World Health Organization
REGIONAL OFFICE FOR Europe

Tobacco Control Fact Sheet
BELARUS

Photo: Belarus' House of Government, Dennis Jarvis, 2009

TOBACCO CONTROL
FACT SHEET

Belarus

Health impact of tobacco control policies in line with the WHO Framework Convention on Tobacco Control (WHO FCTC)

Based on the current level of adult smoking in Belarus *(1)*, premature deaths attributable to smoking are projected to be more than 1 million of the 2.1 million smokers alive today (Table 1) and may increase in the absence of stronger policies.

TABLE 1.
Initial smoking prevalence and projected premature deaths

Smoking prevalence (%)		Smokers (n)
Male	Female	Total
48.6	9.7	2 122 030

Projected premature deaths of current smokers (n)			
Male[a]	Female[a]	Total[a]	Total[b]
862 650	198 365	1 061 015	689 660

[a] Premature deaths are based on relative risks from large-scale studies of high-income countries.

[b] Premature deaths are based on relative risks from large-scale studies of low- and middle-income countries.

Source: WHO *(1)*.

Key findings

Within 15 years, the effects of individual tobacco control policies when fully implemented in line with the WHO FCTC *(2)* are projected to reduce smoking prevalence by:

- 27.8% by increasing excise cigarette taxes from the current level of 34.48% to 75% and prevent much smoking among young people;
- 15.5% with more comprehensive smoke-free laws and stronger enforcement;
- 5.9% by banning most forms of direct and indirect advertising to create a comprehensive ban on advertising, promotion and sponsorship with enforcement;
- 9% by requiring that strong graphic health warnings be added to tobacco products;
- 5.4% by increasing from moderate provision to a well publicized and comprehensive tobacco-cessation policy; and
- 6.3% by increasing awareness of the harms of tobacco use through a high-level media campaign.

With this stronger set of policies and consistent with the WHO FCTC *(2)*, smoking prevalence can be reduced by 42% within five years, 54% within 15 years and 64% within 40 years. Almost 667 000 deaths could be averted in the long term (Table 2). The SimSmoke tobacco control model *(3)* incorporates synergies in implementing multiple policies (such as strong media campaigns with smoke-free laws and tobacco-cessation policies).

TABLE 2.

Effect of tobacco control policies (individual and combined) on initial smoking prevalence and smoking-attributable deaths

Tobacco control policy	Relative change in smoking prevalence (%)			Reduction in smoking-attributable deaths in 40 years (n)			
	5 years	15 years	40 years	Male[a]	Female[a]	Total[a]	Total[b]
Protect through smoke-free laws	–13.5	–15.5	–16.9	145 663	33 495	**179 158**	**116 453**
Offer tobacco-cessation services	–3.1	–5.4	–7.7	66 098	15 199	**81 297**	**52 843**
Mass media campaigns	–5.5	–6.3	–6.6	56 935	13 092	**70 027**	**45 518**
Warnings on cigarette packages	–6.0	–9.0	–12.0	103 518	23 804	**127 322**	**82 759**
Enforce marketing restrictions	–4.9	–5.9	–6.4	54 951	12 636	**67 587**	**43 931**
Raise cigarette taxes	–18.6	–27.8	–37.1	320 115	73 610	**393 725**	**255 921**
Combined policies	–42.3	–53.7	–63.9	542 224	124 683	**666 907**	**433 490**

[a] Smoking-attributable deaths are based on relative risks from large-scale studies of high-income countries.
[b] Smoking-attributable deaths are based on relative risks from large-scale studies of low- and middle-income countries.

→ Monitor tobacco use

The prevalence of current adult smokers (16 and above) in Belarus in 2013 was 25.9% (men: 48.6%; women: 9.7%) *(1)*.

→ Protect people from tobacco smoke

No indoor public places in Belarus are completely smoke-free (Table 3). Under current legislation, special places for smoking (equipped to Ministry of Health requirements) are allowed in all indoor public places. Smoking violations incur fines for the patron, but not the establishment. A system for citizen complaints and further investigations is in place, but no funds are dedicated to enforcement *(4)*.

