

**NATIONAL PROGRAMME
FOR LIMITATION OF
TOBACCO SMOKING
IN THE REPUBLIC OF BULGARIA**

2007 – 2010

ABBREVIATIONS USED

BMA	Bulgarian Medical Association
BRC	Bulgarian Red Cross
SACP	State Agency for Child Protection
SAYS	State Agency for Youth and Sports
EU	European Union
TTPI	Tobacco and Tobacco Products Institute
CPC	Consumer Protection Commission
MHAT	Multi-profile Hospital for Active Treatment
MI	Ministry of Interior
MAF	Ministry of Agriculture and Forestry
MH	Ministry of Health
MEE	Ministry of Economy and Energy
MES	Ministry of Education and Science
MD	Ministry of Defence
MLSP	Ministry of Labour and Social Policy
MU	Medical Universities
MF	Ministry of Finance
NRA	National Revenue Agency
NHIF	National Health Insurance Fund
NGO	Non-government Organisations
NSI	National Statistics Institute
NCHI	National Centre of Health Information
NCPHP	National Centre of Public Health Protection
PC	Programme Council
RIPHPC	Regional Inspectorates of Public Health Protection and Control
RCPH	Regional Centre of Public Health
WHO	World Health Organisation
CLPTS	Council for Limitation and Prevention of Tobacco Smoking

I. INTRODUCTION AND BACKGROUND

1. Tobacco smoking in the world

According to data of the World Health Organisation, tobacco smokers in the world are around 1.3 billion, of which 1 billion are men. The total number of smokers is expected to exceed 1,650 billion persons by the middle of the 21st century. Death cases related to tobacco smoking are projected to reach over 9 million per annum by 2020.

According to data from the Report on the policy of curbing tobacco smoking in the European region, prepared in 2006 by the Regional Office of WHO for Europe (not officially published), tobacco smoking among the population in the European region of WHO was averagely around 29.4% (39.8% among men and 19.9% among women), with significant variations existing among the different parts of the region. While tobacco smoking among men and women in most of the Western European states had stabilised or started decreasing, the situation was not that uniform in the Eastern part of the region – tobacco smoking rates began falling in some Eastern European countries but in others, they continued rising for women and had stabilised for men. Among young people (15 years of age), weekly tobacco smokers represented averagely 24% (24% among boys and 23.5% among girls). In many Western European states, that proportion was higher for girls than for boys, while in the Eastern European countries tobacco smoking was usually more intensive among boys.

Regarding adult population in the European region, the “Daily tobacco smoking” indicator had stabilised around 30%. That proportion was averagely 39.8% for men. In 18 countries (mostly Eastern European ones), the discussed indicator was higher, while in 13 (Western European states mainly) it was lower. The average percentage for women was 19.9. It was higher in 25 of the states, mostly Western European ones, while the proportion was below 10% in 8 Eastern European countries.

2. Tobacco smoking in the Republic of Bulgaria

A nation-wide survey of tobacco smoking in Bulgaria has not been conducted since 2002 and therefore, data from the 2001 census are mostly used.

Although conditional, the comparison of results of different surveys performed over the past 50 years shows that tobacco smoking is widespread in our country and its rate is constantly growing.

