Strengthening tobacco policy development in Hungary

by Dr. Tibor Szilágyi [1]

At the beginning of the 21st century, tobacco use is still the most important single cause of death in Hungary. Despite the appearance of several initiatives since early 1960s, the social and economic burden of smoking remains significant. Until recently, 28,000 people died every year because of smoking, a figure which is more than the combined total of deaths from alcohol abuse, road traffic accidents, illicit drug use, suicides, homicides and infectious diseases.

According to the Central Statistical Office, in 1999 out of 100 Hungarians who died because of a smoking related disease, 25 died from coronary heart disease, 24 from lung cancer, 16 of hypertension and consequent stroke, 10 of cancers of the upper digestive and respiratory tracks (lip, oral, esophageal and laryngeal cancers), 10 of chronic obstructive pulmonary diseases (chronic bronchitis, asthma and emphysema) and 15 other smoking-related ill health statuses. In 1998, Hungary had the unhappy role to be ranked 1st in the world concerning the level of lung cancer mortality among men, and 1st among both men and women when mortality from oral cancers is concerned.

This study takes into account efforts made by successive Hungarian governments to control tobacco use, focusing on policies adopted in the context of the economic and political challenges of democratic transformation. Special attention is given to reviewing the relevant regulatory measures against smoking and examining the available data on their impact. The Hungarian experience could be instructive for advocates in other Central and Eastern European countries, in similar stages in designing tobacco control initiatives.

Controlling tobacco use is also a cornerstone to promoting women's health. Smoking prevalence is rising amongst women and young girls and the increase in female lung cancer mortality is accelerating. In 2002, more Hungarian women died of lung cancer than from breast cancer. Hungary already ranks first in the world in terms of mortality from oral cancers in women. Tackling smoking among women should be given priority by developing gender-specific tobacco control programmes, especially at the community level.

Smoking behaviour seems largely to depend on the socio-economic status of the smoker. Tobacco use is high, without signs of decline, among the less educated and those in lower socio-economic strata. High smoking levels can be observed among the Hungarian Roma minority. In 1999, 45% of blue-collar workers smoked daily, as compared to 26% of white-collar workers. Tobacco use is a social equity issue, since increased spending on tobacco products by poor smokers and their inability to work because of higher morbidity of tobacco-related diseases makes members of these groups even poorer. This suggests that particular attention should be given to addressing smoking as part of social and health policies.

Today, tobacco control is increasingly viewed as a key determinant of the overall economic development of countries. The European Commission organized a High Level Round Table on Tobacco Control and Development Policy in Brussels in February 2003. At the meeting the Commission recommended that countries include tobacco control in comprehensive strategies of economic development. In 2002, around 4% of the Hungarian GDP was lost due to smoking, up from only 2.6% in 1998. In 1999, 35% of all deaths in the economically most active group of 35-64 year olds were smoking-related. Hungary looses a significant part of its workforce prematurely and also encounters economic losses due to smoking of its people.

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The current international tobacco control environment is conducive to the development of a comprehensive set of effective actions in Hungary. In the European Union, binding legislation and non-binding principles guide member countries' tobacco control efforts. EU-wide information campaigns and financial support given to networks active in smoking prevention and cessation complete the regulatory efforts of the Community. The Framework Convention on Tobacco Control, developed under the auspices of the World Health Organization provides another opportunity for putting tobacco higher on the public health agenda in Hungary.

Since the fall of communism, Hungary has taken a number of initiatives to control tobacco use. Legal and regulatory measures against tobacco use introduced by Hungary in the last few years form one of the most comprehensive tobacco policies in the world. As the most important and efficient step, cigarette taxes are being raised regularly and above the rate of inflation.

The first results of the country's tobacco control efforts can be seen. Between 1998 and 2003 cigarette consumption decreased by over 30%, and even the tobacco industry admits unwillingly that this can principally be attributed to increases in tobacco excise, regulation of smoking in public places and the introduction of a comprehensive ban on advertising of tobacco products.

While recognizing the impact of measures already taken, it should be admitted that there is still a long way to go. The development of a national tobacco control programme within the framework of the "Decade of National Public Health Programme" is certainly an important step forward, provided the necessary resources will be secured for implementation.

With regard to strengthening the impact of regulatory measures, emphasis should be given to enforcing rules and regulations already adopted. In addition to this, loopholes of the legislation (such as tobacco industry sponsorship, unchecked point-of-sale advertising, smoking in public places, etc.) should be closed to enhance the effectiveness of these measures.

Very few of the efficient community-based tobacco control programmes are implemented in Hungary. Moreover, similarities and overlapping efforts are common, not least because of the limited communication within the tobacco control movement and a lack of coordination of tobacco control efforts at all levels of intervention (government, health ministry, implementing agencies). The creation of a high-level intersectoral committee to coordinate tobacco control efforts of various government portfolios, establishing networks and new partnerships at the level of implementing agencies would certainly improve the cost-effectiveness of programmes.

Financial support provided for tobacco control activities must be increased to become proportional with the burden caused by tobacco to society. Tobacco tax earmarking should be pursued as the fiscal mechanism which is capable of providing sufficient, secure and sustainable funding for tobacco control activities in Hungary. The earmarking of as little as 0.5% of cigarette excises for funding tobacco control interventions would mean a 15 times increase in resources available for tobacco control activities than in 2003.

Depending on the amount of funding available, Chapter 6 of the policy study which serves as a basis to this paper, examines three possible scenarios for a comprehensive national tobacco control programme. All scenarios pursue both legislative measures and community-based interventions. These two types of intervention are largely interdependent; legislative measures need to be communicated carefully to communities if winning the compliance of the public is at stake. On the other hand, research activities and community programmes could provide further ammunition and input to the development of new tobacco policy measures. All these interventions, if wisely coordinated, could have a synergistic effect.

Transnational tobacco companies with interests in Hungary are still highly capable of coordinated action to maintain a more of less favorable environment for their business. Tobacco companies still oppose effective tobacco control interventions, while seemingly supporting others, which have been proven to be ineffective. The higher the expected impact of a tobacco control intervention contemplated by the government the fiercer the reaction of tobacco companies would be against that measure. Monitoring of tobacco industry's activities and its "denormalisation" (by exposing its behaviour as well as misconduct) will not only diminish the social acceptance of the industry and of smoking itself, but will also decrease the number of policy makers who still support the industry.

A comprehensive set of effective interventions, if implemented in a consistent manner, might result in 5% plus decrease of the overall cigarette consumption in the coming years. This is a conservative estimate, which attributes the greatest share in this change to the impact of raising cigarette taxes, which alone might be responsible for up to 4% of decline in consumption.

Efforts to control tobacco use might have a positive health, social and economic impact even in the short term, although interventions which might reduce the prevalence of actual smoking can primarily be considered investments in future. Effective tobacco control interventions, sustained over time, would result in the fall of social acceptance of smoking and, eventually, of smoking-related mortality. Even if adequate action was taken against smoking now, significant decrease in smoking related diseases, especially lung cancer, would only be perceived in the late 2010s.

Article referred to
Tibor Szilagyi, 'Strengthening tobacco policy development in Hungary'
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