



Taking stock

Tobacco control in the WHO European Region in 2017



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World Health
Organization

REGIONAL OFFICE FOR **Europe**

Abstract

Tobacco use continues to kill millions of people globally, including in the WHO European Region. In addition to causing illness and death, it is also a driver of inequity. Current trends suggest that tobacco use is not reducing as quickly as it should to meet globally agreed targets, especially in some of the poorest and most vulnerable populations. A tobacco-free society is considered one in which less than 5% of the adult population uses tobacco. This brief report looks at the latest tobacco-use prevalence data for the WHO European Region, taken from the 2017 report on the global tobacco epidemic, considers reports on the global tobacco epidemic since 2008 and the progress made against the implementation of MPOWER in the European Region, draws on the evidence compiled in the Tobacco Control Playbook, and considers how far the WHO European Region has travelled along the Roadmap of actions to strengthen implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015 – 2025 (the Roadmap) and how far there is to go.

Keywords

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Background

In 2003, the WHO Framework Convention on Tobacco Control (WHO FCTC) (1) was adopted in response to the globalization of the tobacco epidemic. The treaty enacts a set of universal standards stating the dangers of tobacco and limiting its use in all forms worldwide.

In 2008, the first WHO report on the global tobacco epidemic was published (2), reporting on tobacco use and implementation of tobacco control using MPOWER¹ (3).

In 2013, following the Political Declaration on Noncommunicable Diseases (NCDs) adopted by the United Nations General Assembly in 2011, the NCD global monitoring framework (4) was launched, including the voluntary global target for a 30% relative reduction in the prevalence of current tobacco use by 2025, from a 2010 baseline.

In 2013 also, the Ashgabat Declaration (5), made at the WHO European Ministerial Conference on the Prevention and Control of NCDs in the Context of Health 2020, committed to accelerating action to protect present and future generations from the devastating consequences of tobacco in the European Region.

In 2015, the WHO Regional Office for Europe published the Roadmap of actions to strengthen implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015 – 2025 (the Roadmap) (6), which envisions a Region that is free of tobacco-related morbidity, mortality and addiction.

In 2016, the Regional Office published the action plan for NCD control (7) to take integrated action on NCD risk factors, including tobacco, across sectors.

In 2016 also, the Tobacco Control Playbook (8) of arguments was developed by the Regional Office to illustrate how tobacco industry players act and how governments and the public health community can respond to their arguments.

In 2016 also, the United Nations Sustainable Development Goals (9) came into effect, including Target 3.A on strengthening implementation of the WHO FCTC and reducing tobacco use in adults.

In 2017, the sixth report on the global tobacco epidemic (10) was published.

¹ The six components of MPOWER are: Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco use; Warn about the dangers of tobacco; Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

Tobacco use continues to kill millions of people globally, including in the WHO European Region. In addition to causing illness and death, it is also a driver of inequity.

Current trends suggest that tobacco use is not reducing as quickly as it should to meet globally agreed targets, especially in some of the poorest and most vulnerable populations. A tobacco-free society is considered one in which less than 5% of the adult population uses tobacco (11).

This brief report:

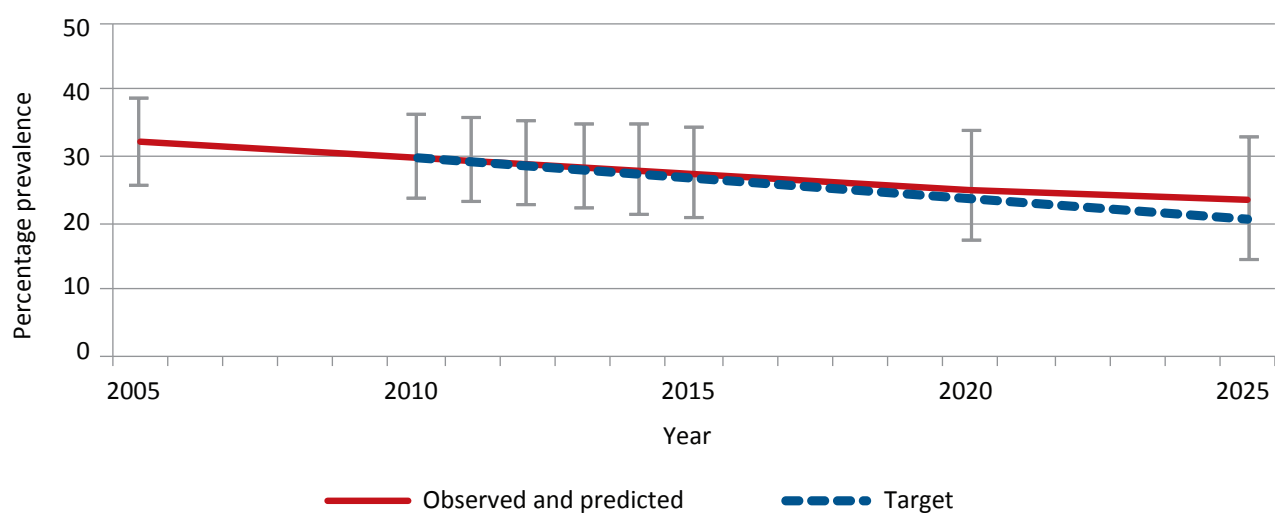
- looks at the latest tobacco-use prevalence data for the WHO European Region, taken from the 2017 report on the global tobacco epidemic (10);
- considers reports on the global tobacco epidemic since 2008 and the progress made against the implementation of MPOWER (3) in the European Region;
- draws on the evidence compiled in the Tobacco Control Playbook (8); and
- considers how far the WHO European Region has travelled along the Roadmap (6) and how far there is to go.

Time trend and current prevalence of tobacco use

According to the *WHO global report on trends in tobacco smoking 2000–2025* (12), it is projected that the global tobacco-smoking prevalence level in 2025 will be 18.9%, representing a 14% relative reduction overall. While welcome, this is below the 30% agreed target.

Fig. 1 shows the actual and predicted (beyond 2015) trend in tobacco-smoking prevalence in the European Region since 2005, comparing it to how the trend would look if the Region adhered to the agreed 30% relative reduction by 2025.

Fig. 1. Current smoking in people aged 15+ in the European Region (crude adjusted)^a



^a Data for 2016 will be published later in 2017 and may change current trends.

From the 29.6% prevalence in the baseline year 2010, the current trend suggests that prevalence will be at 23.3% by 2025, representing a 21% relative reduction instead of the 30% agreed. Although the target reduction is within the 95% confidence intervals of the predicted prevalence, this trend should stimulate the European Region to strengthen tobacco-control efforts and get on track.

The next set of figures look at most recent prevalence data across the Region to highlight variation and inequalities, and where future efforts might be focused.

