

Having regard to the Law on Government article 45, paragraph 1 (Official Gazette of the Republic of Serbia, No. 55/05 and 71/05, correction)

The Government has adopted this

## **TOBACCO CONTROL STRATEGY**

### **1. INTRODUCTION**

By ratifying the WHO Framework Convention on Tobacco Control together with 139 countries in the world, the Republic of Serbia made a commitment to comprehensive action toward tobacco control. The Republic of Serbia clearly indicated that it deemed this a priority, while the Ministry of Health gave fresh impetus to efforts to this end by developing a draft Tobacco Control Strategy of the Republic of Serbia (hereafter as Strategy).

The existence of a global tobacco epidemic is now accepted as a fact by health professionals around the world. Smoking prevalence in Serbia is very high, with 39.7% of men and 30.5% of women being active smokers. Rates of smoking among the youth are also high: 54.7% of teenagers have already smoked a cigarette by the age of 15; while 16.8% of girls and 15.5% of boys state that they are daily smokers. According to *the Global Youth Tobacco Survey*, exposure of young people to second hand tobacco smoke is also a serious problem.

The impact of smoking as a risk factor on mortality and morbidity in Serbia was assessed through the Study on the Burden of Disease and Injury in the Republic of Serbia, undertaken in 2003. Tobacco is cited as a risk factor associated with the most serious health problems and is responsible for 13.7% of the *total years of life lost (YLL)* in Serbia (18% for men; 7.9% for women). Most of the tobacco burden is due to lung cancer, ischemic heart disease, heart attack and chronic obstructive pulmonary diseases. The study also indicated that the burden is greatest in early ages and that it declines with an increase in age.

***Reduction in smoking prevalence is therefore one of the most important public health measures that should be implemented to improve the health of Serbia's population of 7.5 million.***

It will take time to alter the perceptions of the population regarding smoking, as this behaviour is very much socially accepted. Raising awareness of and informing the public about the negative consequences of smoking is an important prerequisite for progress in other aspects of tobacco control. This is necessary to achieve public understanding, acceptance of and support for stronger tobacco control measures.

Tobacco control in the Republic of Serbia is an important aspect of the state's harmonisation with the countries of the European Union, the ultimate goal being its

accession to the EU. The Tobacco Control Strategy identifies the key steps to be taken to achieve this goal.

The Ministry of Health and the National Committee for Smoking Prevention have already undertaken a series of actions in the field of smoking prevention and control, the most important being the ratification of the World Health Organisation Framework Convention on Tobacco Control, helping draft a law and regulations on tobacco control and mapping out the draft version of the Tobacco Control Strategy.

This Strategy draws on European and international experience over the last decade, building upon the lessons learnt within tobacco control efforts.

The *guiding principles* of the Strategy are as follows:

- *The right of every citizen* to be informed about health risks related to smoking and exposure to tobacco smoke in one's environment;
- *The right of every citizen* to live and work in a tobacco-free environment;
- *The right of every smoker* to obtain advice and support concerning smoking cessation through the health care system;
- *The responsibility of the government* to protect the health of all its citizens and therefore to take whatever legislative, economic and administrative measures are necessary to reduce levels of tobacco use and exposure to second hand tobacco smoke;
- *Political commitment* to tobacco control is essential and is best achieved through comprehensive multi-sectoral action to ensure that smoking is considered unacceptable behaviour;
- *The responsibility of the government* to allocate sufficient funds to tobacco control activities to ensure continuous reduction in levels of smoking and exposure to tobacco smoke throughout the population.

The **overall goal** of this Strategy is to provide a framework for the implementation of tobacco control measures to promote the health and wellbeing of the citizens of Serbia in the future and to protect them from the harmful effects of smoking and exposure to second hand tobacco smoke.

The following **numerical targets** are set for the following aspects:

- ✓ To reduce smoking prevalence in minors by 1% annually;
- ✓ To reduce smoking prevalence in adults by 1% annually;
- ✓ To increase the number of tobacco-free workplaces by 5% annually;
- ✓ To reduce exposure to second hand tobacco smoke at public places by 1% annually;
- ✓ To reduce exposure to second hand tobacco smoke at homes, among children by 3%, and among adults by 1% annually.

The immediate *objectives* of the Strategy are as follows:

1. To prevent the future initiation of smoking behaviour, especially among young people;
2. To reduce levels of tobacco consumption across all population groups through the implementation of a smoking cessation programme;
3. To reduce exposure to environmental tobacco smoke ("passive smoking") in

- population;
4. To raise public awareness of the harmful effects of smoking and exposure to tobacco smoke;
  5. To ensure adequate regulation of the tobacco industry with regard to the production, advertising and sale of tobacco products will be adopted.

The leading role of the Ministry of Health in addressing tobacco-related issues has been recognized. Furthermore, it will ensure broad coalition across all governmental sectors and ministries in order to implement comprehensive tobacco control measures. To achieve this, the government appointed the Intersectoral Coordinating Body for Tobacco Control in Republic of Serbia (hereafter: ICB) with responsibility to define the draft version of the Strategy for Tobacco Control; to monitor and evaluate the implementation of the WHO Framework Convention on Tobacco Control; to monitor and suggest activities and measures in tobacco control; to initiate cooperation with other governmental and non-governmental organizations, (Official Gazette of Serbia, No. 30/06).

Active involvement of the non-governmental sector and civil society in general in tobacco control-related activities will be encouraged and their efforts to ensure funds from different sources will be supported.

The sustainable sources of funding for the implementation of tobacco control activities will be identified and ensured. To this end, all available sources will be used including the general governmental budget. However, by no means, funding from the tobacco industry for implementation of tobacco control activities will be accepted.

