal medicine and has more than seven years experience in public health and tobacco control. He is currently working as a consultant in tobacco control in- and outside Hungary. He also serves as the CEO of the Health 21 Hungarian Foundation, an NGO which he established in 1999. The organization's work is today recognized both locally and internationally. In a 2003 publication of the American Cancer Society the Foundation is claimed to be „*one of the premier tobacco control organizations in the region [Central and Eastern Europe]*". Under his leadership the Foundation became member of the „International Network of Health Promotion Foundations", an informal network of organizations involved in funding and implementation of health promotion programmes.

As a public health expert, he worked for organizations such as the World Bank, the Council on Health Research for Development, the Open Society Institute. He also led projects sponsored by the World Health Organization in Hungary. In late 2002 he has been invited to compile the National Tobacco Control Action Plan of the Ministry of Health and Social Affairs. Dr Szilágyi has spent one year in Sydney as research fellow supported by the Australian-European Scholarship programme of the government of Australia, devoting his time to learn about health promotion infrastructure in Australia. He also participated in the work of the research team led by Prof Simon Chapman and did a research on internal tobacco industry documents relevant to Hungary. His industry-document research led him to obtaining a Master of Philosophy in Public Health degree at the University of Sydney.

The material of the present book is based on the research he undertook in 2003-2004 as international fellow supported by the Open Society Institute with the contribution of the International Policy Fellowships of OSI-Budapest. He has written or co-authored 7 other books or book chapters and more than 20 articles published in both Hungarian and English.