Current prevalence in countries across the Region

Fig. 2. Adult daily smoking percentage prevalence 2015: age-standardized rates (both sexes combined)^a

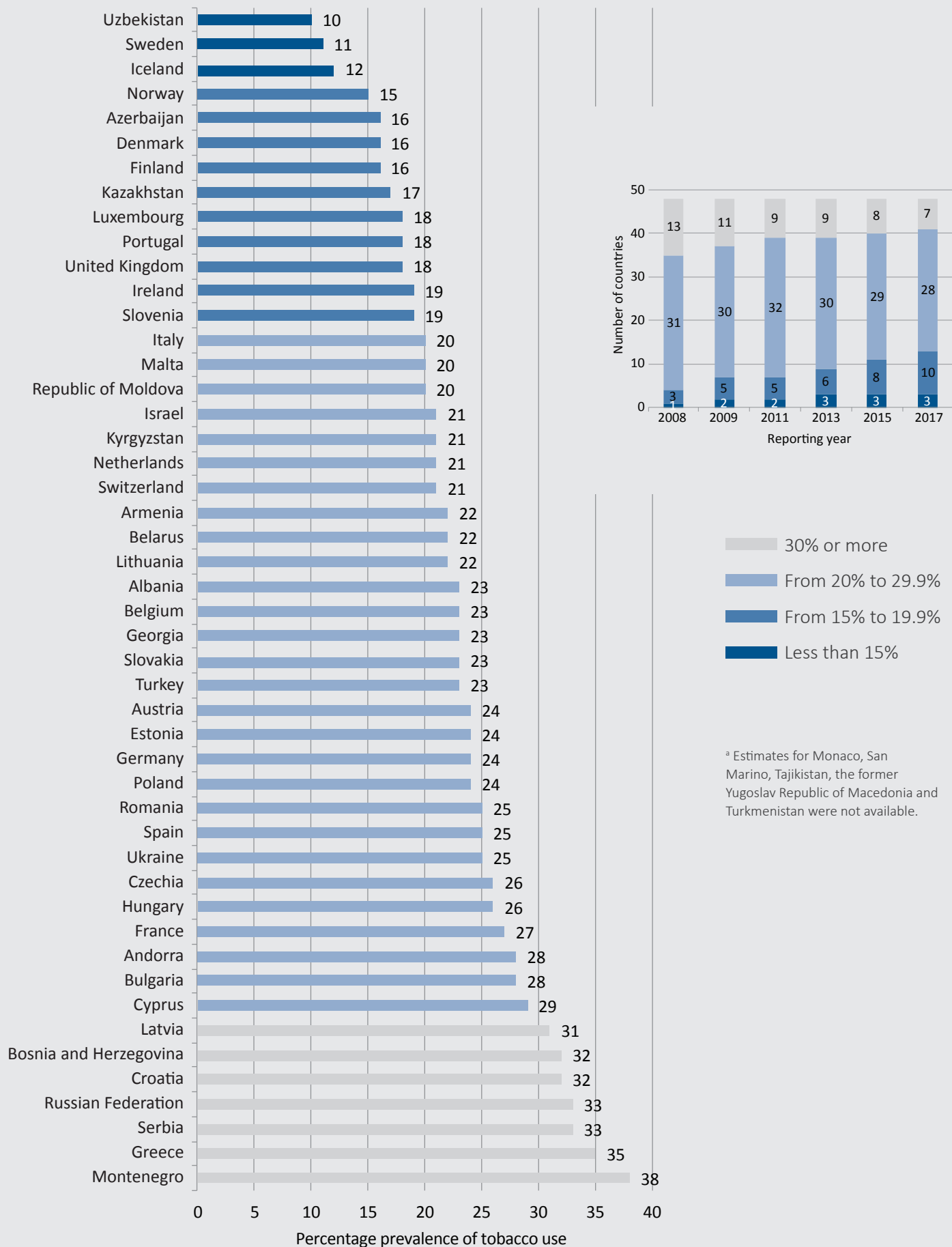
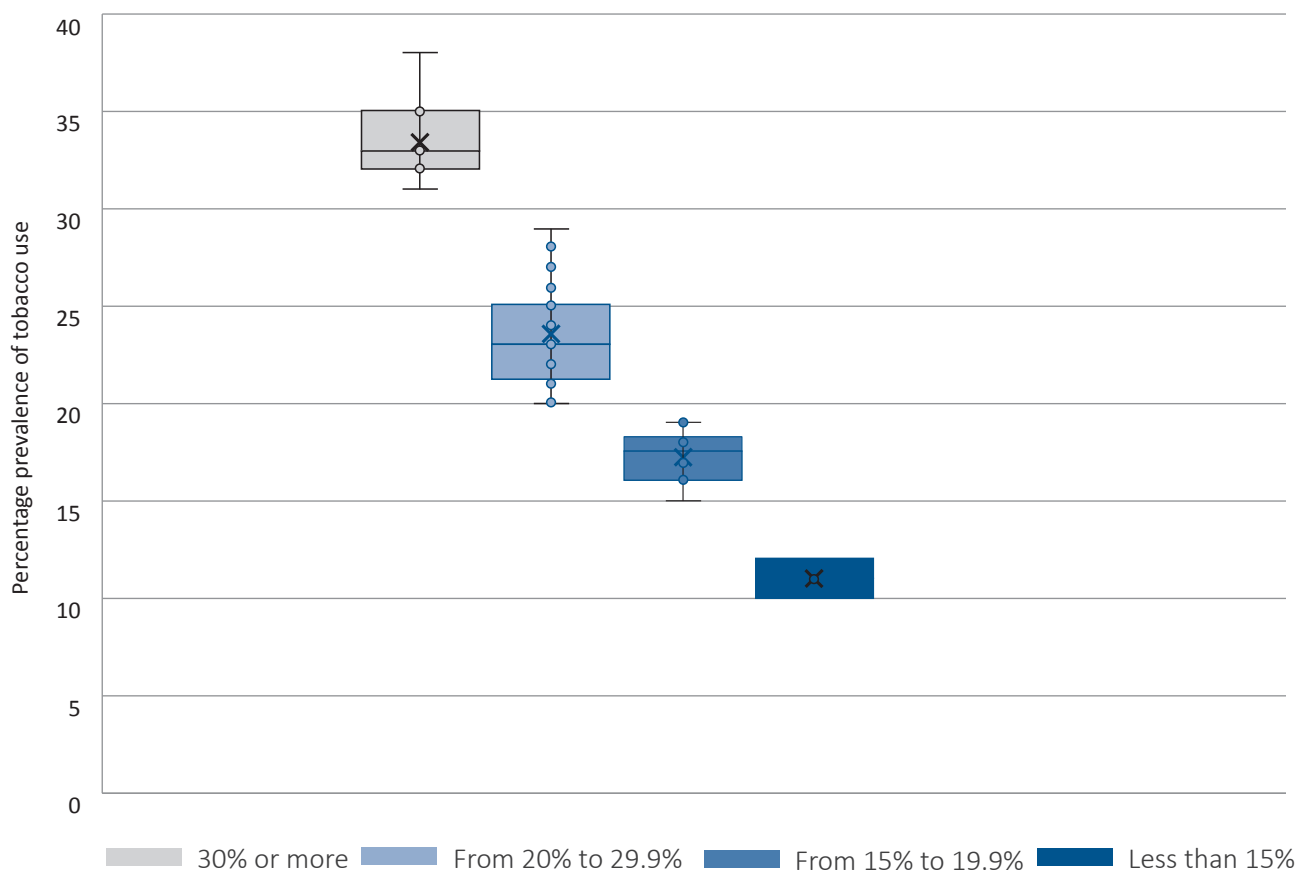


Fig. 2 shows age-standardized prevalence in the Region. Being age-standardized, the figures should be used only to compare across countries and not be interpreted individually per country; nor should they be used to estimate absolute numbers.

Fig. 3 shows the number of countries in each category of tobacco use and the maximum prevalence in each category.

