Short overview of measures and studies relating to the 2012 amendments of the Act on the Protection of Non-Smokers in Hungary, and recommendation about the impact assessment of the Act (made on 18th February 2013)

Tibor Demjén
Zsuzsanna Tomka
Edina Bőti
Barbara Koncz

National Institute for Health Development, Focal Point for Tobacco Control, 2013

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Reasons for and background of the amendments and a review of the changes

The Parliament adopted the amendment of the Act on the Protection of Non-Smokers (Act XLII of 1999). The amendment came into effect on 1st January 2012 with a three-month grace period. This means that the controlling/supervisory authority imposed a fine according to the newly introduced rules only after the expiry of the three-month grace period, after 1st April 2012.

The aim to initiate the amendment was increased protection of non-smokers taking into account the changes occurred in the world. The Hungarian Act on the protection of non-smokers adopted in 1999 as one of the first in Europe and in the world, and some of its minor amendments did no longer comply with the professional recommendations of the European Commission and the WHO. According to the latest scientific results tobacco smoke does not have a safe level at which it is not harmful for health, and technical devices in enclosed rooms cannot protect against the harmful effects of tobacco smoke. Legislators promoted the enforcement of the constitutional rights to health and healthy environment. The particular need for the amendment was justified by the extraordinarily unfavourable Hungarian data on smoking habits, the catastrophic smoking related mortality and morbidity rates as well as the economic burden resulting from the above that by far exceeds the incomes.

With the amendment the provisions on spatial restriction of smoking toughened significantly. According to the legislation in force – except for the designated smoking areas – smoking is prohibited in rooms of public institutions that are open to the public, on means of public transport, at workplaces, in underpasses open to passenger traffic and in other connection spaces of public passageways with enclosed air spaces, in public playgrounds and within 5 meters of their external borderlines. Further, it is prohibited to smoke in areas of railway stations that are open to the public, in bus, tramway and trolley bus stops and waiting areas, and within 5 meters of their external borderlines.

No smoking area can be designated in **enclosed** areas of public institutions and workplaces, on local public transportation vehicles, in the carriages of suburban railways, in coaches, and on scheduled passenger trains.

No smoking area may be designated even in **open** air spaces of public education institutions, child welfare and child protection institutions, and at the premises of health service providers.

Smoking area may be designated in an **enclosed** air space for prisoners and detained persons (including those with mental disorders) of penal institutions, police stations, detention centres and guarded accommodations, for psychiatric patients in psychiatric institutions, for employees at workplaces where the corrected effective temperature is over 24C° and – with certain conditions – at workplaces and establishments with risk or increased risk of fire and/or explosion.

Cigar rooms of hotels that had already operated at the time when the Amendment of the Act came into effect can operate further if they applied for it at the authority. The authority received only 13 requests for derogation in the whole country.

The smoking ban also applies for **enclosed** rooms of common use in condominiums and housing co-operatives, unless at least four fifth of the owners decide otherwise.

The text of the Act that was adopted in April 2011 was amended several times: the Act CLXVI. of 2011 added to the exceptions from the designation of **enclosed** smoking areas those workplaces where the corrected effective temperature is over 24°C; according to the Act XXVI. of 2012 enclosed smoking

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areas may be designated in police stations, detention centres and guarded accommodations, as well as in workplaces with risk of fire and explosion.

The reason for the above changes was to ensure that the designation of enclosed smoking areas do not depend on the employer's sole deliberation, rather it should be only possible by getting permission from the state health authority in case of workplaces with high heat exposure, and in case of chemical, oil and pharmaceutical factories significant for the national economy where smoking in open air is not practicable during breaks guaranteed by the Labour Code due to fire protection rules and the type of activity carried out. The above procedure that is charged with an administration service fee guarantees the compliance with the law. To the analogy of penal institutions the Amendment further specifies the rules of designating enclosed smoking areas in police stations, detention centres and guarded accommodations.

Paragraph 7 of the Act provides the measures to be taken in case of contravention of the prohibitions of the tobacco product consumption. The state health administration body controls the compliance with smoking prohibitions and in case of their breach it imposes a health protection fine to the offending natural or legal person, or organization without a legal personality. The amount of the health protection fine is:

a) in case of contravention of prohibitions or restrictions related to smoking: minimum 20.000 HUF, maximum 50,000 HUF
b) in case of no or not appropriate execution of the obligation to designate smoking areas or in case of failure to control the compliance with smoking related prohibitions, and restrictions:
   ba) minimum 100,000 HUF, maximum 250,000 HUF for the **person responsible** for fulfilling the obligation
   bb) minimum 1,000,000 HUF, maximum 2,500,000 HUF for the institution, organization, **operator or company**

In case of detecting contravention of smoking prohibitions a report can be made to the state health administration body or by calling the 06 40 200 493 telephone number 24 hours a day.

According to the power of article 8, paragraph 5 of the Act the 291/2011. (XII. 22.) governmental decree was passed on the labelling of tobacco products and on the detailed rules imposing the health protection fine. This governmental decree includes regulations on combined warnings. Annex 1 of the governmental decree includes the combined warnings that are in accordance with the pictures in the library created by the European Commission. The pictures are to be placed on one of the main sides of the cigarette package in at least 40% of the size of its surface. Some of the pictures include the address of the web page that supports cessation www.leteszemacigit.hu and the telephone number 06 40 200 493 that can be called for cessation support and for reporting violation of the Act.