The strategic framework has been planned by the year 2015. The Action plan deals in detail with all major areas in which it is necessary to carry out activities to ensure adequate control of tobacco products and to reduce to the minimum the harm caused by their consumption. In the last year of the initial period (year 2011) the ICB will prepare the Action plan for the following period, based on achievement in the previous period.

## **1.1 Rationale for tobacco control in the Republic of Serbia**

The first international convention in the public health sector - the World Health Organisation Framework Convention on Tobacco Control was signed by the State Union of Serbia and Montenegro on June 28, 2004. The decision on ratification was adopted in the Parliament of the State Union of Serbia and Montenegro on December 1, 2005. It entered into force on June 9, 2006.

The Parties to this Convention are determined to giving priority to their right to protect public health.

The Preamble of the document further reads as follows:

## **World Health Organisation Framework Convention on Tobacco Control**

### **Preamble:**

The Parties to this Convention,

*Determined* to give priority to their right to protect public health,

*Recognising* that the spread of the tobacco epidemic is a global problem with serious consequences for public health that calls for the widest possible international co-operation and the participation of all countries in an effective, appropriate and comprehensive international response,

*Reflecting* the concern of the international community about the devastating worldwide health, social, economic and environmental consequences of tobacco consumption and exposure to tobacco smoke,

*Seriously concerned* about the increase in the worldwide consumption and production of cigarettes and other tobacco products, particularly in developing countries, as well as about the burden this places on families, on the poor, and on national health systems,

*Recognising* that scientific evidence has unequivocally established that tobacco consumption and exposure to tobacco smoke cause death, disease and disability, and that there is a time lag between the exposure to smoking and the other uses of tobacco products and the onset of tobacco-related diseases,

*Recognising also* that cigarettes and some other products containing tobacco are highly engineered so as to create and maintain dependence, and that many of the compounds they contain and the smoke they produce are pharmacologically active, toxic, mutagenic and carcinogenic, and that tobacco dependence is separately classified as a disorder in major international classifications of diseases,

*Acknowledging* that there is clear scientific evidence that prenatal exposure to tobacco smoke causes adverse health and developmental conditions for children,

*Deeply concerned* about the escalation in smoking and other forms of tobacco consumption by children and adolescents worldwide, particularly smoking at increasingly early ages,

*Alarmed* by the increase in smoking and other forms of tobacco consumption by women and young girls worldwide and keeping in mind the need for full participation of women at all levels of policy-making and implementation and the need for gender-specific tobacco control strategies,

*Deeply concerned* about the high levels of smoking and other forms of tobacco consumption by indigenous peoples,

*Seriously concerned* about the impact of all forms of advertising, promotion and sponsorship aimed at encouraging the use of tobacco products,

*Recognising* that co-operative action is necessary to eliminate all forms of illicit trade in cigarettes and other tobacco products, including smuggling, illicit manufacturing and counterfeiting,

*Acknowledging* that tobacco control at all levels and particularly in developing countries and in countries with economies in transition requires sufficient financial and

technical resources commensurate with the current and projected need for tobacco control activities,

*Recognising* the need to develop appropriate mechanisms to address the long-term social and economic implications of successful tobacco demand reduction strategies,

*Mindful* of the social and economic difficulties that tobacco control programmes may engender in the medium and long term in some developing countries and countries with economies in transition, and recognising their need for technical and financial assistance in the context of nationally developed strategies for sustainable development,

*Conscious* of the valuable work being conducted by many States on tobacco control and commending the leadership of the World Health Organisation as well as the efforts of other organisations and bodies of the United Nations system and other international and regional intergovernmental organisations in developing measures on tobacco control,

*Emphasising* the special contribution of nongovernmental organisations and other members of civil society not affiliated with the tobacco industry, including health professional bodies, women's, youth, environmental and consumer groups, and academic and health care institutions, to tobacco control efforts nationally and internationally and the vital importance of their participation in national and international tobacco control efforts,

*Recognising* the need to be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts and the need to be informed of activities of the tobacco industry that have a negative impact on tobacco control efforts,

*Recalling* Article 12 of the International Covenant on Economic, Social and Cultural Rights, adopted by the United Nations General Assembly on December 16, 1966, which states that it is the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,

*Recalling also* the preamble to the Constitution of the World Health Organisation, which states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition,

*Determined* to promote measures of tobacco control based on current and relevant scientific, technical and economic considerations,

*Recalling* that the convention on the Elimination of All Forms of Discrimination against Women, adopted by the United Nations General Assembly on 18 December 1979, provides that States Parties to that Convention shall take appropriate measures to eliminate discrimination against women in the field of health care,

*Recalling further* that the Convention on the Rights of the Child, adopted by the United Nations General Assembly on 20 November 1989, provides that States Parties to that Convention recognise the right of the child to the enjoyment of the highest attainable standard of health...

In this context, the term *tobacco control*, defined by the World Health Organisation and used hereinafter, implies *a range of supply, demand and harm reduction strategies that aim to improve health of a population by eliminating or*

*reducing their consumption of tobacco products and exposure to environmental tobacco smoke.*

The Framework Convention on Tobacco Control provides for the minimum measures for successful tobacco control. The optimum measures are recommended in the European Tobacco Control Strategy<sup>1</sup>.

The document drafted by the National Committee for Smoking Prevention of the Ministry of Health of the Republic of Serbia is based on both documents mentioned above as well as the Ministry of Health's health policy, described in the document entitled *Better Health for All in the Third Millennium*<sup>2</sup>. The Strategy represents in a way a contribution to the Poverty Reduction Strategy Paper in our Republic. In drafting the Strategy, the current public health, socio-economic and political situation in the Republic of Serbia were taken into account, in order to adopt a framework for all measures and activities to be undertaken in the Republic of Serbia.

