

17th World Conference on Lung Cancer, Abstract 6937
Strategies to Improve Tobacco Control in Central European Countries
Type: Peer Review
Topic: 01. Epidemiology/Tobacco Control and Cessation/Prevention
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Strategies to Improve Tobacco Control in Central European Countries

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Up to now strategies of tobacco control, which were successful in Australia, North America and Western Europe, have been introduced only in few Central European countries. Implementing the EU Tobacco Product Directive Austria extended existing smoking bans, advertising bans and mailing bans for tobacco products to e-cigarettes. Still missing is an enforced smoking ban without exceptions in the hospitality industry, an advertising ban and display ban at point of sale, ban of vending machines, increase of age limit for buying any cigarettes and tobacco products to 18 years, enforcement of age control by regular test purchases, ban of free cigarettes (still allowed for introduction of new sorts), extension of warnings and ban of aromas to cigars and pipes, smoke-free hospitals and health care centers, smoke-free school premises without exceptions, smoke-free playgrounds and cars carrying children, smoke-free public transportation including stations, increase of tobacco tax earmarked for tobacco prevention (up to now only the quitline has regular funding), stop of state funding for media violating article 13 FCTC, enforcement of article 5.3 FCTC (transparency law), obligatory TV air time (e.g. 90 min/month like in Turkey) for promotion of non-smoking, inclusion of smoking prevention and cessation in the curricula of health professionals, covering of counseling for smokers by health insurance, more frequent surveys on smoking prevalence, including cotinine tests for risk groups (pregnant women) and opinion leaders (journalists, health care workers), scientific evaluations of efficacy and effectiveness of smoking prevention and smoking cessation programs.

Other Central European countries are facing similar problems. 13 of 16 federal states of Germany, the Czech Republic, Slovakia and most cantons of Switzerland did not succeed to pass and enforce smoking bans without exceptions in the hospitality industry. Germany is still violating the EU tobacco advertising ban and the Czech Republic recently failed to ban the use of water-pipes and e-cigarettes in enclosed spaces. Austria was the only Central European state, which ratified the FCTC smuggling protocol up to now.

Switzerland did not even ratify FCTC and was abused by the tobacco industry as a base to sue and intimidate small countries like Uruguay for their progress in tobacco control. The Swiss government prepared amendments for the tobacco law without considering the EU tobacco directive. Tighter restrictions on tobacco advertising will probably be eliminated from the Swiss law. A ban of sponsoring by tobacco companies was not even considered within Switzerland. Lobbies in the Federal parliament and the government were able to block also comprehensive smoking bans. Fortunately, the country offers other political tools to progress, namely that counties can go for better policies, and Federal "initiatives" can be launched to bring issues to the ballots. In fact, 8 out of 26 Swiss Counties successfully adopted comprehensive smoking bans with no exemption. The Swiss parliament, however, was not even enabled to raise minimum prices of tobacco. If the Track-and-Tracing-System of TPD-II is not joined, Switzerland might become a platform for international tobacco smuggling. In restaurants smaller than 80 square meters employers can still choose to permit smoking. The largest progress of tobacco control in Switzerland was due to a tobacco prevention fund, financed from tobacco taxes (2.6 Rappen per pack of cigarette sold) since 2004. This fund finances also tobacco monitoring and smoking cessation (training of professionals). Swiss health insurance covers both counseling and pharmaceutical support of smoking cessation.

The largest progress of tobacco control in Central Europe was seen in Hungary, which received the WNTD reward by WHO in 2013 and improved its ranking by the European Cancer Leagues from place 27 in 2010 to place 11 in 2013. Only in Hungary there is a total ban on smoking in all enclosed public places (except prisons and psychiatric wards) since 2012, and tobacco shops (reduced from 40 000 to 6 045) must not be entered below

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age 18. There is no tobacco advertising outside these shops, no vending machine for cigarettes and plain packaging was introduced in 2016.

The main obstacle against improvement of tobacco control in the EU is corruption of certain politicians and media by the tobacco industry and the subsidiarity principle in public health. The Green Paper of the EU "Towards a Europe free from tobacco smoke" showed policy options. 24 ministers of health voted on November 30, 2009 in favor of implementing the WHO- FCTC until 2012, but not the representatives of Austria, Czech Republic and Slovak Republic. Up to now the implementation of FCTC and the EU Council Recommendation on Smoke-free Environments is voluntary. All countries of Central Europe except Switzerland ratified the FCTC treaty, but nonsmoker's protection follows article 8 only in Hungary. In Central and Eastern Europe tobacco taxes and cigarette prices are much lower than in Northern and Western Europe. In a European ranking according to tobacco price increase by taxes, smoking restrictions at work and in public places, consumer information, tobacco advertising bans, health warnings and access to smoking cessation therapy, Austria, Germany, Cyprus, Czech Republic, Greece and Lithuania had the poorest score and would need help by more advanced EU members to reach Western standard.

In summary, tobacco control in Central Europe needs enforcement of FCTC, in particular article 5.3, to stop interference of tobacco industry; application of strategies formulated by WHO (**M**onitor tobacco use & prevention, **P**rotect from passive smoking, **O**ffer help to quit, **W**arn about dangers, **E**nforce bans on ads & promotion, **R**aise tobacco tax) and the World Bank (Curbing the Epidemic: Governments and the Economics of Tobacco Control); financing of tobacco prevention and cessation by tobacco taxes; comprehensive bans on advertising, promotion and sponsorship of tobacco products and e-cigarettes (including ban of vending machines, display ban at point of sales, plain packaging, stop of state funding for media violating article 13 FCTC); enforcement of smoke-free public places (without exceptions for hospitality industry), workplaces, schools, kindergartens, playgrounds, public transportation and private cars carrying minors and promotion of nonsmoking by schools and media campaigns.