With this strict law Hungary comes up to the health policy and professional expectations of the EU and WHO and substantially decreases the smoking related public health and economic burden, as well.

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Challenges of the amendments to the Act on the Protection of non-smokers

New questions and tasks to be solved arose when summarizing the experiences gathered during the grace period of 1st January – 1st April 2012 after the introduction of the Act. These were due to differences of legal interpretation, situations not clearly regulated or not covered by the Act or difficulties of the control and the compliance of the law.

For example according to article 2, paragraph 4 of the Act smoking areas were never allowed to be designated even in open air on the premises of health service providers; whereas in multifunction institutions that provide health services as well – such as a factory that has an occupational health service – smoking areas in open air could formerly not be designated but after one of the amendments now they can.

Another challenge that occurred during the controls was the question to what extent the Act can be observed in case of multifunction institutions that provide health services, as well. Can elderly people living in **social homes** be obliged to leave the building in order to smoke?

The case is similar with **industrial facilities, institutions** that employ thousands of people on an area of several hectares, where leaving the premises for a cigarette would cause significant loss of working time.

In case of thermal baths that have a physically separated therapeutic unit and have a seasonally operating open air bath, the restriction for the seasonal bath had to be reconsidered.

Another question arose in relation to the place of operation – office building or condominium – of multifunction institutions providing health services, as well.

The Amendment of the Act that came into effect on 1st January 2013 provided a solution for the above challenges. According to the Amendment in case of multifunction institutions providing health services, as well smoking area can be designated **in open air**, but only if it is properly separated from the usual or necessary pathways of the people using the health services.

Based on the experiences of control and on the continuously received complaints from the public, smoking underneath the windows or at the entrances of residential buildings is a great challenge.

People living near to restaurants or pubs often complain about the smoke and noise caused by the sometimes drunken guests who go out to the street to smoke.

Several complaints have been received in relation to smoking in flats constituting private property in condominiums that filters through to other flats, as well as about smoking in open air areas of these buildings – typically at a circular gallery – that is common property.

In order to merge non-smoking workplaces and non-smoking institutions into one category, it is worth considering prohibiting smoking within 5 meters form the entrance of workplaces, and not only of public institutions.

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Actions taken in relation to the Amendments of the Act

According to prior studies[1] social acceptance of the Act's planned amendment was **appropriate**, nevertheless efficient, and exact information of the public through the media is advisable prior to coming into effect and during the grace period about places and premises affected by restrictions of smoking as well as about public places, areas that can be designated for smoking, non-smoking institutions or workplaces. It is also advisable to inform managers of institutions about the way of designation that according to the law has to be done by a "visible", "conspicuous" and "clear" notice or sign.

Based on the experiences of other countries that introduced similar legislation it is presumable, that coming into effect of the law will initiate substantial changes in the Hungarians' attitude towards smoking, second hand smoke, their smoking habits and exposure to smoke. It is important to measure these changes and therefore, it is necessary to collect baseline data before the coming into effect of the law.

With regard to the above aspects the following detailed measures were taken with the professional support of the Hungarian Focal Point for Tobacco Control and from the resources provided by the Ministry of Human Resources (EMMI).

Media campaign

Based on international experiences an essential element in increasing the rigour of the law is forming the opinion of the population. It is important to increase their knowledge about the law to an appropriate level and to make a positive attitude towards its regulations. Countries that formerly introduced total ban on smoking successfully used media campaigns, and printed information materials for this purpose. Involving the electronic media is essential to further raise the acceptance of the increasing rigour of the law.

The Hungarian informational media campaigns[2] against second hand smoke and supporting motivation for cessation were carried out in several phases. They were promoted by the following thematic portals:

- **„Ne szívj tovább!"** http://neszivj.postr.hu/ (Do not suck it up anymore!)
- **„Fellélegezhetünk!"** http://fellelegezhetunk.hu/web/ (We can breathe freely!)
- the website of the National Public Health and Medical Officer Service https://www.antsz.hu/
- the website of the Focal Point for Tobacco Control http://www.fokuszpont.dohanyzasvisszaszoritasa.hu/,
- website on cessation aid http://www.leteszemacigit.hu/.

These portals and the short videos widely broadcasted in the media informed people in detail in an easily understandable way about the important elements of the Amendment of the law. They also fulfilled the purpose of strengthening the population's positive attitude towards it. The themes elaborated answered questions relating to the regulations of the law, the reasons for the necessity of its increased rigour, the people affected, and the way they are affected by the new regulations. When making the videos special attention was paid to the different affected target groups of the law such as

[1] further details in chapter „Short overview of studies relating to the amendments of the Act on the Protection of Non-Smokers"

[2] with a value of 10 M HUF, contract number: 29529-2/2011/EGP

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employers, employees, teachers, people working in health care, and in hospitality industry, youth, and people using public transport. In order to guarantee effectiveness the short videos were shot starring with well known, creditable persons who are able to influence the target groups. Such a creditable person is Dénes Kemény water polo trainer, three times Olympic gold medallist, president of the Hungarian National Men Water Polo Team. He was staring in two short videos, and positive messages about smoking restrictions were played with his voice for passengers on train stations. Several short videos were shot staring acknowledged/recognized actors showing the harmful effects of smoking and second hand smoke as well as informing about methods of cessation. Humorous illustrations, pictures and animations attracted and kept the attention of homepages' visitors. In order to guarantee successful introduction of the law full advantage of electronic media and of printed information materials distributable through personal communication had to be taken. Giant posters displayed in public places and other info-communication means were further parts of the campaign.