## 1.2 Smoking prevalence

The existence of a global tobacco epidemic is now accepted as a fact by health professionals around the world. The prevalence of smoking in Serbia is among the highest in Europe. According to the survey performed in 2000<sup>3</sup>, 46.0% of men and 33.7% of women were active smokers<sup>4</sup>. However, the survey performed in 2006 showed that the prevalence of smoking was reduced to 39.7% among men and 30.5% women.

According to one of several international comparisons in which data for Serbia and Montenegro are presented, the prevalence of smoking in the Republic of Serbia is similar to other countries in transition where smoking is socially accepted and very widespread (see Table 1.)<sup>4</sup>.

Table 1: Smoking Prevalence in European countries in 1988-2003

COUNTRY	Adults (%)		Youth, 15 years of age(%)	
	Male	Female	Male	Female
Serbia and Montenegro*	48.0	33.6	12.5	16.3
Bulgaria	43.8	23.0	28.7	26.4
Greece	46.8	29.0	13.5	14.1
Russian Federation	63.7	9.2	17.6	26.2
Turkey	62.2	24.3	17.6	11.2
Albania	60.0	18.0	No data	No data

<sup>1</sup> WHO Regional Office for Europe, Copenhagen, European Strategy for Tobacco Control, WHO Regional Office for Europe, Copenhagen, 2002. Available on URL: <http://www.euro.who.int/>

<sup>2</sup> Ministry of Health of the Republic of Serbia, *Better Health for All in the Third Millennium – Health Policy; Vision of the Health Care System in Serbia, Health Care Reform Strategy and Action Plan in the Republic of Serbia – draft*; Belgrade, 2003

<sup>3</sup> V. Grujić: Health Status, Health Needs and Use of Health Care Services by Adult Population in the Republic of Serbia, Bulletin of Serbia's Public Health Institute, 2002; Vol. 1-2:23-147

<sup>4</sup> WHO European Country Profiles on Tobacco Control 2003. Available on URL: <http://www.euro.who.int/Document/>

			available	available
United Kingdom	28.0	26.0	20.3	27.4
Finland	27.0	20.0	28.3	32.2
Germany	40.3	32.2	32.2	33.7

\*Data for Serbia only

Smoking prevalence among young people is also high: 54.7% of teenagers aged 13-15 have already smoked a cigarette, with 31.3% of them done that by the age of 10<sup>5</sup>. According to the same study, 16.8% of girls and 15.5% of boys are already smokers. Exposure of young people to environmental tobacco smoke (the so-called "passive smoking") is extremely high (97.4%) and poses a serious public health problem. The data clearly indicate the normalisation of smoking within Serbian culture, which is reflected, for example, in the fact that a high percentage of young people live in families whose members are smokers and the high proportion of pro-smoking messages in the media. The more positive statistic is the proportion of young smokers who want to stop smoking and/or have tried to do so (Table 2).

Table 2: Selected results of the Global Youth Tobacco Survey\*

<p><b>Prevalence</b>            54.7% of students have at least once tried to smoke a cigarette (Boys = 54.4%, Girls = 55.2%)            16.3% currently smoke cigarettes (Boys = 15.5%, Girls = 16.8%)            19.1% have never smoked but might start smoking next year (Boys = 16.6%, Girls = 22.0%)</p>
<p><b>Access and Availability of Cigarettes</b>            69.8% buy cigarettes in a store            92.4% who buy cigarettes in a store have NOT been refused purchase because of their age</p>
<p><b>Environmental Tobacco Smoke</b>            97.4% live in homes where others smoke in their presence            91.3% are in the company of others who smoke in places outside their home</p>
<p><b>Cessation - Current Smokers</b>            54.4% want to quit smoking            77.8% tried to quit smoking during the past year            66.6% have sought help to quit smoking</p>
<p><b>Media and Advertising</b>            84.1% have seen anti-smoking media messages vs. 89.8% who have seen pro-smoking media messages on TV            52.1% have seen anti-smoking messages vs. 70.7% who have seen pro-smoking messages on billboards            59.4% have seen anti-smoking ads vs. 80.4% who have seen pro-smoking ads in newspapers or magazines            29.9% have an item with a cigarette brand logo            23.5% have been offered free cigarettes by a tobacco company representative</p>

\*Source: Centre for Disease Control and Prevention (CDC), World Health Organisation, Canadian Public Health Association, National Committee for Smoking Prevention of Serbia. *Global Youth Tobacco Survey (GYTS) – Fact Sheet for Serbia, 2003*

Although medical staff should play the key role in smoking prevention and cessation, the frequency of smoking among health workers is high. According to a study carried out in 2001, at the Clinical Centre of Serbia 37% of doctors and more

<sup>5</sup>Centre for Disease Control and Prevention (CDC), World Health Organisation, Canadian Public Health Association, National Committee for Smoking Prevention of Serbia. *Global Youth Tobacco Survey (GYTS) – Fact Sheet for Serbia, 2003*

than one half (52%) of nurses smoke<sup>7</sup>.

The health impact of smoking is now well documented internationally. Smoking is one of the leading individual risk factors for the development of the most common chronic non-communicable diseases (cardiovascular, respiratory and a number of malignant diseases), for effects on infant, child and young people's development and health, as well as for disability, premature death and environmental pollution (see Table 3).

