

**Tobacco Control in Ukraine. Second National Report. – Kyiv: Ministry of Health of Ukraine. – 2014. – 128 p.**

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# Executive summary

The prevalence of tobacco smoking in Ukraine decreased considerably over the period of 2008–2012. According to the data collected by the National Statistics Service of Ukraine, the prevalence of smoking among inhabitants of Ukraine aged 12 and older decreased over the years 2008–2012 from 25.6% to 21.8% (i.e. the number of smokers decreased from 10.1 million to 8.7 million), that is, by 3.8 percentage points or by 17% in 4-year spell. The period with the fastest decline in smoking prevalence was in 2008–2010: it plummeted from 25.6% to 22.4%, i.e. by 14% in 2 years' time. The decrease in smoking prevalence was the greatest in people under 30 years and those in less affluent population groups.

The greatest decline in smoking prevalence was observed in those regions where regional administrations and local authorities adopted corresponding decrees and regulations, supported them with some resources and collaborated with the non-governmental organizations.

The male population of Ukraine steadily renounces tobacco products consumption. The overall prevalence of tobacco smoking in adult men has decreased to less than 50%. Young men are less likely to start smoking than it occurred in the past. The men with higher education are more likely to give up smoking than the less educated ones.

Among women in Ukraine, smoking is no longer a marker of higher socio-educational status and is becoming a behavior typical of less successful women. The overall negative attitude of Ukrainian men towards women's smoking is a protective factor against uptaking smoking in women.

During the 2000s, there was a general trend towards considerable decrease in the prevalence of both active and passive smoking in Ukrainian youngsters. The decrease of smoking

prevalence among adolescents is more expressed than that among the adult population.

As seen from the nationally representative surveys conducted in 2010 and 2013, the portion of respondents who reported somebody smoking on their workplace during the previous month decreased, on average, from 34% to 21%. Among the non-smokers, the rates of second-hand smoke (SHS) exposure decreased from 27% to 17%. In restaurants, over the period of 2010–2013, the percentage of respondents who reported witnessing tobacco smoking has decreased from 64% to 28%.

In 2013, 27% reported that smoking was allowed in their homes, whereas 31% answered in this way in 2010 and as many as 39% in 2005.

The decrease in the prevalence of smoking and SHS exposure in Ukraine in 2005–2012 was followed by a considerable decrease in respiratory disease morbidity and mortality caused by emphysema, asthma and other diseases.

The decrease in mortality caused by several other illnesses including stroke and other cardiovascular diseases, tuberculosis, deaths in fire, sudden infant death syndrome etc., which is observed in Ukraine over recent years, might be also attributed to the decrease in smoking prevalence.

In 2008–2013, cigarette sales in Ukraine decreased from 124 billion pieces to 75 billion pieces. Annual estimated cigarette consumption by the Ukrainian population decreased from 85 billion pieces in 2008 to around 60 billion cigarettes in 2011–2012.

The mentioned decrease in cigarette sales cannot be explained by the increase in the

illicit cigarette turnover in Ukraine. According to the 2013 survey results, only 3.5% of the respondents showed tobacco packs without health warning in Ukrainian language, which means that the illicit cigarette sales did not exceed 2.5 billion pieces.

At the same time, the level of cigarette smuggling out of Ukraine remains high, although it decreased by half in 2008–2012 (from about 40 billion pieces to 20 billion pieces) because of the increase in excise tax rates in Ukraine.

Over 2008–2012 in general, the production and consumption of cigarettes in Ukraine decreased approximately by 30%; however, the national budget revenues from tobacco products taxation (excise tax and VAT) increased from 6 billion UAH to 22 billion UAH (including excise tax revenue increase from 3.5 billion UAH to 16.6 billion UAH). Ukrainian experience is in line with many studies showing that tobacco excise tax hikes create a win–win situation: decrease in tobacco consumption and increase in budget revenue.

Average nominal cigarette prices increased 4-fold over 2008–2013: from 2.64 UAH to 10.30 UAH per pack of filter cigarettes, and from 0.86 UAH to 4.20 UAH per pack of non-filter cigarettes.

In 2008–2013, the overall consumer price index for all goods was 157%, while the consumer price index for tobacco products amounted to 369%. This means that over this period the real prices for tobacco products increased more than twice, or by 135%.

The tobacco products price augmentation was caused not only by the increase in excise tax rate, but by a considerable increase in the producers' prices. As the demand for cigarettes was going down, the transnational tobacco companies have been increasing the pre-tax cigarette prices in order to provide their shareholders with the same profit from the fewer cigarettes sold.

Ukraine ratified the WHO Framework Convention on Tobacco Control (FCTC) in 2006. As of 2013, the Ukrainian legislation basically corresponds to the FCTC requirements.

The significant decrease in the smoking prevalence in Ukraine in 2008–2010 was largely due to the increase of average tax incidence from 0.5 UAH to 3 UAH per cigarette pack between August 2008 and July 2010.

In 2011–2012, both the increases of tobacco excise tax and the implementation of other tobacco control measures in Ukraine were not consistent with the FCTC requirements, so the pace of tobacco consumption decline has slowed down.