Fig. 3. Adult daily smoking percentage prevalence 2015: age-standardized prevalence rates for adult daily smokers of tobacco (both sexes combined) grouped by categories



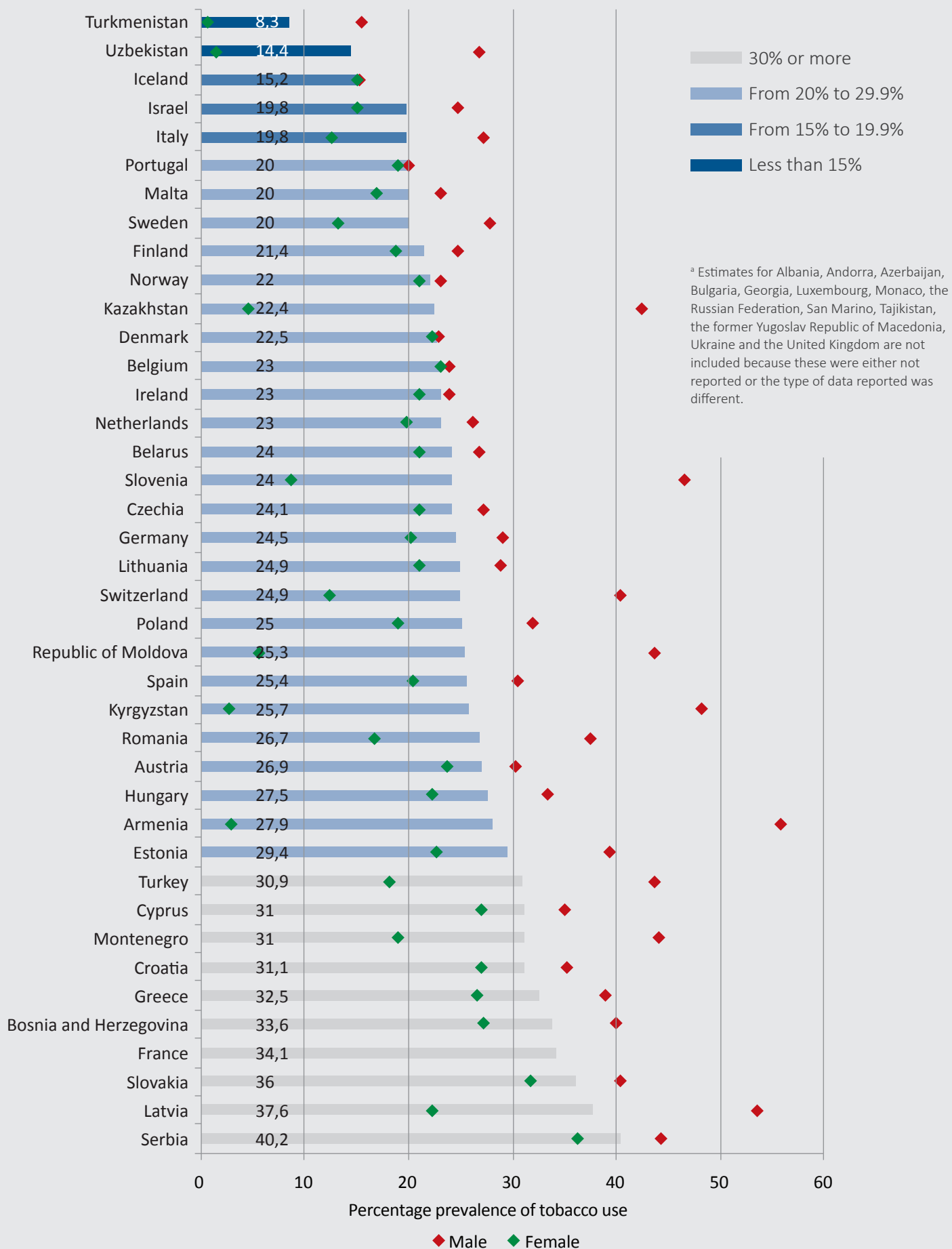
There is large variation across the Region. Prevalence is nearly four-fold higher in the most prevalent country compared with the least prevalent country.

Some of this variation should be interpreted with caution as:

- this data is only for tobacco smoking, and some countries in Europe have very high rates of smokeless tobacco use which will not be captured here;
- some countries have large variation across sub-groups of the population which is not captured here (see Fig.3 below for non-standardized variation across sexes).

Whilst this data does demonstrate a case for particular focus of tobacco control efforts in certain countries all countries, including those with relatively low prevalence, should maintain and strengthen efforts. The Region should also look beyond only the aggregated and smoking data to identify sub-groups of the population and elements of tobacco control that warrant particular attention.

Fig. 4. Adult current tobacco smoking: most recent data available for each country (non-standardized with bars representing both sexes combined)^a



In most countries in the Region (75% of those with available data), between 1 in 3 and 1 in 5 adults smoke tobacco. If 5% tobacco-use prevalence is taken as the threshold for a tobacco-free society, then countries range from between 3.3% and 35.2% prevalence points away from achieving this goal. It should be noted, however, that the data in Fig. 4 are only for tobacco smoking, and do not include smokeless and other forms of tobacco.

Tobacco-smoking prevalence is lower in females (ranging from 0.3% to 36.2%) than in males (15.3% to 55.8%). The countries with the lowest female tobacco-use prevalence are also some of the poorest countries in the Region; particular attention should be paid to how female smoking rates alter with economic change in these countries.

WHO FCTC implementation through MPOWER

In 2008, three years after the FCTC came into force, WHO packaged and promoted six proven measures to reduce tobacco use worldwide. Known as MPOWER (Fig. 5), the measures support scale up of specific provisions of the WHO FCTC on the ground.

Fig. 5. MPOWER

- M** Monitoring tobacco use and prevention policies
- P** Protecting people from tobacco smoke
- O** Offering help to quit tobacco use
- W** Warning about the dangers of tobacco
- E** Enforcing bans on tobacco advertising, promotion and sponsorship
- R** Raising tobacco taxes

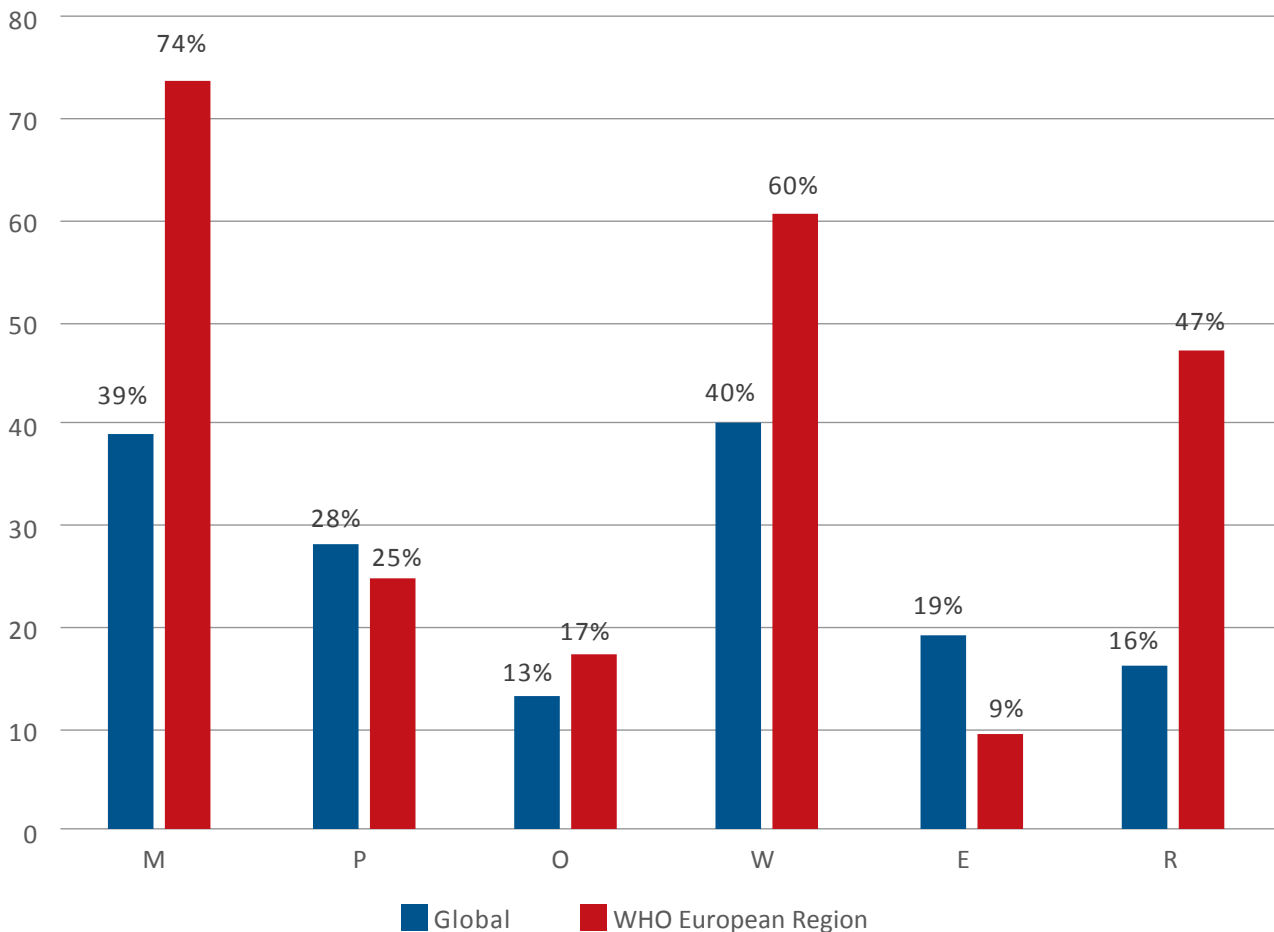
The MPOWER package is an effective set of measures that has proven to be highly implementable, but it should be remembered that it does not cover all elements of the WHO FCTC, and other articles, such as Article 5.3, warrant equal attention.

