World Health Organization Regional Office for Europe

THE EUROPEAN REPORT ON TOBACCO CONTROL POLICY

Review of implementation of the Third Action Plan for a Tobacco-free Europe 1997–2001

The tobacco epidemic is one the greatest public health challenges facing WHO's European Region. The Third Action Plan for a Tobacco-free Europe 1997–2001 set fundamental targets to strengthen the European movement to reduce tobacco use, promote health and economic gain, and protect the public from the activities of the tobacco industry.

The report seeks to provide an overview of the situation regarding smoking prevalence in recent years, and of Member States' policy responses to meet specific targets laid down in the Third Action Plan. It also covers the WHO Regional Office's and major international partners' contribution to its implementation, and other major developments in international tobacco control in recent years.

Assessment of the implementation of the Third Action Plan reveals a complex and contrasted picture of achievements and failures throughout the Region. No particular target in the Third Action Plan has been achieved by all Member States. However, the majority of countries have achieved the respective targets in some areas.

The review also shows major weaknesses and challenges in the area of tobacco control throughout the Region. This should be taken into account when planning further action in the Region.

Keywords

SMOKING – prevention and control – adverse effects
TOBACCO – legislation
PUBLIC POLICY
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Executive summary

The document presents an overview of the situation regarding the prevalence of smoking in WHO's European Region in recent years, and of Member States' policy responses to meet the specific targets set out in the Third Action Plan for a Tobacco-free Europe 1997–2001. It also covers the WHO Regional Office for Europe's and major international partners' contribution to its implementation, and other tobacco control developments in the Region during the period of the Third Action Plan.

The information presented in the document draws extensively on the data collected through the network of national counterparts for the Action Plan for a Tobacco-free Europe, as well as on other data obtained from WHO networks and programmes, international organizations and internationally recognized sources.

Assessment of the implementation of the Third Action Plan for a Tobacco-free Europe reveals a complex and contrasted picture of achievements and failures throughout the Region.

According to the data available, at the end of the period of the Third Action Plan approximately 30% of the adult population in the Region are regular smokers. The overall trend is relatively stable, with a slight decline since the mid-1990s. Currently nearly 38% of men in the Region are smokers, with an increasing gap between east and west, and a still significant gap between groups of countries with prevalence rates of more than 50% (at least 11 countries) and less than 30% (4 countries). Nearly 23% of women are smokers, with a slightly narrowing gap between east and west. Smoking prevalence among young people is around 27–30% Region-wide, with a slight trend upward. No Member States showed a decrease in smoking prevalence among young people during the period of the Third Action Plan. Among lower socioeconomic groups the trend is also not encouraging, and there is no indication that the socioeconomic gradient in tobacco use is being reduced. The standardized death rate for lung cancer has stabilized or is slightly decreasing in the central and western parts of the Region. The death rate among women is still increasing as they were, in general, exposed to tobacco later than men.

Since the adoption of the Third Action Plan approximately three quarters of European Member States have strengthened their policies on tobacco taxation; two thirds of countries have reinforced measures to combat smuggling; one third have introduced age restrictions on tobacco sales; and at least eight countries have introduced a complete ban or strict restrictions on direct advertising and have significantly improved regulations on smoking in public places. Since 1997, nearly one third of Member States have established intersectoral coordinating committees, and half of those have adopted national action plans on tobacco control. In the majority of countries, the range of pharmacological products for smoking cessation has increased and most popular products have become available in pharmacies without prescription.

At the end of 2001, the degree of implementation of the main elements and targets of comprehensive tobacco control policy in the Region is as follows. Approximately 80% of Member States have bans or restrictions on smoking in public places and workplaces (with still significant differences in the degree of implementation) and make available common nicotine replacement therapy (NRT) products without prescription in pharmacies (although their accessibility is in general low). Three quarters of Member States have established intersectoral coordinating committees. However, only nearly half the Member States have national action plans and partial restrictions or bans on both direct and indirect forms of advertising of tobacco products; only one third of countries have sustainable and gender-based public information campaigns; nearly one quarter have earmarked tobacco taxes and restricted access to tobacco products for people under 18 (also eliminating all major impersonal modes of sale); and almost no countries reimburse the cost of treatment of tobacco dependence, publish comprehensive national reports on tobacco control, and have introduced health warnings and requirements for tar and nicotine at the levels recommended by the Third Action Plan.

This review of implementation of the Third Action Plan has also revealed obstacles and challenges throughout the Region. While most Member States have a policy on taxation of tobacco products, in general it is not explicitly referred to public health concerns, and therefore the increase in the real price of tobacco, where it exists, is not as consistent as it should be. Despite the improvement of measures and instruments to combat smuggling reported by the majority of Member States, the smuggling of tobacco products still has major negative economic and public health impacts throughout the Region. Introducing new laws and regulations has not always brought tangible results, and several countries, mainly in the eastern part of the Region, are still in the process of launching their implementation. Furthermore, the lack of a strategy and comprehensive approach is still characteristic of at least one third of country tobacco control policies and activities. In other countries, insufficient coordination mechanisms, and inadequate funding and monitoring, reduce the effectiveness of national actions. Finally, the lack of public support and public information is still an important constraint on the effectiveness of many national and local programmes.

It should also be pointed out that the progress made in monitoring the tobacco-related situation is not adequate to many new challenges. With the development of smuggling, “bootlegging” and near-border purchases, and the extension of new forms of tobacco consumption (hand-rolling, smokeless, etc.), tobacco use is becoming increasingly under-reported. Furthermore, the quality and methodology of many surveys are not reliable enough to understand and monitor the dynamics in tobacco use, especially for assessing trends in quitting rates, and monitoring smoking patterns in population subgroups.

The WHO Regional Office for Europe, the Committee for a Tobacco-free Europe and major international partners have been key players in carrying out the Third Action Plan. The forthcoming WHO European Ministerial Conference for a Tobacco-free Europe may secure significant support for regional partnerships in the area of tobacco control, and for a Region-wide commitment to the Framework Convention on Tobacco Control (FCTC) and the next regional action plan.

The recently initiated negotiations for the FCTC are a milestone in the effective international response to the tobacco epidemic. The vast majority of European Member States are involved in the negotiation process, and the recently started intercountry consultations and consolidation efforts show that the Region can indeed play a leading role in finalization and adoption of the Framework Convention.

This review would be incomplete without stressing the tobacco industry’s recent tactics – another characteristic of the period of the Third Action Plan. Despite new bans and restrictions on advertising, the tobacco industry has continued to develop unscrupulous marketing, promoting “youth anti-smoking education programmes” and indirect forms of advertising targeted mainly at young people. It has been trying to influence national and European Union policies, in some cases successfully, in order to delay, weaken or even annul legislation under development or already adopted.

It should be noted that no single target of the Third Action Plan has been achieved by all Member States. However, the vast majority of countries have achieved the respective targets in some areas. The review also shows critical weaknesses in the implementation of tobacco control policies in the Region. Many of these challenges were also identified when previous European action plans on tobacco were reviewed. In order to address them properly, lessons should be learned and innovative solutions must be found. This is being taken into account in development of the next action plan for a Tobacco-free Europe.

Introduction

The purpose of this review is to provide an assessment of implementation of the Third Action Plan for a Tobacco-free Europe 1997–2001, adopted by the WHO Regional Committee for Europe at its forty-seventh session *(1)*. The document presents an overview of the situation regarding smoking prevalence in the Region in recent years, and of Member States' policy responses to meet the specific targets set out in the Third Action Plan. It also covers the WHO Regional Office for Europe's and major international partners' contribution to its implementation.

The review follows up on the WHO Regional Office's 1997 publication *Smoking, drinking and drug taking in the European Region (2)* and brings together the major aspects of European tobacco control policies.

The review is of particular importance for development of the next action plan for a Tobacco-free Europe and for the negotiations towards the Framework Convention on Tobacco Control. It is released in connection with the WHO European Ministerial Conference for a Tobacco-free Europe (Warsaw, 18–19 February 2002) – a milestone regional event in the area of tobacco control.

The structure of the review follows that of the Third Action Plan, preceded by a summary of recent information on smoking prevalence and the health consequences of tobacco use in WHO's European Region. In addition, it contains a section on other major tobacco control developments during 1997–2001.

Background

In 1987, Europe was the first of WHO's regions to take the initiative of launching a regional action plan on tobacco. The First European Action Plan on Tobacco 1987–1991 *(3)* called for a comprehensive approach, including restrictions on tobacco production, distribution and promotion; pricing policies; protection for nonsmokers; health promotion and health education programmes; smoking cessation training for professionals; and practical help with giving up smoking. It also urged countries to monitor and evaluate these measures. In 1988, the First European Conference on Tobacco Policy (held in Madrid), set out directions in a Charter for a tobacco-free life, supported by ten detailed strategies for achieving a tobacco-free Europe.

Between 1987 and 1991, 20 Member States amended existing or adopted new tobacco control policies, and nine of them also adopted comprehensive national programmes. During this period, 12 Member States (mainly in the western part of the Region) reported decreases in tobacco consumption. Other countries, however, saw no decline, and smoking prevalence among young people and women was generally increasing throughout the Region *(4)*. The numbers of tobacco-related deaths were expected to increase, reaching more than 1.2 million Europeans annually by the year 1995 *(5)*.

In 1992, 37 action proposals designed to strengthen Member States' commitment and capacities were incorporated in the Second Action Plan for a Tobacco-free Europe 1992–1996 *(6)*. This new strategy document emphasized the importance of building alliances to support tobacco control policies. It specified priorities regarding the promotion of a smoke-free environment, nonsmoking behaviour among young people and cessation activities. The Action Plan recommended the allocation of more human and financial resources by Member States and

intensive cooperation with countries in central, eastern and southern Europe. It recognized that tobacco-related problems were not only a European concern but very much also a global one, and that international safeguards were needed to ensure that they were not exported to other parts of the world.

Apart from in most member countries of the European Union (EU), implementation of the Second Action Plan was in general poor. Between 1992 and 1996, most countries in the central and eastern parts of the Region continued to undergo political, economic and social changes. At the same time, taking advantage of the situation, transnational tobacco companies were acquiring interests in local tobacco production and increasing advertising for their products. In countries where smoking prevalence had reached its highest level at the end of the 1980s, the combined impact of the economic crisis and the aggressive marketing of tobacco companies prevented male smoking prevalence from decreasing (a trend usually observed at that stage of the tobacco epidemic) and contributed to a rise in prevalence among young people and women.

In the western part of the Region, EU member countries were implementing the binding directives of the Community on advertising, labelling and taxation. In some cases, they strengthened their tobacco control policies by increasing taxes above the average rate of inflation.

In the mid-1990s, 36% of adults in the Region were still regular daily smokers. Of the 36 countries for which data were available, cigarette use was increasing in 15 (predominantly in the central and eastern part of the Region), decreasing in 14 (predominantly western European and Nordic countries) and stable in the other seven. Smoking prevalence among women, while generally lower than among men, was increasing in 15 countries. In western European countries, smoking-related deaths were decreasing among men but increasing among women. In eastern European countries, smoking-related deaths were increasing among both men and women (*7*).

The Third Action Plan for a Tobacco-free Europe 1997–2001

To ensure that more effective action was taken than had been the case in previous years, the Regional Committee at its forty-seventh session adopted the Third Action Plan for a Tobacco-free Europe for the period of 1997–2001. It was based on evaluation of the outcome of the first and second Action Plans, the evidence available, and resolutions WHA39.14, WHA43.16 and WHA49.17 calling for the implementation of comprehensive tobacco control policies and the development of a framework convention on tobacco control. The new Action Plan set specific targets to be achieved in Member States in the areas of pricing, availability, advertising, control of smuggling, product regulation, smoke-free environments, support for smoking cessation, and public education and information. It outlined the specific role that Member States should play by establishing adequately funded national intersectoral committees, drawing up country-based action plans, and carrying out effective monitoring of tobacco control measures. It also proposed that a Committee for a Tobacco-free Europe should be set up, to advise on and actively support international aspects of tobacco control policy in the Region. The Action Plan highlighted the role of integrational, intergovernmental and nongovernmental organizations, as well as of health professions, in forging effective partnerships for strengthening tobacco control in Europe. Finally, the Action Plan specified the role that the WHO Regional Office for Europe should play, particularly by supporting country-based action plans and networks, and mobilizing partners and the media.

Sources of information

The information presented in this document draws extensively on the data collected through the network of national counterparts for the Action Plan for a Tobacco-Free Europe. It was provided in response to questionnaires sent out in the context of WHO's regional database and surveillance system for tobacco control and of a specific survey on evaluation of the Third Action Plan.

In 2001 Europe was the first WHO region to launch a Region-wide development of the projected global tobacco control surveillance system. This system will provide a standardized and reliable structure and capacity to track and assess the tobacco-related situation within and across countries and disseminate this information to policy decision-makers, tobacco prevention and control programme staff, researchers and global partners. With the information it generates, Member States can evaluate their tobacco control situations in the light of other countries' experiences and turn the "lessons learned" into enhancement of their own policies.

By December 2001, 47 out of WHO's 51 European Member States had responded to the Regional Surveillance System questionnaire (Table 1). The data obtained served as a core source for the WHO European tobacco control database, created between June and November 2001 *(8)*. They have also been used to produce the WHO European Country Profiles on Tobacco Control.

Another survey, specifically addressing the degree of attainment of the targets in the Third Action Plan, was launched in April 2001. By November 2001, answers had been received from 27 national counterparts (Table 1).

Table 1. Member States' responses on data request

Country	Regional survey of country-specific data	Questionnaire on assessment of the Third Action Plan
Albania	Yes	Yes
Andorra	Yes	Yes
Armenia	Yes	No
Austria	Yes	Yes
Azerbaijan	Yes	No
Belarus	Yes	Yes
Belgium	Yes	No
Bosnia and Herzegovina	Yes	Yes
Bulgaria	Yes	Yes
Croatia	Yes	No
Czech Republic	Yes	Yes
Denmark	Yes	Yes
Estonia	Yes	Yes
Finland	Yes	Yes
France	Yes	Yes
Georgia	Yes	No
Germany	Yes	Yes
Greece	Yes	Yes
Hungary	Yes	Yes
Iceland	Yes	No
Ireland	Yes	No
Israel	No	No
Italy	Yes	No
Kazakhstan	Yes	Yes
Kyrgyzstan	Yes	Yes

Country	Regional survey of country-specific data	Questionnaire on assessment of the Third Action Plan
Latvia	Yes	No
Lithuania	Yes	Yes
Luxembourg	No	No
Malta	Yes	Yes
Monaco*	No	No
Netherlands	Yes	No
Norway	Yes	Yes
Poland	Yes	No
Portugal	Yes	Yes
Republic of Moldova	Yes	Yes
Romania	Yes	No
Russian Federation	Yes	Yes
San Marino*	No	No
Slovakia	Yes	No
Slovenia	Yes	Yes
Spain	Yes	Yes
Sweden	Yes	Yes
Switzerland	Yes	No
Tajikistan	Yes	No
The former Yugoslav Republic of Macedonia	Yes	Yes
Turkey	Yes	No
Turkmenistan	Yes	No
Ukraine	Yes	No
United Kingdom	Yes	Yes
Uzbekistan	Yes	No
Yugoslavia	Yes	No

* The country did not appoint national counterpart.

This report also draws on data obtained from WHO headquarters, the WHO Regional Office's programmes and networks, including its Health for All (HFA) database, the European Commission, the World Bank, the Organisation for Economic Co-operation and Development, other international organizations and internationally accepted sources.

In a comprehensive exercise such as this, some of the information gathered may be inconsistent and conflicting. In such situations, alternative sources were used to compare the data, and decisions were made on a case-by-case basis in cooperation with national counterparts. Comments and suggestions from various experts have been taken into consideration and incorporated.

Tobacco consumption in WHO's European Region

Summary

According to available data, it is estimated that during the period of the Third Action Plan (1997–2001) average adult smoking prevalence in the countries of the European Region has stabilized at around 30% of the adult population. However, smoking prevalence shows signs of a decrease in the western part of the Region, both in males and in females, while in the eastern part it is stable. For Europe as a whole, smoking prevalence among young people (15–18 years old) is estimated around 30%, with a slight upward trend and no country showing a decrease in recent years. Among lower socioeconomic groups the trend is not encouraging, and there is no indication that the socioeconomic gradient in tobacco use is being reduced. The standardized death rate for lung cancer among men has stabilized or is slightly decreasing in the central and western parts of the Region, while the death rate among women is still increasing as they were, in general, exposed to tobacco later than men.

Prevalence of tobacco use

> The health for all policy framework for the WHO European Region *(9)* has established a target of significantly increasing the number of nonsmokers in all Member States. In particular, in all countries the proportion of nonsmokers should be at least 80% in over 15-year-olds and close to 100% in under 15-year-olds.

