

## Assessment of information needs in Bulgaria ETS control policy

---

*This assessment report is part of a series of four information needs assessment reports of selected environment and health policies developed within a collaborative project on the establishment of an environment and health information system supporting policy making (ENHIS-2, Grant Agreement SPC 2004124, coordinated by the World Health Organization, Regional Office for Europe).*

*Information needs assessment covers the following phases in the policy process:*

- 1. Science base*
- 2. Policy formulation and implementation*
- 3. Policy evaluation*

*All assessment reports are available at [www.enhis.org](http://www.enhis.org)*

---

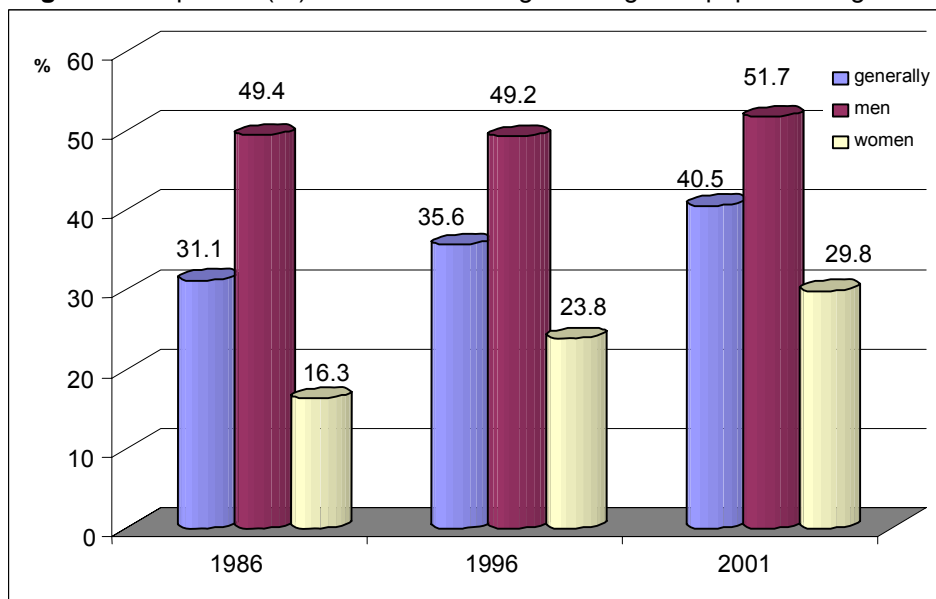
### **Science base on tobacco smoking and ETS exposure in the Republic of Bulgaria**

Although conditional, the comparison of results of different surveys performed over the past 50 years shows that tobacco smoking is widespread in Bulgaria and its rate is constantly growing. The share of smokers (episodic and regular ones taken together) among the population aged 15 and older 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, for the period 1996-2001. The rise for the period 1996-2001 was entirely at account of an increase in the share of regular smokers (every day) – by 4.9 points, while the proportion of episodic smokers remained at the same level - 7.8 %, see figure 1 below.

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 Plevan, Yambol, Silistra, Montana. The lowest tobacco smoking rate was indicated in the Smolyan district - 25.2 %, which was significantly below the average for the country.

Figure 1. Proportion (%) of smokers among the Bulgarian population aged ≥15 years.



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

A survey conducted in 2004 under the CINDI programme, which covered 5614 persons (2811 men and 2803 women) aged from 25 to 64, shows that each second man is a regular smoker (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. Each seventh person spent more than 5 hours at his/her workplace in a tobacco-smoke atmosphere, which was reported a bit more frequent by 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 the Ministry of Health, the National Centre for Public health Protection, the Bulgarian Medical Association and the CINDI Programme-Bulgaria carried out a survey of tobacco smoking among doctors in the country, and the results are disturbing, for example 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.

### **Science base on tobacco smoking and ETS exposure in Bulgarian youth and children**

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%). 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 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.

