

NATIONAL PROGRAMME FOR LIMITATION OF TOBACCO SMOKING IN THE REPUBLIC OF BULGARIA 2007-2010

WORK PROGRAMME

№	Activity	Implementing bodies	Term	Results/Indicators
1	2	3	4	5
1.	Setting up structures for management and coordination of the activities on limiting tobacco smoking and implementing the programme			
1.1.	Updating the members of the Council for Limitation and Prevention of Tobacco Smoking, and holding sessions on a regular basis.	MH	2007 and current	A working CLPTS, which holds sessions each quarter
1.2.	Setting up a Programme Council, with broad participation by representatives of state, non-government and business organisations, to carry out directly operational management of the programme on a national level.	MH	2007	A PC formed and approved by the Minister of Health
1.3.	Setting up a system for reporting on, feedback from and control over activity performance on national and regional level.	MH, NCHI	2007	An implemented system for reporting and control over activity performance
1.4.	Designing and maintaining an Internet site of the programme.	MH	2007 and current	An Internet site of the programme, designed and maintained with up-to-date information
1.5.	Hiring technical assistants to carry out programme activities and payment of remuneration.	MH	2007 and current	Individuals hired under service (civil) contracts
2.	Applying price and tax measures to reduce demand for tobacco products			
2.1.	Preserving high price levels of the tobacco products.	MF	Current	Reduced tobacco products use
2.2.	Implementing a tax policy that leads to increase in the amount of taxes on tobacco products.	MF	2009	Increased prices of tobacco products
3.	Developing a package of activities to limit passive tobacco smoking			
3.1.	Updating 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.	MH		Enforced changes in the provisions of the ordinance
3.2.	Conducting a sociological survey of the population's attitudes to the suggested changes in the ordinance. Follow-up of alterations in attitudes of the population.	MH	2007 and annually	Conducted surveys, announced results
3.3.	Carrying out a wide-scale media campaign for the benefits from prohibition of tobacco smoking in workplaces.	MH	Ongoing during the whole 2007	80% of the population supports the prohibition of tobacco smoking in workplaces
3.4.	Maintaining an on-line contract through the site of the programme to account for the	MH	Ongoing	80% of the population supports the

	attitudes of the population toward introducing a complete ban on tobacco smoking in workplaces.		during the whole 2007	prohibition of tobacco smoking in workplaces
3.5.	Exercising control over observance of the requirements of 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. Announcing the results of the inspections through the mass media and the Internet site of the programme.	MH, RIPHPC	Current	Reduced number of established violations and nation-wide compliance with the ordinance
4.	Introducing a ban on direct and indirect advertising and promotion of tobacco products			
4.1.	Introducing a ban, into the Bulgarian legislation, on all forms of direct and indirect advertising and promotion of tobacco products.	MH, MEE	2008	A full ban introduced on tobacco products advertising
4.2.	Introducing a comprehensive ban, into the Bulgarian legislation, on cross-border advertising of tobacco products with origin from the territory of the Republic of Bulgaria.	MH, MEE	2008	A full ban introduced on cross-border tobacco products advertising
4.3.	Introducing a ban, into the Bulgarian legislation, on producers and traders using direct and indirect incentives to promote purchases of tobacco products by the population.	MH, MEE	2008	A ban introduced on the use of direct and indirect incentives to promote purchases of tobacco products
5.	Ensuring possibilities for training, communication and public awareness of tobacco-smoking harm and ways of overcoming tobacco dependence			
5.1.	Improving school education on the tobacco smoking issues	MES, MH	2007 and current	Number of hours at school dedicated to tobacco-smoking-related problems, dependent on the age of students. The rate of tobacco smokers among students – reduced by 5% towards 2010 compared to rates reported in 2007.
5.1.1.	Designing and printing educational materials for teachers and students.	MH, NCPHP	2007 and current	Designed educational materials
5.1.2.	Providing opportunities for further training of teachers in the field of working with health-educational programmes on tobacco smoking issues	MH, NCPHP MES	2007 and current	Number of trained teachers
5.1.3.	Training of students to apply the approach “By Peers”	MH, NCPHP MES	2007 and current	Number of schools applying the approach “By Peers” in the school health-educational programmes
5.2.	Designing educational materials for teachers and children in kindergartens.	MH, NCPHP	2007 and current	Designed educational materials for teachers and children in kindergartens
5.3.	Developing health-educational programmes and applying methods for quitting tobacco smoking among students and military men and women in the Bulgarian armed forces.	MH, NCPHP, Higher education institutions MD	2007 and current	Specific programmes and methods developed. Quitting methods applied among students of at least 5 higher education institutions. Reduction of tobacco smoking among students and military men and women by 2% per annum
5.4.	Conducting courses for medical specialists on application of tobacco smoking quitting methods. Developing and printing manuals, producing educational video films and other	MH, NCPHP	Current	At least 6 courses held per annum. Materials developed and issued.