Comparing the prevalence of tobacco use between different countries and periods is an exercise that must be undertaken with caution. In general, it is possible to monitor national patterns of prevalence within countries, if the information is provided through regular surveys using a consistent methodology. But between countries, surveys differ in many ways: the definition of tobacco users (regular or occasional users, smoked or smokeless tobacco), the population sample (national, local, or specific), age groups, size, methodology, and year of availability. Those differences become particularly important when comparing prevalence among population subgroups between countries.

To make data as comparable as possible, in Tables 2 and 3 below they are grouped for two periods – before or at the beginning of the Third Action Plan (1994–1998) and towards the end of that plan (1999–2001). When more than one set of data were available for each period, we have selected the most reliable source in cooperation with the respective national counterpart. When comparing quantitative data between two periods of time, only relative differences of more than 10% have been taken into account in order to estimate increasing and decreasing trends.

Adult smoking prevalence

From the data available, it is apparent that, during the period of the Third Action Plan, male smoking prevalence has decreased in seven countries (Denmark, the Czech Republic, Estonia, Iceland, Italy, Norway and Slovenia), increased in three countries (Albania, Hungary and Lithuania) and remained relatively stable in another 15 (Belarus, Belgium, Croatia, Finland, France, Georgia, Germany, Greece, Latvia, the Netherlands, Poland, the Republic of Moldova, Sweden, Ukraine and the United Kingdom) (Table 2).

Table 2. Smoking prevalence in adults

Country	Male adult prevalence		Female adult prevalence		Total adult prevalence		Definition and age of smoker, year and source of data
	1994–1998	1999–2001	1994–1998	1999–2001	1994–1998	1999–2001	
Albania	44.4	60	6.6	18		39	Data for 1995–1996: definition – current tobacco smokers; age: 20–44 years *Source*: Priftanji, A.V. et al. Asthma and allergy in Albania. *Allergy,* **54***:* 1024–1047 (1999) Data for 1999–2000: the definition of smoking was left to the interviewees; age: 15+ years *Source*: Nationwide survey covering 20 out of the 36 districts of Albania
Andorra	52.3		35.6				Data for 1997: no definition available; age: 30–44 years. (For 45–59 years: male = 44.3%, female = 19.9%, for age 60+ years: male = 23.1%, female = 4.0%) *Source*: National health survey, 1997
Armenia	63.7				29		Data for 1998: definition – smoked tobacco; age group not available *Source*: National Statistical Service (former Ministry of Statistics, State Register and Analysis)
Austria	29.6		18.7		23.9	29	Data for 1997: definition – daily smokers; age: 15+ years *Source*: WHO Health for All Database Data for 2000: no definition or age available *Source*: Groman, E. et al. *Wiener Medizinische Wochenschrift*, **150**(6): 109–114 (2000)
Azerbaijan		30.2			26.5		Data for 1997: definition – daily smokers; age: 15+ years *Source*: WHO Health for All Database Data for 1999: definition – daily smokers; age: 15+ years *Source*: *Tobacco Control Country Profiles.* Atlanta (GA), American Cancer Society, 2000
Belarus	54.8	53.7	3.6	4.8	27.5	26.3	Data for 1995: definition – daily smokers; age: 15+ years *Source*: WHO Health for All Database Data for 1999: definition – daily smokers; age: 15+ years *Source*: WHO Health for All Database
Belgium	34	36	27	26	30	31	Data for 1996: definition – daily smokers; age: 18+ years *Source*: Survey carried out by the Centre de Recherche et d'Information des Organisations de Consommateurs (CRIOC) Data for 2000: definition – daily smoking, age: 18+ years *Source*: Survey carried out by the Centre de Recherche et d'Information des Organisations de Consommateurs (CRIOC)
Bosnia and Herzegovina							Data not available
Bulgaria	49.2		23.8		35.6		Data for 1996: definition – daily smokers, at least 1–5 cigarettes daily; age: 15+ years *Source*: National survey, National Statistical Institute
Croatia	34.1	34.1	31.6	26.6	32.6	30.3	Data for 1995: definition – smoked tobacco; age: 18–65 years *Source*: First Croatian Health Project, Sub-project on health promotion, the magnitude and context of problems – Baseline parameters. Report, Zagreb Data for 2000: definition – smoked tobacco; age: 18–65 years *Source*: First Croatian Health Project, Sub-project on health promotion, the magnitude and context of problems – Baseline parameters. Report, Zagreb
Czech Republic	43	36.2	31	22	36	29.1	Data for 1994: definition – daily or occasionally smokers; age: 15+ years *Source*: *Smoking, drinking and drug taking in the European Region*. Copenhagen, WHO Regional Office for Europe, 1997 Data for 2000: definition – daily or occasional smokers; age: 15–64 years *Source*: National Institute of Public Health survey on smoking prevalence 2000
Denmark	39	32	35	29	37	30	Data for 1994: definition – daily smokers; age: 15+ years *Source*: WHO Health for All Database Data for 2000: definition – daily smokers; age: 15+ years *Source*: WHO Health for All Database

Country	Male adult prevalence		Female adult prevalence		Total adult prevalence		Definition and age of smoker, year and source of data
	1994–1998	1999–2001	1994–1998	1999–2001	1994–1998	1999–2001	
Estonia	52	44	24	20	36	29	Data for 1994: definition – daily or occasional smokers; age: 16+ years *Source*: *Smoking, drinking and drug taking in the European Region.* Copenhagen, WHO Regional Office for Europe, 1997 Data for 2000: definition – daily smokers; age: 16–64 years *Source*: Health behaviour among the Estonian adult population (part of the international FinBalt Health Monitor survey – Finland, Estonia, Latvia, Lithuania)
Finland	29	27	19	20	24	23	Data for 1995: definition – daily or occasional smokers; age: 15–64 years *Source*: *Smoking, drinking and drug taking in the European Region*. Copenhagen, WHO Regional Office for Europe, 1997 Data for 2000: definition – daily or regular smokers and users of smokeless tobacco; age: 25–64 years (excludes 1% of men who were regular smokeless tobacco users) *Source*: Health behaviour among the Finnish adult population, National annual public health survey, spring 2000
France	35	33	21	21	28	27	Data for 1996 and 2000: definition – daily smokers; age: 18+ years *Source*: INSEE. Enquêtes permanentes sur les conditions de vie, 1996, 2000 – indicateurs sociaux
Georgia	53.2	54.4	11.92	15	32.56		Data for 1998: definition – daily smoking; age: 15+ years *Source*: WHO Health for All Database Data for 1999: definition – current smokers; age: 40–65 years *Source*: *Tobacco Control Country Profiles*. Atlanta (GA), American Cancer Society, 2000
Germany	43.2	38.9	30	30.6		34.5	Data for 1997: definition – daily cigarette smokers; age: 18–59 years *Source*: *Tobacco Control Country Profiles*. Atlanta (GA), American Cancer Society, 2000 Data for 2000: no definition available; age: 18–59 years *Source*: Population survey on the consumption of psychoactive substances in the German adult population
Greece	46	46.8	28	29	37	37.6	Data for 1995: no definition available; age: 15+ years *Source*: *Smoking, drinking and drug taking in the European Region*. Copenhagen, WHO Regional Office for Europe, 1997 Data for 2000: definition and age not available *Source*: Kokkevi, A. et al., *Eur. Addict. Res.* **6**(1): 42–49 (2000). Kokkevi, A. et al. *Drug. Alcohol. Depend*. **58**(1–2): 181–188 (2000)
Hungary	44	53.1	27	30.4		41.75	Data for 1998: definition – regular smokers; age: 18+ years *Source*: *Tobacco Control Country Profiles*. Atlanta (GA), American Cancer Society, 2000 Data for 1999: no definition available; age: 18+ years *Source*: *Smoking and alcohol consumption*. FACT Institute of Applied Social Studies, November 1999
Iceland	30.3	25.3	30.6	22.9	30.4	24.1	Data for 1996: definition – daily smokers; age: 18–69 years *Source*: Price Waterhouse Coopers, survey 1996. Data for 2000: daily smokers; age: 18–69 years (excludes 12% of men and 1.5% of women who were regular smokeless tobacco users) *Source*: Price Waterhouse Coopers, survey 2000
Ireland	32		31		31		Data for 1998: definition – daily smokers; age not available *Source*: National health & lifestyle surveys. Health Promotion Unit, Department of Health and Children, February 1999
Israel	32		25		28		Data for 1998: no definition or age available *Source*: Dr Dov Tamir, Ministry of Health (personal communication)
Italy	38	32.4	26	17.3	32	25	Data for 1994: definition – daily cigarette smokers; age: 15+ years *Source*: *Smoking, drinking and drug taking in the European Region*. Copenhagen, WHO Regional Office for Europe, 1997 Data for 1999: definition – daily smokers; age: 14–65 years *Source*: ISTAT (Istituto Nazionale de Statistica), April 2001

Country	Male adult prevalence		Female adult prevalence		Total adult prevalence		Definition and age of smoker, year and source of data
	1994–1998	1999–2001	1994–1998	1999–2001	1994–1998	1999–2001	
Kazakhstan	60		7				Data for 1996: definition – daily smokers; age: 15+ years *Source*: WHO Health for All Database
Kyrgyzstan							Data not available
Latvia	53	49.1	18.4	13		29.2	Data for 1998: definition – daily smokers; age: 16–64 years *Source*: *Tobacco Control Country Profiles*. Atlanta (GA), American Cancer Society, 2000 Data for 1999: no definition or age available *Source*: FAFO Survey 1999
Lithuania	43.3	51	6.3	15.8		32	Data for 1994: definition – daily smokers; age: 15+ years *Source*: WHO Health for All Database Data for 2000: definition – daily smokers; age: 15+ years *Source*: WHO Health for All Database
Luxembourg	39		27		32		Data for 1998: definition – daily smokers; age: 15+ years *Source*: WHO Health for All Database
Malta	33.7		14.9		24.1		Data for 1995: definition: daily smokers; age: 15–95 years *Source*: Corrao, M. *Evidence base for tobacco control in Mediterranean countries.* 2001 (Discussion paper for a WHO/World Bank consultation on effective collaboration between the health and financial sectors for tobacco control, Malta, 7–8 September 2001)
Monaco							Data not available
Netherlands	36	37	29	29	33	33	Data for 1994: no definition available; age: 15+ years *Source*: *Smoking, drinking and drug taking in the European Region*. Copenhagen WHO Regional Office for Europe, 1997 Data for 2000: definition – daily or occasionally smokers; age: 15+ years *Source*: *Jaarverslag Stivoro*, 2000 (www.defacto-rookvrij.nl, accessed 20 December 2001)
Norway	36	31	36	32	36	32	Data for 1994: definition – daily smokers; age: 16–74 years *Source*: *Smoking, drinking and drug taking in the European Region*. Copenhagen, WHO Regional Office for Europe, 1997 Data for 1999–2000: definition – daily smokers; age: 16–74 years *Source*: Interview survey, Statistics Norway
Poland	44	42	24	23			Data for 1994–1996: definition – daily smokers; age: 15+ years *Source*: Nationwide survey on smoking behaviours and attitudes Data for 1997–1999: definition – daily smokers; age: 15+ years *Source*: Nationwide survey on smoking behaviours and attitudes
Portugal	29.4		6.4		17.2		Data for 1995–1996: definition – regular smokers who have smoked daily during the last two weeks; age: 19+ years *Source*: National health survey 1995–1996
Republic of Moldova	43.9	46		18			Data for 1998: definition – daily smokers; age: 15+ years *Source*: *Tobacco Control Country Profiles.* Atlanta (GA), American Cancer Society, 2000 Data for 1999: definition and age group not available *Source*: National Tobacco Agency
Romania	61.7		25				Data for 1995: definition – daily smokers; age: 25–44 years (for age 45–64 years: male = 44.3%, female = 10.5%; for age 65+ years: male = 20.6%, female = 6.5%) *Source*: Survey on evaluation of health status, degree of autonomy of handicapped persons and the behaviour of the population towards its own health (consumption of tobacco and alcohol). Centre for Medical Statistics and Documentation, Ministry of Health
Russian Federation	63.2		9.7		36		Data for 1992–1998: definition – current tobacco use; age: 20+ years *Source*: Shalnova, S.A., et al. [Prevalence of smoking in Russia. Results of a survey of a nationally representative population sample.] *Profilaktika zabolevanij i ukreplenie zdorov'ja,* **3** (1998)

Country	Male adult prevalence		Female adult prevalence		Total adult prevalence		Definition and age of smoker, year and source of data
	1994–1998	1999–2001	1994–1998	1999–2001	1994–1998	1999–2001	
San Marino							Data not available
Slovakia	44.1		14.7		29		Data for 1998: definition – daily smokers; age: 15+ years *Source*: WHO Health for All Database
Slovenia	34.7	28	22.7	20.1	28.7	23.7	Data for 1994: no definition or age group available *Source*: Public opinion survey Data for 2001: definition – daily smokers; age: 25–64 years *Source*: Zakotnik-Mavcec, J. et al. Public opinion survey
Spain	42.1		24.7		33.1		Data for 1997 – definition: daily smokers; age: 16+ years *Source*: National health survey, Ministry of Health and Consumer Affairs
Sweden	17	17	22.3	21	19.1	19	Data for 1998: definition – daily smokers of any kind of tobacco; age: 16–84 years *Source*: *Tobacco Control Country Profiles*. Atlanta (GA), American Cancer Society, 2000 Data for 2000: definition – daily smokers; age: 16–84 years (excludes 20% of men and 1% of women who were regular smokeless tobacco users) *Source*: *Drogutvecklingen i Sverige rapport.* CAN and National Institute of Public Health
Switzerland	39		28		33		Data for 1997: definition – regular and occasional smokers; age: 15–74 years *Source*: Schmid, H. et al. SuchtMagazin, **25**, 3–13 (1999) (Swiss Federal Statistical Office/Swiss health survey)
Tajikistan							Data not available
The former Yugoslav Republic of Macedonia							Data not available
Turkey							Data not available
Turkmenistan							Data not available
Ukraine	48.5	51.1	20.5	19.4			Data for 1995: definition – current smokers; age: 20–59 years *Source*: *Tobacco Control Country Profiles*. Atlanta (GA), American Cancer Society, 2000 Data for 1999: no definition available; age: 20–59 years *Source*: Institute of Cardiology, Ukrainian Academy of Medical Sciences, 1999
United Kingdom	29	29	28	25	28	27	Data for 1996 and 2000: definition – current smokers; age: 16+ years *Source*: Living in Britain: Results from the 2000 General Household Survey. Office for National Statistics (http://www.statistics.gov.uk/lib/index.html, accessed 20 December 2001)
Uzbekistan							Data not available
Yugoslavia							Data not available

According to the most recent available data, 11 countries, mostly in the eastern part of the Region, show male smoking prevalence rates above 50% (Albania, Andorra, Armenia, Belarus, Georgia, Hungary, Kazakhstan, Lithuania, Romania, the Russian Federation and Ukraine), even though some of these have had stable levels of consumption in recent years. However, according to 1999–2001 data five countries have reached smoking prevalence rates of below 30% of the male population (Finland, Iceland, Slovenia, Sweden and the United Kingdom).

According to data from 25 countries (representing almost equally all parts and nearly 60% of population of the Region) for whom comparable figures are available before and after the adoption of the Third Action Plan, male smoking prevalence has stabilized at around 38% (39.3% for the period 1994–1998 and 37.9% for the period 1999–2001) of the male population. It is now approximately 34% for western countries (a slight decrease from what it was in the mid-1990s) and 47% for eastern ones (a slight increase from the figures of the mid-1990s). The east/west gap has increased from 10 percentage points in the mid-1990s to 13 points in 2000.

According to the data available, during the period of the Third Action Plan female smoking prevalence has decreased in ten countries (Croatia, the Czech Republic, Denmark, Estonia, Iceland, Italy, Latvia, Norway, Slovenia and the United Kingdom), increased in four countries (Albania, Georgia, Hungary and Lithuania) and has been relatively stable in another 10 (Belarus, Belgium, Finland, France, Germany, Greece, the Netherlands, Poland, Sweden and Ukraine). Five countries, representing mostly the western part of the Region, show female smoking prevalence rates of above 30% (Andorra, Germany, Hungary, Ireland and Norway), even though some of these have had stable or decreasing levels in recent years. However, another three countries have smoking prevalence rates of below 10% of the female population (Belarus, Kazakhstan and Portugal).

According to the data from 24 countries (representing almost equally all parts and nearly 60% of the population of the Region), for whom comparable figures are available before and after the adoption of the Third Action Plan, female smoking prevalence has stabilized at around 24% (24.9% for the period 1994–1998 and 23.2% for the period 1999–2001). It is now approximately 25% for western countries (a slight decrease from what it was in mid-1990s), and approximately 20% for eastern ones (the same as it was in mid-1990s). The east/west gap is around –5 percentage points, down from –7 points seen before the adoption of the Third Action Plan.