Along with the media campaigns the so called HORECA (Hotels, Restaurants, Cafes) promotion[3] of the new Amendments of the Act was carried out in entertainment and hospitality institutions. Its stylistic characteristics were the same as that of the tobacco products' direct, on the spot promotion by hostesses. This type of direct hostess promotion was carried out in hospitality and entertainment venues (clubs, cafés, hostels, etc.) where guests' and employees' attention was drawn to the harmful effects of smoking, it was demonstrated for them by measuring the carbon-monoxide content of their expiration that this poisoning gas can be detected in their lungs even several hours after having smoked, and they were motivated to quit. As part of the hostess promotion the target groups' attention was drawn to the harmful effects of smoking and they were encouraged to healthy lifestyle by information materials, health quiz, and a vitamin portal.

The Amendment of the Act made it indispensable to extend and further develop[4] the information at the webpage www.leteszemacigit.hu informing both the general and the professional public. In order to meet the requirements about the content of the webpage resulting from the new situation, it was essential to make available the recommended variations of notices and other clear signs that were ordained by the Amendment of the law. By using the newly built functions of the web page owners of institutions can download the unified notices and signs prohibiting or permitting smoking. According to the 2001/37 EU directive on tobacco products as of 2013 the address of the webpage www.leteszemacigit.hu is displayed in the texts of the combined pictorial warnings on cigarette packages, as well as in the texts of the notices and other signs ordained by the law.

Telephone services created to support cessation and to report remarks about the Act

The further spatial restriction of smoking means such a significant change in the everyday life of the whole population, but primarily smokers, that it is necessary to provide the widest range of information possible, to form people's opinion, and in parallel to support and motivate people for cessation both before and after the introduction of the law. The best means for doing so is to provide a telephone service informing callers about places and methods supporting cessation. This service can be used to report observations about the compliance with the law. The latter is important because it provides an opportunity to report for those who cannot or do not want to be involved in the time consuming public proceedings that require personal presence. The observations reported over the phone are forwarded to the responsible public health administration body. The local tariff telephone number is 06 40 200

[3] with a value of 3 M HUF, contract number 29529-2/2011
[4] with a value of 1 M HUF, contract number 19948-2/2011/NÜF

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493. This number is also displayed in the texts of the combined pictorial warnings on cigarette packages, as well as in the texts of the notices and other signs to prohibit or permit smoking ordained by the law. The service operates as an automated push-button system 24 hours a day and is supported by professional administrative and counselling service from 9 a.m. to 2 p.m. on workdays.

Designation of areas for smoking and of areas where smoking is restricted

According to the amended Act on the protection of non-smokers areas that are designated for smoking, areas, premises and public places where smoking is restricted, as well as non-smoking institutions and workplaces are to be marked for those who enter them in a "visible", "conspicuous" and "clear" way by using notices or signs (e.g. stickers). The recommended wording of the stickers was planned[5] with the professional work and coordination of the Public Health Department at the Ministry of Human Resources, the National Public Health and Medical Officer Service (ÁNTSZ) and the Hungarian Focal Point for Tobacco Control in the National Institute for Health Development. All together 76.880 pieces were made of the indoor and outdoor variations of the stickers both with two types of text "No smoking" and "Designated smoking area". Illustrations on the stickers are in accordance with their texts. The stickers were distributed by the specialist of ÁNTSZ during controls.

Combined pictorial warnings on the packages of tobacco products

Packaging of tobacco products is an important tool of tobacco control. Tobacco industry continuously strives for more and more customers for its products, for making them addicted and to hinder their cessation. Carefully designed and appealing packaging is an important part of the tobacco industry's tactic to draw the attention off the harmful and lethal effects of tobacco products. Colourful packaging that is attractive for the youth explicitly inspires for consumption.

Tobacco producing companies spend millions of dollars on making new consumers addicted and on hindering smokers' cessation. Consumers have to be informed properly about the fact that cigarettes are harmful for health and that there is evidence for its increased risks. Packaging and labelling of tobacco products need proper regulation.

The introduction of pictorial health warnings on the packaging of tobacco products – that is supported by four fifth of the Hungarian population[6] – is a great step forward. This is the most targeted way of health related communication with consumers, and on the other hand can be a more effective way of delivering messages to the youth than text warnings[7].

According to the Guidelines for the implementation of Article 11 on packaging and labelling of tobacco products of the WHO's Framework Convention on Tobacco Control in comparison with text-only health warnings, warnings with pictures are more likely to be noticed, more effective, better increase the motivation of tobacco users to quit, might disturb the effect of the brand's image, reduce the overall attractiveness of the pack.