A survey within the European School Survey Project on Alcohol and Other Drugs (ESPAD - 2003) was conducted in Bulgaria in 2003. The study population were students born in 1987. Bulgaria took the 9<sup>th</sup> place in Europe with a proportion of 35% of students that “smoked 40 and more times in their life” Grouped by sex, the proportion is respectively 32% of boys and 37% of girls. The most recently published data of the Bulgarian National Cancer Register with the National Specialised Hospital of Oncology, Sofia, registered 3572 new cases of lung cancer for 2002, and the morbidity rate was 45.4 per 100,000 persons. The indicator is substantially higher compared to 1970, which was 26.7 per 100,000 persons and in 1990 – 39.2 per 100,000 persons. A total of 3006 persons died of lung cancer in 2002, where the mortality indicator was 38.2 per 100 000 persons, while in 1970 the indicator was 25.0 per 100 000, and in 1990, 34.8 per 100 000 persons.

#### ***Information needs assessment***

- i. A nation-wide survey on tobacco smoking in Bulgaria has not been conducted since 2002 and therefore, data from the 2001 census are mostly used. As information on tobacco and ETS exposure is essential for future policy formulation, detailed investigations should be carried out more often throughout Bulgaria.
- ii. Child smoking is widely spread and therefore has to be highly prioritized in Bulgaria. There is an imperative need for developing and implementing prophylactic programs in early school age, aiming at prevention or utmost postponement of the smoking age. Furthermore, more specialized programmes targeting the teenage population should be introduced to ensure aid and assistance to those who wish to abandon smoking.

#### ***Policy formulation and implementation***

Bulgaria has introduced an adequate smoking policy that restricts the access to cigarettes or the acceptability of smoking as an important component of the social environment that supports non-smoking among young people and adults.

Article 56 in the Law on Health prohibits smoking in closed public spaces. The Ordinance for the conditions and procedure of tobacco smoking has entered into force on 1 January 2005, by exception. It allows for tobacco smoking only in separated areas of indoor public places and in closed work premises, The Ordinance was adopted pursuant to Decree № 329 of the Council of Ministers, dated 8 December 2004. On 7 November 2005, Bulgaria ratified the Framework Convention on Tobacco Control.

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. The sale of tobacco products with packaging bearing texts, names, trademarks or signs qualifying an article as less harmful is prohibited, as well as sale of tobacco products at sports and public events organised for children and students. The changes also introduced a prohibition of sale to persons aged below 18, and at self-service stands.

The National Programme for Limitation of Tobacco Smoking in the Republic of Bulgaria 2007 - 2010 represents a continuation from a previous programme with similar intention, which was adopted pursuant to Decision № 15 of the Council of Ministers, dated 14 January 2002, with implementation term from 2002 to 2005. The Programme 2007-2010 is set to be the most essential enactment of legislation in Bulgaria in order to contribute to the development of non-smoking environment. It is expected to mobilize the resources of all governmental institutions, to strengthen the activities of voluntary organizations and citizens' groups and to provide impetus to preventive educational programmes and outreach to high-risk populations. The Programme governance and structure is set as follows:

### **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 individuals, family and society. The Minister of Health (MH) 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 the State Agency for Youth and Sports, of the State Agency for Child Protection, of the National Statistics Institute and the director of National Health Insurance Fund.

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 experts from the state institutions, the Council also consists of 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.

The following **bodies** 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 pedagogical universities;
- Municipalities;
- The mass media;
- Non-government organisations.

### ***Information needs assessment***

- i. Exposure to environmental tobacco smoking cannot be controlled in buildings due to the operation of heating, ventilation, and air conditioning systems that distribute tobacco smoke throughout a building. Effective policy control strategies for indoor exposure to ETS strongly need information on technical requirements for the system design and operation to evacuate ETS from closed spaces.
- ii. Bulgaria's tobacco policy still has not introduced a total smoking ban in the working place. After years of practical experience, it is clear that totally banning smoking from the workplace is the only effective way to prevent exposure to tobacco smoke.
- iii. Bars and restaurants remain prior exposure venues. The distribution of smoker and non-smoker tables in a single hall seems inefficient. A strong policy information need and international experience can help the introduction of new policy measures, allowing smoking in bars and restaurants only in case of a provision of a separate (smoking) hall.