The following set of figures use data from WHO reports on the global tobacco epidemic to look at the overall performance of MPOWER implementation in the Region compared with the global picture, then at each measure separately, including country-level achievement since implementation has been recorded. It should be noted that the MPOWER implementation data included from each report are from the year preceding the year of publication.

Comparing the European Region to global

Fig. 6 summarizes the implementation of MPOWER in the European Region in 2017 compared with globally. MPOWER implementation measures are categorized by the extent or level of implementation. The chart looks at the proportion of countries achieving the highest-level implementation per measure – that is, the recommended level of tobacco control by that measure.

Fig. 6. Percentage of countries currently implementing MPOWER measures at the highest level of achievement, in the European Region versus globally (10)



While the European Region appears to be performing well in the measures Monitoring, Warning and Raising taxes, and is performing better than globally on the Offering support measure, it should be remembered that:

- performance compared with global is weaker for Protecting against second-hand smoke and Enforcing bans of advertising and promotion;
- performance in the Region and globally needs to be improved across all MPOWER measures;
- implementation of tobacco control needs to translate into effective reduction in tobacco use and improved health outcomes, which these figures do not measure; and
- implementation and its impact on health and social outcomes should be equitable across the populations affected, and these figures are not disaggregated to enable this to be measured.

Overall, achievement has been consistently high over the period measured, with 52% of countries achieving the recommended level by 2008. By 2017, all countries had at least recent and representative data for either adults or young people, and 73.5% had achieved the recommended level of monitoring for both groups. The percentage of countries achieving the recommended level of monitoring has increased steadily, from around half in 2008 to almost three quarters in 2017.

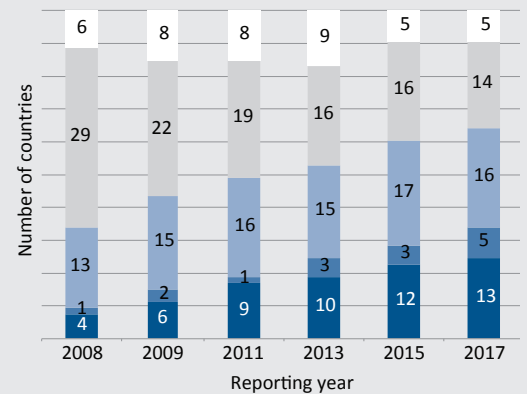
It is important that ongoing monitoring and surveillance activities keep up with the changing needs and challenges of tobacco control. Key areas outlined in the Roadmap (6) include:

- maintaining surveillance and ensuring disaggregation of data by age, sex and socioeconomic status;
- using the data to inform continuous evaluation of tobacco-control measures;
- ensuring the data are complemented by research that addresses gaps in knowledge and policy and is translated into practice;
- monitoring the tobacco industry to overcome barriers to tobacco control, and monitoring government spending on tobacco control to ensure it reaches necessary levels; and
- engaging the wider tobacco-control stakeholder network, including advocates, academics and civil society, to ensure monitoring and surveillance data are shared and put to best use.

Protecting people from tobacco smoke

Fig. 8. Protecting people from tobacco through smokefree policies

Reporting year	2008	2009	2011	2013	2015	2017
Albania						
Andorra				*		
Armenia						
Austria						
Azerbaijan						
Belarus						
Belgium	*	*	*	*	*	*
Bosnia and Herzegovina						
Bulgaria						
Croatia			*	*		
Cyprus						
Czechia						
Denmark						
Estonia						
Finland	*	*				
France	*	*	*	*	*	*
Georgia						
Germany						
Greece						
Hungary						
Iceland						
Ireland						
Israel						
Italy	*	*	*	*	*	*
Kazakhstan						
Kyrgyzstan						
Latvia						
Lithuania						
Luxembourg	*	*	*	*		
Malta						
Monaco		*	*	*	*	*
Montenegro						
Netherlands						
Norway						
Poland						
Portugal						
Republic of Moldova						
Romania						
Russian Federation						
San Marino		*	*	*		
Serbia						
Slovakia						
Slovenia	*	*	*	*	*	*
Spain						
Sweden						
Switzerland						
Tajikistan						
MKD ^a						
Turkey						
Turkmenistan						
Ukraine						
United Kingdom						
Uzbekistan						



- * Data not reported/not categorized OR Separate, completely enclosed smoking rooms are allowed in at least one of the assessed public places (for more detail see Appendix I (10))
- Up to two public places completely smoke-free
- Three to five public places completely smoke-free
- Six to seven public places completely smoke-free
- All public places completely smokefree (or at least 90% of the population covered by complete subnational smokefree legislation)

^aThe former Yugoslav Republic of Macedonia (MKD) is an abbreviation of the International Organization for Standardization (ISO).

Overall progress has been gradual over the period, starting from a low 2008 baseline when most countries (55%) had no more than two public places that were smokefree. The number of countries implementing the recommended smokefree legislation has increased from four (7.5%) in 2008 to 13 (24.5%) in 2017, but 14 (26.4%) have only up to two completely smokefree public places.

What the Tobacco Control Playbook says

Second-hand smoke has serious effects on the health of others and contains hundreds of carcinogenic or toxic chemicals such as arsenic, formaldehyde, vinyl chloride and benzene. Children exposed to second-hand smoke are at 50-100% higher risk of acute respiratory illness and are more likely to develop asthma, middle-ear infections, behavioural disorders and sudden infant death syndrome. The only way to protect people from it is to implement comprehensive smokefree legislation in all indoor places where others are present (13).

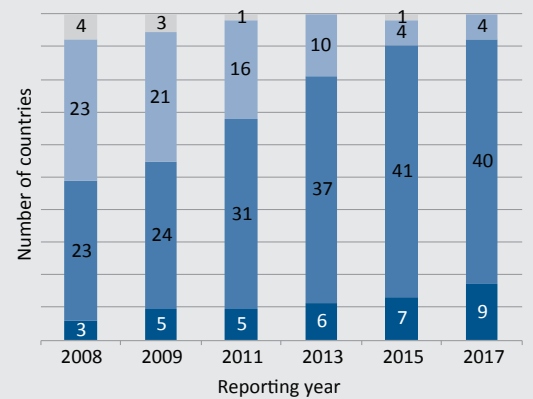
Smokefree legislation has a positive impact on other sectors, including the hospitality industry (14).

Despite the overwhelming evidence for smokefree legislation reducing harms from second-hand smoke and supporting the social norms of not smoking tobacco, over three quarters of countries in the European Region had not implemented the recommended smokefree policies and legislation by the time of writing the 2017 report.

