World Health Organization
REGIONAL OFFICE FOR Europe

Tobacco Control Fact Sheet
SOUTH-EASTERN EUROPEAN COUNTRIES

TOBACCO CONTROL
FACT SHEET

South-Eastern European Countries

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

Key findings

Within 15 years, the effects of individual tobacco control policies when fully implemented in line with the WHO FCTC *(1)* are projected to reduce smoking prevalence in south-eastern European countries by:

- **8.2–28%** by increasing excise cigarette taxes from the current level in a country to 75% and prevent much youth smoking;
- **1.8–12.7%** with more comprehensive smoke-free laws and stronger enforcement;
- **2.5–8%** by increasing from minimal provision to a well-publicized and comprehensive tobacco cessation policy;
- **2.6–7%** by banning most forms of direct and indirect advertising to have a comprehensive ban on advertising, promotion and sponsorship that includes enforcement;
- **3.7–6.3%** by increasing from a low or moderate level to a high-level mass media campaign; and
- **3–4.5%** by requiring strong, graphic health warnings added to tobacco products.

With this stronger set of policies and consistent with the WHO FCTC *(1)*, smoking prevalence can be reduced by at least 23% within 5 years, by at least 30% within 15 years and by at least 35% within 40 years in all south-eastern European countries.

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) *(2)*. 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 *(3)*.

The abridged SimSmoke model has certain limitations.

- It does not incorporate likely future changes in demographics or smoking prevalence that may reflect the effect of previously implemented policies.
- It does not include youth and young adults who initiate smoking in future years (in the absence of strong policies), nor does it incorporate the benefits of newly implemented policies that reduce smoking initiation.
- It only applies to cigarette smoking and does not incorporate e-cigarette, shisha (water pipe) or smokeless tobacco use. If tax increases and other tobacco control policies are only directed at cigarette smokers, this may result in greater usage of other tobacco products as smokers find substitute products.
- It does not include deaths from secondhand tobacco smoke exposure.
- It does not consider tobacco control policies directed at price minimizing behaviour, enforcement against smuggling, product content regulation and youth access policies. The tobacco control policy data used *(4)* are restricted to a specific set of policies and definitions.

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References[1]

1. WHO Framework Convention on Tobacco Control [website]. Geneva: Convention Secretariat and World Health Organization; 2016 (http://www.who.int/fctc/en/).
2. Levy DT, Fouad H, Levy J, Dragomir AD, El Awa F. Application of the Abridged SimSmoke model to four Eastern Mediterranean countries. Tob Control. 2015. doi:10.1136/tobaccocontrol-2015-052334 [Epub ahead of print].
3. Tobacco Free Initiative MPOWER [website]. Geneva: World Health Organization; 2016 (http://www.who.int/tobacco/mpower/en/).
4. WHO report on the global tobacco epidemic, 2015: raising taxes on tobacco. Geneva: World Health Organization; 2015 (http://www.who.int/tobacco/global_report/2015/en/).

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[1] Websites accessed on 18 April 2016.