At the end of the 1990s, 32 out of 100 smokers in the eastern part of the Region and 43 in the western part of the Region were women. Six western countries (Denmark, Iceland, Ireland, Norway, Sweden and the United Kingdom) currently report no significant difference in smoking prevalence between men and women.

Youth smoking prevalence

Among young people, smoking is a well established behaviour showing almost no signs of a decrease *(10).*

Apart from country-specific national surveys, several Member States participated in two major Region-wide projects addressing smoking prevalence among young people. The WHO survey of Health Behaviour in School-aged Children (HBSC) is a unique cross-national research study covering a wide range of behavioural, social, environmental and psychological variables and was conducted in 1993–1994 and 1997–1998. The European School Survey Project on Alcohol and other Drugs (ESPAD) was convened in 1995 and 1999, which gives it more relevance for the period of the Third Action Plan. Though both surveys cover almost the same age group (15–16 years for ESPAD and 15 years for HBSC), there are differences in definitions of smoking prevalence. In ESPAD it is measured as lifetime use of cigarettes 40 times or more, while in HBSC it is measured as at least one cigarette smoked a week.

ESPAD *(11)* presents comparable data for 18 countries (Croatia, the Czech Republic, Denmark, Estonia, Finland, Hungary, Iceland, Ireland, Italy, Lithuania, Malta, Norway, Portugal, Slovakia, Slovenia, Sweden, Ukraine and the United Kingdom) almost equally representing different parts and nearly 25% of the young population of the Region (Table 3). Smoking prevalence among

young people aged 15–16 years has stabilized around 27%, with a slight upward trend. It is now approximately 26% for the countries of the western part of the Region (no change from what it was in mid-1990s) and 29% for the countries of the eastern part (a slight increase from the mid-1990s). The east/west gap has increased from 1 percentage point in the mid-1990s to 3 points in 1999. The difference is mostly due to increased prevalence among girls in eastern countries, while prevalence among boys has not changed significantly in either the east or the west. Based on the age-specific data from national sources in six countries (Finland, France, Poland, the Russian Federation, Ukraine and the United Kingdom) it is possible to estimate that smoking prevalence among young people aged 16–18 years is approximately 20% higher than among those aged 15–16 years. Therefore smoking prevalence for the age group 15–18 years in the Region can be estimated at around 30% of the population – the same as for adults.

Though it concerns earlier periods of time, the data from the HBSC surveys *(12)* in general support the trend obtained from ESPAD. For five countries (Austria, Israel, Latvia, Poland and Switzerland), representing 7% of the young population of the Region, the HBSC is the only source of comparable data between two periods of time. None of these countries showed a decrease in weekly smoking among 15-year-olds since a similar survey four years ago, and smoking prevalence increased from 18% in 1993/1994 to 24% in 1997/1998. Smoking prevalence has increased among both boys and girls (by 5 and 6 percentage points, respectively) (Table 3).

Table 3. Smoking prevalence among young people

Country		**ESPAD**	**HBSC**	
	1995	1999	1993–1994	1997–1998
Austria			30	33
Bulgaria		36		
Croatia	23	28		
Czech Republic	26	36	13	20
Denmark	23	32	19	24
Estonia	25	27	14	18
Finland**	35	39	28	27
France*			24	29.5
Germany*			25	30.5
Greece		27		18.5
Hungary	28	28	22	32
Iceland	27	25		
Ireland	37	34		25
Israel			9	19
Italy	25	25		
Latvia		30	23.5	28
Lithuania	20	35	9.5	17
Malta	19	20		
Norway	25	33	20.5	25.5
Poland	20		18	23.5
Portugal	13	17		16.5
Russian Federation*		42	14	23
Slovakia	20	30	12	23
Slovenia	16	26		
Spain			23.5	
Sweden	28	25	17	21
Switzerland			17.5	25
Ukraine	29	29		
United Kingdom	27	26		

* In the HBSC surveys, France, Germany and the Russian Federation are represented only by regions.

** According to a national source, smoking prevalence among 14–18-year-olds in Finland was 25.5 in 1995 and 24.5 in 1999.

Based on the above data for 23 countries representing almost equally the east and the west and nearly one third of the population of the Region, youth smoking prevalence increased in 12 countries (Croatia, the Czech Republic, Denmark, Israel, Latvia, Lithuania, Norway, Poland, Portugal, Slovakia, Slovenia and Switzerland) and has been relatively stable in another 11 countries (Austria, Estonia, Finland, Hungary, Iceland, Ireland, Italy, Malta, Sweden, Ukraine and the United Kingdom).

Since 1997 no Member State has shown a significant decrease in smoking prevalence among its young population. The pattern of smoking behaviour among the young generation is different from that in adults. First, the differences in smoking prevalence between countries and subregions are less significant. Second, in the western part of the Region, smoking prevalence rates among boys and girls are very similar, while in the eastern part the gap between boys and girl is constantly diminishing, in spite of the fact that boys still report a higher rate of smoking than girls.

Differences between socioeconomic groups

In most countries today, the poor are more likely to smoke than the rich. Overall, the smoking epidemic is spreading from its original focus among men in high-income countries, to women in high-income countries and men in low-income regions. Affluent men have increasingly abandoned tobacco, whereas poorer men have not done so.

Today, in most high-income countries, there are significant differences in the prevalence of smoking between different socioeconomic groups. In the United Kingdom, for instance, only 10% of women and 12% of men in the highest socioeconomic group are smokers; in the lowest socioeconomic group, corresponding figures are more than three times as high – 35% and 40% *(13)*. A strong inverse relationship is also found between the level of employment and smoking. In every country with available data, unemployed individuals are more likely to smoke than those who are employed. In France, for example, smoking prevalence among unemployed males is 52% while it is 38% for those who are employed *(14)*.

Until recently, it was thought that the situation in low- and middle-income countries was different. However, the most recent research concludes that there, too, men of low socioeconomic status are more likely to smoke than those from high socioeconomic groups *(13)*.

Per capita consumption of cigarettes

For many years, per capita consumption of cigarettes has been used as a comparable indicator of smoking prevalence. However, it is currently losing its accuracy and credibility, for two main reasons: (a) the expansion of smuggling, “bootlegging” and cross-border shopping, which of course cannot be appropriately measured; (b) it is not gender- and age-specific, which makes it less informative in the light of current smoking trends. Nevertheless, with some caution it can still be used to group countries and as an indicator of regional averages.

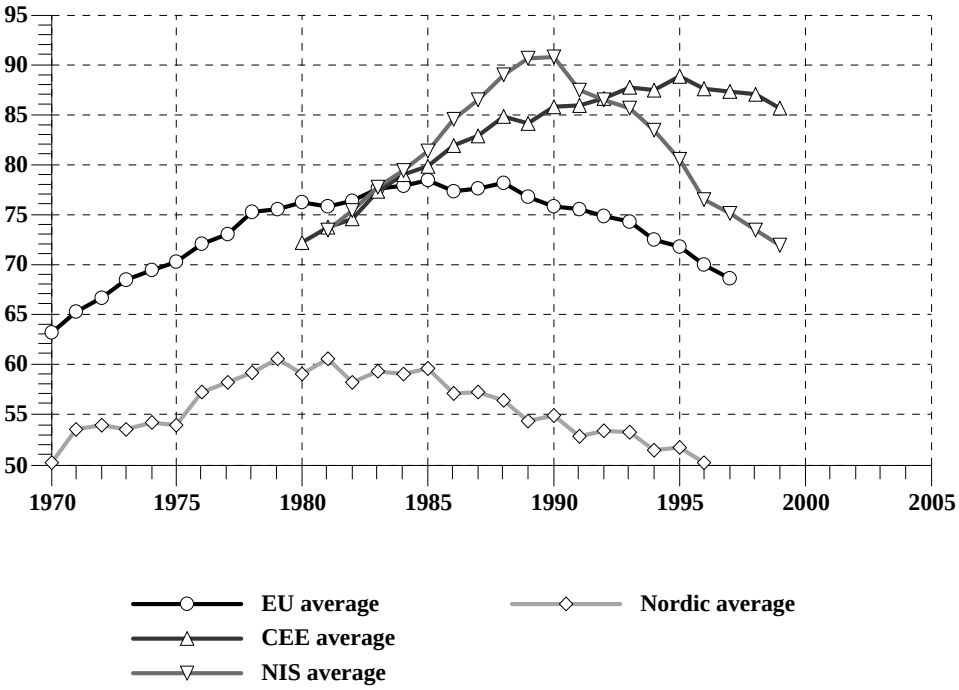
In 2000, for the 47 countries that provided data for the HFA database, annual cigarette consumption per person aged 15 years and above was below 1000 cigarettes in seven countries, between 1000 and 1499 cigarettes in 10 countries, between 1500 and 1999 in 18 countries and above 2000 in 12 countries. For the European Region as a whole, an estimated average of 1675 cigarettes per person above 15 years per year were consumed in 1999 – almost the same that in 1997 (1625 cigarettes).

Tobacco-related harm

In 1994, Peto et al. estimated that each year tobacco use is responsible for more than 1.2 million deaths in WHO's European Region, and of these 700 000 were concentrated in the countries of central and eastern Europe (CCEE) and newly independent states (NIS). Two thirds of these deaths occurred during middle age, in contrast with western European countries, where less than one half occurred before 70 years of age *(5)*.

Changes in mortality from cancer of the trachea, bronchus and lung (Figs. 1 and 2) may be used as a marker of past trends in smoking prevalence. Since 1985, the male death rate has been slightly decreasing in the western part of Europe, and it has stabilized since 1995 in the countries of central and eastern Europe. These trends could support the view that the situation is being stabilized among the male population. The apparent decrease in standardized death rates (SDRs) in the NIS may be a result of many factors, including demographic changes and data reporting mechanisms and conditions over the past decade.

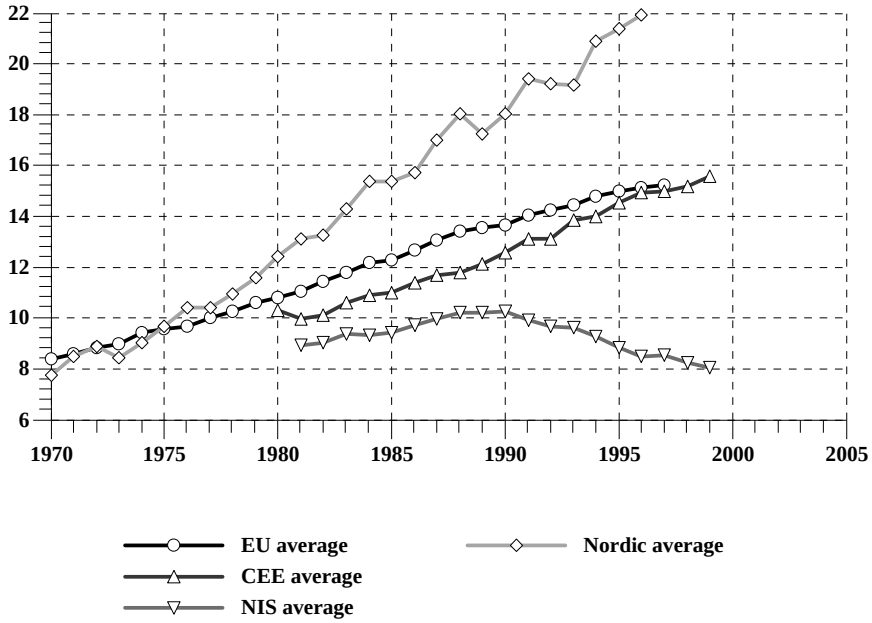
Fig. 1. Standardized death rates per 100 000 population, cancer of the trachea, bronchus and lung, all ages, male



Source: HFA database *(15)*.

Although lung cancer mortality is much lower in women than in men (for the Region as whole, the female SDR in 1998 was 13 per 100 000, the male 73 per 100 000), the trends in the EU and the CCEE are not favourable. The time lag between current smoking behaviour and manifestation of the disease points to the need for serious efforts to curb the smoking epidemic in women. The trends in the NIS should also be viewed in the light of the factors described above for the male population.

Fig. 2. Standardized death rates per 100 000 population, cancer of the trachea, bronchus and lung, all ages, female



Source: HFA database *(15)*.

Effective action for a tobacco-free Europe

Regulation of the market

Price

Third Action Plan target: *By the year 2001, all countries of the European Region should have implemented taxation policy for tobacco products to reduce tobacco use, with the real price of tobacco being increased by more than the average inflation rate thereafter.*

Summary

In general, during the period of the Third Action Plan, the level of taxation of tobacco products in the Region has been increasing, even if it cannot be explicitly referred (with the exception of a few countries) to tobacco control and public health. However the rate of increase has been relatively irregular in many CCEE and NIS. In the western part of the Region, where the rate adjustment began sooner (in the late 1980s), many Member States are facing the risk of a freeze on tax increases owing to considerable price differences between countries. Harmonization of tobacco taxes between countries and different tobacco products made only little progress during the period of the Third Action Plan. Most countries still do not earmark tobacco taxes for tobacco control and public health.

Raising taxes on tobacco products is considered to be one of the most effective components of a comprehensive tobacco control policy. A continuous increase in real prices reduces the consumption and the prevalence of use of tobacco products *(16).* The taxation of tobacco is a traditional instrument for generating revenue at national level. Taxation rates take into account budgetary, agricultural and employment policies, as well as international and regional agreements.

According the Third Action Plan: (a) tobacco taxes should be regularly adjusted by an amount equal to or more than the rate of inflation; (b) all tobacco products should be taxed to the extent that substitution of one tobacco product by another does not occur; (c) tobacco taxes can be used to fund tobacco control and health services.

In the western part of the Region, substantial increases in tobacco prices by more than inflation rate were achieved between 1992 and 1996 in Denmark, France, the United Kingdom, Sweden and Finland. During the period of the Third Action Plan, however, this price adjustment process has been slowing down, and persistent price and tax differences between the EU member states remain (for example, there is a nearly four-fold price difference for major brands between the United Kingdom and Spain). Only France, the United Kingdom (until 2001), and some countries with tobacco prices lower than the EU average (Greece and Italy) have been regularly increasing taxes by more than the inflation rate. Other countries have frozen tax increases at the level of inflation (Sweden even decreased its tax rates by 17% in 1998 due to fear of smuggling, after a sharp increase the year before). In Denmark, the real price of cigarettes actually decreased by 1% between 1996 and 1999. Since 1997, the candidate countries for membership of the EU have been reshaping the structure and increasing the level of tobacco taxes in order to approach the "acquis communautaire". Furthermore, they have been encouraged to pay particular attention to the wider objectives concerning the protection of public health (as set out in Article 152 of the Maastricht Treaty).

Structural reforms have been implemented in the NIS since 1998, some of which are designed to improve tax and customs administration. In line with tighter policy on excise duties, the administration of tobacco taxes has been reorganized in order to generate stable and additional

fiscal revenue. In the Russian Federation excise taxes for all tobacco products were doubled, and for many commodities (such as pipe tobacco, cigars and cigarillos) the increase was over 150% *(17)*. In other NIS, the price of national products (whose low levels were considered to be discriminatory against foreign investors) has also increased.

However, in both CCEE and NIS there is no indication that increases in taxation follow a regular trend and that high increases are not followed by some decrease. Such trends could reduce the impact of price increases on tobacco consumption.

In EU countries, the excise duty on manufactured tobacco products other than cigarettes has to meet certain defined minimum levels, which are reviewed every three years *(18,19)*. However, the recent review shows that the minimum rates for cigarette-like products and fine-cut tobacco are still somewhat lower than those for cigarettes *(20)*. In general, the process of tax harmonization between different tobacco products has made only little progress, though the very recent proposal of the European Commission for narrowing excise duties differences between member states and accessing countries is encouraging. There are no reliable data for other countries.

The price of tobacco products still differs considerably between Member States. In terms of affordability (calculated in terms of the minutes of labour required to buy one pack of cigarettes), the price of the most popular local brand varies from 40 to 55 minutes of labour in Hungary, the Russian Federation, Poland and the United Kingdom to less than 15 minutes in Switzerland, Luxembourg and Spain (Table 4). When comparing the affordability of a pack of Marlboro, the differences are even greater, with prices varying from more than one hour in Hungary and the Russian Federation to less than 20 minutes in Germany, Luxembourg, the Netherlands and Switzerland.