	training-support materials.			Reduced tobacco smoking among medical specialists and their patients by 2% annually
5.5.	Including a module, in the curriculum of medicine, dentistry and pharmacy students, for developing consulting skills on tobacco smoking issues and on quitting tobacco smoking	MH, MU	2007	Studies included in the training of MU students Reduction of tobacco smoking among MU students by 2% per annum
5.6.	Developing efficient educational programmes for the public to prevent beginning to smoke, as well as about health risks caused by tobacco smoking and exposure to tobacco smoke influence, about the benefits from quitting tobacco smoking and from a healthy tobacco-free lifestyle.	MH, NCPHP	Current	Programmes developed; surveys conducted to establish their efficiency.
5.7.	Proclaiming and applying these programmes with priority among employees at educational institutions, medical establishments, sports places, among social workers, media specialists, decision-making persons and other target groups of the population.	MH, NCPHP, RIPHPC, NGO	Current	At least 2 trainings, conducted per annum, of each of the groups in each field Reduced tobacco smoking among the mentioned groups by 2% annually
5.8.	Promoting public awareness and especially of children, youth and vulnerable groups of: - the health risks when smoking tobacco; - developing dependence; - the medical and social price of tobacco products use; - dangers of exposure to tobacco smoke; - the benefit from quitting tobacco smoking and a tobacco-free life.	MH, NCPHP, RIPHPC	Current	Reduced tobacco smoking among the population by 2% annually. Number of information campaigns conducted to the individual target groups. Number of approached representatives of the target groups by the information campaigns
5.8.1.	Carrying out campaigns to inform the population about the tobacco smoking harm, the quitting benefits and to create public intolerance to tobacco smoking.	MH, NCPHP, RIPHPC, media	2007 and ongoing	Campaigns carried out throughout the year. Reduced tobacco smoking among the population by 2% annually.
5.8.2.	Producing and broadcasting documentary films, audit and video clips about the tobacco smoking harm; designing, issuing and distributing printed materials (posters, books, brochures, leaflets), computer games, discs of informative and educational materials aimed at target groups, translating and distributing foreign materials, organising competitions and exhibitions.	MH, NCPHP	Annually	Campaigns carried out to inform the population, printed materials issued, TV clips and films broadcasted. At least one documentary film developed and broadcasted per year
5.8.3.	Holding seminars with journalists at central and regional level to provide up-to-date information about the health-social and economic tobacco smoking harms.	MH, NCPHP, RIPHPC, media	2007 and annually	Increased number of journalists informed and materials published on the tobacco smoking harm topic. Number of seminars held and journalists participated. Number of publications in national and regional media
5.8.4.	Establishing and awarding annual prizes to media and journalists taking part most actively in curbing tobacco smoking, as well as to owners of food and entertainment establishments, and enterprises offering the best services and work conditions in a tobacco-smoke-free environment.	MH	2007 and annually	Number of journalists and materials participating in the competition Number of owners of establishments and enterprises participating in the competition
5.8.5.	Funding, on a competition-based principle, the development and implementation of health-educational programmes by NGO, schools, youth clubs, RIPHPC, medical and health establishments and others, for the purpose of tobacco smoking prevention.	MH	2007 and annually	Annual competitions held. Improved project quality. Number of competition participants.