Offering help to quit tobacco use

Fig. 9. Offering people help to quit tobacco use and treating dependence

Reporting year	2008	2009	2011	2013	2015	2017
Albania						
Andorra						
Armenia						
Austria						
Azerbaijan						
Belarus						
Belgium						
Bosnia and Herzegovina						
Bulgaria						
Croatia						
Cyprus						
Czechia						
Denmark						
Estonia						
Finland						
France						
Georgia						
Germany						
Greece						
Hungary						
Iceland						
Ireland						
Israel						
Italy						
Kazakhstan						
Kyrgyzstan						
Latvia						
Lithuania						
Luxembourg						
Malta						
Monaco						
Montenegro						
Netherlands						
Norway						
Poland						
Portugal						
Republic of Moldova						
Romania						
Russian Federation						
San Marino						
Serbia						
Slovakia						
Slovenia						
Spain						
Sweden						
Switzerland						
Tajikistan						
MKD ^a						
Turkey						
Turkmenistan						
Ukraine						
United Kingdom						
Uzbekistan						



- None
- NRT and/or some cessation services (neither cost-covered)
- NRT and/or some cessation services (at least one of which is cost-covered)
- National quit line, and both NRT and some cessation services cost-covered

^a The former Yugoslav Republic of Macedonia (MKD) is an abbreviation of the International Organization for Standardization (ISO).

Most countries are providing less than the recommended level of support, but progress has been gradual and consistent over the period. In 2017, nine countries (16.9%) reported that they were providing the recommended level of cessation support, up from three in 2008. Forty-nine countries (92%) had Nicotine Replacement Therapy (NRT) and/or some cessation services (at least one of which is cost-covered) in 2017, up from 26 (49%) in 2008.

What the Tobacco Control Playbook says

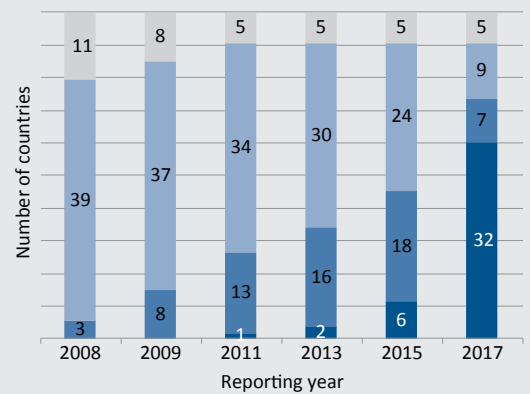
Smoking is highly addictive due to the role of nicotine and the way that cigarettes are engineered to amplify their effects. Most smokers start as children or young adolescents, long before they can appreciate the risks and addictiveness of smoking. The vast majority of smokers want to quit, but only around 3–7% of unaided quit attempts are successful (15).

Offering people help to quit tobacco use is essential to empower them to redress the balance against addiction, the truth about the harm to themselves and those around them, and the historical misinformation provided by the tobacco industry.

Warning on cigarette packages about the dangers of tobacco

Fig. 10. Warning people about the dangers of tobacco use through health warnings on cigarette packages

Reporting year	2008	2009	2011	2013	2015	2017
Albania	Medium	Large	Large	Large	Large	Large
Andorra	No	No	No	No	No	No
Armenia	Medium	Medium	Medium	Medium	Medium	Large
Austria	Medium	Medium	Medium	Medium	Medium	Large
Azerbaijan	No	No	Medium	Medium	Medium	Medium
Belarus	No	Medium	Medium	Medium	Large	Large
Belgium	Large	Large	Large	Large	Large	Large
Bosnia and Herzegovina	No	No	No	No	No	No
Bulgaria	Medium	Medium	Medium	Medium	Medium	Large
Croatia	No	Medium	Medium	Medium	Medium	Medium
Cyprus	Medium	Medium	Medium	Medium	Medium	Medium
Czechia	Medium	Medium	Medium	Medium	Medium	Large
Denmark	Medium	Medium	Medium	Large	Large	Large
Estonia	Medium	Medium	Medium	Medium	Medium	Large
Finland	Medium	Medium	Medium	Medium	Medium	Large
France	Medium	Medium	Large	Large	Large	Large
Georgia	Medium	Medium	Medium	Medium	Medium	Medium
Germany	Medium	Medium	Medium	Medium	Medium	Large
Greece	Medium	Medium	Medium	Medium	Medium	Large
Hungary	Medium	Medium	Medium	Large	Large	Large
Iceland	Medium	Medium	Medium	Medium	Medium	Medium
Ireland	Medium	Medium	Medium	Large	Large	Large
Israel	Medium	Medium	Medium	Medium	Medium	Medium
Italy	Medium	Medium	Medium	Medium	Medium	Large
Kazakhstan	Medium	Medium	Medium	Medium	Large	Large
Kyrgyzstan	Medium	Large	Large	Large	Large	Large
Latvia	Medium	Large	Large	Large	Large	Large
Lithuania	Medium	Medium	Medium	Medium	Medium	Large
Luxembourg	Medium	Medium	Medium	Medium	Medium	Medium
Malta	Medium	Medium	Large	Large	Large	Large
Monaco	No	No	No	No	No	No
Montenegro	Medium	Medium	Medium	Medium	Large	Large
Netherlands	Medium	Medium	Medium	Medium	Medium	Large
Norway	Medium	Medium	Large	Large	Large	Medium
Poland	Medium	Medium	Medium	Medium	Medium	Large
Portugal	Medium	Medium	Medium	Medium	Medium	Large
Republic of Moldova	Medium	Medium	Medium	Medium	Medium	Large
Romania	Medium	Large	Large	Large	Large	Large
Russian Federation	No	Medium	Medium	Medium	Large	Large
San Marino	No	No	No	No	No	No
Serbia	Medium	Medium	Medium	Medium	Medium	Medium
Slovakia	Medium	Medium	Medium	Medium	Medium	Large
Slovenia	Medium	Medium	Medium	Medium	Medium	Medium
Spain	Medium	Medium	Large	Large	Large	Large
Sweden	Medium	Medium	Medium	Medium	Medium	Large
Switzerland	Large	Large	Large	Large	Large	Large
Tajikistan	No	No	No	No	No	No
MKD ^a	Medium	Large	Large	Large	Large	Large
Turkey	Medium	Medium	Large	Large	Large	Large
Turkmenistan	No	No	Medium	Medium	Large	Large
Ukraine	Medium	Medium	Large	Large	Large	Large
United Kingdom	Large	Large	Large	Large	Large	Large
Uzbekistan	No	No	Medium	Medium	Medium	Medium



- No warnings or small warnings
- Medium size warnings missing some appropriate characteristics OR large warnings missing many appropriate characteristics
- Medium size warnings with all appropriate characteristics OR large warnings missing some appropriate characteristics
- Large warnings with all appropriate characteristics

^a The former Yugoslav Republic of Macedonia (MKD) is an abbreviation of the International Organization for Standardization (ISO).

Progress has been made in relation to warning messages on cigarette packages, with the sharpest rise in countries achieving the recommended level seen between 2015 and 2017 (26 additional countries). In 2017, 32 countries (60.4%) applied health warnings to cigarette packages as recommended, up from 0 in 2008, but five (9%) still had no or only small warnings.

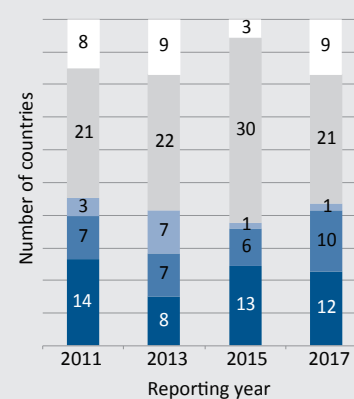
What the Tobacco Control Playbook says

Evidence has consistently shown that pictorial warnings on tobacco packs effectively communicate the health risks of tobacco use to wider audiences, including children and illiterate people, and that the positive effects of pictorial warnings are strengthened with larger graphic warnings and plain packaging (16,17).