TABLE 3.

Complete smoke-free indoor public places

Health-care facilities	Education facilities (except universities)	Universities	Government facilities	Indoor offices and workplaces	Restaurants	Cafes, pubs and bars	Public transport	All other indoor public places
⛔	⛔	⛔	⛔	⛔	⛔	⛔	⛔	⛔

Source: WHO *(4)*.

⛔ = *not completely smoke-free.*

→ Offer help to quit tobacco use

Smoking-cessation services are available in some health clinics and other primary care facilities, with costs fully covered by the national health service or national health insurance. Cessation support is also provided in some hospitals and offices of health professionals, with costs being partially covered. Nicotine replacement therapy can be purchased over the counter in a pharmacy without a prescription, but is not cost-covered. No toll-free quit line is available *(4)*.

→ Warn about the dangers of tobacco

Health warnings are legally mandated to cover 30% of the front and rear of the principal display area, with six such warnings approved by law. They appear on each package and any outside packaging and labelling used in retail sale and describe the harmful effects of tobacco use on health. The position of health warnings on packages rotates and the messages are written in the principal language(s) of the country. The law does not, however, mandate font size/style and colour for package warnings, and the warnings do not include a photograph or graphic *(4)*.

→ Enforce bans on tobacco advertising, promotion and sponsorship

Through a law adopted in 2007 and amended in 2008 *(5)*, Belarus has bans in place on several forms of direct and indirect advertising (Table 4). The law requires fines for violations of these bans *(4)*.

TABLE 4.

Bans on direct and indirect advertising

Direct advertising		Indirect advertising	
National television and radio	✓	Free distribution in mail or through other means	✓
International television and radio	✓	Promotional discounts	✓
Local magazines and newspapers	✓	Non-tobacco products identified with tobacco brand names	⛔
International magazines and newspapers	✓	Appearance of tobacco brands in television and/or films (product placement)	⛔
Billboards and outdoor advertising	✓	Appearance of tobacco products in television and/or films	⛔
Advertising at point of sale	⛔	Sponsored events	⛔
Advertising on the Internet	✓	Tobacco products display at point of sale	⛔

Source: WHO *(4)*.

✓ = banned. ⛔ = not banned.

Belarus does not have:

- bans on tobacco companies/tobacco industry publicizing their activities;
- bans on entities other than tobacco companies/tobacco industry publicizing activities of the tobacco companies;
- bans on tobacco companies funding or making contributions (including in-kind contributions) to smoking-prevention media campaigns, including those directed at young people; and
- a requirement to present prescribed anti-tobacco advertisements before, during or after the broadcasting or showing of any visual entertainment *(4)*.

→ Raise taxes on tobacco

A pack of cigarettes in Belarus costs 14 500 BYR[1] (US$ 1.41), of which 51.15% is tax (16.67% is value-added tax and 34.48% excise taxes) *(4)*.

[1] The currency code is according to International Organization for Standardization, ISO 4217 currency names and code elements.

About the SimSmoke model

The abridged version of the SimSmoke tobacco control model, developed by David Levy of Georgetown University, United States of America, projects the reduction in smoking prevalence and smoking-attributable deaths as a result of implementing tobacco control policies (individually and in combination) *(3)*. Specifically, the model projects the effects from:

- protecting from second-hand smoke through stronger smoke-free laws
- offering greater access to smoking-cessation services
- placing warnings on tobacco packages and other media/educational programmes
- enforcing bans on advertising, promotion and sponsorship
- raising cigarette prices through higher cigarette taxes *(6)*.

Data on smoking prevalence among adults for the SimSmoke model were taken from the most recent nationally representative survey covering a wide age range; data on tobacco control policies were taken from the 2015 WHO report on the global tobacco epidemic *(4)*.

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References

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