5.9.	Drafting a proposal for including, in the National Framework Agreement, the diagnostics and treatment of tobacco dependence and consulting services for abandoning tobacco smoking, as a requirement toward the activity of medical aid providers.	MH, NHIF, BMA	2008	Diagnostics and treatment of tobacco dependence provided for in the NFA and conducted on a regular basis by at least 50% of the general practitioners
5.10.	Drafting a proposal for including, in the clinical paths for treatment of ischemic heart disease and chronic obstructive lung disease, of a specialised consultation for quitting tobacco smoking by smoker-patients.	MH, NHIF, BMA, MHAT	2008	Expanded clinical paths standard for ischemic heart disease and chronic obstructive lung disease
5.11.	Ensuring telephone lines for consultations and advice on abandoning tobacco smoking by applying methodologies approved in the states of the European Union and specially trained personnel.	MH, NCPHP	2008 and current	Telephone lines made available in the capital and at least 5 towns. Implemented telephone consulting methodologies. Trained personnel
5.11.1.	Conducting training courses designed for the telephone lines servicing personnel to abandon tobacco smoking. Drafting and printing a manual to help in telephone consulting.	MH, NCPHP	2008 and current	4-6 courses held annually. Implemented methodologies. Developed manual
5.12.	Proclaiming the activity of consulting rooms at RIPHPC for abandoning tobacco smoking and equipping them with contemporary audio-visual devices and spirometers.	MH, RIPHPC	2007 and current	Tobacco smoking reduced by 2% annually among the population aged over 18. Number of consultations provided at the consulting rooms, by age groups. Average number for visits to a consulting room by one person that has asked for aid.
5.13.	Setting up consulting rooms for quitting tobacco smoking at Diagnostic-Consultative Centres, MHAT, specialised hospitals for treatment of lung diseases, specialised hospitals for treatment of drug addicts, oncologic and psychiatric clinics, non-government organisations, production enterprises, etc.	MH, medical establishments	2008 and current	Increased number of persons who have visited consulting rooms and improved efficiency of their work, accounted for by the methodology of NCPHP. Number of consulting rooms opened.
5.14.	Designing and launching the pilot project “National Hospitals of Tobacco-Smoke-Free Hospitals” as part of the international project “Health Promotion in Hospitals”.	MH, NCPHP, MHAT, RIPHPC	2008	A national network set-up. Introduced criteria for hospital policy of control over tobacco smoking
6.	Controlling the contents of tobacco products and their labelling in compliance with the requirements of laws and regulations			
6.1.	Strict observance of the requirement for providing the public with clear and unambiguous information about the basic substances and additions to tobacco products, as well as the basic tobacco smoke substances, their toxicity, carcinogenicity and narcotic effect generating dependence.	MAF, TTPI	2007	Informing the public annually
6.2.	Exercising control over contents and emissions of tobacco products and proceeding in accordance with the requirements of the Law on Tobacco and Tobacco Products. Publishing information about imposed penalties and undertaken measures on the CPC’s Internet site. Testing samples of tobacco products at the laboratories of TTPI, as well as at such located in EU member states.	MEE, CPC, MAF, TTPI	Current	95% of the samples meet the requirements, in the end of the period
6.3.	Equipping a licensed laboratory testing complex at the Tobacco and Tobacco Products	MAF, TTPI	2008	Equipped laboratories providing the

	Institute with modern apparatuses providing the possibility of precise measuring the contents of harmful substances in tobacco products. Adopting experience and practices accepted in the EU states.			possibility of carrying out measurements according to stipulated standards
6.4.	Implementing Decision 2003/641/EC on the use of colour photographs or other illustrations as health risks warnings on tobacco products packages.	MH, MEE	2008-2009	Placed colour photographs on tobacco products packages
7.	Restricting illegal trade in tobacco products			
7.1.	Carrying out regularly control over the trade network in the state to detect of tobacco products without excise labels.	MF, Customs Agency, MI, MEE	Current	Effectively exercised preventive control to avert violations of effective legislation
7.2.	Carrying out inspections, on the basis of analysis, of the overall movement of excise goods in the areas of border-control checkpoints and within the whole customs territory of the state.	Customs Agency	Current	Efficient action to discover violations of applicable law and accordingly, imposing penalties stipulated by law
7.3.	Activating participation in joint actions with foreign customs administrations and international organisations.	Customs Agency	Current	Exchange of information on the movement of excise goods and analysis of the legal trade flow, and the trends of committing violations with that type of goods
7.4.	Enhancing the efficiency of measures for restricting cross-border trade in counterfeit and pirate goods – tobacco products.	Customs Agency	Current	Efficiently applied border control measures to protect intellectual property rights, including through carrying out international operations participated in by South-Eastern European states
7.5.	Improving the cooperation with the trading sector in order to obtain information about the parameters and development of the tobacco products market, as well as about potential violations of effective legislation applicable to this type of goods.	The Customs Agency	Current	Concluded memorandums of agreement with producers and trade operators of excise goods, and efficient application thereof
8.	Restricting the access of young people to tobacco products			
8.1.	Introducing a provision, in the relevant legal document, about the obligation of tobacco product sellers to place a clear and visible sign at the outlet, stating that the sale of tobacco products to minor and underage children is prohibited, and that in the event of doubt, each tobacco product buyer will be required to certify by means of a document that he/she has completed legal age.	MH, MEE	2007	Observance of the requirement, as established in the course of current control exercised by CPC
8.2.	Introducing provisions, in the Law on Foods and other legal documents, regarding the prohibition of producing and selling confectionary, snacks, toys and any other articles in the form of tobacco products.	MH, MEE	2007	Texts adopted in the relevant legislation and observance thereof, as established in the course of current control exercised by CPC and state health control bodies
8.3.	Ongoing and efficient control over the trade network in the country, in respect of sale of tobacco products to minor and underage children. Publishing the results of inspections, imposed penalties and undertaken measures on the Internet site of CPC.	CPC	Current	Restricted access of minor and underage persons to tobacco products. Number and amount of penalties imposed for