Table 3: Comparison of standardised death rates for leading causes of death in Serbia and Montenegro and Europe for age 0-64 per 100,000 population \*

Cause of Death	Serbia and Montenegro	Europe	EU average
Ischemic heart disease	44.6	62.3	22.2
Cerebrovascular diseases	39.2	30.9	8.5
Malignant tumours	95.8	88.5	76.9

\*Source: European Health for All Data Base, WHO/Europe. Available on: URL: <http://data.euro.who.int/hbadb>

The specific contribution of smoking to mortality from a number of different causes in Serbia was assessed through the Study of the Burden of Disease and Injury in the Republic of Serbia, undertaken in 2003. Tobacco is cited as a risk factor associated with major health problems and is responsible for 13.7% of *the total years of life lost* (YLL) in Serbia (18% for males; 7.9% for females). Tobacco is mostly responsible for lung cancer, ischemic heart diseases, heart attack and chronic obstructive pulmonary diseases (Table 4). The study also revealed that the burden is greatest in younger age groups and that it declines with age.

Table 4: The mortality burden attributable to tobacco consumption, by disease, for Serbia and Belgrade in 2000\*

Disease	Serbia		Belgrade	
	Attributable Deaths	Attributable YLL	Attributable Deaths	Attributable YLL
Oral Cavity Cancer	363	4,276	67	861
Lung Cancer	4,101	47,781	1,031	12,228
Oesophageal Cancer	173	1,851	35	402
Pancreatic Cancer	158	1,708	30	280
Bladder Cancer	61	1,149	30	257
Cervical Cancer	45	725	10	157
Ischemic Heart Disease	2,082	24,127	384	4,482
Stroke	1,816	19,891	364	3,983
COPD	1,390	9,676	167	1,194
Total	10,187 (9.8%)	111,196 (13.7%)	2,118 (10.7%)	23,843 (14.8%)

\*Source: Atanasković-Marković Z. at all. The Burden of Disease and Injury in Serbia, Belgrade: Ministry of Health of the Republic of Serbia, 2003



### 1.3 Current status of tobacco control in the Republic of Serbia

Within the European Strategy for Tobacco Control (ESTC), numerous indicators have been identified that may be used to assess the current status of a country or a region in respect to tobacco control policies (Table 5).

Table 5: ESTC indicators and current status in Serbia

<b>Indicator</b>	<b>Status in Serbia</b>
Legislation for smoke-free public/working space	Legislation exists but implementation is weak or non-existent
Availability of nicotine replacement therapy	Available without prescription
Established Intersectoral Coordinating Body	Intersectoral Coordinating Body of the Republic of Serbia
Existence of a national action plan	Draft produced by the National Committee on Smoking Prevention in 2004
Partial/total bans on direct/indirect advertising of tobacco products	Total ban exists since 2005
Sustainable and gender-based public information campaign	Public information campaigns are undertaken on an annual basis and are funded by the Ministry of Health and/or international donors; no specific gender element
Earmarking a part of tobacco product tax for tobacco control measures	Exist since 2006
Restricting access to tobacco products for under 18s	Legislation exists, implementation weak
Reimbursement of the cost of treatment of tobacco dependency	Provision of support for smoking cessation is limited; counselling is free, NRT & Bupropion available but cost is not reimbursable.
Publication of comprehensive national reports on tobacco control	No
Health hazard warnings on tobacco products	Legal obligation since January 1, 2007
Regulation of tar, nicotine and carbon monoxide levels in tobacco products	The levels of tar, nicotine and carbon monoxide are legally regulated; however maximum allowable concentrations are above the levels in the EU

There is a substantial body of legislation in existence related to the tobacco control issues. At least four laws and two Books of Regulations either deal primarily with, or contain articles of relevance to tobacco control. The key legislative documents are:

- Law on Ban of Smoking in Enclosed Premises (Official Gazette RS, No. 16/1995 and 101/05);
- Law on Advertising (Official Gazette RS, No. 79/05);

- Law on Tobacco (Official Gazette RS, No. 101/05);
- Excise Law (Official Gazette RS, No. 42/01, 61/01, 73/01, 5/02, 24/02, 45/02, 69/02, 80/02, 15/03, 43/03, 56/03, 72/03, 93/03, 2/04, 31/04, 43/04, 55/04, 78/04, 135/04, 8/05, 46/05, 47/05, 58/05, 71/05, 101/05, 112/05, 3/06, 11/06, 61/06, and 66/06);
- Book of Regulations on Design, Contents and Ways of Posting Labels on Sale Ban of Cigarettes and Other Tobacco Products to Minors (Official Gazette RS, No. 16/06);
- Book of Regulations on Design, Contents and Ways of Posting Labels of Posting Labels on Means of Transportation for Tobacco Transport and Sanitary Conditions in These Means of Transportation (Official Gazette RS No. 15/06).

It is important to note that the Republic of Serbia has taken a step towards effective control of the tobacco industry with the establishment of the Tobacco Agency in 2003 – currently Tobacco Directorate within the Ministry of Finance. However, health, socio-economic, environmental and other harmful effects of smoking have not yet been fully recognised as a problem and, therefore, tobacco control, requiring co-ordinated multi-sectoral action, is one of the future tasks.

#### **1.4 Tobacco control activities to date**

All activities carried out in the Republic of Serbia in the past few decades have mainly resulted in the Ministry of Health's unsuccessful attempts to solve the tobacco control problem partially, either by conducting short-term health promotion campaigns or by trying to regulate legally certain aspects of tobacco control. These campaigns yielded no results for two basic reasons: lack of a strategic approach to the resolution of the problem and failure to recognise the Government's key role in offering support to multi-sectoral activities as a basic prerequisite for a successful implementation of the strategic model.