Warning through mass media campaigns about the dangers of tobacco

Fig. 11. Warning people about the dangers of tobacco use through anti-tobacco campaigns^a

Reporting year	2011	2013	2015	2017
Albania				
Andorra	...			
Armenia	
Austria				
Azerbaijan				
Belarus				...
Belgium				
Bosnia and Herzegovina				...
Bulgaria				
Croatia				
Cyprus	...			
Czechia				
Denmark		...		
Estonia	...			
Finland				...
France				...
Georgia				
Germany				
Greece		
Hungary				
Iceland				
Ireland		...		
Israel			...	
Italy				
Kazakhstan				
Kyrgyzstan	
Latvia				
Lithuania				
Luxembourg	...			
Malta				...
Monaco
Montenegro				
Netherlands				
Norway				
Poland				
Portugal				
Republic of Moldova				
Romania				
Russian Federation				
San Marino	...			
Serbia				
Slovakia				
Slovenia		...		
Spain				
Sweden				
Switzerland				
Tajikistan		...		
MKD ^b		
Turkey				
Turkmenistan
Ukraine				
United Kingdom				
Uzbekistan			...	



- ... Data not reported
- No national campaign conducted in a defined period with duration of at least three weeks
- National campaign conducted with 1–4 appropriate characteristics (for more detail see Appendix 1 (10))
- National campaign conducted with 5–6 appropriate characteristics, or with 7 characteristics excluding airing on television and/or radio
- National campaign conducted with at least seven appropriate characteristics including airing on television and/or radio

^aThis measure was not reported separately from the other Warn measure before 2011.

^bThe former Yugoslav Republic of Macedonia (MKD) is an abbreviation of the ISO.

In relation to mass-media campaigns, overall there has been no discernible progress since measurement started in 2011. Twenty-one countries reported no campaign in both 2017 and 2011, and two fewer countries reported recommended campaigns in 2017 than in 2011.

The number of countries not reporting any data also remains high, at nine in 2017.

What the Tobacco Control Playbook says

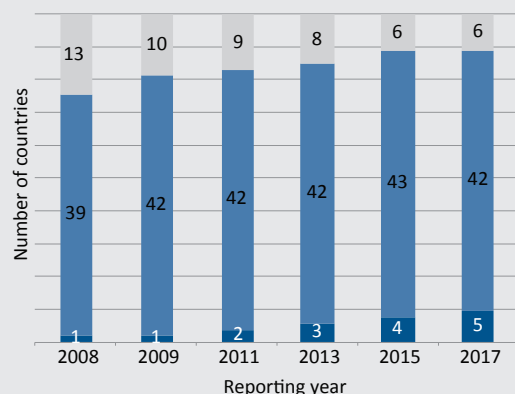
The tobacco industry's marketing, research and public relations activities are a source of misinformation. These issues make it difficult for people to make free and informed choices about tobacco smoking.

Governments have a responsibility to inform the community about harmful products and behaviours (15).

Enforcing bans on tobacco promotion

Fig. 12. Enforcing bans on tobacco advertising, promotion and sponsorship

Reporting year	2008	2009	2011	2013	2015	2017
Albania	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Andorra	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Armenia	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Austria	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Azerbaijan	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Belarus	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Belgium	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Bosnia and Herzegovina	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Bulgaria	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Croatia	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Cyprus	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Czechia	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Denmark	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Estonia	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Finland	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
France	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Georgia	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Germany	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Greece	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Hungary	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Iceland	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Ireland	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Israel	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Italy	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Kazakhstan	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Kyrgyzstan	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Latvia	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Lithuania	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Luxembourg	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Malta	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Monaco	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Montenegro	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Netherlands	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Norway	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Poland	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Portugal	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Republic of Moldova	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Romania	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Russian Federation	Light Blue	Light Blue	Light Blue	Light Blue	Dark Blue	Dark Blue
San Marino	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Serbia	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Slovakia	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Slovenia	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Spain	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Sweden	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Switzerland	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Tajikistan	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
MKD ^a	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Turkey	Light Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Turkmenistan	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Ukraine	Light Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
United Kingdom	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
Uzbekistan	Light Blue	Light Blue	Light Blue	Dark Blue	Dark Blue	Dark Blue



- Complete absence of ban, or ban that does not cover national (TV), radio and print media
- Ban on national TV, radio and print media as well as on some (but not all) other forms of direct and/or indirect advertising
- Ban on all forms of direct and indirect advertising

^a The former Yugoslav Republic of Macedonia (MKD) is an abbreviation of the International Organization for Standardization (ISO).

The vast majority of countries still have not implemented the recommended level of enforced bans on tobacco promotion, and progress over the period has been slow but gradual. The number of countries with a ban on advertising of any sort increased from 40 (75%) in 2008 to 47 (88%) in 2017.

What the Tobacco Control Playbook says

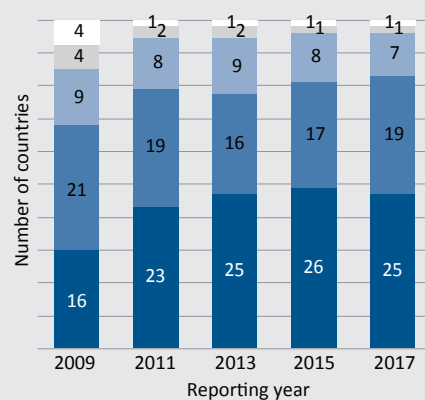
Tobacco marketing entails a wide range of deliberately misleading practices. The tobacco industry has a long history of marketing cigarettes to children and young people. Tobacco industry marketing and public relations have placed a strong focus on implying lower health risks for some brands (15,18).

Countering the various marketing and promotional strategies of the tobacco industry is essential to achieve properly informed public health literacy. Tobacco control efforts in the Region should protect at-risk groups and potential smokers from starting, including young people and people in emerging markets, such as women and those in low-income countries.

Raising tobacco taxes

Fig. 13. Raising tobacco taxes^a

Reporting year	2009	2011	2013	2015	2017
Albania					
Andorra	...				
Armenia					
Austria					
Azerbaijan					
Belarus					
Belgium					
Bosnia and Herzegovina					
Bulgaria					
Croatia					
Cyprus					
Czechia					
Denmark					
Estonia					
Finland					
France					
Georgia					
Germany					
Greece					
Hungary					
Iceland					
Ireland					
Israel					
Italy					
Kazakhstan					
Kyrgyzstan					
Latvia					
Lithuania					
Luxembourg					
Malta					
Monaco
Montenegro					
Netherlands					
Norway					
Poland					
Portugal					
Republic of Moldova					
Romania					
Russian Federation					
San Marino	...				
Serbia					
Slovakia					
Slovenia					
Spain					
Sweden					
Switzerland					
Tajikistan	...				
MKD ^b					
Turkey					
Turkmenistan					
Ukraine					
United Kingdom					
Uzbekistan					



- ... Data not reported
- < 25% of retail price is tax
- 26-50% of retail price is tax
- 51-75% of retail price is tax
- > 75% of retail price is tax

^a 2008 is not included as the measurement was not comparable to subsequent years.

^b The former Yugoslav Republic of Macedonia (MKD) is an abbreviation of the ISO.

Little progress has been seen in this measure, especially between 2011, when 23 countries had the recommended level of taxes and 19 had the next level down, and 2017, when 25 had the recommended level and 19 the next level. The number of countries with taxes amounting to more than 50% of the retail price increased from 36 (68%) in 2009 to 44 (82%) in 2017, but fewer than half of countries taxed tobacco at the recommended level in 2017.

What the Tobacco Control Playbook says

Tobacco taxation is one of the most cost-effective health interventions, causing tobacco consumption to fall while generating revenues for the state. The tobacco industry argues that increasing tobacco taxes will lead to a loss of jobs and revenue due to declining smoking rates; the truth, however, is that increased taxes create a win-win situation for public health and the economy, as revenue increases even as smoking rates fall (19).