Combined warnings are regulated by the governmental decree (GD) on labelling of tobacco products and on detailed regulations for the application of health protection fines that was passed on the basis of the power given in paragraph 5, article 8 of the Act XLII. of 1999 on the protection of non-smokers

[5] With a value of 2.5 M HUF, contract number 29529-2/2011/NÜF

[6] Flash Eurobarometer 253, http://ec.europa.eu/public_opinion/flash/fl_253_en.pdf

[7] Population study on the launch of pictorial health wornings in Hungary, FACT, 2009 http://www.fokuszpont.dohanyzasvisszaszoritasa.hu/sites/default/files/kepekkel_kombinalt_figy_lakossagi_felmeres_zarojelentes_2009.pdf

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and on certain rules for the consumption and trade of tobacco products. The Annex of the GD includes the combined warnings. Pictures launched are posted here:

http://www.fokuszpont.dohanyzasvisszaszoritasa.hu/sites/default/files/42_kombinalt_figyelmeztetes_hu.pdf

Controls of compliance with the Act are carried out by public health administration bodies that operate in the governmental offices as well as by the employees of the micro regions. A working group including experts from the Chief Medical Officer's Office (OTH) was set up to work out a new version of the **minutes used during controls and their specific annexes according to the location of the control**.

The new type of minutes was worked out in consultation with the colleagues working on the field, based on their former documentation as well as the new regulations of the amended Act. After a multi-round professional consultations with the colleagues in the counties the minutes were revised from legal and professional point of view by the employees of the OTH's legal and sanitation department, and of the Hungarian Focal Point for Tobacco Control in the National Institute for Health Development.

After that the finalized minutes were brought to the wider public. Employees dealing with the topic of smoking working for the County Public Health Administration Bodies and the District/Micro Region Public Health Institutes were informed about the everyday use of the minutes in practice during a one-day training where they could raise their concerns, as well. 115.000 pieces of the minutes were made in stapled duplicates with carbon paper[8]. The minutes and their annexes were produced in accordance with the amendment of the law; the computerized processing of the data gathered with their help is continuous.

The summary that can be drawn from the data gathered during the control of compliance with the law have to meet different qualitative and quantitative requirements. A new software fitting to the registration system had to be developed for this purpose[9]. The new **software** allows for accurate and detailed processing of the data registered by the new minutes (e.g. what the most common offenses are against the law, where and under what circumstances they are committed, etc.). Analyses made using the software help to assess the impacts of the law. Access to the experiences in the form of computer records will help to develop a more effective methodology for carrying out controls. The software supports the compliance with the law, increases the quality of data supplied by official bodies authorized for control and helps to preserve creditability of the authorities and the state.

[8] with a value of 2.5 M HUF, contract number 28910-2/2011/NÜF
[9] with a value of 7.5 M HUF, contract number 19944-2/2011/NÜF

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Data about the control of compliance with the Amended Act that came into effect on 1st January 2012 are available for the whole year.

	The type of unit controlled	The number of units controlled	The number of units objected	The number of authority measures taken	Fine in HUF
1	penal institution	35	3	19	200 000
2	psychiatric institution	36	4	3	0
3	means of public transport	246	6	9	80 000
4	public area	856	65	59	338 000
5	hotel	1 086	17	11	200 000
6	public education institutions, child care, child welfare	5 304	84	37	12 000
7	hospitality venues	8 709	339	234	5 220 000
8	health care provider	8 784	92	44	106 000
9	public institution	10 664	301	185	4 800 000
10	workplaces	20 227	275	161	1 150 000
	Total:	**55 947**	**1 186**	**762**	**12 106 000**

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Short overview of studies relating to the amendments of the Act on the Protection of Non-Smokers

Studies before the amendment

In April 2008 the National Institute for Health Development commissioned the Medián Opinion & Market Research Ltd. to conduct a survey to prepare for the planned amendments and measures. The survey consisted of several steps and focussed on views on the planned amendments of respondents concerned in the hospitality industry, health care and public education[10]. The aim of the survey was to assess smoking habits of respondents and their environment, the prospective impacts of the planned amendments and views on it. Surveying took place in April 2009 and its results were favourable.

Preliminary impact assessments were carried out led by the Focal Point for Tobacco Control in the National Institute for Health Development and the Health Impact Assessment Working Group at Debrecen University, Medical and Health Science Centre, Faculty of Public Health. [11] [12]

The impact of increasing the severity of the Act on the Protection of Non-Smokers on air quality of enclosed air space public places

Resulting from increasing the severity of the Act on the Protection of Non-Smokers, there is a total smoking ban in force in all enclosed space public institutions. The Air-hygiene Department of the National Institute of Environmental Health, the Focal Point for Tobacco Control in the National Institute for Health Development and employees of Public Health Institutions in the 6th, 7th, 8th and 9th districts of the capital developed and carried out a research focusing on the indoor space air quality in hospitality venues. The aim of the research was to control the adherence to the act, to measure the change of air quality in the institutions and thus, to monitor the impact of stricter legislation.[13]

The fraction of particulate matter less than 2.5 µm (PM2.5) was chosen in the research as an indicator, given that this particulate matter fraction is very sensitive to indoor smoking. The diameter of smoke particles from cigarettes is between the fine and ultra fine particle domain (0,02 - 2 µm).