Those legislative measures which came into force in late 2012 including (1) tobacco advertising ban — on September 16, 2012, (2) introduction of large (50% of the pack surface area) graphic health warning on tobacco packaging — on October 4, 2012, (3) smoke-free policies in restaurants and other public and workplaces — on December 16, 2012, have resulted in significant decrease of cigarette sales in Ukraine in 2013.

In order to strengthen this trend, it is necessary to increase the tobacco excise taxes to a greater extent and to establish a system of smoking cessation. It is also important to introduce legal restrictions on collaboration of the central and local authorities with the tobacco industry and to ensure transparency in decision-making regarding tobacco control.

Although the Ukrainian legislation with regard to tobacco advertising is generally consistent with the requirements of the FCTC, some of the norms should be improved; for example, it should be legally banned to display tobacco packs at the points of sales.

In order to protect the population from the secondhand smoke exposure, the following changes grounded on the FCTC recommendations should be introduced into Ukrainian national legislation:

- As far as there is no safe level of exposure to tobacco smoke, all workplaces and public premises should be 100% smokefree.
- Smoke-free legislation should clearly define terms, such as “premises”, which will make it easier to enforce the law.
- The legislation should enable the local authorities to introduce smoke-free policies in

those public places which are not regulated by the national legislation.

In order to properly inform consumers about the impact of smoking, the national legislation of Ukraine should include changes that meet guidelines for implementation of the Article 11 of the FCTC:

- To prohibit placement of quantitative information about the constituents of tobacco products and compounds that they emit on tobacco packages, but to oblige to provide the descriptive information about harmful substances in tobacco smoke. This information should cover 100% of the medium surface of the packs.
- To legislate the increase of the health warnings size to 75% of the pack surface area (not including the area of the frame around the warning) and to make it obligatory to place the warning on the upper part of the pack.
- To prohibit placement of logos, brand colors and other brand information on tobacco packs, with the exception of trade names, typed in standard colors and font face.

Moreover, pursuant to the provisions and guidelines of the FCTC, it is recommended to adopt regulations that provide for:

- Restriction or ban to use ingredients that increase attractiveness of tobacco products.
- Amendments to technical regulations for cigarette production in order to reduce their combustibility and to reduce the number of fires and people affected by fires.

The main problem of complying with the WHO Framework Convention is that, despite the general obligations set out in Article 5 of the FCTC, neither the multisectoral national tobacco control program nor the national coordinating mechanism for tobacco control exist in Ukraine.

Governmental social program aimed at reduction of the harmful effects of tobacco on the public health for the period until 2012 was approved by the Decree of Cabinet of Ministers of Ukraine No.940 dated September 3, 2009, but in 2011 it was canceled.

Various tobacco control public health activities initiated by experts and community activists were held in Ukraine in 2008–2013 and partially supported by the authorities.

Analysis of survey data shows that several million Ukrainians need smoking cessation help, but currently such assistance in healthcare facilities is only provided to a few tens of thousands of people. Ministry of Health of Ukraine issued the order No.746 dated September 26, 2012, which approved the “Smoking cessation guidelines for healthcare workers,” which were based on a synthesis of best practices in this area taking into account the available resources. The Guidelines should be used by all health professionals to encourage all their patients to become (or stay) tobacco-free.

Active smoking prevention work has been being led in the recent years by medical professionals in the regional Health centers and drug treatment clinics, as well as by employees of educational institutions and social services for families, children and youth.

Ukrainian NGOs are actively involved in the development of tobacco control policies in Ukraine. These organizations carry out various awareness activities, especially among young people, assist in smoking cessation, prepare and publish reports, research papers and guidelines on various tobacco control issues, conduct campaigns to support progressive legislative initiatives in tobacco control. The most active organizations joined the Coalition of public organizations and initiatives “For tobacco-free Ukraine.” During the years 2012–2013, NGOs have actively worked to ensure enforcement of anti-smoking legislation in Ukraine through public monitoring, cooperation with regulatory authorities and the media.

In Ukraine, tobacco control research is underway. In 2008–2013, 145 research articles were published in Ukrainian scientific journals, 6 PhD theses were submitted for defense in Ukraine, 6 research monographs and reports, 25 research articles on tobacco control in Ukraine were published in international journals.

The implementation of tobacco control policies in Ukraine in 2008–2013 was effective and showed that such measures have great potential to improve health of the Ukrainian population, but they should be strengthened and supported by adequate resources for securing and further development of positive trends. Tobacco control measures should be included in the National Program “Health 2020: Ukrainian Dimension” and properly financed.

Ukraine's international commitments and provisions of Ukrainian legislation need a National coordinating mechanism for tobacco

control to be in place. For its effective activity, it is of key importance to ensure the operation of this mechanism with proper funding and other resources and powers.

The established national monitoring system created to observe the effects of measures aimed at reduction of tobacco use and its harmful impact on public health has shown its effectiveness. It should be extended to the regional level and add new elements that will improve the efficacy of the activities carried out.