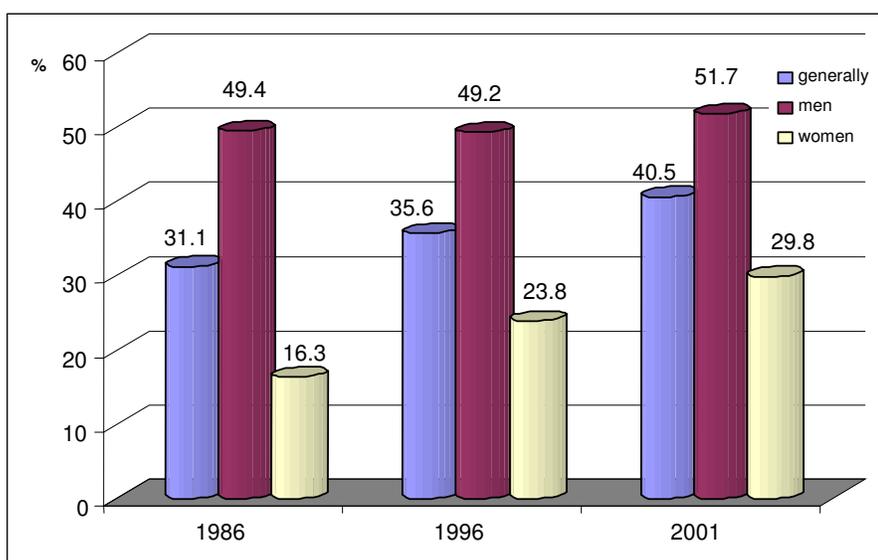
The share of smokers (episodic and regular ones taken together) among the population aged 15 and over rose from 13.7 % (year 1952) up to 31.1 % (1985 – 1986), to reach 40.5 % in 2001.

Over the same period, the absolute number of episodic and regular smokers increased from 1 million in 1952 to 2.73 million in 2001.

The proportion of smokers increased from 35.6 % (1996) to 40.5 % (2001), or 4.9 points at total, just for the period 1996-2001. The rise for the period 1996-2001 was entirely at account of increase of the share of regular smokers (every day) – by 4.9 points, while the proportion of episodic smokers remained at the same level - 7.8 %.

A special issue is the territorial allocation of tobacco smokers among the population in Bulgaria. For 2001, the tobacco smoking rate was the highest in the Veliko Tarnovo district – 47.7%, followed by that in Pleven, Yambol, Silistra, Montana, etc. The lowest tobacco smoking rate was in the Smolyan district - 25.2 %, which was significantly below the average for the country.

Proportion (%) of smokers among the population aged 15 years and over



Sources: A survey under the Countrywide Integrated Noncommunicable Diseases Intervention (CINDI) programme, 1986, NSI – surveys 1996 and 2001.

Interesting data were obtained during a survey conducted in 2004 under the CINDI programme, which covered 5614 persons (2811 men and 2803 women) aged from 25 to 64.

The survey shows that each second man smoked regularly (49.7%). The proportion for women was 29.6%, i.e. almost each third woman. 5.7% of men and 8.0% of women were episodic smokers. Over 50% of men aged between 25-44 smoked, while the highest rate for women, of 42.8%, was established for the age group of 25-34 years. Women smoking most rarely were aged 55-64 - 9.1%. The proportion of those, who had been smoking for 6-10 years, was the highest for men - 23.9%, and so it was for women (35.4%). Each fifth man-smoker and almost each sixth woman lit his/her first cigarette within 5 min after waking, and 46% of them – within the interval from the sixth to the thirtieth minute. Women were predominantly moderate smokers - 59.1%, while men were intensive ones - 63.5%. 14.6% of men and 2.6% of women were highly-intensive smokers. Each seventh person of the inquired spent more than 5 hours at his/her workplace in a tobacco-smoke atmosphere, and that was a bit more typical for men. 48% of men-smokers and 58% of women wished to abandon smoking. Attempts to quit cigarettes during the last year had been made by 25% of the men-smokers and 29% of the women.

In 2005, the National Anti-Tobacco Coalition, together with MH, NCPHP, BMA and the CINDI Programme-Bulgaria carried out a survey of tobacco smoking among doctors in the country, and the results are disturbing.

- 33.9% of doctors smoked regularly and each tenth of them – episodically. The tobacco smoking frequency was the most highest for men aged 35-44, while for women – between the years from 45 to 54.

- Each third smoker had been practicing that habit for 16-20 years, and each fifth one – for 6-10 or for over 26 years (17.4% and 17.8%). The average length of tobacco smoking among doctors was 19.7 for men and 17.6 for women, and that proportion had been growing with age for both sexes.