Results of the research carried out clearly proved the hypothesis, that the smoking ban will likely cause significant improvements in indoor air quality. The mass concentration of the studied particles under

[10] "Views on the Act on the Protection of Non-Smokers and its Prospective Impacts"– Questionnaire survey for the National Institute for Health Development, MEDIÁN 2009
http://www.fokuszpont.dohanyzasvisszaszoritasa.hu/sites/default/files/nvt_szigoritas_hatasa_a_vendeglatoiparra_oefi_df_2009.pdf

[11] Assessment of prospective impacts of the planned amendments and preliminary assessment of their cost effectiveness, considering proposed measures and international experiences. National Institute for Health Development (OEFI) March, 2008
http://www.fokuszpont.dohanyzasvisszaszoritasa.hu/sites/default/files/nemdoh_vedelme_hatastanulmany_OEFI_DF_2008.pdf

[12] Debrecen University, Medical and Health Science Centre, Faculty of Public Health, Health Impact Assessment Working Group: Health Impact Assessment of the Amendment of Act XLII of 1999 on the Protection of Non-smokers and on Certain Rules for the Consumption and Trade of Tobacco Products, Debrecen, 20 May 2009

[13] Indoor air quality in hospitality venues before and after prohibition of smoking, National Institute of Environmental Health, Népegészségügy (Public Health) Volume No. 90./3 (2012)
http://www.fokuszpont.dohanyzasvisszaszoritasa.hu/sites/default/files/Indoor_air_quality_in_hospitality_venues_before_and_after_%20prohibition_%20of_%20smoking_2012.pdf

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2,5 µm was significantly higher (p<0,001) in all hospitality places in case of smoking in the given indoor space. After increasing the severity of the legislation on smoking ban, there was a 90% decrease observed in the average PM2,5 concentration in all enclosed air spaces studied.

Outdoor measurements taken in front of hospitality venues with a result of actually unchanged PM2,5, typical in outdoor spaces, proved that cigarette smoke is the main source of the high aerosol concentration under 2,5µm in indoor spaces studied. This way, the argument, frequently used by smokers and owners of hospitality venues, stating that air pollution is much higher in streets and busy roads than for example, in a restaurant where people smoke, can be disproved.

Population and youth surveys

Based on international experiences it is expected that the act coming into force will generate changes in national smoking habits and in related attitudes. In order to prove changes it was essential to collect data about the initial situation preceding the act coming into force. The last data collection in this field took place a few years ago (European Health Interview Survey, 2009), therefore, it was reasonable to conduct a questionnaire survey in the beginning of 2012 about the smoking habits of the Hungarian adult population.[14]

Adult Population Smoking Survey, 2012[15] (17+)

The aim of the survey was to study the smoking habits of the Hungarian adult population. The questionnaire data collection was carried out by TÁRKI Social Research Institute by the order and professional leadership of the National Institute for Health Development. Data collection took place in the framework of the Omnibusz polling in February-March 2012. The number of people answering the questionnaire within the survey was 1543. Based on the sample, assessments are related to the Hungarian adult population, excluding those living in an institution.

Key findings

Prevalence and intensity of smoking

a) The rate of daily smokers among men has shown a declining tendency since 2000, while there has been no significant change in this among women. Compared to 2009 data, there is a 2% decrease among men under 65 years, however, there is a 2% increase among men above 65. The rate of daily smokers among women increased by 1% since 2009.
b) The rate of daily smokers among men significantly decreases according to education level. While the rate of daily smokers among men with elementary school education (8 years) is 45%; this rate is 32% among men with secondary school education and 20% among men with and education level higher than that. The highest rate of daily smokers among women is among those with secondary education (the rate of daily smokers is 22% among women with elementary school education; 26% among women with secondary school education; and 18% among women with an education level higher than secondary school).
c) More than half of those men (54%) smoke daily who consider their financial situation difficult. Daily smoking is half as much frequent (25%) among those men who consider their financial

[14] Budget: HUF 7,95 M; contract number: 29529-2/2011/NÜF
[15] Adult Population Smoking Survey 2012, OEFI-TÁRKI
http://www.fokuszpont.dohanyzasvisszaszoritasa.hu/sites/default/files/17_evnel_idosebb_lakossag_dohanyzas_felmeres_honlapra_20130108.pdf

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situation average. 45% of those men who consider themselves wealthy smokes regularly, as well. The above rates are similar among women: 37%; 19%; 35%, consequently.

d) Based on 2009 data, sifting out the interfering effect of age and education level, there is a clear connection between the rate of smokers and household income both among men and women: the rate of smokers in the lowest income quintile is nearly twofold, compared to the top income quintile (1.7 times more among women and 1.9 times more among men).
e) The number of smoked cigarettes decreased by nearly 8% since 2009. The rate of machine-made and hand-rolled cigarettes have changed significantly: the number of hand-rolled cigarettes have almost doubled in 2012 and reached one third of the amount of smoked cigarettes.

Passive smoking

a) Two third of smokers (66%) light a cigarette in their own homes. 12% of non-smokers inhales tobacco smoke at home, as well.
b) Around 7% of non-smokers were exposed to tobacco smoke at their workplace or in enclosed air space hospitality venues. 5% of them saw others smoking in waiting-rooms, as well.
c) Non-smokers smelt tobacco smoke 10% more frequent in open air space public places than in enclosed air space places. One fifth of non-smokers (21%) were exposed to tobacco smoke also in parking places and stops of public transport system.