Table 4. Minutes of labour required to buy a pack of cigarettes*
September 2000

Country	Marlboro	Local brand
Austria	21.8	20.0
Belgium	22.0	20.4
Denmark	23.0	23.0
Finland	28.7	26.7
France	20.5	18.2
Germany	18.4	18.7
Greece	24.0	17.1
Hungary	71.4	54.5
Ireland	30.6	30.3
Israel	29.3	17.4
Italy	26.0	18.6
Luxembourg	12.0	10.0
Netherlands	18.5	17.0
Norway	38.5	38.5
Poland	55.7	40.2
Portugal	26.2	26.2
Russian Federation	71.3	42.8
Spain	21.4	11.1
Sweden	27.6	26.8
Switzerland	11.1	11.1
Turkey	30.0	22.3
United Kingdom	39.7	39.7

* Price observed in the capital, divided by the weighted net hourly wage in 12 occupations.

Source: UBS and Economist Intelligence Unit, 2000.

Earmarking tobacco taxes is considered to be an important source of funding for tobacco control and public health measures. According to available data, only 12 countries in the Region (Austria, Estonia, Finland, France, Greece, Iceland, Ireland, Latvia, Poland, Portugal, Romania and the United Kingdom) earmark such taxes. The level of allocation is below 1% in most of them, with the exceptions of Estonia (3.5%), Latvia (5%), Ireland (16% for 2000), Portugal (1.1%) and Romania (2%).

Availability

Third Action Plan target*: By the year 2001, all countries of the European Region should have implemented legislation to restrict access to tobacco products for people under 18 years of age, eliminating all impersonal modes of sale.*

Summary

From the available data, it is apparent that only one quarter of the countries in the Region have almost met the target of restricting access to tobacco products. Another 40% of countries have introduced only partial restrictions, and nearly one third have taken no or only few measures. In general, countries face difficulties with the strict implementation of age restrictions. However, during the period of the Third Action Plan, 15 further countries (mainly in the eastern part of the Region) introduced or strengthened age restrictions.

International experience shows that age restrictions are difficult to enforce and have not been demonstrated to be effective unless they are supplemented by very strict regulation of retailers through licensing requirements, including revocation of licences for infringement of the law *(21)*.

According to the information available, 30 countries have age restrictions on the sale of tobacco products. Eight countries restrict sales to young people below 16 years of age, while 22 countries have stricter laws, banning sales up to the age of 18. In most of the countries with age limitations there are also penalties for selling to minors, but their enforcement is considered to be inadequate. When comparing trends in different parts of the Region, the majority of CCEE and NIS have age restrictions, while not more than one half of western European countries have them (Table 5).

Table 5. Bans or restrictions on the sale of tobacco products by various means

Country	Age restrictions	Vending machines	Self-service displays	Mail order or electronic sales	Sale of single or unpacked cigarettes	Duty-free tobacco products	Free sample of cigarettes	Licensing of retail sale
Albania	No	No restriction	No restriction	No restriction	No restriction	No restriction	No restriction	Data not available
Andorra	No	No restriction	No restriction	No restriction	No restriction	No restriction	No restriction	Data not available
Armenia	No	No restriction	No restriction	No restriction	No restriction	No restriction	No restriction	Yes
Austria	16	No restriction	Data not available	Data not available	Partial restriction	Partial restriction	Partial restriction	Yes
Azerbaijan	No	Partial restriction	Partial restriction	No restriction	No restriction	No restriction	No restriction	Data not available
Belarus	18	No restriction	Partial restriction	No restriction	No restriction	Partial restriction	Partial restriction	Yes

Country	Age restrictions	Vending machines	Self-service displays	Mail order or electronic sales	Sale of single or unpacked cigarettes	Duty-free tobacco products	Free sample of cigarettes	Licensing of retail sale
Belgium	No	Partial restriction	No restriction	No restriction	Complete ban	Partial restriction	Complete ban	Yes
Bosnia and Herzegovina	15	Partial restriction	No restriction	No restriction	No restriction	No restriction	Data not available	Data not available
Bulgaria	18	No restriction	Complete ban	No restriction	Complete ban	No restriction	Complete ban	Yes
Croatia	18	Complete ban	Partial restriction	Partial restriction	Complete ban	Partial restriction	Complete ban	Data not available
Czech Republic	18	Partial restriction	No restriction	No restriction	Complete ban	No restriction	No restriction	Data not available
Denmark	No	No restriction	No restriction	Data not available	Complete ban	Complete ban	Complete ban	No
Estonia	18	Complete ban	No restriction	No restriction	Complete ban	No restriction	No restriction	No
Finland	18	Partial restriction	Partial restriction	No restriction	Complete ban	Partial restriction	Complete ban	Data not available
France	No	Complete ban	Complete ban	Complete ban	Complete ban	Partial restriction	Complete ban	Yes
Georgia	18	No restriction	No restriction	No restriction	No restriction	No restriction	No restriction	Data not available
Germany	No	Voluntary agreement	No restriction	No restriction	Complete ban	Partial restriction	Partial restriction	Yes
Greece	No	Data not available	Data not available	Data not available	Complete ban	Partial restriction	Partial restriction	Yes
Hungary	18	Partial restriction	No restriction	Data not available	Complete ban	No restriction	Complete ban	Yes
Iceland	18	Complete ban	Complete ban	No restriction	Complete ban	No restriction	Complete ban	Yes
Ireland	18	No restriction	No restriction	No restriction	Complete ban	Partial restriction	Complete ban	No
Israel	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available
Italy	16	No restriction	Complete ban	No restriction	Complete ban	Partial restriction	Complete ban	Yes
Kazakhstan	No	No restriction	No restriction	No restriction	No restriction	No restriction	No restriction	No
Kyrgyzstan	18	Data not available	No restriction	No restriction	No restriction	Data not available	No restriction	No
Latvia	18	Complete ban	No restriction	No restriction	Partial restriction	No restriction	Complete ban	No
Lithuania	18	Complete ban	No restriction	No restriction	Complete ban	No restriction	Complete ban	Yes
Luxembourg	Data not available	Data not available	Data not available	Data not available	Data not available	Partial restriction	Data not available	Data not available
Malta	16	No restriction	No restriction	No restriction	Complete ban	No restriction	No restriction	No

Country	Age restrictions	Vending machines	Self-service displays	Mail order or electronic sales	Sale of single or unpacked cigarettes	Duty-free tobacco products	Free sample of cigarettes	Licensing of retail sale
Monaco	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available
Netherlands	No	No restriction	No restriction	No restriction	No restriction	Partial restriction	No restriction	No
Norway	18	Complete ban	No restriction	Partial restriction	Partial restriction	No restriction	Complete ban	No
Poland	18	Complete ban	No restriction	No restriction	Complete ban	No restriction	No restriction	Yes
Portugal	No	No restriction	No restriction	No restriction	Complete ban	Partial restriction	Partial restriction	No
Republic of Moldova	18	Complete ban	Complete ban	Complete ban	Complete ban	Complete ban	Complete ban	Yes
Romania	18	No restriction	No restriction	No restriction	Complete ban	No restriction	No restriction	Data not available
Russian Federation	18	Complete ban	No restriction	No restriction	Complete ban	No restriction	No restriction	No
San Marino	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available
Slovakia	18	Complete ban	Complete ban	Complete ban	Complete ban	Complete ban	Complete ban	Yes
Slovenia	15	Complete ban	No restriction	No restriction	Complete ban	No restriction	Complete ban	Yes
Spain	16	Partial restriction	No restriction	No restriction	No restriction	Partial restriction	No restriction	Yes
Sweden	No	Partial restriction	Complete ban	Partial restriction	Complete ban	Partial restriction	Partial restriction	No
Switzerland	No	No restriction	Voluntary agreement	Voluntary agreement	No restriction	No restriction	No restriction	No
Tajikistan	Data not available	No restriction	No restriction	No restriction	No restriction	No restriction	No restriction	No
The former Yugoslav Republic of Macedonia	16	No restriction	No restriction	No restriction	No restriction	No restriction	No restriction	Yes
Turkey	18	No restriction	No restriction	No restriction	Complete ban	No restriction	Complete ban	Yes
Turkmenistan	Data not available	No restriction	No restriction	No restriction	No restriction	No restriction	No restriction	No
Ukraine	18	No restriction	No restriction	No restriction	No restriction	No restriction	Complete ban	Yes
United Kingdom	16	Partial restriction	No restriction	No restriction	Complete ban	Partial restriction	Voluntary agreement	No
Uzbekistan	18	No restriction	No restriction	No restriction	No restriction	No restriction	No restriction	Yes
Yugoslavia	No	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available

In addition to age restrictions, some countries have introduced regulation of impersonal modes of sale. According to the information available, four countries (France, Iceland, the Republic of Moldova and Slovakia) ban the sale of tobacco products through both vending machines and self-service displays. Eleven other countries have banned and nine countries have partially restricted only one of these means of sales. Half of the Member States have banned or restricted both sales of single or unpacked cigarettes and the distribution of free samples, while few of them have banned or restricted mail order and electronic sales. Almost half of countries have restrictions on duty free sales of tobacco products and licence requirements for retail sales (Table 5).

Advertising

Third Action Plan target*: By the year 2001, all countries in the European Region should have implemented a total ban on the advertising of tobacco products.*

Summary

No country in the Region has achieved the target of a total ban on advertising. However, nearly a quarter of countries have banned the major means of advertising, both direct and indirect. Approximately half of the European Member States have partial restrictions and bans, while another quarter have few or almost no restrictions. Since the adoption of the Third Action Plan, progress has been made mostly in the area of banning direct advertising, and mainly in the eastern part of the Region. The situation with indirect forms of advertising, namely promotion and sponsorship, has not shown significant progress in recent years, particularly when compared with the increasing allocation of resources by the tobacco industry.

There is empirical evidence that banning advertising is effective when it is fully comprehensive, covering all media and forms of advertising (direct or indirect), promotion, sponsorship, and utilization of product brand names or characteristics *(22)*.

World Health Assembly resolution WHA43.16 of May 1990 urged Member States "to consider including in their tobacco control strategies plans for legislation or other effective measures at the appropriate government level providing for […] progressive restrictions and concerted action to eliminate eventually all direct and indirect advertising, promotion and sponsorship concerning tobacco". The number of banning and restrictive initiatives taken in the Member States has increased since 1990.

During the period of the Third Action Plan, many Member States have reinforced their legislation on direct advertising, by either passing new bills or implementing existing provisions.

By 1998 the EU member states had transposed Council Directive 89/552/EEC, imposing a prohibition of tobacco advertising on television. In July 1998 the European Parliament adopted Directive 98/43/EC, which laid down a general prohibition on the advertising and sponsorship of tobacco products. The Court of Justice of the European Communities annulled this directive in October 2000 for reasons connected with its legal base. Since then, the Commission has presented a new proposal, currently under consideration.

It should be emphasized that during the period of the Third Action Plan most of the legislative progress was achieved in the eastern part of the Region, though some western European countries (with Austria and Denmark as examples) have also reinforced or introduced corresponding legislation.

According to the data available, by 2001 40 countries in the Region have in place a complete ban on tobacco advertising on national television, while eight others have partial restrictions. Thirty-six countries have completely banned advertising on national radio, with 11 other countries having a partial ban. Thirty-one countries have a complete ban for cable TV and 11 countries have partial or no restrictions. The data for other media are less encouraging: only 25 countries have a complete ban on tobacco advertising in cinemas, 23 countries ban advertisements in local printed magazine and newspapers, 21 countries on billboards, 10 at points of sale, and only a few countries in international printed magazines (Table 6).

It is also important to state that 16 Member States have a complete ban on all or all major forms of direct advertising (Belgium, Bulgaria, Croatia, Denmark, Estonia, Finland, France, Hungary, Iceland, Italy, Lithuania, Luxemburg, Norway, Poland, Portugal and Sweden). Twenty-two other countries have requirements for health warnings in tobacco advertising.

Table 6. Legislation on direct advertising of tobacco products

Country	National TV	Cable TV	National radio	Local printed magazines, newspapers	International printed magazines, newspapers	Billboards, outdoor walls	Points of sale, kiosks	Cinema
Albania	Complete ban	Data not available	Complete ban	Complete ban	No restriction	No restriction	No restriction	Voluntary agreement
Andorra	No restriction	Data not available	No restriction	No restriction	Data not available	No restriction	No restriction	No restriction
Armenia	Partial restriction	Partial restriction	Partial restriction	No restriction	No restriction	No restriction	No restriction	No restriction
Austria	Complete ban	Complete ban	Complete ban	No restriction	Data not available	No restriction	Partial restriction	Complete ban
Azerbaijan	Complete ban	Complete ban	Complete ban	Complete ban	Complete ban	Data not available	Complete ban	Complete ban
Belarus	Partial restriction	Partial restriction	Partial restriction	Partial restriction	No restriction	Partial restriction	No restriction	No restriction
Belgium	Complete ban	Complete ban	Complete ban	Complete ban	Partial restriction	Complete ban	Partial restriction	Complete ban
Bosnia and Herzegovina	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Complete ban
Bulgaria	Complete ban	Complete ban	Complete ban	Complete ban	No restriction	Complete ban	Partial restriction	Complete ban
Croatia	Complete ban	Complete ban	Complete ban	Complete ban	No restriction	Complete ban	Partial restriction	Complete ban
Czech Republic	Complete ban	Complete ban	Partial restriction	No restriction	No restriction	No restriction	No restriction	No restriction
Denmark	Complete ban	Complete ban	Complete ban	Complete ban	No restriction	Complete ban	Complete ban	Complete ban
Estonia	Complete ban	No restriction	Complete ban	Complete ban	No restriction	Complete ban	Complete ban	Complete ban
Finland	Complete ban	Complete ban	Complete ban	Complete ban	No restriction	Complete ban	Complete ban	Complete ban
France	Complete ban	Complete ban	Complete ban	Complete ban	Complete ban	Complete ban	Partial restriction	Complete ban

Country	National TV	Cable TV	National radio	Local printed magazines, newspapers	International printed magazines, newspapers	Billboards, outdoor walls	Points of sale, kiosks	Cinema
Georgia	Partial restriction	Partial restriction	Partial restriction	Partial restriction	No restriction	Partial restriction	No restriction	No restriction
Germany	Complete ban	Complete ban	Complete ban	No restriction	No restriction	Voluntary agreement	No restriction	No restriction
Greece	Complete ban	Complete ban	Complete ban	No restriction	No restriction	No restriction	No restriction	No restriction
Hungary	Complete ban	Complete ban	Complete ban	Complete ban	No restriction	Complete ban	No restriction	Complete ban
Iceland	Complete ban	Complete ban	Complete ban	Complete ban	No restriction	Complete ban	Complete ban	Complete ban
Ireland	Complete ban	Complete ban	Complete ban	Complete ban	Partial restriction	Complete ban	Partial restriction	Complete ban
Israel	Complete ban	Data not available	Complete ban	Data not available	Data not available	Data not available	Data not available	Data not available
Italy	Complete ban	Complete ban	Complete ban	Complete ban	Complete ban	Complete ban	Complete ban	Complete ban
Kazakhstan	Partial restriction	No restriction	Partial restriction	No restriction	No restriction	No restriction	No restriction	No restriction
Kyrgyzstan	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Data not available	No restriction	Data not available
Latvia	Complete ban	Complete ban	Complete ban	Partial restriction	No restriction	Complete ban	No restriction	No restriction
Lithuania	Complete ban	Complete ban	Complete ban	Complete ban	No restriction	Complete ban	Complete ban	Complete ban
Luxembourg	Complete ban	Data not available	Complete ban	Complete ban	Partial restriction	Complete ban	Complete ban	Complete ban
Malta	Complete ban	No restriction	Complete ban	No restriction	No restriction	No restriction	No restriction	Complete ban
Monaco	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available
Netherlands	Complete ban	Complete ban	Complete ban	No restriction	No restriction	No restriction	No restriction	Voluntary agreement
Norway	Complete ban	Partial restriction	Complete ban	Complete ban	Partial restriction	Complete ban	Complete ban	Complete ban
Poland	Complete ban	Complete ban	Complete ban	Complete ban	Complete ban	Complete ban	Partial restriction	Complete ban
Portugal	Complete ban	Complete ban	Complete ban	Complete ban	No restriction	Complete ban	Partial restriction	Complete ban
Republic of Moldova	Complete ban	No restriction	Complete ban	Partial restriction	No restriction	No restriction	No restriction	No restriction
Romania	Complete ban	Complete ban	Complete ban	Partial restriction	No restriction	Partial restriction	No restriction	Partial restriction
Russian Federation	Complete ban	Complete ban	Partial restriction	Partial restriction	No restriction	No restriction	No restriction	Partial restriction
San Marino	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available

Country	National TV	Cable TV	National radio	Local printed magazines, newspapers	International printed magazines, newspapers	Billboards, outdoor walls	Points of sale, kiosks	Cinema
Slovakia	Complete ban	Complete ban	Complete ban	Complete ban	Data not available	Complete ban	Complete ban	Complete ban
Slovenia	Complete ban	Complete ban	Complete ban	Partial restriction	No restriction	Partial restriction	No restriction	Partial restriction
Spain	Complete ban	Complete ban	Partial restriction	No restriction	No restriction	No restriction	No restriction	No restriction
Sweden	Complete ban	Complete ban	Complete ban	Complete ban	No restriction	Complete ban	Partial restriction	Complete ban
Switzerland	Complete ban	Complete ban	Complete ban	Partial restriction	No restriction	Partial restriction	Partial restriction	Partial restriction
Tajikistan	No restriction	No restriction	No restriction	No restriction	No restriction	No restriction	No restriction	No restriction
The former Yugoslav Republic of Macedonia	Complete ban	Complete ban	Complete ban	No restriction	No restriction	No restriction	No restriction	Complete ban
Turkey	Complete ban	Complete ban	Complete ban	Complete ban	No restriction	Complete ban	No restriction	Complete ban
Turkmenistan	Complete ban	Complete ban	Complete ban	Complete ban	No restriction	No restriction	No restriction	No restriction
Ukraine	Complete ban	Complete ban	Complete ban	Partial restriction	Data not available	Partial restriction	No restriction	Voluntary agreement
United Kingdom	Complete ban	Complete ban	Partial restriction	Voluntary agreement	No restriction	Voluntary agreement	Voluntary agreement	Voluntary agreement
Uzbekistan	Partial restriction	No restriction	Partial restriction	Partial restriction	No restriction	Partial restriction	No restriction	No restriction
Yugoslavia	Complete ban	Data not available	Complete ban	Complete ban	Data not available	Complete ban	Data not available	Complete ban

Taking account of the main national media, 21 countries (Azerbaijan, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Denmark, Estonia, France, Finland, Hungary, Iceland, Italy, Lithuania, Luxembourg, Norway, Poland, Portugal, Slovakia, Sweden, the former Yugoslav Republic of Macedonia and Turkey) have a total ban on tobacco advertising, though nearly half of them adopted their laws only recently and have still to achieve proper enforcement.