The National Committee for Smoking Prevention of the Ministry of Health of the Republic of Serbia, formalised in March 2003, has reviewed the need of a wide spectrum of measures and activities proposed in the European Tobacco Control Strategy and the WHO Framework Convention for Tobacco Control, and carried out the following activities:

1. Continuous health awareness campaigns (*Stub Out Your Cigarette – Prolong Your Life, Tobacco Smoke Free Health Institutions, Less Nicotine – More Vitamins, Tobacco Industry's Poster Child*, the international campaign *Quit and Win*, events marking National/International No Tobacco Smoke Day (January 31 and May 31, respectively);
2. Conferences on the role of health professionals in smoking prevention and cessation;
3. Support to the development of the network of smoking cessation counselling services; support to health professionals in their attempts to quit smoking; as well as training of health professionals on the primary health care level to offer assistance in smoking cessation;
4. Organisation of workshops, with the participation of international experts, in order to train health professionals and teachers, as well as others to offer professional

- help to smoking cessation;
5. A national road-show tobacco debate in several Serbian towns;
  6. Implementation of global health surveys (Global Youth Tobacco Survey, Global Health Professional Survey) and access to the database of the WHO Regional Office for Europe;
  7. Participation in a tobacco control project within the health network of the South-East European Stability Pact;
  8. Participation in drafting legislation on tobacco control in the Republic of Serbia (Law on Tobacco, Law on Advertising and books of regulation);
  9. Signing and ratifying the WHO Framework Convention on Tobacco Control;
  10. Preparation of the draft of the Tobacco Control Strategy;
  11. Participation in domestic and international conferences.

## 2. CONCEPT OF THE TOBACCO CONTROL STRATEGY

### 2.1 Challenges

Smoking prevalence remains at an alarmingly high level in Serbia. The impact upon the health of the population in the coming decades will be devastating, resulting in premature death for many, reduced quality of life for many more, and incurring substantial social and economic costs on the society. As yet, there has been establishing a political consensus to address the tobacco control problem.

It will take time to alter the perceptions of the population regarding smoking, as this behaviour is largely socially accepted. Public education, raising awareness and providing information on negative consequences of smoking are important prerequisites for progress in tobacco control. This is necessary to achieve public understanding, acceptance of and support for more effective tobacco control measures.

There is certain prejudice against tobacco control measures<sup>6</sup>:

- "The country will lose its revenue if it increases tobacco taxes."  
There is not a single example of a decrease in a state's revenue due to higher tobacco tax.

On the contrary, statistics from a dozen states indicate that an increase in tobacco tax results in an increase in a state's revenue. Although the consumption of tobacco products drops as their price rises, this does not lead to a significant decrease in the number of consumers because of nicotine dependency, which guarantees stable revenue to the state, at least in a medium term.

- "If we reduce the consumption of tobacco, many farmers will lose their jobs."

Even if we apply the strictest smoking prevention measures, it will take generations to reach the level of reduced consumption of tobacco products resulting in tobacco growers being out of work. Smoking is an addiction and a social phenomenon that has been in existence for centuries and therefore will not disappear overnight.

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<sup>6</sup> Pan American Health Organisation. *Greatest Hits of Tobacco Control Opponents (Suggested Responses to Common Queries)*, April 2003

Meanwhile, governments have an option to help farmers to start growing other plants.

- "Tobacco industry contributes to our national economy and, consequently, the prevention of smoking will affect that contribution."

Surveys conducted in a number of countries have focused on the possible economic effect of a complete ban on the consumption and production of tobacco. The results of the surveys indicated that, except for economic systems that fully depend on tobacco industry like Zimbabwe or Malawi, this approach would not affect a country's economy but would have a positive effect on it. This is due to the fact that the consumption of tobacco causes many incidental expenses (not borne by smokers or tobacco factories). Once people stop spending their money on tobacco, they will spend it on other things, probably those that are far less harmful for their health and economy.

- "Tobacco commercials that can affect children should be prohibited, while other tobacco commercials should not."

It is impossible to define clearly which commercials target children only. The promotion of cigarettes has been extremely successful in attracting young people just because they have depicted smoking as part of "adults' lifestyle", something to which every adolescent aspires. Also, surveys have shown that partial bans on promotion campaigns do not lead to a decrease in tobacco consumption. Only a full ban on the advertising of tobacco leads to a decrease in its consumption.

Tobacco industry plays a certain role in Serbian economy on both national and local level, which is a strong position for the defence of its interests. This makes it harder for politicians to find different solutions in tobacco product price and tax policy. Activities ensuring full implementation of the existing anti-tobacco legislation regulating the consumption of tobacco are therefore a priority in achieving adequate regulation of tobacco industry.

## **2.2 Harmonisation with the European Union**

Tobacco control in the Republic of Serbia is an important aspect of harmonisation with the EU countries, its ultimate goal being accession to the EU. The Tobacco Control Strategy identifies the key steps to be taken in moving towards this goal.

## **2.3 Different approaches to tobacco control policy in Europe**

Within the European Tobacco Control Strategy, the World Health Organisation has identified three basic approaches to the tobacco control policy in Europe:

1. An approach that generally has a weak impact on reduction in tobacco use and exposure to environmental tobacco smoke;
2. A transitional approach; and
3. An approach that generally has a strong impact on reducing tobacco use and exposure to environmental tobacco smoke.

*The approach that generally has a weak impact on a reduction in tobacco use and exposure to environmental tobacco smoke* consists of the isolated measures aiming to discourage the population from consuming tobacco, but does not provide for the most effective measures including higher excise duties and a ban on tobacco advertising. The reason for it lies in the fact that decisions on the adoption of the Tobacco Law and higher excise duties on tobacco products are mainly influenced by agricultural and economic issues and are strongly influenced by the tobacco industry. It is clear that this approach does not lead to a successful reduction in tobacco use, so that the number of men smokers remains high, while the number of women and children smokers increases. The conclusion drawn in the European Tobacco Control Strategy is that the lack of political will rather than the lack of public support is the reason that prevents the implementation of a more successful approach.