- Men-doctors smoked 18.5 cigarettes in average per day, while women-doctors - 11.8. Women were mostly moderate smokers (58.9% of them), men were intensive ones (48.1%), and

highly-intensive smokers (use of over 20 cigarettes per day) accounted for 21.0% of men and 3.4% of women.

- Each second men-doctor and each third woman-doctor (correspondingly 46.4% of men and 27.3% of women) reported to face difficulties with refraining from smoking at places where tobacco smoking was forbidden. Approximately 1/3 of the doctors smoked sometimes in the presence of their patients, with the proportion of men being substantially higher in that case.

- Each second smoker wished to give up cigarettes and 1/3 of them reported to need specialised aid in that respect.

- 7.2% of the inquired (more often men) had made attempts to abandon smoking during the last month. The rest had tried before 1-6 and more months. 35.3% of men and 41.7% of women had never ever made such an attempt.

The Global Youth Tobacco Survey (GYTS) was carried out in 2002, as part of an international project of the World Health Organisation, CDC-Atlanta and other partners. The survey included 2164 students (1020 boys and 1147 girls) aged from 13 to 16 from the all over the country.

The survey results show that cigarette experiments are widespread among Bulgarian students. 69.1% of the inquired (64.4% boys and 73.4% girls) had attempted smoking, where more than half of the students had done so before completing the age of 13 (48.5%).

At the time of the survey, around half of those children had been current smokers (37.4%), with the proportion of girls being higher than that of boys (respectively, 42.7% and 31.3%). 17.8% of the inquired smoked every day or almost every day. In nearly half of the cases, the current smokers smoked 6 and more cigarettes per day (43.0%). Early indications of nicotine dependence were detected for 15.5% of the inquirers. Most of the current smokers (65.1%) had been obtaining cigarettes officially from shops, and in over 75% of the cases, sellers had not required them to provide evidence of their age to purchase cigarettes.

In terms of statistics, a much bigger number of children-smokers, compared to their non-smoking age-mates, had been exposed to tobacco smoke both at their homes (78.8% vs. 56.7%), as well as in public places (92.3% vs. 62.1%).

The results of the Global Youth Tobacco Survey, Bulgaria, carried out in 2002, provides unique information about tobacco smoking among Bulgarian students. The data obtained evidence that children smoking is an extremely serious and high-priority issue of public health, and emphasize the imperative need of developing and implementing prophylactic programs in early school age, aiming at prevention or utmost postponement of beginning to smoke. Besides these two objectives, programmes targeting the teenage should ensure aid and assistance to those who wish to abandon smoking. The obtained results sustain the need of applying a differentiated approach to development of intervention programmes and adapting them by age to the specific features of tobacco smoking of boys and girls.

The second survey within the European School Survey Project on Alcohol and Other Drugs (ESPAD - 2003) was conducted in Bulgaria in 2003. The inquirers were students born in 1987. Bulgaria took the 9th place by the proportion of “Smoked 40 and more time in their life”, right after countries reporting the highest consumption rates – 35% of the inquired students. Grouped by sex, they were respectively 32% of boys and 37% of girls. 42% of boys and 50% of girls reported to had smoked in the last 30 days.

The most recently published data of the Bulgarian National Cancer Register with the National Specialised Hospital of Oncology, Sofia, indicate that 3572 new cases of lung cancer were registered for 2002, where the illness vulnerability was 45.4 per 100,000 persons. The indicator is substantially higher compared to that in 1970, which was 26.7 per 100,000 persons and in 1990 – 39.2 per 100,000 persons.

A total of 3006 died of lung cancer in 2002, when the death indicator was 38.2 per 100 000 persons, while in 1970 that indicator was 25.0 per 100 000, and in 1990– 34.8 per 100 000 persons.