Regarding promotion, sponsorship, brand-sharing and all other forms of indirect advertising, which actually mobilize most of the tobacco industry's advertising resources, the picture is less satisfactory (Table 7). Only eight countries (Bulgaria, Croatia, Finland, France, Lithuania, Norway, Poland and Portugal) have adopted a total ban on all or all major forms of indirect advertising. Twenty-five Member States have restrictions on only some of these forms, and 14 have almost no restrictions at all. Nine countries have bans or restrictions on more than half of these forms. There are no considerable differences between the eastern and western parts of the Region in this area of tobacco control.

Table 7. Legislation on promotion and indirect advertising of tobacco products

Country	Product placement TV and films	Sponsored event with tobacco brand name	Non-tobacco products with tobacco brand names	Non-tobacco product brand name used for tobacco	Direct mail give-aways	Promotional discounts
Albania	No restriction	No restriction	No restriction	No restriction	No restriction	No restriction
Andorra	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available
Armenia	No restriction	No restriction	No restriction	No restriction	No restriction	No restriction
Austria	No restriction	Partial restriction	No restriction	No restriction	Data not available	Complete ban
Azerbaijan	Complete ban	Complete ban	Data not available	Data not available	Complete ban	Partial restriction
Belarus	No restriction	No restriction	No restriction	No restriction	No restriction	No restriction
Belgium	Complete ban	Partial restriction	No restriction	No restriction	Complete ban	Complete ban
Bosnia and Herzegovina	Complete ban	Complete ban	Data not available	Data not available	Data not available	Data not available
Bulgaria	Complete ban	Complete ban	Complete ban	Complete ban	Complete ban	Complete ban
Croatia	Complete ban	Complete ban	Complete ban	Complete ban	Complete ban	Complete ban
Czech Republic	Complete ban	No restriction	No restriction	Data not available	No restriction	No restriction
Denmark	Partial restriction	Complete ban	Partial restriction	Complete ban	Complete ban	Complete ban
Estonia	Complete ban	No restriction	Data not available	Complete ban	Data not available	Data not available
Finland	Complete ban	Complete ban	Complete ban	Complete ban	Complete ban	Complete ban
France	Complete ban	Complete ban	Partial restriction	Complete ban	Complete ban	Complete ban
Georgia	Partial restriction	No restriction	Partial restriction	Partial restriction	Data not available	No restriction
Germany	No restriction	No restriction	No restriction	No restriction	Complete ban	Complete ban
Greece	Complete ban	No restriction	No restriction	Data not available	Data not available	Partial restriction
Hungary	No restriction	Complete ban	Complete ban	Data not available	Complete ban	Data not available
Iceland	Data not available	Complete ban	Partial restriction	Complete ban	Complete ban	Complete ban
Ireland	Voluntary agreement	Partial restriction	Complete ban	Complete ban	Complete ban	Complete ban
Israel	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available
Italy	Complete ban	Partial restriction	No restriction	No restriction	Data not available	Complete ban
Kazakhstan	No restriction	No restriction	No restriction	No restriction	Data not available	Data not available
Kyrgyzstan	Partial restriction	No restriction	No restriction	Data not available	Data not available	Data not available

Country	Product placement TV and films	Sponsored event with tobacco brand name	Non-tobacco products with tobacco brand names	Non-tobacco product brand name used for tobacco	Direct mail give-aways	Promotional discounts
Latvia	Complete ban	No restriction	No restriction	No restriction	No restriction	No restriction
Lithuania	Complete ban	Complete ban	Complete ban	Complete ban	Complete ban	Complete ban
Luxemburg	Data not available	Partial restriction	Complete ban	Data not available	Data not available	Data not available
Malta	Complete ban	No restriction	No restriction	Data not available	No restriction	No restriction
Monaco	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available
Netherlands	No restriction	No restriction	No restriction	No restriction	No restriction	Complete ban
Norway	Complete ban	Complete ban	Complete ban	Complete ban	Complete ban	Complete ban
Poland	Complete ban	Complete ban	Complete ban	Complete ban	No restriction	No restriction
Portugal	Complete ban	Complete ban	Complete ban	No restriction	Data not available	Complete ban
Republic of Moldova	No restriction	No restriction	No restriction	No restriction	No restriction	No restriction
Romania	Complete ban	Partial restriction	No restriction	No restriction	Data not available	No restriction
Russian Federation	Partial restriction	No restriction	No restriction	No restriction	No restriction	No restriction
San Marino	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available
Slovakia	No restriction	No restriction	No restriction	No restriction	No restriction	No restriction
Slovenia	Complete ban	Partial restriction	Complete ban	Complete ban	No restriction	No restriction
Spain	Complete ban	No restriction	No restriction	No restriction	No restriction	No restriction
Sweden	Partial restriction	Partial restriction	No restriction	No restriction	Complete ban	Partial restriction
Switzerland	Data not available	Partial restriction	No restriction	Data not available	Partial restriction	No restriction
Tajikistan	No restriction	No restriction	No restriction	No restriction	No restriction	No restriction
The former Yugoslav Republic of Macedonia	No restriction	No restriction	No restriction	No restriction	No restriction	No restriction
Turkey	Complete ban	Complete ban	No restriction	No restriction	Data not available	Data not available
Turkmenistan	No restriction	Voluntary agreement	No restriction	No restriction	No restriction	No restriction
Ukraine	No restriction	Partial restriction	Partial restriction	No restriction	No restriction	No restriction
United Kingdom	Partial restriction	Voluntary agreement	No restriction	No restriction	Voluntary agreement	Voluntary agreement
Uzbekistan	No restriction	No restriction	Partial restriction	Data not available	No restriction	No restriction
Yugoslavia	No restriction	No restriction	No restriction	No restriction	No restriction	No restriction

Control of smuggling

Third Action Plan target*: By the year 2001, effective tools to combat the smuggling of tobacco products should be implemented in all countries of the European Region.*

Summary

During the period of the Third Action Plan, more than two thirds of the Member States have strengthened some aspects of their policy to combat smuggling. Despite such improvements, the economic studies available show that tobacco smuggling remains a serious problem in the European Region. To achieve a major reduction increased penalties, reinforced tracking procedures and licensing requirements should be complemented by effective international monitoring of transactions equivalent to those existing in international practice for trade in special and dangerous goods.

Owing to the size of price differences between duty-paid and duty-free tobacco products and to the increase in the degree of corruption *(23)*, the extent of smuggling has been increasing throughout the Region since the early 1990s. Apart from representing a threat to public health by encouraging consumption, smuggling deprives governments of tax revenues and reinforces criminal organizations and corruption. There is growing concern about the possible contribution to smuggling by the tobacco industry. The European Commission has recently filed a suit against two major international tobacco companies for the loss of billions of dollars in duties and fees by Member States.

Since the adoption of The Third Action Plan, some progress has been achieved in: (a) the approximation of taxes between countries; (b) reorganization of the distribution and retailing system in many NIS; (c) strengthening of anti-corruption policies through the adoption of a special Convention by the Council of Europe; (d) the adoption of duty stamps by almost 80% of Member States. However, it is estimated that the share of smuggled cigarettes in sales and consumption has continued to increase in recent years in the eastern part of the Region. In the western part of the Region, Austria, the United Kingdom, Germany, Spain and Italy were the countries most affected by tobacco smuggling in 1997 *(24)*. For example, the United Kingdom government estimates that 20% of the cigarettes smoked and 80% of hand-rolling tobacco used are smuggled or bootlegged *(25)*. However, some progress is reported in Spain, where close collaboration with the European Anti-Fraud Office and neighbouring countries, particularly Andorra, has reduced the level of contraband goods to nearly 5% of the national market for cigarettes. The above Office has published a comprehensive report, which covers cigarette smuggling in the EU and many other European countries *(26)*. According to the WHO regional survey in 2001, 19 countries also have national studies regarding the smuggling of cigarettes.

Product control, identification and information

Third Action Plan target*: By the year 2001, legislation should be enacted in all countries of the European Region to ensure that health warnings occupy at least 20% of the front and 20% of the back of tobacco packages and that maximum levels of tar are set at 12 mg and of nicotine at 1 mg per cigarette by the year 2005.*

Summary

Although health warnings are required by an absolute majority of countries and several countries, mostly in the eastern part of Europe, have introduced new requirements in recent years, the target on their size has not in general been achieved in the Region. Nearly 80% of countries also regulate the level of tar and nicotine, but the maximum allowed levels are still higher than the target of the Third Action Plan. Nevertheless, the recent EU directive may lead to significant positive Region-wide changes in the above areas by 2005.

Health warnings

Compulsory health warnings on cigarette packs are one of the measures most frequently required by governments. But for consumers, the warning is effective only if it is visible, specific and unequivocal.

Health warnings are required in the absolute majority of countries (44) of the Region. A significant proportion of countries (70–80%) have specific requirements such as the location of the message and the languages (38 countries), the area to cover (35 countries), the number of messages required (33 countries), and colour, contrast and font size (32 countries). Thirty-five governments also stipulate the content of the warning messages. However, the Region as a whole is still far from meeting the target of warnings occupying 20% of the front and 20% of the back of tobacco packages. The average figure, Region-wide, is mostly less than 10% of each large surface of the pack. Iceland and Poland are notable exceptions, with visible and rotating health warnings.

The 2001 EU directive on the manufacture, sale and presentation of tobacco products may lead to a significant advance in the implementation of more effective warnings *(27).* By 2003, Member States of the EU shall in particular ensure general warnings covering not less than 30% of the external area of the corresponding surface of the unit packet of tobacco products on which they are printed, and a additional rotating warning covering not less than 40% of the surface. Another important provision with effect from 2003 is the banning of misleading terms such as “low tar”, “light”, “ultra light”, and “mild”, suggesting that a particular tobacco product is less harmful than others. This directive may even have a Europe-wide impact, since all tobacco products – both marketed and manufactured in the EU – must comply with the new standard.

Control of toxic and other constituents

It is estimated that cigarette smoke contains some 4000 chemicals, including well known carcinogens and toxic elements. Reducing risks requires more accurate assessment of the substances being delivered to smokers.

In most of WHO’s European Region, national regulations specify maximum tar and nicotine yields in tobacco products. Thirty-eight countries regulate the level of tar and nicotine, but only 12 countries do so for additives and only six countries for carbon monoxide. In the EU countries these levels were achieved by 1998 (12 mg per cigarette for tar and 1.2 mg per cigarette for nicotine). In the countries in the eastern part of the Region, the relevant regulations were mostly introduced during the period of the Third Action Plan.

The 2001 EU directive will reinforce the regulatory approach to the constituents and ingredients of tobacco products and tobacco smoke. The new standards will require 10 mg per cigarette for tar and 1 mg per cigarette for nicotine by 2004. Furthermore, by 2003 all EU member states will

require manufacturers and importers to submit a documented list of all ingredients and quantities thereof used in the manufacture of tobacco products, by brand name and type. They will also have to ensure that the list of ingredients is made public. Again, this may have positive implications throughout Europe, since the standards will cover all tobacco products manufactured in the EU as well as those exported from it.

Smoke-free environments

Third Action Plan target*: By the year 2001, legislation should be enacted in all countries of the European Region to ensure that involuntary exposure to tobacco smoke is eliminated in all workplaces, all public buildings and all forms of public transport.*

Summary

By 2001, no Member State has achieved the ambitious target of eliminating involuntary exposure to tobacco smoke in all public places. Nevertheless, nearly four fifths of countries have banned or restricted smoking in public buildings and public transport and have a range of restrictions on smoking in workplaces. At least eight Member States, mainly in the eastern part of the Region, have significantly improved their regulations since the adoption of the Third Action Plan.

Regulations on environmental tobacco smoke (ETS) alter the social perception of behaviour that was commonly accepted before, as well as reducing the glamorization of smoking and contributing to the reduction of average consumption. However, the effectiveness of restrictions on smoking depends on their enforcement and the mobilization of public opinion through comprehensive information campaigns. The effective rule must be that smoking is completely banned in all public places, including workplaces, public buildings and public transport.

Since the beginning of the period of the Third Action Plan, regulations on smoking in public places have become more restrictive in the European Region. From simply separating smokers from nonsmokers, the trend has been towards the attainment of real nonsmoking places, with the final goal being to make all public places smoke-free. The main reasons for these changes are the increasing need for regulation following the accumulation of evidence on the risks of involuntary exposure to tobacco smoke *(28)*, and public support for a regulation the legitimacy of which is indisputable not only for nonsmokers but also for a growing number of smokers *(29)*.

In WHO's European Region, more than 80% of the Member States have reported having legislation banning or strictly restricting smoking in major public places – health care, educational and governmental facilities, theatres, cinemas, and all forms of national public transport (Table 8). It is noteworthy that many international flights have recently been made smoke-free, too, although this is an area that mostly lies outside the reach of government regulations. According to the data available, five countries, mainly in the eastern part of the Region, have few or no restrictions on smoking in public places. The United Kingdom has a "Code of Practice" which recommends banning smoking in public places. In regard to smoking in public places attended by choice – restaurants, pubs and bars – only less than half the countries have restrictive legislation or bans.