*The transitional approach* comprises measures to ban advertising and reinforce smoke-free environments, mass media campaigns, interventions by health professionals, etc. However, it is still not comprehensive, because it does not provide for the most efficient measure in tobacco control, which is higher tobacco taxation. The impact of tobacco industry in a system like this is still strong and includes lobbying to delay the enforcement of existing regulations and to undermine a strong tobacco taxation policy. This approach alters society's perception of behaviour, namely, smoking becomes socially unacceptable behaviour due to its well-known direct and indirect health consequences. Although the number of smokers is reduced, especially among educated people, the number of smokers among adolescents still increases.

*The approach that generally has a strong impact on reduction of tobacco use and exposure to environmental tobacco smoke* consists of a set of comprehensive measures and multi-sectoral strategies, backed by a strong taxation policy providing a part of the taxes for health promotion and disease prevention. The tactics applied in such a situation by tobacco industry is to reduce public support for such a comprehensive policy, in particular for taxation and a smoke-free environment. The results of this comprehensive tobacco control approach are evident: a significant reduction in smoking prevalence among men, along with a significant decline in deaths from lung and larynx cancer; and slight decrease of smokers among women and children; while the number of smokers among lower socio-economic groups is still significantly higher than in higher socio-economic groups.

## **2.4 Guiding principles and concept of the Strategy**

The Strategy draws on European and international experience over the last decade, building upon the lessons they have learnt in tobacco control.

The *guiding principles* of the Strategy are as follows:

- ***The right of every citizen to be informed on health risks related to smoking and exposure to environmental tobacco smoke;***
- ***The right of every citizen to live and work in a tobacco-free environment;***
- ***The right of every smoker to obtain advice and support for smoking cessation within the health care system;***
- ***The responsibility of the government to protect the health of all its citizens and therefore to take whatever legislative, economic and administrative measures are necessary to reduce levels of tobacco use and exposure to second hand***

tobacco smoke;

- ***Political commitment* to tobacco control is essential and is best achieved through comprehensive multi-sectoral action to ensure that smoking is considered undesirable behaviour;**
- ***The responsibility of the government* to allocate sufficient funds to tobacco control activities to ensure continual reduction in levels of smoking and exposure to tobacco smoke throughout the population.**

The intention is to revise the Strategy on a regular basis and to subject it to strategic adjustment in keeping with the changes resulting from the application of tobacco control measures in Serbia. The Strategy should, therefore, include provisions for a system of monitoring and evaluation.

## **2.5 Strategy Goals and Objectives**

***The overall goal of this Strategy is to provide a framework for the implementation of tobacco control measures to promote the health and wellbeing of the citizens of Serbia in the future and to protect them from the harmful effects of smoking and exposure to second hand tobacco smoke.***

The following ***numerical targets*** are set for three aspects:

- ✓ **To reduce smoking prevalence in minors by 1% annually;**
- ✓ **To reduce smoking prevalence in adults by 2% annually;**
- ✓ **To increase the number of tobacco-free workplaces by 5% annually;**
- ✓ **To reduce exposure to second hand tobacco smoke at public places by 1% annually;**
- ✓ **To reduce exposure to second hand tobacco smoke at homes, among children by 3%, and among adults by 1% annually.**

The ***immediate objectives*** of the Strategy are as follows:

- 1. To prevent the future initiation of smoking behaviour, especially among young people;**
- 2. To reduce levels of tobacco consumption in all population groups through the implementation of a smoking cessation programme;**
- 3. To reduce exposure to environmental tobacco smoke ("passive smoking");**
- 4. To raise public awareness of the harmful effects of smoking and exposure to tobacco smoke;**
- 5. To implement and enforce legislation in tobacco control, particularly in the penal policy, in concordance with the WHO Framework Convention of Tobacco Control.**

## **3. STRATEGIC FRAMEWORK**

This strategic framework identifies the areas in which action must be taken to

strengthen tobacco control. In the accompanying Action Plan for 2005- 2010, the specific actions in relation to each item, with responsible bodies and deadlines for achievement, are elaborated in details.

### **3.1 Measures to reduce demand for tobacco products**

#### ***3.1.1. Price and tax measures***

The tax and price policies for tobacco products that will contribute to the health objectives aimed at reducing tobacco consumption will be initiated in the following way:

- Achieving and maintaining a high price and taxation level for tobacco products;
- Increasing taxation levels on tobacco products above inflation rates;
- Prohibition/restriction of tax- and duty-free sales of tobacco products;
- Sustained allocation of funds for tobacco control programmes, including tobacco tax revenues;
- Harmonisation of tax and prices across all tobacco products to reduce the likelihood of substitution of one product by another.

#### ***3.1.2 Non-price measures***

In recognition of the importance of comprehensive non-price measures in reducing tobacco consumption, effective legislative or other measures will be adopted and implemented to carry out the above mentioned activities (paragraphs 3.1.3 through 3.1.9).

#### ***3.1.3 Protection from exposure to environmental tobacco smoke (ETS)***

It is well recognized that environmental tobacco smoke has proved to be harmful to health and that it results in premature death, disease and disability. Protection from ETS could be achieved through:

- Strengthening and implementation of legislation to make all public places, including public transportation and workplaces smoke-free;
- Introducing a total ban on smoking, indoors and outdoors, in all educational institutions;
- Introducing a total ban on smoking, indoors and outdoors, in all health care delivery facilities;
- Introducing a total ban on smoking, indoors and outdoors, and at all public events and performances;
- Introducing a total ban or severe restrictions on smoking in restaurants, bars and cafes, to protect owners, employees and clients from serious health risks;
- Including “environmental tobacco smoke” as a carcinogen on the classified list in order to facilitate the above protective bans and measures.