3. Implementation of the National Programme for Limitation of Tobacco Smoking, 2002-2005

The National Programme for Limitation of Tobacco Smoking in the Republic of Bulgaria 2007 - 2010 represents a continuation of the programme of the same title, which was adopted pursuant to Decision № 15 of the Council of Ministers, dated 14 January 2002, with implementation term from 2002 to 2005. Due to lack of sufficient financial resources (not more than 10-12% of the amount of funds approved by the Council of Ministers were provided per annum for carrying out programme activities), a lot of tasks and activities remained outstanding.

The following major activities were fulfilled during the period 2002-2005.

On 7 November 2005, Bulgaria ratified the Framework Convention on Tobacco Control and took part in the work of the First conference of the member states, which was held in February 2006 in Geneva.

The excise duties on cigarettes in Bulgaria have been increased since 1 January 2006, which in turn, resulted in cigarettes price increase by more than 40%. Due to that, use of cigarettes was observed to fall by 31% in March, compared to the same period of 2005. Although consumption began rising again in the next months, it was by 22% smaller than that for the same month of 2005.

The Ordinance for the conditions and procedure whereunder tobacco smoking is allowed, by exception, in separated areas of in-door public places and in closed work premises, has entered into force on 1 January 2005. The Ordinance was adopted pursuant to Decree № 329 of the Council of Ministers, dated 8 December 2004. Although it was met by significant protest on the part of owners of restaurants, bars and other establishments, those measures had been gradually enforced and the public had started recognising them. A National Representative Survey was conducted in March 2005 to take account of the opinion of the public about the measures undertaken since the beginning of the same year. The results showed that 71.5% of the inquired persons approved the steps taken by the government to limit tobacco smoking in public places. The experience with application of the ordinance gives reasons to conclude that the control over the smoking ban in the designated places should be strengthened and in parallel with that, public intolerance toward tobacco smoking should be supported and promoted. Pursuant to the 2006 amendment of article 218, para 2 of the Law on Health, the amount of the fine for legal entities was increased (in the event of repeated violation, the penalty shall be from BGN 3,000 to BGN 10,000). This amount of the fine is expected to be preventive to violations. During the period from 1 January 2005 to the end of June 2006, 448,436 inspections at total have been carried out, 23722 instructions have been given, 2720 violation statements have been issued to individuals and 1181 – to legal entities. The total amount of the violation statements is BGN 316,490. Notwithstanding these sanctions, the Ordinance may not be reported to have been observed everywhere.

The maximum allowable contents of harmful substances in cigarettes were stipulated in the Law on Tobacco and Tobacco Products. By 31 December 2010, the contents of tar in 1 cigarette shall reach a level of 10 mg, while since 1 January 2007, the contents of carbon dioxide shall meet the European requirements - 10 mg in a cigarette. Pursuant to the Ordinance for the requirements toward labelling, marking and the outlook of tobacco products, and for assessing compliance of the contents of harmful substances in cigarettes, the requirements toward compulsory and additional inscriptions on tobacco products packaging have entered into force since 1 January 2005. The tobacco products manufacturers and traders observe the ordinance and tobacco products without the required warning inscriptions cannot be seen anymore.

By means of the amendments of the Law on Tobacco and Tobacco Products in 2004 and 2006, a prohibition has been introduced for sale of tobacco products for oral use, as well as of

products, which do not meet the requirements for contents of tar, nicotine and carbon dioxide and the requirements for labelling, marking and product outlook. It is also forbidden the sale of tobacco products with packaging bearing texts, names, trademarks or signs qualifying an article as less harmful, as well as of tobacco products at sports and public events organised for children and students. The changes have introduced also a prohibition of sale to persons aged below 18, and at self-service stands.

The texts regulating tobacco products advertising have been harmonised with the relevant directive and shall be applied as from the date of entering into force of the Agreement for accession of the Republic of Bulgaria to the European Union.