Table 8. Restrictions on smoking in public places

Country	Health care facilities	Education facilities	Government facilities	Restaurants	Pubs and bars	Indoor workplaces and offices	Theatres and cinemas
Albania	Voluntary agreement	Voluntary agreement	Voluntary agreement	No restriction	No restriction	Voluntary agreement	Voluntary agreement
Andorra	Data not available	Complete ban	Complete ban	No restriction	No restriction	No restriction	Data not available
Armenia	Partial restriction	No restriction	No restriction	No restriction	No restriction	No restriction	No restriction
Austria	Partial restriction	Partial restriction	Partial restriction	No restriction	No restriction	Partial restriction	Complete ban
Azerbaijan	Complete ban	Complete ban	Complete ban	Partial restriction	No restriction	Partial restriction	Partial restriction
Belarus	Complete ban	Partial restriction	Partial restriction	No restriction	No restriction	Partial restriction	Partial restriction
Belgium	Complete ban	Complete ban	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Complete ban
Bosnia and Herzegovina	Complete ban	Complete ban	Complete ban	Partial restriction	Partial restriction	Partial restriction	Complete ban
Bulgaria	Complete ban	Complete ban	Complete ban	Partial restriction	Partial restriction	Complete ban	Complete ban
Croatia	Complete ban	Complete ban	Complete ban	Partial restriction	Partial restriction	Complete ban	Complete ban
Czech Republic	Complete ban	Complete ban	Complete ban	Partial restriction	Partial restriction	Complete ban	Complete ban
Denmark	Partial restriction	Partial restriction	Partial restriction	No restriction	No restriction	Partial restriction	No restriction
Estonia	Complete ban	Complete ban	Complete ban	Partial restriction	Partial restriction	Complete ban	Complete ban
Finland	Complete ban	Complete ban	Complete ban	Partial restriction	Partial restriction	Complete ban	Complete ban
France	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Partial restriction
Georgia	No restriction	Partial restriction	No restriction	No restriction	No restriction	No restriction	No restriction
Germany	No restriction	Partial restriction	Partial restriction	No restriction	No restriction	Partial restriction	Partial restriction
Greece	Complete ban	Complete ban	Partial restriction	No restriction	No restriction	Partial restriction	Complete ban
Hungary	Complete ban	Complete ban	Complete ban	Partial restriction	Partial restriction	Complete ban	Partial restriction
Iceland	Complete ban	Complete ban	Complete ban	Partial restriction	Partial restriction	Complete ban	Complete ban
Ireland	Partial restriction	Partial restriction	Partial restriction	Partial restriction	No restriction	Partial restriction	Partial restriction
Israel	Complete ban	Partial restriction	Complete ban	Partial restriction	Partial restriction	Complete ban	Partial restriction

Country	Health care facilities	Education facilities	Government facilities	Restaurants	Pubs and bars	Indoor workplaces and offices	Theatres and cinemas
Italy	Complete ban	Complete ban	Complete ban	No restriction	No restriction	Partial restriction	Complete ban
Kazakhstan	Partial restriction	No restriction	Partial restriction	No restriction	No restriction	No restriction	No restriction
Kyrgyzstan	Complete ban	Complete ban	No restriction	No restriction	No restriction	Partial restriction	No restriction
Latvia	Complete ban	Complete ban	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Partial restriction
Lithuania	Complete ban	Complete ban	Partial restriction	Partial restriction	No restriction	Complete ban	Complete ban
Luxembourg	Complete ban	Complete ban	Data not available	Data not available	Data not available	Data not available	Complete ban
Malta	Complete ban	Partial restriction	No restriction	No restriction	No restriction	No restriction	Partial restriction
Monaco	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available
Netherlands	Partial restriction	Partial restriction	Partial restriction	No restriction	No restriction	Partial restriction	No restriction
Norway	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Partial restriction	Complete ban
Poland	Complete ban	Complete ban	Complete ban	Partial restriction	Partial restriction	Complete ban	Complete ban
Portugal	Partial restriction	Partial restriction	Partial restriction	No restriction	No restriction	Partial restriction	Complete ban
Republic of Moldova	Complete ban	Complete ban	Partial restriction	Partial restriction	No restriction	Partial restriction	Partial restriction
Romania	Complete ban	Complete ban	Data not available	No restriction	No restriction	No restriction	Data not available
Russian Federation	Complete ban	Complete ban	Complete ban	No restriction	No restriction	Complete ban	Complete ban
San Marino	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available
Slovakia	Partial restriction	Complete ban	Complete ban	Partial restriction	Partial restriction	Complete ban	Partial restriction
Slovenia	Complete ban	Complete ban	Partial restriction	Partial restriction	No restriction	Partial restriction	Complete ban
Spain	Complete ban	Complete ban	Partial restriction	No restriction	No restriction	Partial restriction	Complete ban
Sweden	Complete ban	Complete ban	Complete ban	Partial restriction	Partial restriction	Complete ban	Complete ban
Switzerland	Voluntary agreement	Voluntary agreement	Partial restriction	No restriction	No restriction	Partial restriction	No restriction
Tajikistan	No restriction	No restriction	No restriction	No restriction	No restriction	No restriction	No restriction
The former Yugoslav Republic of Macedonia	Complete ban	Complete ban	Complete ban	No restriction	No restriction	Complete ban	Complete ban

Country	Health care facilities	Education facilities	Government facilities	Restaurants	Pubs and bars	Indoor workplaces and offices	Theatres and cinemas
Turkey	Complete ban	Complete ban	Complete ban	No restriction	No restriction	Partial restriction	Complete ban
Turkmenistan	Complete ban	Complete ban	Complete ban	No restriction	No restriction	Complete ban	Complete ban
Ukraine	Complete ban	Complete ban	Partial restriction	No restriction	No restriction	Partial restriction	Partial restriction
United Kingdom	No restriction	No restriction	No restriction	Voluntary agreement	Voluntary agreement	No restriction	No restriction
Uzbekistan	Partial restriction	Partial restriction	No restriction	No restriction	No restriction	No restriction	Partial restriction
Yugoslavia	Partial restriction	No restriction	No restriction	Partial restriction	No restriction	Partial restriction	Complete ban

The workplace seems to be a less regulated public environment in terms of protection of the rights of nonsmokers. Thirty-nine Member States have now some legislative measures banning or restricting smoking in indoor workplaces. However, in most countries, smoking restrictions are related mainly to other reasons, such as security, air quality, ventilation and exposure to toxic or carcinogenic substances (for example, the EU directives *(30,31*) aimed at improving safety and health at the workplace). Classification of ETS as carcinogen by countries, as has been done at international level, could reinforce the regulatory initiatives for banning smoking in public places. Until now, Finland is the only European country to have done this (in 1999).

The process of further clarifying the data collected with representatives of Member States showed that there are considerable differences between countries, in terms of both definitions of restrictive measures and the level of their implementation. The data received from countries do not unfortunately reflect all that complexity and diversity. It is agreed that further detailed evaluation of policies on ETS and their implementation is needed for a more precise assessment in the Region.

Support for smoking cessation

Third Action Plan target*: By the year 2001, all countries of the European Region should have introduced training programmes in smoking cessation techniques, according to agreed standards, for primary health care physicians, nurses, pharmacists and dentists, together with mechanisms for monitoring their impact.*

Summary

Training for health professionals in smoking cessation techniques is reported to exist by a large number of countries, but there are no Region-wide standards agreed yet, and no comparable data are available on the guidelines used for both cessation and training. Since the adoption of Third Action Plan, the range of pharmacological products to support smoking cessation has increased, and products are increasingly available in pharmacies in the majority of Member States, although only a few countries yet reimburse the cost of treatment, including that given in cessation clinics.

Programmes in smoking cessation include advice from a health professional, behavioural counselling and pharmaceutical products such as those used in nicotine replacement therapy (NRT) and bupropion. Evidence shows that brief advice and behavioural support are effective, that the use of NRT products increases the rate of success and that such treatments are to a considerable extent cost-effective *(32)*.

Interventions to promote quitting through training of health professionals or medical students have been reported in 31 countries of the Region (Table 9). However, there is little comparable information available on the content and extent of training available. For example, France, Germany and the United Kingdom have developed specific training programmes for health professionals in the field of smoking cessation. Other countries incorporate a module on tobacco control as part of undergraduate training for doctors and nurses.

Table 9. Interventions to support smoking cessation

Country	Training of health professionals and medical students	Cessation clinics	Help lines	Price-incentive or reduced cost for treatment	Pharmaco-therapies available for cessation	Pharmacotherapies are available	
						Through prescription only	In pharmacies, without prescription
Albania	No	No	No	No	No	No	No
Andorra	Data not available	Yes	Data not available	Data not available	Yes	Data not available	Data not available
Armenia	Yes	No	No	No	Yes	Data not available	Yes
Austria	Yes	Yes	Yes	No	Yes	Bupropion and nasal spray are only available on prescription	Yes
Azerbaijan	Data not available	Data not available	Data not available	Data not available	No	No	No
Belarus	No	No	Yes	No	Yes	Data not available	Yes
Belgium	Data not available	Data not available	Data not available	Data not available	Yes	Nicotine patch and bupropion are only available on prescription	No
Bosnia and Herzegovina	Yes	Yes	Yes	Data not available	Yes	Yes	Yes
Bulgaria	Yes	Yes	No	No	Yes	Bupropion is only available on prescription	Yes
Croatia	Yes	Yes	No	No	Yes	Data not available	Yes
Czech Republic	Yes	Yes	No	No	Yes	Bupropion is only available on prescription	Yes
Denmark	Yes	Yes	Yes	Yes	Yes	Bupropion is only available on prescription	Yes
Estonia	Yes	Yes	Yes	No	Yes	Bupropion is only available on prescription	Yes
Finland	Data not available	Yes	Data not available	Data not available	Yes	Bupropion and nasal spray are only available on prescription	Yes
France	Yes	Yes	Yes	Yes	Yes	No	Yes
Georgia	Data not available	Yes	Yes	Data not available	Yes	No	No
Germany	Yes	Data not available	Yes	Data not available	Yes	Bupropion and inhaler are only available on prescription	Yes
Greece	Yes	Yes	No	No	Yes	Yes	Yes
Hungary	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Iceland	Yes	Yes	Yes	Yes	Yes	No	Yes
Ireland	Yes	Yes	Yes	No	Yes	Nasal spray, inhaler and bupropion are only available on prescription	Yes
Israel	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available
Italy	Yes	Data not available	Yes	Data not available	Yes	Bupropion is only available on prescription	Yes

Country	Training of health professionals and medical students	Cessation clinics	Help lines	Price-incentive or reduced cost for treatment	Pharmaco-therapies available for cessation	Pharmacotherapies are available	
						Through prescription only	In pharmacies, without prescription
Kazakhstan	Yes	Yes	No	No	Yes	No	Yes
Kyrgyzstan	Yes	Yes	No	No	Yes	Data not available	Data not available
Latvia	Yes	No	Data not available	No	Yes	Bupropion is only available on prescription	Yes
Lithuania	Yes	Yes	Data not available	No	Yes	Bupropion is only available on prescription	Yes
Luxembourg	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available
Malta	Yes	Yes	Yes	No	Yes	Bupropion is only available on prescription	Yes
Monaco	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available
Netherlands	Yes	No	Yes	Yes	Yes	Bupropion is only available on prescription	Yes
Norway	Data not available	Data not available	Data not available	No	Yes	Bupropion inhaler and nasal spray are only available on prescription	Yes
Poland	Yes	Yes	Yes	Yes	Yes	Bupropion; it is planned that inhaler or nasal spray will be available in 2002	Yes
Portugal	No	Yes	No	No	Yes	Bupropion is only available on prescription	Yes
Republic of Moldova	No	No	No	No	Yes	Data not available	Yes
Romania	No	No	No	No	Yes	Data not available	Yes
Russian Federation	Yes	Yes	No	No	Yes	Yes	Yes
San Marino	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available
Slovakia	Yes	Yes	No	No	Yes	Bupropion is only available on prescription	Yes
Slovenia	Yes	Yes	No	No	Yes	Yes	Yes
Spain	Yes	Yes	Data not available	Data not available	Yes	Bupropion is only available on prescription	Yes
Sweden	Yes	Yes	Yes	No	Yes	Bupropion and nasal spray are only available on prescription	Yes
Switzerland	Yes	Yes	Yes	No	Yes	Bupropion and nicotine inhaler are only available on prescription	Yes
Tajikistan	No	No	No	No	No	No	No
The former Yugoslav Republic of Macedonia	Data not available	No	Data not available	No	Yes	No	Yes
Turkey	Yes	Yes	No	No	Yes	Data not available	Yes
Turkmenistan	Data not available	No	No	No	Yes	No	Yes
Ukraine	Yes	Yes	No	No	Yes	No	Yes
United Kingdom	Yes	Yes	Yes	Yes	Yes	Bupropion is only available on prescription	Yes
Uzbekistan	Data not available	Data not available	Data not available	Data not available	Yes	No	Yes
Yugoslavia	Data not available	Data not available	Data not available	Data not available	Yes	Data not available	Yes

A similar situation exists in relation to guidelines for health care professionals. Many countries report that guidelines for health professionals exist, but there is incomplete information as to the extent to which the guidelines are evidence-based and have been endorsed by health

professionals. The United Kingdom has developed clinical guidelines for health professionals that draw on the existing evidence base and have been endorsed by a large number of national organizations, including the Royal College of Physicians, the British Medical Association, and the Royal College of Nursing *(33).*

Countries also reported that NRT products are widely available without prescription in pharmacies in 40 Member States. Bupropion and some other NRT products are available only on prescription. However, while there is wide availability of products, few countries have introduced mechanisms to promote the accessibility of pharmacological treatments. The United Kingdom and France reimburse both NRT products and bupropion, and other countries have introduced similar initiatives on a pilot basis, but the majority of countries do not have such policies.

Thirty countries reported that cessation clinics exist, but there is a wide variety in the range of services available, and many clinics operate on a private basis, which means that smokers must pay in order to receive treatment. In the United Kingdom and France, as part of the overall investment in tobacco control policy, extensive smoking cessation services including clinics have been established and funded from public resources.

Less than half the countries (18) in the Region reported that a regular telephone "help line" exists to support smokers in quitting.

Education, public information and public opinion

Third Action Plan target*: By the year 2001, coordinated and sustainable gender-based media campaigns should be mounted in all countries of the European Region to promote public support for tobacco control policy, and effective school gender-based education about tobacco should be implemented in all schools in all countries of the European Region.*

Summary

Only slightly more than one third of Member States have implemented coordinated, sustainable and gender-based public information campaigns to promote tobacco control. The majority of countries, including those who recently adopted stronger legislation on tobacco control, still lack long-term public information and education strategies.

It is generally accepted that the main issues in the area of education and public information on tobacco control are: (a) how to obtain the support of public opinion in order to effectively counteract the influence of lobbying by the tobacco industry; (b) how to motivate people to change their behaviour and maintain an interest in it. The empirical evidence suggests that without prior, permanent and intensive public information, tobacco control policies lose their effectiveness, particularly in countries where the industry continues to advertise tobacco products *(34).*

In most countries in the western part of the Region, public information and education programmes were already well established before 1997. During the period of the Third Action Plan, most of these countries have developed government-supported information campaigns to deter young people and women from smoking, to promote quitting and to support restrictions on smoking in public places. Denmark, Finland, France, Sweden and the United Kingdom are examples of countries where such policies have been developed and implemented.

In the eastern part of the Region, progress to promote public support for tobacco control has mainly been made after the adoption of the Third Action Plan (with the exception of Poland, where significant public awareness was raised in the early and mid-1990s). This has been achieved largely owing to the active process of introducing new legislation and strengthening national tobacco control policies, which has been accompanied and followed by considerable public debate about the different health, social and economic aspects of tobacco. Such debates have increased the degree of public awareness and stimulated the mobilization of health professionals and educators for tobacco control. At the same time, for the majority of these countries the celebration of World No Tobacco Day and participation in the WHO-supported "Quit and Win" programme remain the core of public information activities complemented by other limited interventions. More than 45 European countries have been involved in the 1997–2001 WHO World No Tobacco campaigns, and more than 30 countries – in the Quit and Win campaigns in 1998 and 2000.

Almost all countries in the Region reported having established school-based educational programmes. But insufficient data are available on the extent to which these activities are comprehensive and systematic, and on their effectiveness.

Litigation and product liability

Tobacco-related litigation has only a recent history in the European Region, and many cases have been initiated during the period of the Third Action Plan. The cases recorded are related to:

– compensation by the industry in favour of affected individuals or their families (claims from individual smokers or their families and from the health care system);

– consumer protection (claims by consumer organizations based on illegal or misleading advertising and marketing by the industry);

– protection of nonsmokers' rights not to be exposed to ETS (claims from individual nonsmokers or organizations).

According to the available data, 15 Member States (Belgium, Bosnia and Herzegovina, Germany, Finland, France, Ireland, Israel, Italy, the Netherlands, Norway, Poland, the Russian Federation, Spain, Sweden and the United Kingdom) have reported litigation cases. Individuals' claims for compensation have so far been unsuccessful. Nevertheless, there are a growing number of cases where the claims of a non-compensatory nature from consumers and nonsmokers have resulted in decisions reinforcing the implementation of legislation.

Role of Member States

Summary

In 2001, approximately half of WHO's European Member States have national action plans and three quarters of countries have intersectoral coordinating bodies, but only half the countries have both these important elements of a comprehensive tobacco control policy. Since the adoption of the Third Action Plan, the main progress has been achieved in the eastern part of the Region, although the adoption of actions plans has not always followed the creation of coordinating committees (mainly because of a lack of time to finalize their development). The allocation of adequate funding by governments remains a major issue for achieving the sustainability of national programmes, as well as for their coordination, monitoring and evaluation.

Country-based coordinating committees

Third Action Plan target*: By the year 1998, adequately funded committees for coordinating action against tobacco should be operational in all Member States.*

A multisectoral and comprehensive approach is the cornerstone of effective national tobacco control programmes. Good coordination is thus a strategic issue for their implementation. It is generally accepted that such coordination requires the establishment of an effective intersectoral mechanism, with an adequately funded high-level committee as its core element. Such committees should include representatives of the relevant government branches, with the lead role assigned to the ministry of health.

From the data available, 37 Member States have national coordinating committees for tobacco control (Table 10). Half of these committees, mainly in the eastern part of the Region, have been established during the period of the Third Action Plan, but they are still not being adequately funded. It should be noted that two countries (Hungary and Italy) reported not having established coordinating committees on tobacco control, despite having national action plans in place.