Summarizing the strengths and weaknesses

Strengths

Monitor

The European Region consistently has had a high proportion of countries achieving the recommended level, with nearly three quarters doing so in 2017.

Protect

There has been a gradual and consistent rise in countries achieving the recommended level, from four in 2008 to 13 in 2017.

Offer support

All but four countries in 2017 offered people some cost-covered cessation-support service.

Warn

Large warnings with all the appropriate characteristics could be found in 60% of countries in the Region in 2017.

Enforce

Only six of the 53 countries did not have an enforced ban on tobacco promotion in national TV, radio and print media.

Raise taxes

Since 2013, nearly half of all countries in the Region have consistently taxed tobacco at more than 75% of the retail price of a packet of cigarettes.

Weaknesses

Monitor

Fourteen countries in the European Region have yet to reach the recommended level of monitoring.

Protect

Achieving a smokefree Region remains a long way off, with only one in four countries implementing the recommended ban in public places.

Offer support

Eighty-three per cent of countries have yet to achieve the recommended level of help to quit tobacco and treat dependence.

Warn

Forty per cent of countries have yet to implement recommended warnings on cigarette packages, and no progress has been seen in mass-media campaigns since 2011.

Enforce

As of 2017, fewer than one in 10 countries enforced the recommended bans on tobacco promotion.

Raise taxes

Nine countries in the Region have yet to achieve taxes above 50% of the retail price of a packet of cigarettes, and 28 countries are yet to achieve the recommended rates of tax.

Case studies and success stories for tobacco control in the European Region

While much work still has to be done to reach full implementation of the WHO FCTC in the WHO European Region and to make greater steps towards a tobacco-free Region, much has been achieved. There are many examples of exceptional tobacco control that other countries and regions can learn from.

Get ready for plain packaging

Progress has been made towards implementing plain packaging of tobacco products in a number of countries across the Region, including France (20), Georgia (21), Ireland (22), Norway (23), Slovenia (24), Hungary (25) and the United Kingdom (26).

Surveys into action in Azerbaijan

Azerbaijan has conducted several national surveys on tobacco control and is incorporating tobacco questions into its consumer and household surveys. Survey findings have been used to support decisions to strengthen tobacco-control legislation in response to the high smoking prevalence (35.5% in 2016) (10).

A strong and comprehensive ban on tobacco promotion in the Republic of Moldova

The Parliament passed a tobacco-control law that includes a comprehensive ban on promotion, pictorial health warnings, banning smokeless tobacco and cigarette additives, and strong mechanisms for enforcement. This is supported by campaigning members of parliament and has been achieved despite massive opposition from the tobacco industry (10).

Raised taxes and reduced illicit trade in the United Kingdom

The United Kingdom has continued to raise tobacco taxes while actively combating illicit trade. More than one in five of all cigarettes consumed in the United Kingdom in 2000 were illicit, but through implementation of an anti-smuggling strategy, the illicit market had fallen to 9% by 2012, despite above-inflation tax increases in prior years. This allowed the Government to raise taxes by 5% above inflation (27).

Sporting events go smokefree in Europe

The world of sport increasingly recognizes the incompatibility of associating tobacco use with physical fitness and healthy lifestyles. Smoking, and sale and promotion of tobacco are increasingly disallowed in sport venues and events. The following events were all tobacco-free: the 2012 football European championships in Poland and Ukraine; the 2014 Commonwealth Games in Glasgow, United Kingdom (Scotland); and the 2014 Winter Olympics in Sochi, Russian Federation (27).

The Russian Federation goes 100% smokefree

The Russian Federation took a huge step towards controlling its tobacco epidemic in February 2013 when it passed strong, comprehensive and nationwide tobacco-control legislation. Despite concerns about the law's implementation and fears kindled by the tobacco industry that some businesses might see reduced profits, evaluation has showed near universal compliance in cafés, bars and restaurants, and an increase in their business (27).

Tobacco use in the Russian Federation has decreased over this period of strengthened tobacco control, with a 21.5% relative decline in tobacco use prevalence between 2009 and 2016 (28).

Relating progress to the Roadmap

The Roadmap (6) envisions a WHO European Region that is free of tobacco-related morbidity, mortality and addiction. Strengthening implementation of the WHO FCTC and other relevant tobacco-control measures in the Region through the Roadmap would help to achieve an appropriate response to the mandate set out in the Ashgabat Declaration (5), ensure no Member State is left behind, and help in the meeting of time-bound commitments set out in the WHO FCTC.

The Roadmap sets out three focus areas and two supporting areas. Member States and the WHO Regional Office for Europe have ongoing roles in ensuring progress continues and is strengthened in the move towards achieving the vision.

Focus area 1. **Strengthening implementation of the WHO FCTC and supporting innovation**

As of July 2017, three countries in the Region had yet to sign or ratify the WHO FCTC: Switzerland, which has signed but not ratified, Andorra and Monaco, which have not signed.

Progress has been made across the Region since 2015 towards implementation of the WHO FCTC through all of the MPOWER measures. More needs to be done, however, especially on raising tobacco taxes, implementing smokefree policies, supporting people to quit, warning through mass media and enforcing bans on all forms of promotion.

Article 6 of the WHO FCTC, using price and tax measures to reduce the demand for tobacco, raise revenue and address inequities, is identified by the Roadmap as a priority, but is one of the MPOWER measures for which progress has slowed.

Other areas of tobacco control not covered by MPOWER should also be strengthened moving forward, including controlling the illicit trade of tobacco and implementing Article 5.3 on protecting tobacco-control policies from commercial and other vested interests.

Focus area 2. **Responding to new challenges**

New challenges have emerged since the WHO FCTC was adopted, including a growth in electronic nicotine delivery systems (ENDS) and smokeless tobacco, and new legal challenges to tobacco control.

While the public health dispute on the benefits and harms of ENDS continues, it is essential that all Member States in the Region implement the WHO FCTC Conference of Parties guidelines on the regulation of ENDS (29), monitor the use of ENDS, help to strengthen the evidence on ENDS and provide comprehensive evidence-based tobacco-cessation support.

A number of Member States, including France (30), Norway (31) and the United Kingdom (32), have upheld legal battles against tobacco control. The European Court of Justice has also upheld the European Union's directive on tobacco products (33). Along with other efforts across the globe, these set precedents for countries facing legal challenges from the tobacco lobby and provide useful lessons learnt.

Focus area 3. Reshaping social norms

While tobacco use remains more prevalent in the Region than it should, it is not standard – most people do not smoke. People at risk from the harms of tobacco – those who currently use it, might start using it or are at risk of second-hand smoke – should be aware that tobacco use is not the social norm.

The implementation of strong tobacco control influences public opinion, especially enacting smokefree legislation, transmitting the right messages, supporting cessation, educating people before they start, and protecting policy-making across all sectors from commercial and other vested interests.

Much needs to be done to achieve this in the European Region. Only five countries have achieved the recommended level of enforcing a ban on all tobacco promotion, 30 have no national (or no reported) mass-media campaigns, and 40 have yet to implement the recommended level of smokefree policies, with more work needed on removing smokefree exemptions.

WHO FCTC Article 5.3 is another crucial element to this focus area and more needs to be done to achieve Region-wide commitment.

Supporting area 1. Assessing progress, gaps, gradients, trends and impacts

Surveillance is crucial to inform evidence generation and drive progress in tobacco control. The European Region has consistently done well in the monitoring measure of MPOWER, with nearly three quarters of countries now achieving the recommended level. For this to be translated into effective tobacco control, however, it needs to include policy monitoring, be disaggregated by factors such as measures of equity, and used effectively to influence sustainable policy implementation.