Training courses were organised in 2005 and 2006 for general practitioners, specialists and experts of RIPHPC to improve their skills in providing advice on abandoning tobacco smoking. A Manual for training medical specialists in prevention and limitation of tobacco smoking was issued, and a film was distributed to assist the advisors.

Consulting rooms for advising the population on giving up tobacco smoking were set up at 28 RIPHPC in 2005. The Public Health Protection Departments at RIPHPC were recognised as partners and methodological instructors of school and kindergarten pedagogues in the action for prevention of tobacco smoking initiation and for distribution of information about the harmful effects of tobacco smoking.

Competitions were organised annually for financing small projects under the programme, which were realised mainly by young people. Besides RIPHPC, NGO and schools participated also in the competition. Printed materials were issued and distributed in the whole country but they were insufficient in number. Standards and a methodology for health education on the issues of tobacco smoking at school were developed but had not been introduced yet.

Celebrating the international tobacco-smoking-free days was established as a possibility used in the whole country to promote people's awareness of the harm from tobacco smoking. The "Quit & Win" Campaign, organised to stimulate abandoning of tobacco smoking, was carried out regularly. Since 1995, the International Child's Picture Competition "NO to Cigarettes" has been held annually as a successful project for prevention of tobacco smoking at infant's and primary school age. The role of media grew, to disseminate information among the population regarding tobacco smoking as a major risk factor for more than 20 widespread illnesses, grew continually.

Bulgaria took active part in the international information exchange and in the various initiatives of WHO to curb tobacco smoking. Since 2005, the Ministry of Health has joined in the implementation of project "Building Public Health Capacity to Promote Control over Tobacco Smoking in South-Eastern Europe" at the Initiative for Social Cohesion of the Stability Pact, together with 7 more countries from the region.

4. Preconditions for adoption of the National Programme for Limitation of Tobacco Smoking 2007-2010

Despite the activities carried out under the programme during the period 2002-2005, it cannot be reported that tobacco smoking in Bulgaria has lessened. Statistical data show that it grows and spreads progressively among young people and women, with the smoking-start age going down. The number of newly detected cases of lung cancer has been increasing annually as well, and so is the number of people died of that illness. The diseases of the blood-circulation organs have been holding the biggest share in the general mortality structure of the population of Bulgaria for years.

The Law on Health has entered into force in 2005 and stipulates that the Minister of Health and other competent state bodies, together with non-government organisations, shall provide conditions for limitation of tobacco smoking, alcohol abuse and prevention of use of narcotic substances. Art. 53, para 3 of the Law states that one percent of the state budget proceeds from excise duties on tobacco products and alcoholic beverages shall be used for financing national

programmes for limitation of tobacco smoking, alcohol abuse and prevention of use of narcotic substances. This provision of the law, which has entered into force on 1 January 2006, provides in fact the possibility to ensure sufficient funds for accomplishing the objectives and tasks under the three programs, one of which is for limitation of tobacco smoking.

II. GOALS

1. STRATEGIC GOAL

To improve public health by reducing the rate of people falling ill and dying of tobacco-smoking-related diseases.

2. OPERATIONAL GOALS

2.1. Implementing a systematic national policy aimed at limiting tobacco smoking by undertaking legislative, administrative and public measures.

2.2. Reducing demand for tobacco products.

2.3. Gradual decrease in tobacco smoking, especially among rising population.

2.4. Curbing tobacco smoking in public places and creating tobacco-smoke-free environment in workplaces.

2.5. Reducing tolerance and creating negative attitude toward tobacco smoking among the public.

III. PRIORITIES

- setting up structures for management and coordination of the activities on limiting tobacco smoking and implementing the programme;
- applying price and tax measures to reduce demand for tobacco products;
- developing a package of activities to limit passive tobacco smoking;
- introducing a ban on direct and indirect advertising and promotion of tobacco products;
- ensuring possibilities for training, communication and public awareness of tobacco-smoking harm and ways of overcoming tobacco dependence;
- controlling the contents of tobacco products and their labelling in compliance with the requirements of laws and regulations;
 - restricting illegal trade in tobacco products;
 - restricting the access of young people to tobacco products;
 - applying economically feasible alternative actions for gradual substitution of tobacco plants with other crops;
 - carrying out research activity, surveillance, control and information exchange;
 - carrying out monitoring, assessment and reporting on tobacco use and tobacco smoking control policies;
- maintaining effective international cooperation and mutual aid.