### ***Policy evaluation***

Despite the scientific facts and policy efforts, the number of smokers continues to increase, or at least is kept stationary on the present levels, without a perspective towards decrease.

Bulgaria's legislation nowadays sufficiently covers the basic legislative areas such as: control of manufacture, advertising and sale of tobacco and tobacco products. The focus should be on health protection of non-smokers and their right to breathe clean air as well as decreasing the opportunities for smokers via promotion of a negative public attitude towards tobacco smoking: for example smoking is dangerous, unhealthy, and socially unacceptable.

The Bulgarian ETS policy formulates the following strategic and operational goals and priorities:

#### **Strategic goal**

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

### Operational goals

- Implementing a systematic national policy aimed at limiting tobacco smoking by undertaking legislative, administrative and public measures.
- Reducing demand for tobacco products.
- Gradual decrease in tobacco smoking, especially among young population.
- Curbing tobacco smoking in public places and creating tobacco-smoke-free environment in workplaces.
- Reducing tolerance and creating a negative attitude towards tobacco smoking among the public.

### 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.

A key condition for fulfilment of the policy 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 aimed for towards 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.

Further policy measures should be focusing on primary prevention to decrease the smoking prevalence. Those who never smoke never become addicted to nicotine and never need to struggle quitting. More financial support is needed to dissuade young people from beginning to smoke.

Dangers from environmental tobacco smoking must also be emphasized, because children whose parents smoke are exposed to health risks and are themselves more likely to smoke in the future. Parental health can be improved by smoking cessation.

To accomplish the goals of primary and secondary prevention, the intensive public health strategy directed at both parents and children should be expanded. This strategy requires strong support from physicians, with emphasis on prevention in practice, support of public health initiatives, medical and public policy, and the conduct of high-quality research.

### **Information needs assessment**

- i. Further strategic information is needed concerning environmental tobacco smoke exposure monitoring throughout the state.
  - ii. Information is needed in connection to the correct measurement of the policy implementation efficiency in real life.
- 

**Author:** Momchil Sidjimov, National Centre for Public Health Protection, Bulgaria

**Date of publication:** November 2007

**Data source:** The case report is based on document analysis of the Bulgarian Tobacco Control policies and expert opinions retrieved from participants of the ETS Roundtable meeting in Sofia, Bulgaria on 30 May 2007, involving experts from Bulgarian ministries, municipalities, NGOs and professional organizations. Expert opinions were gathered on ETS policy development, implementation and follow-up in Bulgaria by means of a close-ended questionnaire. In addition an interview with an expert on tobacco control in the Ministry of Health was conducted on 2 October 2007..

### **Further reading:**

1. Roemer R., Legislative Action to Combat the World Tobacco Epidemic, WHO Geneva, 1993.
2. Samuel S. Gidding et al., Active and Passive Tobacco Exposure: A Serious Pediatric Health Problem, A Statement From the Committee on Atherosclerosis and Hypertension in Children, Council on Cardiovascular Disease in the Young, American Heart Association, 1994.
3. WHO Geneva, Guidelines for Controlling and Monitoring the Tobacco Epidemic, WHO Library – 1998.
4. Bilir N., Dogan B., Yildiz A. N., Assessing Tobacco Control Strategies in Turkey, Final Report, Hacettepe Public Health Foundation, Ankara, 2003.
5. WHO Framework Convention on Tobacco Control 2003, <http://www.who.int/tobacco/fctc/text/final/en/>
6. Council Recommendation of 2 December 2002 on the prevention of smoking and on initiatives to improve tobacco control, [http://eur-lex.europa.eu/en/dossier/dossier\\_01.htm](http://eur-lex.europa.eu/en/dossier/dossier_01.htm)
7. Policies to reduce exposure to environmental tobacco smoke. Report on a WHO Working Group Meeting, Lisbon, Portugal, 29-30 May 2000 (EUR/00/5020495), <http://www.euro.who.int/document/e70610.pdf>