Support of smoking restrictions

a) Both smokers and non-smokers are in favour of restrictions on smoking in health care, public education and other public institutions as well as in playgrounds.
b) The majority of non-smokers (61%) agree with the smoking ban in bars and pubs, moreover, one fourth of smokers think the same. The smoking ban in restaurants, vehicles and at workplaces is supported by 80% of non-smokers and half of smokers.

Support of compulsory uniform packing of tobacco products and the spatial regulation of distribution

a) Only 20% of smokers and 40% of non-smokers are in favour of the proposal for the compulsory uniform packing of tobacco products.
b) Selling of tobacco products exclusively in specialized shops is supported by 18% of smokers.

Cessation

a) In the last 6 month preceding the polling, one fourth (25%) of daily smokers and nearly half of occasional smokers (40%) tried to stop smoking.

Besides the adult population, it is important to collect data about youth. The Global Youth Tobacco Survey (GYTS) was launched in 1998 by the World Health Organisation of the United Nations and the American Centers for Disease Control and Prevention (CDC), in cooperation with the United Nations Children's Fund (UNICEF). The aim of this global project is to collect data about the smoking habits and attitudes of youth aged 13-15.

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Global Youth Tobacco Survey 2012, Hungary (age group 13-15)

Facts and data

The survey was first conducted by WHO and the American CDC in 1998. The data collection is executed regularly in every country taking part in the project (Hungary joined the project in 2003). GYTS Hungary provides data on prevalence of cigarette and other tobacco product use as well as information on five determinants of tobacco use: access/availability and price, secondhand smoke exposure, cessation, media and advertising, and school curriculum. These results are components Hungary could use in a comprehensive tobacco control program. The third Hungarian round of GYTS 2012 was a school-based survey of students in 7th, 8th and 9th grade. We used a two-stage stratified cluster sample design that produced samples of students in grades 7, 8, or 9 associated with children aged 13-15 years. Sampling frame included all Hungarian schools with any identified grades stratified by grades and settlement categories representing different urban and rural areas in Hungary. In the first stage the probability of schools selected was proportional to the number of students enrolled in the specified grades and to the settlement category. In the second sampling stage, one class within the selected schools was selected randomly. The school response rate was 94%, the class response rate was 99%, the student response rate was 88%. A total of 3,844 students completed the 2012 Hungary GYTS of which 2,325 (60%) were aged 13-15.

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	2003			2008			2012					
	S	♂	♀	S	♂	♀	S	CI	♂	CI	♀	CI
Prevalence												
have ever tried smoking	**66,00**	68,00	64,00	**58,00**	57,00	58,00	**57,00**	53,12-60,06	61,00	57,48-64,90	52,00	47,76-56,21
currently use some kind of tobacco product				**28,00**	28,00	27,00	**35,00**	32,4-38,66	41,00	37,18-44,22	30,00	26,75-34,11
are currently smokers	**27,00**	27,00	27,00	**24,00**	22,00	24,00	**27,00**	24,32-30,43	31,00	27,33-34,5	23,00	24,32-27,27
currently smoke every day	**5,00**	6,00	5,00	**6,00**	6,00	5,00	**7,00**	5,47-8,81	9,00	6,65-10,99	5,00	3,97-7,16
smoked cigars, mini cigars/cigarillos in the past 30 days	**5,00**	7,00	3,00	**4,00**	6,00	3,00	**6,00**	5,12-7,17	9,00	6,65-10,99	3,00	1,86-3,55
used chewing tobacco in the past 30 days							**3,00**	2,06-3,31	4,00	3,01-5,02	1,00	0,89-2,02
smoked hand-rolled cigarettes in the past 30 days				**6,00**	7,00	5,00	**13,00**	10,71-14,86	15,00	13,05-18,31	10,00	7,79-12,23
smoked e-cigarettes in the past 30 days							**13,00**	11,52-15,15	16,00	13,74-18,52	11,00	8,64-12,66
smoked tobacco in a pipe or used water-pipe in the past 30 days	**1,00**	1,00	1,00	**12,00**	14,00	9,00	**20,00**	17,66-21,58	24,00	22,09-26,78	15,00	12,44-17,36
have tried smoking and tried it under the age of 10	**20,00**	23,00	17,00	**18,00**	20,00	16,00	**13,00**	10,98-14,36	15,00	12,51-17,11	10,00	7,79-12,23

