From the World Health Organisation

WHO support for tobacco control in countries of central and eastern Europe

In Budapest, at the January 1992 Second European Seminar on Tobacco or Health, many participants from countries of central and eastern Europe remarked that many meetings and documents had successfully described what needed to be done to control tobacco. Numbered among these were the First and Second European Seminars, several resolutions of the WHO’s World Health Assembly and Regional Committee for Europe, as well as the first and second Action Plans for a Tobacco-free Europe. But the participants went on to insist that this was not going to be sufficient for effective tobacco control to be instituted in their countries. In the new democracies of central and eastern Europe, aggressive marketing of tobacco products was rapidly being imposed on countries that already had high rates of smoking and smoking-related mortality. In many countries, transnational tobacco companies were being welcomed as creators of economic well-being, while public health concerns about the hazards of tobacco use were being shunted aside. In these circumstances, they insisted, direct hands-on assistance was needed from the WHO and western European experts knowledgeable in the implementation and management of tobacco control. Enough was known about what needed to be done to control tobacco; now, teamwork was needed to show how it could be done.

The challenge was clear; and WHO responded. By March 1993, teams of experts, led by WHO’s Tobacco or Health personnel or consultants, had provided on-site assistance with the implementation of tobacco control strategies in six countries of the region—Hungary, Lithuania, Poland, Latvia (see pages 101–2), the Czech Republic, and Slovakia. After several days of meetings with government officials and others concerned with tobacco or health issues, recommendations for action would be prepared and delivered to national health authorities. The missions usually ended with a news conference where the WHO team outlined the nature of the tobacco problem and their recommendations for further action.

Problems with tobacco control in all the countries visited by WHO teams are legion. Already, central and eastern Europe has the highest rate of smoking-related mortality in the world, with up to half of all deaths among men aged 35–69 years attributable to tobacco. Moreover, male smoking prevalence exceeds 45% in most countries, and female smoking prevalence, while lower, is increasing rapidly. The long-term prognosis is therefore that smoking-related mortality will increase even more. Transnational tobacco companies have been among the first to take advantage of the newly opened markets of the region. Throughout the region, western cigarettes and advertisements for them are ubiquitous. With increasing frequency, news is received of another joint venture agreement or outright purchase, whereby a major transnational tobacco company acquires a major interest in tobacco production in central and eastern Europe. Often, this expansion and modernisation of the tobacco business is carried on with the full support and encouragement of the national government.

Cigarette smuggling is widespread throughout the region, and the infrastructure needed to control it is often weak or non-existent. Moreover, widespread smuggling has led to a decline in data quality. More contraband means official sales data underreport consumption by an unknown amount.

The public health sector has problems of its own. Tobacco control must compete for attention on crowded political and economic agendas that demand nothing less than creating, in as short a time as possible, all of the necessary legal, fiscal, and social infrastructures required for democratic states with market economies. Moreover, basic information, needed for effective planning of tobacco control, is often lacking. Most countries suffer from a shortage of information about knowledge, attitudes and practices concerning smoking, or attitudes to various tobacco control options. Interestingly, the WHO missions succeeded in focusing public attention on the tobacco problem, and in making tobacco or health at least a temporary subject of active public attention and debate.

Public opinion surveys to elicit opinions about various options for tobacco control have been carried out recently in Poland and the Czech Republic. In both countries, one-half to three-quarters of the population favour tobacco control measures such as bans or restrictions on tobacco advertising and better protection from involuntary exposure to tobacco smoke in public places and workplaces. Tobacco taxes dedicated to further anti-smoking measures and other worthwhile health promotion of health care activities are also widely favoured in these two countries. Provisions for dedicated tobacco taxes exist in draft tobacco control laws currently under consideration in Poland and Lithuania. Excellent anti-smoking promotion and education programmes have been developed in some locations, notably in Lithuania and the Czech Republic, but resources are
often lacking for widespread implementation. Laws or regulations to control smoking in some public places and workplaces are in effect in some countries of the region, but, all too often, the rules are not respected and enforcement is weak.

In many places, good progress has been made towards effective, comprehensive tobacco control policies. Drafts of comprehensive tobacco control legislation are under consideration in several countries, including Lithuania, Poland, and Slovenia. In the latter two cases, the draft laws, by April 1993, had cleared one or more steps of the parliamentary approval process. The Czech Republic and Slovakia already have new legislative controls on tobacco advertising, but flaws in the legal texts are creating problems of enforcement. If one or more countries can succeed in implementing the tobacco control laws currently under consideration, effective tobacco control will quickly take a quantum leap forward in central and eastern Europe.

Meanwhile, the pace of change can be dizzying, but the change is not always in the direction of improved public health. For example, the Czech Republic came into existence on 1 January 1993. During the first week of February, an international team of experts led by WHO Tobacco or Health personnel visited the country and called for rapid implementation of comprehensive tobacco control policies. Later that month, it was announced that a ban on tobacco advertising would come into force during the month of March. On 4 March 1993, the largest transnational tobacco company bought a majority interest in the largest cigarette manufacturing concern in the Czech Republic, in the city of Kutna Hora. During the early part of March, the tobacco company owner sought to negotiate some lesser alternative to the total ban on tobacco advertising. By the end of March 1993, the total ban on tobacco advertising was not yet being enforced, and the same transnational tobacco company, on 23 March 1993, announced the purchase of a controlling interest in the largest tobacco manufacturing concern in Lithuania, located in Klaipeda.

Still, the situation is not entirely bleak. But effective tobacco control must happen soon, before powerful vested interests in tobacco become firmly established. The need for rapid, effective public health action is perhaps best exemplified by comments from tobacco company representatives working in the region. In 1991, a spokesman for a major transnational tobacco company working in Poland stated, “We are now having meetings with Polish tobacco industry members, to get them together with us to present a coherent view against the anti-smoking lobbyists.” Undoubtedly similar meetings are taking place elsewhere in the region, making the need for quick, effective public health action all the more imperative.

Such action is possible because the countries of the region are blessed with well educated, dedicated, and hard-working people in the health sector who are capable and determined to diminish the size of the tobacco epidemic that is sweeping the region.