				sale of tobacco products to minors and underage persons.
9.	Applying economically feasible alternative actions for gradual substitution of tobacco plants with other crops			
9.1.	Introducing gradually crops alternative to tobacco and other economic actions after carrying out a profound social and economic analysis of the effect of tobacco substitution on the income of tobacco producers.	MAF	2008-2010	Reduced number of producers registered as tobacco-growers
9.2.	Limiting gradually the state's support in purchasing tobacco and redirecting subsidies to growing other agricultural crops.	MAF	2009	Reduced subsidies for tobacco purchasing
10.	Carrying out research activity, surveillance, control and information exchange			
10.1	Carrying out systematic research activity, related to: - determinants and consequences of tobacco use; - exposure to tobacco smoke effects, main tobacco smoke stream, side smoke stream and surrounding stream; - reduction of harmful substances in tobacco and tobacco smoke; - introducing crops alternative to tobacco; - the health risk for children participating in the growing and processing of raw tobacco	MH, NCPHP, MAF, TTPI	Current	Number of conducted surveys
10.2.	Carrying out active and regular exchange of research information with other states.	MH, NCPHP, MAF, TTPI	Current	Information sent in time. Information distributed to all partners participating in the tobacco smoking limitation process
11.	Carrying out monitoring, assessment and reporting on tobacco use and tobacco smoking control policies			
11.1.	Creating and maintaining a National Database for tobacco smoking as one of the behavioural health determinants.	MH, NCPHP, NCHI, RCPH, NSI,	2008	Indicators introduced by WHO and a national database created in compliance therewith
11.2.	Setting up a National System for monitoring tobacco products use and thereto related social, economic and health indicators.	MH, NCPHP, NCHI, RCPH, NSI, MEE	2007	A National System set-up
11.3.	Conducting surveys over each two years in respect of:	MH, NCPHP, NCHI, RCPH, RIPHPC NSI	2007 2009	Number of conducted surveys
11.3.1.	tobacco products use;			
11.3.2.	tobacco smoking among different population groups;			
11.3.3.	main reasons to start smoking;			
11.3.4.	determining the frequency and dynamics of people falling ill and dying of tobacco-smoking-related diseases;			
11.3.5.	health protection costs for treatment of tobacco-smoking-related diseases.			
11.4.	Disseminating the information obtained from surveys and other current information to	MH, NCPHP	Current	Issued and distributed reports on surveys and

	public organisation leaders, institutions, partners under the programme, the media, medical specialists, teachers and lecturers, employers and others, as well as through the Internet, on the sites of MH, CPC and the programme.			other information materials
11.5.	Publishing regular-basis reports on evaluation of national policies of control over tobacco smoking and thereto related harms.	MH	Annually, by the end of March	Issued and distributed annual reports on evaluation of national tobacco smoking limitation policies
11.6.	Timely preparation of the reports specified in Art. 21 of the Frame Convention on Tobacco Control.	MH	According to terms approved by the Conference of states	Reports prepared and submitted in time
12.	Maintaining effective international cooperation and mutual aid			
12.1.	Active cooperation with the World Health Organisation in drawing common guidelines or procedures determining the collection, analysis and distribution of information related to tobacco control	MH, NCPHP, NSI	Current	
12.2.	Active cooperation with the competent international organisations to create and maintain a global system of control of regular collection and distribution of information on tobacco manufacturing and processing, and on the operations of the tobacco industry affecting national tobacco control actions	MAF, MEE, TTPI	Current	
12.3.	Participating in international events and trainings organised to support the development, exchange and acquisition of technologies, knowledge, skills, capacity and expertise related to tobacco control	MH, NCPHP, MEE, MAF TTPI	Current	
12.4.	Taking advantage of all possibilities provided by the European Commission, the World Health Organisation or other organisations for rendering assistance in drafting legislation and technical programmes, including such to prevent beginning to smoke, to encourage quitting and to ensure protection from exposure to tobacco smoke effects	MH, NCPHP	Current	
12.5.	Researching actively and taking advantage of the possibilities for rendering appropriate assistance to tobacco growers and processors, in order to develop suitable alternative subsistence methods in an economically feasible way.	MAF	Current	
12.6.	Participating, on international level, in the development of tobacco control methods, including curing of nicotine dependence, and applying them in the country.	MH, NCPHP MAF, TTPI	Current	