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have never smoked and think it is likely that they will start smoking next year	**24,00**	16,00	30,00	**19,00**	16,00	21,00	**23,00**	20,41-25,54	22,00	19,19-2605	23,00	20,01-26,78
Access and Availability - Current Smokers												
usually smoke at home	**10,00**			**6,00**			**13,00**	11,35-15,7	15,00	12,74-17,88	11,00	9,46-14,23
buy cigarettes in a store	**60,00**			**48,00**			**45,00**	40,49-49,13	48,00	42,99-53,8	40,00	34,94-45,75
bought cigarettes in a store and selling was NOT refused by shop assistants because of their age	**71,00**			**52,00**			**43,00**	37,46-49,4	45,00	37,32-52,2	41,00	33,27-49,88
Exposure to Secondhand Smoke (SHS)												
others smoke in their presence at home	**84,00**			**43,00**			**44,00**	41,6-47,1	44,00	40,99-47,46	45,00	41,3-47,68
are exposed to tobacco smoke in places other than their homes	**93,00**			**73,00**	70,00	75,00	**70,00**	67,44-72,13	70,00	66,82-72,38	70,00	67,04-72,8
agree with the smoking ban in places other than their homes	**70,00**	71,00	70,00	**77,00**	78,00	77,00	**97,00**	96,59-97,92	97,00	95,95-97,69	98,00	96,74-98,42
think that it is harmful for them if others smoke				**62,00**			**60,00**	58,31-62,38	58,00	55,17-60,17	63,00	60,33-65,62
have one or more parents who smoke	**58,00**			**71,00**			**49,00**	46,72-52,19	49,00	46,22-52,51	50,00	46,25-52,84
their mothers smoke				**33,00**			**33,00**	30,79-35,9	33,00	29,96-35,97	33,70	30,84-36,66

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their fathers smoke				**38,00**			**37,00**	34,83-39-42	33,00	33,96-39,52	38,00	34,62-40,47
most of or all of their friends smoke	**26,00**			**22,00**			**22,00**	18,68-24,85	24,00	20,76-27,3	19,00	15,93-23,28
percentage of smokers among those who are exposed to passive smoking at home							**39,00**		43,00	35,00		
Cessation - Current Smokers												
want to stop smoking	**38,00**			**41,00**			**42,00**	38,47-46,03	43,00	37,63-47,55	42,00	36,29-47,48
tried to stop smoking in the past year	**69,00**			**66,00**			**59,00**	56,14-62,64	55,00	51,25-59,44	65,00	59,63-69,8
have ever received help to stop smoking	**56,00**			**48,00**			**49,00**	45,54-52,49	48,00	43,23-52,36	50,00	45,22-55,63
have the feeling every morning that they have to light a cigarette immediately	**14,00**			**17,00**			**24,00**	19,63-27,93	26,00	20,82-31,43	21,00	16,26-26,94
consider cessation difficult							**81,00**	78,95-83,69	79,00	74,74-82,14	84,00	81,4-87,05
Media and Advertising (negativ effects)												
saw anti-smoking media messages on the television				**83,00**			**70,00**	67,83-71,22	66,30	64,06-68,39	72,00	70,4-75,01
heard anti-smoking media messages on the radio							**34,00**	31,88-36,81	35,00	32,66-38,24	33,00	30,26-36,41

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saw anti-smoking media messages (prevention, help in cessation) on billboards and posters				**59,00**			**43,00**	41,5-45,31	42,00	39,22-43,96	45,00	42,65-47,8
saw anti-smoking media messages (prevention, help in cessation) in newspapers or magazines				**33,00**			**45,00**	42,73-46,81	42,00	38,37-43,96	48,00	44,94-50,65
have some kind of keepsake (e.g. t-shirt, pen, backpack, etc.) with a cigarette brand logo on it	**25,00**			**16,00**			**10,00**	9,17-11,39	13,00	11,57-15,03	7,00	6,06-8,69
were offered free cigarettes by a tobacco company representative	**6,00**			**6,00**			**5,00**	3,89-5,60	6,20	4,97-7,79	3,00	2,36-4,13
saw anti-smoking media messages on the Internet in the past 30 days				**53,00**			**59,00**	57,08-60,36	57,00	54,79-59,65	60,00	58,03-62,35
saw anti-smoking media messages in the cinema in the past 30 days							**17,00**	15,26-18,42	19,00	17,13-21,13	14,00	12,62-16,75
saw anti-smoking media messages at sport events, concerts, fairs etc. in the past 30 days							**79,00**	77,88-80,87	77,00	74,31-79,23	82,00	80,13-83,56
saw smoking actors on TV, video, DVD, in movies or films				**93,00**			**91,00**	91,43-93,51	91,40	90,04-92,55	94,00	92,22-94,88
see teachers smoking during school hours in the school building every day				**25,00**			**11,00**	9,39-12,67	14,00	11,96-16,34	8,00	6,47-9,48

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see teachers smoking outdoors on school premises (e.g. school garden) during school hours every day				**21,00**			**13,00**	11,32-15,59	15,00	11,17-18,15	11,00	9,01-13,78
see pupils smoking in the school building during school hours every day				**19,00**			**7,00**	5,84-9,33	9,00	6,63-10,96	6,00	4,75-8,18
see pupils smoking during school hours outdoors on school premises (e.g. school garden) every day				**32,00**			**13,00**	10,78-15,5	15,00	11,97-17,99	11,00	46,31-53,15
School (prevention)												
participated with their class in lessons about the dangers of smoking in the past year	**49,00**			**57,00**			**64,00**	60,57-68,2	63,00	58,36-66,54	66,00	61,86-70,67
participated in discussions this school year about the reasons of smoking among young people at the same age	**38,00**			**41,00**			**47,00**	43,95-49,26	44,00	40,48-46,5	50,00	46,31-53,15
participated in lessons in this school year about the effects of smoking	**41,00**			**52,00**			**-**					
firmly remember having been told about smoking in kindergarten				**9,00**			**5,00**	4,71-6,36	6,00	CI:4,86-7,13	5,00	4,09-6,28
e-cigarette users							**13,00**	11,52-15,15	16,00	10,00		
non-smokers among e-cigarette users who smoked e-cigarettes in the past 30 days							**6,70**	90,51-95,24				