Table 10. National action plans and coordinating bodies

Country	National tobacco control action plan	Specific targets on tobacco in action plan	National coordinating body for tobacco control
Albania	No	No	No
Andorra	No	Data not available	No
Armenia	Yes	Yes	Yes
Austria	No	No	No
Azerbaijan	Yes	Yes	Yes
Belarus	No	No	Yes
Belgium	No	No	No
Bosnia and Herzegovina	Yes	Yes	Yes
Bulgaria	No	No	Yes
Croatia	No	Yes	Yes

Country	National tobacco control action plan	Specific targets on tobacco in action plan	National coordinating body for tobacco control
Czech Republic	No	No	No
Denmark	Yes	Yes	Yes
Estonia	No	No	Yes
Finland	Yes	Yes	Yes
France	Yes	Yes	Yes
Georgia	Yes	Yes	Yes
Germany	No	No	No
Greece	No	No	Yes
Hungary	Yes	Yes	No
Iceland	Yes	Yes	Yes
Ireland	Yes	Yes	Yes
Israel	Data not available	Data not available	Data not available
Italy	Yes	Yes	No
Kazakhstan	No	No	Yes
Kyrgyzstan	No	Yes	Yes
Latvia	No	No	Yes
Lithuania	Yes	Yes	Yes
Luxembourg	Data not available	Data not available	Data not available
Malta	No	No	Yes
Monaco	Data not available	Data not available	Data not available
Netherlands	Yes	Yes	Yes
Norway	Yes	Yes	Yes
Poland	Yes	Yes	Yes
Portugal	Yes	Yes	Yes
Republic of Moldova	No	Yes	Yes
Romania	No	No	Yes
Russian Federation	Yes	Yes	Yes
San Marino	Data not available	Data not available	Data not available
Slovakia	Yes	Yes	Yes
Slovenia	Yes	Yes	Yes
Spain	Yes	Yes	Yes
Sweden	Yes	Yes	Yes
Switzerland	Yes	No	Yes

Country	National tobacco control action plan	Specific targets on tobacco in action plan	National coordinating body for tobacco control
Tajikistan	No	No	Yes
The former Yugoslav Republic of Macedonia	Yes	Yes	Yes
Turkey	Yes	Yes	Yes
Turkmenistan	No	No	No
Ukraine	No	Data not available	Yes
United Kingdom	Yes	Yes	Yes
Uzbekistan	No	No	No
Yugoslavia	Yes	Data not available	Yes

Country-based action plans

Third Action Plan target: *By the year 1999, adequately funded country-based plans of action against tobacco should be drawn up in all Member States, taking into account the need for gender and age specificity at all levels of action.*

Twenty-six Member States reported having national action plans on tobacco control with specific targets. In addition, some countries have specific targets on tobacco included in other national programmes on health promotion. In at least 11 countries (Belarus, Bulgaria, Croatia, Estonia, Kazakhstan, Kyrgyzstan, Latvia, Republic of Moldova, Romania, Tajikistan and Ukraine) in the eastern part of the Region, where intersectoral coordinating committees were established only during the period of the Third Action Plan, national action plans are still being developed and adopted (Table 10).

With the exception of Finland, France, Norway, Poland, Sweden and the United Kingdom, no definite information is available on the specificity of the action plans in terms of their sustainability and gender and age orientation. However, different sources of information suggest that the majority of countries seem to have some elements of school programmes, primary health care interventions and training for teachers.

The network of national counterparts for the Action Plan for a Tobacco-free Europe

The Regional Office facilitated the creation of, and has been maintaining, the network of national counterparts for the Action Plan. Owing to the fact that the Region is entering a particularly active phase of tobacco control, 47 Member States reconfirmed or nominated their national counterparts in early 2001 at the Regional Office's request, which gives the network a fresh boost for the coming period.

The network serves as an increasingly forceful mechanism and resource through its annual meetings, providing updates of country-specific data and facilitating the exchange of information on a regular basis, as well as making reviews and recommendations on the most important aspects and products of the Regional Office's work on tobacco control. The network of national counterparts has been instrumental in development of the WHO European tobacco control

database and country profiles, as well as in preparing and drafting the Declaration for the WHO European Ministerial Conference for a Tobacco-free Europe to be held in Warsaw in February 2002. A group of national counterparts, appointed by the network's last meeting in Ljubljana in December 2001, has started drafting the next action plan for a Tobacco-free Europe, in close collaboration with the WHO Regional Office for Europe. The draft action plan will be reviewed by the next meeting of national counterparts in May 2002.

Monitoring and evaluation

Third Action Plan target*: Starting in 1998, and every two years thereafter, each country in the European Region should prepare and publish a comprehensive report on the use of tobacco products, tobacco-related harm and the implementation of tobacco control policy.*

Adequately funded monitoring is of special importance when assessing policy responses in general, and their impact on social and demographic groups in particular. The comprehensive monitoring and evaluation of tobacco control activities is a target achieved in only a few countries of the Region. This is mainly due to a lack of funding and established methodologies for adequate research. In many countries in the eastern part of the Region, the problem is also due the recent development and adoption of comprehensive policies, which does not allow for appropriate reporting to be carried out. As a result, most of the countries do not yet publish the biennial comprehensive reports on tobacco control targeted in the Third Action Plan.

Role of international partners and the WHO Regional Office for Europe

Committee for a Tobacco-free Europe

The Committee for a Tobacco-free Europe (CTE) was established in 1999, following the adoption of resolution EUR/RC47/R8 by the WHO Regional Committee for Europe two years earlier. The purpose of the CTE is to advise on and actively support international aspects of tobacco control policy in the Region. It comprises leading experts in the field and representatives of international organizations, including the European Commission, the World Bank, the International Union Against Cancer, the Association of European Cancer Leagues, the European Network for Smoking Prevention and the International Network of Women against Tobacco.

In recent years the CTE has focused on two main aspects of international tobacco control policy – the proposed protocols related to the Framework Convention, and preparations for the WHO European Ministerial Conference for a Tobacco-free Europe. The CTE has reviewed discussion papers prepared by its members on the proposed technical components of two possible protocols related to the Framework Convention – one on the advertising and sponsorship of tobacco products, and the other on the treatment of tobacco dependence. The WHO Regional Office for Europe has been given global responsibility for the secretariat function in the preparation of these protocols. Work on the protocols will continue as and when recommendations are developed by the Intergovernmental Negotiating Body on the Framework Convention. The CTE is serving as the international steering committee for the Ministerial Conference in Warsaw and has made an important contribution by advising on the technical and international aspects of the Conference.

The Committee has also reviewed the draft European tobacco control database and key findings from the assessment of implementation of the Third Action Plan for a Tobacco-free Europe, and it is preparing recommendations on key elements and preparatory work for the next European action plan (2002–2006). Both the CTE and the network of national counterparts have felt that there is a need for better coordination between these two parallel structures, to achieve more efficient action in Europe in line with the Member States' specific needs and policies.

Integrational and intergovernmental organizations

Within the European Region, integrational and intergovernmental organizations provide the platform for multilateral action on tobacco. The Third Action Plan underlined the role to be played by the European Union and the Council of Europe, as major organizations that can significantly support tobacco control action in the Region. In recent years another major international player, the World Bank, has significantly strengthened its interest and action in the area of tobacco control.

The initiatives launched by the European Commission are aimed not only at improving the functioning of the internal market in the EU member states but also at ensuring a high level of human health and consumer protection as stipulated in Article 152 of the Maastricht Treaty. During the period of the Third Action Plan, besides its work on harmonizing the taxation of tobacco products, the Commission has oriented its public health protection policy towards young people, smokers who want to quit and nonsmokers. Young people could have benefited from Directive 98/43/EC (which imposed a general prohibition on tobacco advertising and sponsorship) if it had not recently been annulled. Smokers should benefit from more

comprehensive information on tobacco products with the adoption of the Tobacco Product Directive 2001/37/EC *(27)*. With its recent contribution to the European Conference on Smoke Free Workplaces (Berlin, 10–11 May 2001) *(35)*, the Commission reinforced its support for action to reduce the exposure of nonsmokers to other people's smoke. A Commission proposal which is presently being drafted covers issues such as improving the protection of nonsmokers from the effects of passive smoking.

From the deductions made on the premium paid to tobacco growers, the Community has funded information campaigns on the dangers of smoking, through the Europe Against Cancer programme, and has supported different European networks working in the area of smoking prevention. A European Union-wide communication campaign for nicotine-addiction prevention among adolescents will be launched by 2002 and will run for the next two years.

During the period of the Third Action Plan, the EU enlargement process created considerable opportunities for supporting tobacco control policy in most of the accession countries. The recent exchange of letters between the European Commission and WHO has led to the identification of new synergies in tobacco control policies, particularly concerning smoking prevention measures among children and young people.

The Council of Europe supports tobacco control action in the Region through its various programmes and resolutions addressing the parliaments and governments of its member states. Such work may have a particularly positive impact during the coming period, when major international documents such as the Framework Convention on Tobacco Control and the next European Action Plan enter the critically important period of finalization and adoption. In 2001, the Social, Health and Family Affairs Committee of the Council of Europe's Parliamentary Assembly initiated important hearings on tobacco in cooperation with the WHO Regional Office, which may lead to effective collaboration for Europe-wide action.

The World Bank has been increasingly active in the area of tobacco control in recent years, in close partnership with WHO and other international organizations. Playing to its comparative advantage in economics and policy dialogue, the World Bank has focused its efforts on the economics of tobacco control, including taxation, the economic and social impact of tobacco control measures (including, importantly, their impact on the poor), and the cost–effectiveness of interventions. In 1999, the Bank published a report *(16)* analysing and summarizing the evidence on key economic and social issues relating to tobacco control.

Another field of work has been to strengthen local research capacity on the economics of tobacco control. The World Bank has been working with local researchers in several countries (Estonia, Latvia, Poland, Turkey and Ukraine) to strengthen policy-relevant research capacity, support research funds and provide technical support and hands-on training. Research is being done to examine the distributional impact of tobacco control policies, using existing household survey data for Armenia, Bulgaria, Kazakhstan and Tajikistan. Given the alarming trends in the young population, the World Bank has analysed data for Poland, the Russian Federation and Ukraine obtained from the WHO/CDC Global Youth Tobacco Survey.

Tobacco control interventions have been an important component of the World Bank's health care projects in many countries in recent years. Activities include analytical work to investigate the likely impact of higher taxes on tobacco consumption and help set new, higher tax rates, other support for tobacco policy formulation, health promotion activities (information, social mobilization, policy advocacy) and surveillance. Specific actions have included: assessing the

effectiveness of cessation therapies among poor smokers in a pilot intervention; developing a "tool kit" for credibly analysing the economic issues of tobacco control; global dissemination of the key findings of its 1999 report, and policy dialogue with senior officials in countries (from the European Region, Hungary, Kyrgyzstan, Turkey, and seven Mediterranean countries have been involved in country-specific and regional meetings).

Nongovernmental organizations

Nongovernmental organizations (NGOs) play an essential role in the development of comprehensive tobacco control policies at national and European levels. Acting as a link between civil society and government bodies, they have the capacity to mobilize individuals, organizations and networks and by doing so to create momentum for change.

The European Network for Smoking Prevention (ENSP) has a goal to develop a strategy for coordinated action among organizations active in tobacco control in Europe. The Network is supported financially by the European Commission and comprises national coalitions active in smoking prevention in the 15 member states of the European Union, and specialized networks active at European level. National coalitions have also been established in the Czech Republic, Estonia, Hungary, Iceland, Norway and Poland. The objectives of ENSP are to promote and facilitate the activities of national coalitions, share information and experience between network members, and develop a coordinated strategy for the work of NGOs. The network plays a role in coordinating EU-funded projects in tobacco control, and provides an opportunity for WHO and other international organizations to learn more about national policies.

The International Union Against Cancer (UICC) is another important player and WHO's partner in the European NGO movement. The organization places a strong emphasis on cancer research and, in relation to that, tobacco control. Through its liaison office in Brussels, UICC has been active in lobbying for the EU directives campaigns and in advocating for effective policies on taxation, smuggling of cigarettes and some other aspects of tobacco control. UICC hosts GLOBALink – an increasingly popular Internet-based communication tool for the international tobacco control movement. The service has a large library of resources and allows fast access to top experts in all areas of tobacco control and advocacy.

The International Network of Women Against Tobacco (INWAT) is dedicated to supporting and uniting women in actions to prevent tobacco use among women. Its goals in the past five years have been to promote communication and the exchange of information, develop a consensus on women-centred tobacco control strategy, and raise awareness of women's tobacco control issues in Europe. The major areas of collaboration with WHO include involvement in recent meetings on the regulation of tobacco dependence and treatment products, and the tobacco epidemic in women and young people. INWAT contributed to a recent WHO publication *(36)* and has prepared an important report containing action recommendations for a range of agencies and specialized women's tobacco control networks.

The European Network on Young People and Tobacco (ENYPAT) contributes to the reduction of tobacco use among young people through Europe-wide collaboration, information exchange and programme building. The Network promotes collaboration at different levels: with international organizations (EU, WHO), European countries and especially other NGOs. A good example is the European Smoke-free Class Competition, the largest school-based smoking prevention programme in the Region. It was carried out for the first time in the 1997/1998 school year in seven countries. Since then, the number of participants has increased, and in 2000/2001

15 European countries implemented the programme, involving a total of 14 800 classes and approximately 370 000 pupils.

The Association of European Cancer Leagues (ECL), which consists of 40 voluntary cancer organizations across Europe, continued to be active in tobacco control between 1997 and 2001. In collaboration with UICC, ECL has established an EU liaison office in Brussels to promote effective tobacco control legislation in Europe and to coordinate various lobbying activities in the field of tobacco control. Members lobbied at national and EU level for the Directive to ban tobacco advertising and promotion. This included extensive letter-writing by scientists, doctors and lay supporters to politicians and the media, publication of reports containing supportive evidence for the Directive, advocacy in the media and mobilizing networks of consumer, church and professional groups. Similar efforts have been undertaken for the Directive on tobacco product regulation. The work also involved advocacy for the Framework Convention and promotion of World No Tobacco Day.

Nongovernmental organizations Region-wide have been working with WHO for strong tobacco control policies. But the NGO movement against tobacco is still relatively weak in many Member States, particularly in the eastern part of Europe. Experienced international NGOs and networks have the potential to promote stronger alliances of national NGOs for tobacco control in those countries. This coalition-building effort is instrumental in the adoption and implementation of stronger national laws, the EU directives on advertising and tobacco regulation, and the upcoming Framework Convention on Tobacco Control.

Health care professions

Associations of health care professionals were the first groups to mobilize their members and develop an effective lobby for tobacco control policy. During the period of the Third Action Plan they continued to work through their specific professional European fora in formal collaboration with WHO. They have taken important steps to support smoking cessation between their members.

The European Forum of Medical Associations and WHO (EFMA), in collaboration with the British Medical Association and other national medical associations (NMAs) and with the support of the European Commission, has established the first Tobacco Control Resource Centre (TCRC). The Centre provides relevant information and coordinates action on tobacco involving NMAs and their members. The TCRC piloted and developed epidemiological surveys of smoking among doctors in 26 countries, and published *Doctors and tobacco – Medicine's big challenge (37)*, a comprehensive action manual for NMAs on tobacco control. The Centre has also taken action in support of EFMA policy on tobacco, by submitting evidence to the WHO public hearings on the Framework Convention, and by coordinating a letter from all 15 EU NMAs to members of the European Parliament in support of the EU directive on tobacco advertising. The Forum supported WHO's European recommendations on evidence-based treatment of tobacco dependence, which a number of NMAs have already published. Tobacco remains a regular item on the agenda of the Forum, which has adopted formal policy statements on NMAs' engagement to reduce morbidity and mortality from smoking-related diseases; to ban advertising; to promote smoke-free health premises, smoke-free flights, airports and other places; to promote education on the risks of tobacco; and to provide support for smoking cessation.

The EuroPharm Forum of national pharmaceutical associations and the WHO Regional Office for Europe has supported smoking cessation activities in most of the 15 EU countries. Efforts to

mobilize members of its associations to adopt nonsmoking professional behaviour have yielded encouraging results; the recent findings from a survey launched in the EU member states compare favourably with those from 1992. A revised protocol entitled *Pharmacists and action on tobacco* was published in 1999 *(38)* to give support and disseminate knowledge to pharmaceutical associations so that they could launch coordinated national actions. To strengthen national professional mobilization, regular information on tobacco control is disseminated in the EuroPharm Forum's News Flash and Newsletter.

The health care professions (medical, pharmaceutical and nursing associations) launched a pilot project in Finland and in the United Kingdom on how to ensure coordinated and multidisciplinary programmes. The Finnish experience was successful and can hopefully be implemented elsewhere. The "fora" are represented in the various activities undertaken in the context of WHO's European Partnership Project to Reduce Tobacco Dependence.

