

TOBACCO CONTROL
FACT SHEET

The former Yugoslav Republic of Macedonia

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 the former Yugoslav Republic of Macedonia (1), premature deaths attributable to smoking are projected to be more than 312 000 of the almost 625 000 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)			Projected premature deaths of current smokers (n)					
Male	Female	Total	Male ^a	Female ^a	Total ^a	Male ^b	Female ^b	Total ^b	Male ^b	Female ^b	Total ^b
46.7	27.8	624 766	195 206	117 177	312 383	126 884	76 165	203 049			

^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: TNS Opinion & Social (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:

- 17.9% by increasing excise cigarette taxes from its current level of 57% to 75% and prevent much youth smoking;
- 6.3% by increasing from a low-level to a high-level mass media campaign;
- 6% with stronger enforcement of the comprehensive smoke-free laws already in place;
- 5.9% by banning most forms of direct and indirect advertising to have a comprehensive ban on advertising, promotion and sponsorship that includes enforcement;
- 4.9% by increasing from minimal provision to a well-publicized and comprehensive tobacco cessation policy; and
- 3% by requiring strong, graphic health warnings added to tobacco products.

With this stronger set of policies and consistent with the WHO FCTC (2), smoking prevalence can be reduced by 29% within 5 years, by 37% within 15 years and by 45% within 40 years. Almost 139 000 deaths could be averted in the long term (Table 2). The SimSmoke tobacco control model (3) incorporates synergies in implementing multiple policies (e.g., strong media campaign 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 smokers in 40 years (n)	Reduction in smoking-attributable deaths in 40 years (n)					
	5 years	40 years	Total	Male ^a	Female ^a	Total ^a	Male ^b	Female ^b	Total ^b
Protect through smoke-free laws	-5.2	-6.5	40 713	12 721	7 636	20 357	8 269	4 963	13 232
Offer tobacco cessation services	-2.8	-7.0	43 818	13 691	8 218	21 909	8 899	5 342	14 241
Mass media campaigns	-5.5	-6.6	41 235	12 884	7 734	20 618	8 374	5 027	13 401
Warnings on cigarette packages	-2.0	-4.0	24 991	7 808	4 687	12 495	5 075	3 047	8 122
Enforce marketing restrictions	-4.9	-6.4	39 798	12 435	7 464	19 899	8 083	4 852	12 935
Raise cigarette taxes	-12.0	-23.9	149 526	46 719	28 044	74 763	30 367	18 229	48 596
Combined policies	-28.6	-44.5	277 949	86 844	52 130	138 974	56 449	33 885	90 334

^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 (15 years and older) was 37% in 2009 (men: 46.7%; women: 27.8%) (1).

→ Protect people from tobacco smoke

Almost all enclosed public places in the former Yugoslav Republic of Macedonia are completely smoke free (Table 3). Smoking violations consist of fines on the establishment and the patron. However, no funds are dedicated for enforcement, and no system is in place for citizen complaints and further investigations (4).

TABLE 3.

Complete smoke-free indoor public places

Health care facilities	Education facilities except universities	Universities	Government facilities	Indoor offices & workplaces	Restaurants	Cafés, pubs & bars	Public transport	All other indoor public places
✓	✓	✓	✓	✗	✓	✓	✓	✗

Source: WHO (4).

✓ = completely smoke-free; ✗ = not completely smoke-free.

→ Offer help to quit tobacco use

Smoking cessation services are available of which some are cost-covered, but the former Yugoslav Republic of Macedonia only provides cessation support in some health clinics or other primary care facilities. Nicotine replacement therapy can be purchased over the counter in a pharmacy but is not cost-covered, and 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 40% of the rear of the principal display area, whereby 16 health warnings are approved by law. They appear on each package and any outside packaging and labelling used in the retail sale, describe the harmful effects of tobacco use on health and include a photograph or graphics. Moreover, health warnings rotate on packages and are written in the principal language(s) of the country. The law also mandates font style, font size and colour for package warnings (4).

→ Enforce bans on tobacco advertising, promotion and sponsorship

The former Yugoslav Republic of Macedonia has a ban, through a law adopted in 1995 and amended many times since then (last amendment was in 2010) (5), on most forms of direct and indirect advertising (Table 4). The law requires fines for violations of these direct and indirect advertising 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 internet	✓	Tobacco products display at point of sale	—

Source: WHO (4).

✓ = banned; — = not banned.

The former Yugoslav Republic of Macedonia does not have:

- bans on tobacco companies/tobacco industry publicizing their activities;
- bans on entities other than tobacco companies/tobacco industry publicizing their activities;
- bans on tobacco companies funding or making contributions (including in-kind contributions) to smoking prevention media campaigns including those directed at youth; 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

In the former Yugoslav Republic of Macedonia, a pack of cigarettes costs 60.00 MKD¹ (US\$ 1.31), of which 72.59% is tax (15.25% is value added and 57.33% is 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 secondhand smoke through stronger smoke-free air 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).

For the SimSmoke model, data on smoking prevalence among adults were taken from the most recent nationally representative survey that covered a wide age range, and data on tobacco control policies were taken from the *WHO report on the global tobacco epidemic, 2015* (4).

Funding

This was made possible by funding from the Government of Turkmenistan.

References²

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Acknowledgements

Data analysis: David Levy and Jeffrey Levy, Georgetown University, Washington DC, United States of America

Report: Trudy Wijnhoven and Kristina Mauer-Stender, WHO Regional Office for Europe, Copenhagen, Denmark

Editing: Nancy Gravesen, Irvine, California, United States of America

Graphic design: Carli Hyland, Hill+Knowlton Strategies, Copenhagen, Denmark

² Websites accessed on 12 April 2016.