The Regional Office is making progress in the effective use of data: 12 countries attended global tobacco survey workshops in 2017, coordinated jointly by WHO and the United States Centers for Disease Control and Prevention, that looked at data into action; and a WHO study project on improving evaluation of the impact of public health interventions such as tobacco control is in progress with several countries across the Region.

Supporting area 2. Working together: partnerships and international cooperation

In an interdependent world, and given the global and regional forces challenging people's health, the need for countries to act together becomes increasingly important; this is especially so in tobacco control, considering the cross-border activities of the tobacco industry.

The Regional Office supports collaboration across countries and tobacco-control partners through multi-country tobacco survey workshops and research initiatives, and improving coordination of the WHO collaborating centres. The cross-sectoral nature of tobacco control and variation in prevalence and policies across the Region, however, mean that more needs to be done to ensure sectors work together to reduce tobacco use and support is provided between countries and regionally to help achieve a European Region free from tobacco-related morbidity, mortality and addiction.

References

1. WHO Framework Convention on Tobacco Control [website]. Geneva: World Health Organization; 2017 (<http://www.who.int/fctc/cop/about/en/>).
2. WHO report on the global tobacco epidemic 2008. Geneva: World Health Organization; 2017 (<http://www.who.int/tobacco/mpower/2008/en/>).
3. MPOWER. In: World Health Organization [website]. Geneva: World Health Organization; 2017 (<http://www.who.int/tobacco/mpower/en/>).
4. NCD global monitoring framework. In: World Health Organization [website]. Geneva: World Health Organization; 2017 (http://www.who.int/nmh/global_monitoring_framework/en/).
5. Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020. Copenhagen: WHO Regional Office for Europe; 2013 (<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/ncd-background-information/ashgabat-declaration-on-the-prevention-and-control-of-noncommunicable-diseases-in-the-context-of-health-2020>).
6. Making tobacco a thing of the past: roadmap of actions to strengthen implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015–2025. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/publications/2015/making-tobacco-a-thing-of-the-past-roadmap-of-actions-to-strengthen-implementation-of-the-who-framework-convention-on-tobacco-control-in-the-european-region-2015-2025-2015>).
7. Action plan for the prevention and control of noncommunicable diseases in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (EUR/RC66/11; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/66th-session/documentation/working-documents/eurrc6611-action-plan-for-the-prevention-and-control-of-noncommunicable-diseases-in-the-who-european-region>).
8. Tobacco control playbook [website]. Geneva: World Health Organization; 2016 (<https://tobaccoplaybook.net/en/about.html>).
9. Sustainable Development Goals [website]. New York (NY): United Nations; 2017 (<http://www.un.org/sustainabledevelopment/sustainable-development-goals/>).
10. WHO report on the global tobacco epidemic 2017. Geneva: World Health Organization; 2017 (http://www.who.int/tobacco/global_report/en/).
11. Tobacco-free world (special issue). *Lancet* 2015;385:915–42.
12. WHO global report on trends in tobacco smoking 2000–2025. Geneva: World Health Organization; 2015 (<http://www.who.int/tobacco/publications/surveillance/reportontrendstobaccosmoking/en/index4.html>).
13. Comprehensive smokefree legislation is essential in protecting the health of others. In: Tobacco control playbook [website]. Geneva: World Health Organization; 2016 (<https://tobaccoplaybook.net/en/003-smokefree-legislation.html>).
14. Smokefree legislation does not harm the hospitality industry. In: Tobacco control playbook [website]. Geneva: World Health Organization; 2016 (<https://tobaccoplaybook.net/en/003-smokefree-legislation.html>).
15. Is tobacco smoking a free and informed choice? In: Tobacco control playbook [website]. Geneva: World Health Organization; 2017 (<https://tobaccoplaybook.net/en/009-free-and-informed-choice.html>).

16. World No Tobacco Day, 31 May 2017. In: World Health Organization [website]. Geneva: World Health Organization; 2017 (<http://www.who.int/campaigns/no-tobacco-day/2017/event/en/>).
17. Large pictorial pack warnings and plain packaging work. In: Tobacco control playbook [website]. Geneva: World Health Organization; 2016 (<https://tobaccoplaybook.net/en/002-packaging.html>).
18. Tobacco marketing is targeted at children and young people. In: Tobacco control playbook [website]. Geneva: World Health Organization; 2016 (<https://tobaccoplaybook.net/en/004-marketing.html>).
19. Tobacco taxation is one of the most cost-effective health interventions: government revenues increase while smoking rates fall. In: Tobacco control playbook [website]. Geneva: World Health Organization; 2016 (<https://tobaccoplaybook.net/en/006-taxation.html>).
20. France announces plan to implement plain packaging with its new national programme on the fight against tobacco [online news item]. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/news/news/2014/10/france-announces-plan-to-implement-plain-packaging-with-its-new-national-programme-on-the-fight-against-tobacco>).
21. Georgia takes a historic step in tobacco control [online news item]. Copenhagen: WHO Regional Office for Europe; 2017 (<http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/news/news/2017/05/georgia-takes-a-historic-step-in-tobacco-control>).
22. Ireland strengthens tobacco control through standardized packaging [online news item]. Copenhagen: WHO Regional Office for Europe; 2017 (<http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/news/news/2017/05/ireland-strengthens-tobacco-control-through-standardized-packaging>).
23. Norway announces decision to send bill on plain packaging to Parliament [online news item]. Copenhagen: WHO Regional Office for Europe; 2016 (<http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/news/news/2016/05/norway-announces-decision-to-send-bill-on-plain-packaging-to-parliament>).
24. Slovenian National Assembly passes strong tobacco control law [online news item]. Copenhagen: WHO Regional Office for Europe; 2017 (<http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/news/news/2017/02/slovenian-national-assembly-passes-strong-tobacco-control-law>).
25. Hungary: Larger pictorial warnings and plain packaging required by the new Government Decree. In: WHO Framework Convention on Tobacco Control [website]. Geneva: World Health Organization; 2016 (<http://apps.who.int/fctc/implementation/database/groups/hungary-larger-pictorial-warnings-and-plain-packaging-required-new-government-decree>).
26. United Kingdom to introduce plain packaging on tobacco packs [online news item]. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/news/news/2015/03/united-kingdom-to-introduce-plain-packaging-on-tobacco-packs>).
27. WHO report on the global tobacco epidemic 2015. Geneva: World Health Organization; 2015 (http://www.who.int/tobacco/global_report/2015/en/).
28. Global Adult Tobacco Survey. Comparison Fact Sheet. Russian Federation 2009 and 2016. Geneva: World Health Organization; 2016 (http://www.who.int/tobacco/surveillance/survey/gats/rus_comparison_factsheet_2016.pdf?ua=1).
29. Electronic nicotine delivery systems and electronic non-nicotine delivery systems (ENDS/ENNDS). Geneva: World Health Organization; 2016 (http://www.who.int/fctc/cop/cop7/FCTC_COP_7_11_EN.pdf?ua=1).
30. Country: France. In: Tobacco control laws [website]. Washington (DC): Tobacco Free Kids; 2015 (<https://www.tobaccocontrolaws.org/litigation/advancedsearch/?country=France>).

31. Country: Norway. In: Tobacco control laws [website]. Washington (DC): Tobacco Free Kids; 2015 (<https://www.tobaccocontrollaws.org/litigation/advancedsearch/?country=Norway>).
32. Country: United Kingdom. In: Tobacco control laws [website]. Washington (DC): Tobacco Free Kids; 2015 (<https://www.tobaccocontrollaws.org/litigation/advancedsearch/?country=United%20Kingdom>).
33. EU, UK and India victories show that the tobacco industry is not a respectable player. In: WHO Framework Convention on Tobacco Control [website]. Geneva: World Health Organization; 2017 (<http://www.who.int/fctc/mediacentre/news/2016/legal-victories-against-tobacco-industry/en/>).

The WHO Regional
Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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