WHO Regional Office for Europe

The WHO Regional Office for Europe has been actively contributing to implementation of the Third Action Plan, with "Tobacco-free Europe" as its core programme for operationalizing and coordinating work with Member States and international partners, as well as within the Office.

In 2001 Europe was the first WHO region to launch a Region-wide development of the projected global tobacco control surveillance system. This system will provide a standardized and reliable structure and capacity to track and assess the tobacco-related situation within and across countries and disseminate this information to policy decision-makers, tobacco prevention and control programme staff, researchers and global partners. The WHO European tobacco control database, a core regional product for the surveillance system, has been established at the end of 2001. It contains comprehensive data on tobacco use and policy responses in 48 Member States and will be updated on a regular basis. European tobacco control profiles, prepared on the basis of the database and ready for publication by the end of 2001, can serve as a central consolidated source for Member States and international partners for the development of regional and national action plans in the immediate future. The database and country profiles will also help national authorities to critically evaluate their own tobacco control situations in the light of other countries' experience, thereby translating the "lessons learned" into practical enhancement of national tobacco control policies.

In recent years, the Regional Office has been preparing the WHO European Ministerial Conference for a Tobacco-free Europe that will be convened in Warsaw in February 2002 and will constitute a milestone regional event in the area of tobacco control in Europe. The Ministerial Conference aims to facilitate political commitment and support for the upcoming Framework Convention on Tobacco Control and the next action plan for a Tobacco-free Europe, as well as to strengthen partnerships in Europe for coordinated and comprehensive tobacco control policies.

The Regional Office has worked actively with Member States, particularly those in the eastern part of the Region, to help strengthen and monitor their tobacco control policies. Three subregional conferences and meetings for the central Asian republics, the Commonwealth of Independent States and the Baltic countries in 2000–2001, and the Conference on Youth and Smoking in countries of central and eastern Europe (Budapest, 2000), have served as an important mechanism for intercountry coordination on tobacco control. The Regional Office has

paid particular attention to facilitating intercountry cooperation in the process of negotiations for the Framework Convention on Tobacco Control.

Several WHO country-specific projects are under way to support different aspects of national tobacco control policies (protecting young people from tobacco in Ukraine, aspects of environmental tobacco smoke in Latvia and Poland). Three countries in the Region (Poland, the Russian Federation and Ukraine) have carried out the Global Youth Tobacco Survey, and six other countries (Bulgaria, the Czech Republic, Georgia, Latvia, Lithuania and Turkey) have agreed to do so in the very near future and recently had their respective research staff trained at WHO headquarters. The Regional Office supported these and other activities through several policy missions and the regular exchange of information. The Office has also coordinated and supported the annual World No Tobacco Day campaigns in the vast majority of Member States.

The WHO European Partnership Project to Reduce Tobacco Dependence was launched in 1999, initially for three years, with the objective of reducing tobacco-related death and disease among tobacco-dependent smokers. Partners in the project include governmental and nongovernmental organizations at the international, European and country levels, representatives of professional and scientific organizations, independent advisers and the pharmaceutical sector. The project's scope has included action at European and country level in the four target countries (France, Germany, Poland and the United Kingdom, joined by the Czech Republic in 2001). Over the course of the three years, the project has produced a number of tools to improve the treatment of tobacco dependence, including WHO-recommended questions and survey methodology on tracking smokers' intentions to change; WHO European best practice recommendations and guidelines on the regulation of treatment products for tobacco dependence; an analysis of the existing regulation of tobacco products in Europe; WHO European recommendations on implementing a smoke-free policy at the workplace; WHO European recommendations on the treatment of tobacco dependence; a legal opinion on the contractual obligations of providing treatment for tobacco dependence; a WHO "Helping smokers change" trainers' pack; and art works to help smokers stop (posters based on commissioned art, for display in primary health care outlets and pharmacists). Related to the project, the Regional Office formed a partnership with the Society for Research on Nicotine and Tobacco (SRNT) to produce an Internet-based treatment database, Treatobacco.net. The Regional Office has also to produced two broadcast-quality videos with the United States Centers for Disease Control and Prevention, the first to communicate a health message to smokers on why to quit smoking, and the second on how to do so.

Several Regional Office programmes, in addition to Tobacco-free Europe, have contributed to implementation of the Third Action Plan.

The Countrywide Integrated Noncommunicable Disease Intervention (CINDI) programme has convened three different surveys which have covered smoking prevalence in adults, young people and health professionals, as well as tobacco control policies and interventions in CINDI countries. Several national and local programmes on smoking and health professionals, and on tobacco and young people, were organized between 1997 and 2000.

CINDI has been cooperating extensively with the Finnish National Public Health Institute (KTL) on the International Quit and Win Project – an increasingly popular smoking cessation intervention. It was launched in 1994 with the participation of 13 countries. The third campaign in 1998 attracted over 200 000 participants from 48 countries worldwide, including 31 countries and 91 000 participants from WHO's European Region. The number of participants in the European Region almost doubled in 2000 (173 000) from the previous International Quit and

Win contest but the number of countries organizing the campaign remained almost the same (33), i.e. the campaigns were more effective in recruiting smokers. Research shows that the cessation rate in Quit & Win campaigns remains fairly constant (15–25%) regardless of the number of participants in the contest. The European countries involved in the last contest were Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Malta, Poland, Portugal, Romania, the Russian Federation, Slovakia, Slovenia, Spain, Switzerland, Turkmenistan, Ukraine, the United Kingdom and Yugoslavia.

Throughout the history of the WHO Healthy Cities Programme (HCP) in Europe, tobacco control has been a priority. During the current phase of action (1997–2001), WHO healthy cities have been specifically required to develop and implement a tobacco control strategy. Progress on tobacco control was reviewed in 1997/1998, and a further evaluation will take place during 2001/2002. At the last review, the majority of cities had in place tobacco education/smoking prevention programmes; smoking cessation programmes; programmes specifically targeted at children and young people; and policies on smoke-free public places (either local policy or implementation of national policy). By 1998, 25% of the Healthy Cities network had succeeded in developing city-level bans on tobacco advertisements. Some cities have established intersectoral steering groups to lead the work and link the programmes or strategies to city-wide strategies/plans and other relevant programmes. Where tobacco control policies exist, the majority prioritize children, young people and women and have a focus on equity. The development of systems for monitoring smoking prevalence and smoking behaviour, as well as of a mechanism to make information publicly available, was regarded as an important aspect of future work.

The European Network of Health Promoting Schools (ENHPS), a tripartite project launched by the WHO Regional Office for Europe, the European Commission and the Council of Europe, is targeting one of the major health determinants – education. Schools within or allied to this network are tackling tobacco education from many angles. Their activities are now showing good results in terms of delaying the onset of tobacco use and facilitating cessation. The approach used by health-promoting schools includes planning for the programme through data collection, implementation of a comprehensive programme, and monitoring and evaluation. It is important to note that the terms used in tobacco education usually refer to nonsmoking as the norm, rather than to anti-tobacco or anti-smoking activities. Components of a tobacco education programme in a health-promoting school may include the creation of a safe and supportive school environment; ongoing measures to foster tobacco control and nonsmoking among adults; and the development of skills and knowledge through a health education curriculum. Health-promoting schools also link the specific topic of tobacco use to more general areas such as mental health promotion, life skills education, and prevention of the use of other substances.

Over the past decade the WHO Health Promoting Hospital (HPH) project has developed from a pilot project embracing 20 hospitals in selected countries to a European movement covering more than 500 hospitals in 21 countries of WHO's European Region. With regard to the increasing prevalence of chronic conditions associated with smoking, health education and cessation programmes in hospitals can have an important public health impact. For patients in periods of experienced ill health, the advice of health professionals has proved to be effective in changing smoking behaviour. Hospitals are required to implement a smoke-free environment and in addition frequently provide specific information on the effects of smoking and offer cessation programmes for staff (64 projects), patients (59 projects) and the community they serve (42 projects). In many countries, national or regional networks were set up in order to foster further development of the HPH project, taking into consideration specific needs in the context

of each health system. National or regional HPH networks exist in Austria, Belgium, Bulgaria, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Lithuania, the Netherlands, Norway, Poland, the Russian Federation, Slovakia, Sweden, Switzerland and the United Kingdom.

The WHO European Centre for Environment and Health in Rome (ECEH) has started to implement a project on “Clearing the air from tobacco smoke pollution: creating healthy and safe environments for children” in two “model countries”, Latvia and Poland, in collaboration with WHO headquarters and partner institutions in the United States. The project aims to heighten awareness among health professionals, parents, and the general public of the serious health consequences of children’s exposure to ETS, and to increase the number of nonsmoking public places and homes, particularly where children are present. Sectors involved include government bodies, community leaders, the church, police, doctors, nurses, health care workers, youth organizations, the mass media, teachers and parents’ organizations.

Other developments

Framework Convention on Tobacco Control

On 24 May 1999 the World Health Assembly, the governing body of the World Health Organization, paved the way for multilateral negotiations to begin on a set of rules and regulations that would control the global rise and spread of tobacco and tobacco products in the twenty-first century. The 191-member Health Assembly unanimously backed a resolution (WHA52.18) calling for work to begin on the Framework Convention on Tobacco Control (FCTC). Representatives of a record 50 nations took the floor to pledge financial and political support for the Convention.

The development of the proposed Framework Convention on Tobacco Control is the first time that WHO has used its constitutional mandate to facilitate the creation of an international convention. The FCTC will be an international legal instrument circumscribing the global spread of tobacco and tobacco products. With its possible related protocols, it will be a global complement to national and local action, and it will support and accelerate the work of Member States wishing to strengthen their tobacco control policies.

The Working Group on the FCTC has held two meetings which, together, were attended by participants from a wide range of sectors, including representatives of 153 Member States (covering 95% of the world's population) and the European Commission, as well as organizations of the United Nations system and other intergovernmental and nongovernmental organizations.

In May 2000, the World Health Assembly unanimously adopted resolution WHA53.16, formally launching the political negotiations; these began from 16 to 21 October 2000 in Geneva, Switzerland. At the first session of negotiations, Member States elected Ambassador Amorim of Brazil as Chairman of the Intergovernmental Negotiating Body (INB), as well as vice-chairpersons from Australia, India, Iran, South Africa, Turkey and the United States, representing the six WHO regions. Two further sessions of the INB in 2001 made significant progress towards the Framework Convention. The Chair's text and Co-chair's working papers are now serving as the basis for further negotiations. May 2003 is the targeted date for adoption of this first international public heath treaty by the World Health Assembly.

WHO's European Region has been actively involved in negotiations towards the FCTC. Delegations of more than 40 Member States and the European Commission participated in the second and third sessions of the INB in April–May and November 2001. Regional consultations before and during the INB sessions serve as a good instrument for intercountry cooperation during the ongoing negotiations. Several Member States, in cooperation with the WHO Regional Office, have also started a process of subregional coordination and consolidation of positions towards the Framework Convention. A meeting in Moscow in September 2001 paved the way for a consolidated approach by 11 countries in the Commonwealth of Independent States on the "negotiating text" of the FCTC. A meeting of three Baltic countries with a similar goal took place in Tallinn, Estonia in November 2001. Furthermore, a group of countries representing different parts of Region has initiated discussions about the possible establishment of a Europe-wide forum for closer intercountry coordination for a strong FCTC. Finally, a drafting group appointed by representatives of all European Member States has developed the draft Warsaw Declaration for endorsement at the WHO European Ministerial Conference for a Tobacco-free

Europe (February 2002), calling for Europe to contribute actively to securing a strong Framework Convention.

Tobacco industry tactics

In order to protect their market, cigarette manufacturers have since the early 1950s been engaged in increasingly strong resistance to any control or regulation justified by public health concerns. In the European Region, where smoking prevalence is stabilizing, renewal of the generation of smokers has become a major issue for the tobacco industry. Recruiting new smokers, particularly among young people, and promoting the social acceptability of smoking when the demand for smoke-free environments is rapidly increasing have been the industry's principal objectives during the entire period of the Third Action Plan.

The approaches developed and coordinated throughout the Region by transnational companies include denying scientific evidence, lobbying and exerting influence on the public, corruption and electioneering, and litigation *(39)*. The way in which these different elements are combined at national level depends on the extent of each country's tobacco control policy.

In countries where tobacco control is still weak and the public debate on the harmful effects of smoking is in its early stages, the industry concentrates on the widest possible range of different targets (opinion leaders, the media, public opinion, politicians, civil servants, etc.). In general, after the period of investment and invasion of national markets, the objective has been to create confusion, in order to delay public action and reduce the effectiveness of proposed regulations. In many NIS and south-east European countries, for instance, the industry has been engaged in "youth anti-smoking education", offering to finance and draw up information campaigns to deter minors from smoking, in order to avoid strict restrictions on advertising. Another tactic commonly used in these countries is to shift the debate from public health concerns to other issues. In countries with more advanced tobacco control, the industry has been intending to commission more pseudo-research on the social cost of tobacco use. After the recent dissemination of such "findings", particularly based on a study in the Czech Republic, the industry has had to acknowledge the social unacceptability of the methodology used and the conclusions reached.

In the western part of the Region, where tobacco restrictions are most concentrated, the emphasis is on the state's excessive regulation of how people live their lives. Through the media and the funding of social studies, the industry encourages misleading debate suggesting that government control and regulation of personal behaviour is a restriction of individual liberties. The industry also denounces increases in taxes and the burden of bureaucracy. During recent years, in order to preserve the remaining social acceptance of smoking, the industry has constantly denied the scientific evidence about the consequences of passive smoking and exposure to ETS. Furthermore, and often with the participation of the hospitality industry, tobacco manufacturers have funded so-called smokers' movements and launched public opinion campaigns to promote mutual tolerance.

At the international level, the common tactic of transnational manufacturers has been to challenge restrictions on the supply of tobacco products, mainly those related to advertising and taxation. The industry has accordingly challenged with success the EU directive imposing a total ban on direct and indirect advertising that was due to be implemented in the 15 countries of the Union and, in the near future, in the accession countries. It has also developed a common position to limit the impact of proportional tax increases, by introducing cheaper products or even reducing the price of existing products. Regarding smuggling and the loss of government revenues, information gathered in different Member States shows that manufacturers adopt a

passive attitude towards the surveillance of exports of their products. The European Commission and some countries have initiated legal proceedings against tobacco manufacturers on these issues.

The negotiations concerning the Framework Convention on Tobacco Control have already come under attack from tobacco companies. In the European Region, they are calling in particular for a dialogue through which they will try to demonstrate their “corporate responsibility”. Their objective is to establish any kind of debate with well respected institutions or individuals, and to promote such meetings through the media and opinion leaders.

Conclusion

The Third Action Plan for a Tobacco-free Europe set fundamental targets to strengthen the European movement to reduce tobacco use, promote health and economic gain, and protect the public from the activities of the tobacco industry. The period of the Third Action Plan has seen partial progress in most Member States, and it could have been more significant if the transnational tobacco industry had not adopted an increasingly aggressive counter-policy – another major characteristic of the period concerned.

Smoking prevalence does not show a clear downward trend in the adult population and has stabilized or is increasing among young people. The main change in the policy area has been in the eastern part of the Region. Most countries of central and eastern Europe introduced or strengthened legislation on tobacco control, and many of them have been achieving success in implementing their new policies, notably in the areas of taxation, advertising and protection of the rights of nonsmokers. Recently many countries in the Commonwealth of Independent States have also begun to introduce new or stronger laws and have reinforced their positions and coordination with regard to international measures against tobacco, and especially the Framework Convention. In the western part of Europe, where the major elements of tobacco control were introduced before the Third Action Plan was adopted, the main changes have been in the implementation of existing laws and regulations and the adoption of the recent EU directive on product regulation which, owing to its scope, may have a positive impact throughout the Region. A few western countries have recently introduced stronger legislation, specifically on advertising, age restrictions, and smoke-free environments.

It should be noted that no particular target of the Third Action Plan has been reached by all Member States. However, the vast majority of countries have attained the respective targets in some areas (e.g. restrictions on smoking in public places and at the workplace, establishment of national action plans and coordinating bodies), while only a few have done so in others (product regulation, taxation policies, advertising bans).

The review also shows critical weaknesses in the implementation of tobacco control policies in the Region. At national level the lack of comprehensiveness, funding, monitoring of tobacco use in specific social and demographic groups, public information and political support are still major constraints on effective and sustainable policies. At international level, the main challenges remain standardized surveillance, measures to combat smuggling, regulating transboundary advertisement, as well as coordinating action against the tobacco industry’s tactics.

Many of these challenges were also identified when previous European action plans on tobacco were reviewed. In order to address them properly, lessons should be learned and innovative solutions must be found.

This should be taken into account when planning further action in the Region, and particularly in drawing up the next action plan for a Tobacco-free Europe.

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