Legislation will be adopted and/or implemented to protect people from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and other public places as appropriate.

### ***3.1.4 Regulation of the contents of tobacco products***

The satisfactory performance of the tobacco industry in respect of the testing, measuring and regulation of the content of tobacco products, as specified in relevant legislation will be ensured, and existing legislation will be strengthened or revised if necessary.

Relevant legislation will be revised and updated in accordance with internationally agreed standards, at regular intervals.

### ***3.1.5 Regulation of tobacco product disclosures***

It will be required that tobacco industry discloses information on, at least, the levels of tar, nicotine and carbon monoxide in the emissions of tobacco products.

Public disclosure of information on the full range of toxic constituents of tobacco products and their emissions will be ensured.

### ***3.1.6 Packaging and labelling of tobacco products***

Legislation will be enforced to ensure that tobacco product packaging and labelling do not promote a product by means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions. In particular, the use of terms such as “*low tar*”, “*light*”, “*ultra light*” and “*mild*” in Serbian or other languages or some other terms by which tobacco industry misleads its customers will be banned.

The legislation concerning the inclusion of a health warning on the outside packaging of all tobacco products and on each retail unit of products will be implemented. These health warnings contain description of the harmful effects of tobacco consumption, as well as other appropriate messages. These messages should be:

- approved by the Ministry of Health;
- visible on more than one display areas of tobacco packages;
- large, clear, visible and legible;
- Cover no less than 30% and preferably 50% or more of the principal display areas;
- in the Serbian language;
- May include pictures or pictograms.

Standards and regulations concerning the inclusion of information on the relevant constituents and emissions of tobacco products on the external packaging of each product and each retail unit of a product will be enforced. This information will be in the Serbian language.

### ***3.1.7 Education, communication, training and public awareness***

The action will be taken to ensure that the public is fully informed on issues relating to tobacco control, using whatever means of communication are deemed



appropriate and effective. This public awareness raising will include provision of comprehensive, accessible and effective programmes concerning at least the following:

- Providing information on health risks and addictive characteristics of tobacco consumption and exposure to second hand tobacco smoke;
- Education on the benefits of smoking cessation and a tobacco-free lifestyle (as specified in paragraph 3.1.9);
- Providing a wide range of relevant information on the activities of the tobacco industry;
- Training on tobacco control issues for health professionals, inspectors, community workers, social workers, media professionals, teachers, decision makers, administrators and other concerned persons;
- Inclusion of public and private agencies and non-governmental organisations, unrelated to the tobacco industry, in the development and implementation of intersectoral programmes for tobacco control;
- Warnings against harmful effects of tobacco production and consumption on health, economy and environment.

### ***3.1.8 Tobacco advertising, promotion and sponsorship***

It is well recognised that a comprehensive ban on the advertising of tobacco products will have a significant impact on levels of tobacco use. The activities will be directed towards the implementation of the existing comprehensive ban on advertising, including:

- Direct and indirect advertising, promotion and sponsorship on radio, television, printed media and other media, such as the internet;
- Sponsorship of all public events (festivals, sports competitions, school events, fairs, concerts, etc), activities and/or participants therein;
- All forms of advertising that promote tobacco products by means that are false, misleading or deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions;
- The use of direct incentives to encourage purchase of a product by the public.

The relevant legislation will be enforced, as well as the penalties for infringement.

### ***3.1.9 Demand reduction measures concerning tobacco dependency and cessation***

Appropriate, comprehensive and integrated guidelines will be developed and disseminated to provide effective measures for smoking cessation and adequate treatment of tobacco dependency.

In particular the following actions will be undertaken:

- Design and implementation of programmes for cessation of tobacco use in educational institutions, health care facilities, workplaces and sporting environments, taking into account the "best practices" in smoking cessation;

- Provision of training in smoking cessation techniques for health professionals, education professionals, social and community workers;
- Provision of diagnosis, treatment and counselling for tobacco dependency through the existing primary health care system and other health professionals as appropriate;
- Strengthen and expand the existing network for the provision of the above services within health care facilities;
- Facilitate the affordable access to treatment for tobacco dependency, including pharmaceutical products.

### **3.2 Measures to reduce supply of tobacco products**

#### ***3.2.1 Illicit trade of tobacco products***

The elimination of all forms of illicit trade (smuggling, illicit manufacture and counterfeiting) of tobacco products is an essential component of tobacco control.

The authorities in Serbia will adopt and implement legislation to ensure tobacco products are marked in such a way as to identify their origin and facilitate the tracking of the movements of tobacco products within and into/out of the country.

Through appropriate regulations it will be ensured that tobacco products meant for sale on the domestic market only are clearly labelled in Serbian and can be easily identified as such.

The elimination of illicit trade of tobacco products will be done through the following:

- Collection of data concerning trade in tobacco products (including cross-border illicit trade), and international exchange of information with tax, customs and other authorities from other countries;
- Strengthening of legislation against and specific penalties for illicit trade of tobacco products;
- Environmentally sound destruction or disposal of confiscated tobacco products in concordance with legislation;
- Close monitoring of tobacco products held in or moving through the Republic of Serbia under suspension of taxes or duties, including completion of documentary records;
- Strengthening of a licensing system to regulate the production and distribution of tobacco products.

There will be a full cooperation with other regional governments and international bodies in endeavours to eliminate illicit trade of tobacco products.