IV. TARGET GROUPS

- children and schoolchildren;
- students;
- military men and women;
- pregnant and breast-feeding mothers;
- medical specialists;
- pedagogues;
- employers.

V. EXPECTED RESULTS

A key point in fulfilment of the programme goals is the participation of state, municipal, business and non-government institutions and organisations, as well as the society in general. The following should be expected toward 2010:

- a 10% decrease of tobacco smoking among the population compared to the rate established in 2007;
- keeping the smoking-start age at the 2007 level with a clearly emerging trend of increase of that age;
- effective application of the measures for prohibiting tobacco smoking in public places and in workplaces;
- efficient implementation of preventive control to avert violations of effective legislation, related to business operations abroad and trading in tobacco products.

VI. PROGRAMME GOVERNANCE AND STRUCTURE

Council for Limitation and Prevention of Tobacco Smoking

The Council for Limitation and Prevention of Tobacco Smoking was created pursuant to Decree № 214 of 16 September 2002 of the Council of Ministers, as a body to coordinate the state institutions' activities on limitation and prevention of tobacco smoking, and reducing health, social and economic consequences for the personality, family and society. The Minister of Health chairs the Council. The Deputy Minister of Economy and Energy and the Deputy Minister of Agriculture and Forestry are Deputy Chairpersons. The members of the Council are the Deputy Ministers of Finance, of Education and Science, of Defence, of Foreign Affairs, the Chairpersons of SAYS, of SACP, of NSI and the director of NHIF. The Secretary of the Council, who is an officer at MH, carries out the work coordination on an operational basis. The technical equipment of the Council is provided by MH.

The Programme Council was set up to carry out the operational management of the National Programme activities performance. Besides by experts from the state institutions, who bear responsibility for implementation of the programme, the Council is also participated in by representatives of non-government organisations. The tasks of the Programme Council are related to:

- coordinating the programme implementation in general and among the individual implementing bodies;
- cooperation in overcoming difficulties in carrying out particular activities;
- preparation of an annual report on implementation of the programme;

- announcement and assistance in implementing national campaigns aimed at limitation of tobacco smoking;
- announcement of competitions for projects financed under the programme.

The operational programme activity on a national level is carried out by a **National Coordinator**, who is an expert at the Ministry of Health.

VII. PROGRAMME IMPLEMENTING BODIES

The following are engaged in implementing the programme:

- The Ministry of Health, the Ministry of Education and Science, the Ministry of Agriculture and Forestry, the Ministry of Finance, the Ministry of Economy and Energy, the Ministry of Labour and Social Policy;
- The State Agency for Youth and Sports, and the State Agency for Child Protection;
- The Customs Agency;
- The National Health Insurance Fund;
- The National Statistics Institute;
- The National Centre of Public Health Protection, the National Centre of Health Information;
- Regional Centres of Public Health;
- Regional Inspectorates of Public Health Protection and Control;
- Medical establishments for out-of-hospital and hospital aid;
- Childcare establishments and schools;
- Medical and pedagogue universities;
- Municipalities;
- The mass media;
- Non-government organisations.

VIII. WORK PROGRAMME

The work programme has been developed on the basis of the priorities defined in part III, and is set out as Appendix № 1.

IX. FINANCIAL STATEMENTS OF THE FUNDS NECESSARY FOR CARRYING OUT THE PROGRAMME ACTIVITIES

The financial statement under the programme is specified as Appendix № 2.