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smokers among e-cigarette users (smoking occasionally+daily) who smoked e-cigarettes in the past 30 days							**93,30**	90,51-95,24				
Opinion												
think that those boys who smoke have more friends							**22,00**	24,53-28,29	22	19,86-24,32	31	28,03-33,48
think that those girls who smoke have more friends							**18,00**	16,54-19,89	17	14,64-19,09	20	17,51-21,79
think that those boys who smoke are more attractive							**11,00**	9,77-12,77	13	11,65-15,39	9	7,29-10,96
think that those girls who smoke are more attractive							**8,00**	6,47-9,18	9	6,97-10,22	7	5,38-9,01

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The social burden of smoking in Hungary[16]

According to international standards, smoking evidently causes diseases in 15 diagnosis groups. An expert analysis was developed to assess the burden of these diseases deriving from smoking, as regards the use of health care services and mortality in 2010, considering relating costs, as well. In order to calculate the rate of burden deriving from smoking, results of the 2009 European Health Interview Survey as regards smoking habits as well as risk values used in international practice had to be considered, which show how much the likelihood of developing a disease is increased by smoking. The cost analysis focused on the direct and indirect costs of smoking and assessing the state revenue in 2010.

The main findings of the research and the analysis based on the research:

a) The number of people died of smoking in 2010 in Hungary was 20,470, which means one sixth of total mortality (16%). Nearly one fourth (23%) of total mortality among men and one tenth (9%) among women was caused by smoking.
b) Years of life lost due to premature deaths caused by smoking was 340,000 in 2010. On average, smoker men shortened their lives with 16 years, and smoker women with at least 19 years. Two third of the loss was observed in the economically most active time period, between 35 and 65 years of age.
c) State revenue from smoking in 2010 – deriving from VAT, excise tax and other payments (personal income tax, corporation tax, contributions) – was more than HUF 360 billion. Nearly three quarter of this amount derived from excise tax and one quarter of it derived from VAT.
d) Direct and indirect costs deriving from smoking of the Hungarian population in 2010 were more than HUF 441 billion.
e) The balance of individual and state expenditure deriving from smoking in Hungary and income was HUF 80 billion loss in 2010.

Amendments of the Act and recommendation for the impact assessment of the measures

General aim of monitoring

The general aim of monitoring is to inform about public health and economic consequences of introducing the amendment as well as about efficiency of its implementation.

Specific aims of monitoring:

a) Reporting on the subsequent changes in public health after the introduction of the law.
b) Informing about controlling the implementation of the law and its results.
c) Reporting on the status of production and commerce of tobacco products.
d) Reporting on the development of regulations on products containing nicotine.
e) Reporting on the status of entertainment and hospitality sector.
f) Providing knowledge for the communication of the law.

[16] THE SOCIAL BURDEN OF SMOKING IN HUNGARY, OEFI 2012
http://www.fokuszpont.dohanyzasvisszaszoritasa.hu/sites/default/files/dohanyzas_tarsadalmi_terhe_OEFI_2012_.pdf

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Questions to be answered during monitoring

Questions about the subsequent public health changes after the introduction of the law:

Have smoking habits changed in Hungary? How did the proportion of smokers change in different social groups? Do people smoke less? Do young people start later to smoke? Has the prevalence/frequency of smokeless smoking increased?

Has the number of adults taken to hospital due to acute myocardial infarction changed? Has the number of children's hospital admission due to severe asthmatic attack changed?

How long and how often non-smokers are exposed to second hand smoke at home and at their workplaces in enclosed areas?

Has the number of people who intend to quit and those who already tried to quit increased? How often and what type of help did they get to quit (such as medicine or special treatment)? How successful were the attempts to quit?

Have the smoking related mortality and morbidity rates decreased in Hungary?

Has the utilisation of health care services due to smoking related diseases decreased?

How many and what type of tobacco control campaigns have been launched and communication activities have carried out? How many target groups were reached and what was their age structure?

How often and what type of smoking promoting advertisements could be seen/heard?

What does the population think about the harmfulness of smoking, the possibilities for quitting, the accessibility and the price of cigarettes? How do different social groups think about the smoking ban?

Do people observe the tobacco related regulations?

Questions relating to controlling the implementation of the law and its results:

What type of official controls have been carried out and what were their results? (Broken down to months, controlling and controlled units)

What type of local regulations has been passed and what were the measures taken to control smoking?

Questions relating to the changes experienced in the production and commerce of tobacco products after the introduction of the law:

How did tobacco production and its import and export developed in Hungary?

How did the economic data of tobacco production and commerce change?

Can any change be detected in the data on illegal commerce of tobacco products?

Questions relating to the entertainment and hospitality sector:

How did the service providers' number develop?

How did the employees' number develop?

How did trade and economic data change?

In order to carry on and repeat the population baseline studies and showing the changes financial resources are needed during the first six months of 2013 for the following things:

- Repeating the Global Youth Tobacco Survey (GYTS) 2012 in Hungary
- Repeating the 2012 adult survey.

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