#### ***3.2.2 Sales to and by minors***

There is an agreement that it is vital to prevent the sales of tobacco products to

minors (those under 18 years of age). To this end, the government will:

- Require that tobacco sellers display clearly and prominently within their premises a notice to the effect that sale of tobacco products to minors is illegal, and that they request proof of age from the potential buyer, if in doubt;
- Ban the sale of tobacco products in a directly accessible fashion, such as on store shelves, via vending machines, etc;
- Prohibit the manufacture and sale of sweets, snacks, toys or other items that appeal to minors in the form of tobacco products;
- Prohibit the distribution of free tobacco products to members of the public and especially to minors;
- Regulate the sale of tobacco products to ensure that the size of retail units does not increase their affordability for minors.
- Implement and revise legislation to ensure compliance with the obligations outlined in the above paragraphs, including provision for penalties with a serious deterrent effect if such legislation is infringed.

### ***3.2.3 Provision of support for economically viable alternative activities***

The economically viable alternatives for tobacco workers, growers and those employed within other parts of the tobacco industry, such as retail sales will be promoted.

As a mechanism to encourage transition to alternative economic options, any subsidies presently provided to the tobacco industry will be gradually reduced, transferring these to the alternative activities.

## **3.3 Monitoring, evaluation and reporting on tobacco use and tobacco control policy**

### ***3.3.1 Funding for regular monitoring, evaluation and reporting on the extent of tobacco consumption and exposure to environmental tobacco smoke***

The accurate and timely information is an important component of tobacco control. An appropriate health institution will be allocated with specific responsibility for the tasks of monitoring, evaluation and reporting on tobacco use and exposure to environmental tobacco smoke in the general population. Sufficient funds will be provided for these data to be collected nationally, at least every three years.

### ***3.3.2 Dissemination of information to political leaders, the media and health professionals***

It will be ensured that information concerning tobacco control, tobacco use and exposure to second hand tobacco smoke, along with any other relevant information, is regularly made available to political leaders, the media and health professionals in a form that is accessible and useful to them.

### ***3.3.3 Publication of regular reports on national tobacco control policy, smoking prevalence and related harmful health effects***

An appropriate health institution will be allocated with specific responsibility for the task of regular reporting on the implementation of the national tobacco control policy, smoking prevalence and related harmful health effects in the general population.

It will be required that these reports include the analysis of obstacles to progress and recommendations for priority actions to overcome them.

Information on health hazards and harmful economic and social effects of the tobacco consumption will be distributed to all relevant ministries, focusing primarily on the price the national economy has to pay due to mortality, morbidity or disability.

### ***3.3.4 Publication of retail sales figures***

It will be ensured that figures detailing the level of trade of tobacco products are published annually by the relevant authority, such as the Ministry of Finance with its Tobacco Directorate, and the Ministry of Trade, Tourism and Services.

## **4. TOOLS AND MECHANISMS FOR ACTION IN TOBACCO CONTROL**

### **4.1 Facilitating political commitment**

The specific actions will be undertaken to place tobacco control as an issue high on the political agenda. To this end, the Government officially appointed the Intersectoral Coordinating Body, entrusting it with the mandate to co-ordinate, supervise and control the implementation of the Strategy.

The Ministry of Health has a leading role in addressing tobacco-related issues. Further, it has been ensured that a broad coalition across all governmental sectors and ministries is created to take action forward in a comprehensive manner. In particular, these sectors are the following ministries: Finance; Agriculture, Forestry & Water Management; Justice; Trade, Tourism & Services; Labour, Employment & Social Policy; Education & Sport; and Science & Environment, and Internal Affairs. Ministers, deputy/assistant ministers or other senior representatives of the ministries listed above are appointed as members of the ICB, as well as representatives of different associations. The Chair of the Intergovernmental Coordinating Body is the Minister of Health.

### **4.2 Capacity building**

The Republic of Serbia will:

- Avail itself of all international advice and support for the development of tobacco control expertise within Serbia, especially those provided through the mechanism of becoming a signatory to the WHO FCTC;
- Introduce training programmes in tobacco control for policy makers and health care professionals, adhering as far as possible to internationally standardized provisions for such training;
- Encourage the active involvement of the non-governmental sector and civil society in general in tobacco control activities, and support their attempts to obtain funding through a variety of international channels;
- Support and promote through media participation in national and international tobacco control campaigns, such as January 31 – National No Tobacco Day, *May 31 - World No Tobacco Day*, the *Quit & Win* campaign, national and local competitions and other health promotion activities.

#### **4.3 Strengthening coordination**

All possible means will be used to highlight the importance of multi-sectoral public health activities for tobacco control and, to this end stronger tie between the government and civil society will be encouraged, learning from the experience of the international community and promoting the application of best practice in all aspects of tobacco control.

#### **4.4 Financing of tobacco control activities**

Sustainable sources of funding for tobacco control programmes will be secured. In doing this, all possible sources will be taken into consideration including funding from tax revenues and other revenues from the production and sale of tobacco products due to the Law on the Budget of the Republic of Serbia (budgetary fund established by the Law on Tobacco), and funding from international donor agencies. However, by no means, partnership and direct funding from the tobacco industry for implementation of tobacco control activities will be accepted.

Whatever source of funding is selected by the government, the funds will be spent only on agreed and specified activities related to tobacco control.

It will be endeavoured to achieve an increase in the available budget on an annual basis, in particular of earmarking from taxation on tobacco and tobacco products for the implementation of health promotion, smoking prevention and cessation activities.

## **5. ACTION PLAN**

An Action Plan is provided with this document and is its integral part.

## **6. FINAL REMARKS**

The Strategy will be published in “Official Gazette of the Republic of Serbia”.

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Belgrade, January 18, 2007

Government

President

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