

REINTRODUCE THE BAN ON SMOKING IN PUBLIC PLACES

POLICY BRIEF



Juventas



CENTAR ZA MONITORING I ISTRAŽIVANJE

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It is necessary that the Government of Montenegro immediately starts the legal procedure for amending the *Law on fees for the use of tobacco products, and electro-acoustic and acoustic devices in catering facilities, which in fact abolished the ban on smoking in public spaces.*

It is necessary to abolish Articles of the Law allowing the use of tobacco in catering facilities, which prevents the full implementation of the current Law on Restriction of the Use of Tobacco Products.

Namely, the Law on Restriction of the Use of Tobacco Products states that “smoking in the public and work space, as well as exposure of other persons to second-hand tobacco smoke is prohibited”. Public spaces also include catering facilities¹. These provisions were to be applied from the mid-2016. However, they were repealed by the last adopted legal changes instead.

As indicated by the World Health Organization (WHO), the Law on fees for the use of tobacco products, and electro-acoustic and acoustic devices in catering facilities should not have been voted out in this form. In addition, the effect of this Law does not have a time-limit, although the time-limit was determined in the previous valid versions of the law² defining the fees for the use of tobacco products. Therefore, not only is this Law harmful, but, this time, its effects are not time-limited.

We recall that, Montenegro is one of the leading countries in the world regarding the negative statistics about the use tobacco products. According to the World Health Organization and IPSOS (2016), 41% of adult citizens of Montenegro are smokers. Montenegro is one of the leading countries in the world in the consumption of cigarettes per capita. Consumption of tobacco products and exposure to tobacco smoke is in direct correlation with the worrying high number of people affected by cardiovascular and malignant diseases.

We emphasize that most citizens support the ban on smoking in the public space (60% in 2016 according to the WTO), including a large number of people who consume tobacco products.

Therefore, we request that the Government immediately starts the procedure for amending the Law on fees for the use of tobacco products and electro-acoustic and acoustic devices in catering facilities, and prohibits smoking in catering facilities in accordance with the Law on Restriction of the Use of Tobacco Products.

¹ The Law on Restriction of the Use of Tobacco Products emphasizes that “Smoking is only permitted in a room that the owner or the user exclusively envisaged for smoking and where it is displayed that smoking is allowed in that room”. The room “must be located to prevent the tobacco smoke to reach the rest of the space, its surface must not be less than 10m², nor occupy more than 20% of the public or work space, and must not be intended for walking into other spaces. In a room that the employer designates for smoking, no jobs from the employer’s activity can be performed, nor can food and drinks be consumed”.

² Law on Fees for Access to Certain Services of General Interest and for the Use of Tobacco Products and Acoustic and Acoustic Devices, “Official Gazette of Montenegro 28/2012” dated 5 June 2012 was valid until 1 January 2014; Law on Fees for Access to Certain Services of General Interest and for the Use of Tobacco Products and Electro-Acoustic and Acoustic Devices (“Official Gazette of Montenegro” 28/12 dated 5 June 2012, 62/13 dated 31 December 2013 and 9 / 15 dated 5 March 2015) was valid until 1 January 2017).

ADDITIONAL EXPLANATIONS

Amendments to the *Law on taxes for the use of tobacco products and electro-acoustic and acoustic devices in catering facilities*, consisting of deleting Articles allowing the use of tobacco in catering facilities, and enabling the full implementation of the Law on Restriction on the Use of Tobacco Products, are supported by the following facts that the World Health Organization presented to the Committee on Health, Labor and Social Welfare on 31 May 2017.

1. Tobacco is harmful. The tobacco epidemic and its consequences are extremely worrying.

According to the Institute of Public Health's data for the period 2010 - 2013, 80% of the total mortality rate of the Montenegrin population are deaths caused by chronic diseases. The probability of premature dying in the lifespan of 30-70 years in Montenegro is extremely high and amounts to 22%³. One of the main risk factors for the development of cardiovascular disease and cancer is smoking.

Since most often diseases are of the cardiovascular and malignant type, in Montenegro, every other person dies of cardiovascular disease (44.5%)⁴, and every fourth (22.6%) of cancer⁴. The most frequent diseases of the cardiovascular system caused by smoking are: atherosclerosis, ischemic heart disease, and hypertension. The most common malignant neoplasm (carcinomas) in Montenegro include: malignant neoplasm of bronchial and lung, colorectal and breast. It has been noted that the bronchial and lung cancer incidence increased and that disease threshold has been changing. Global research on tobacco consumption suggests that in 95% of people with lung cancer, this disease is caused by smoking⁵.

In 2016, 383 cases of newly infected persons with lung cancer were recorded, and according to the data of the Special Hospital for Pulmonary Disease "Dr Jovan Bulajić", this disease incidence is 10% in Montenegro, and 5% in Europe. There is a very low number of cases of patients with diagnosed lung cancer who survived for five years, i.e. only 5%, while the disease threshold is reducing from age 60-70 to persons of the age 50-60⁶.

There are many other health complications that can be caused by smoking. These include: thromboembolism, intense blood coagulation, inability to optimally provide the body with sufficient amount of oxygen, rapid mucous secretion, narrowing of the lumen of the respiratory tract, the possibility of alveolar collapse, chronic cough, laryngospasm and bronchospasm, increased gastric acid secretion, acceleration of hepatic metabolism, reduction of defense ability of the organism, and increased possibility of postoperative infections and poor healing of wounds⁷.

Non-smokers are also exposed to the harmful effect of tobacco smoke. The so-called "exhaled smoke contains a higher percentage of nicotine and toxic gases than smoke inhaled by smoking"⁸ and passive smoking "increases the risk of lung cancer by 25%."⁹

Experts also state that "a child who spends one hour in a smoky room with several smokers or in a closed car with a single smoker breathes as much harmful chemicals as when a smoker smokes 10 or more cigarettes. Children exposed to tobacco smoke often cough, have a poorer physical condition and a

3 Information on the status of implementation of obligations related to the prevention and control of chronic non-communicable diseases, aimed at reporting to the United Nations General Assembly in 2018, with a proposal of priority measures and a proposal for the decision on the education of the National Council for the Coordination and Prevention of Chronic Non-communicable Diseases in Montenegro, Government of Montenegro, February 2017.

4 Institute of Public Health; Statistical yearbook 2013

5 Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

6 Public Health Institution Special Hospital "Dr Jovan Bulajić" Brezovik

7 Journal Medical, No. 23, Year 2014, Dr. S. Gargović; Clinical Centre of Montenegro, National Conference on Smoking Control 2014

8 Journal Medical, No. 23, year 2014, Dr. A. Mrdak, FZOCCG, National Conference on Smoking Control 2014

9 Journal Medical, No. 23, Year 2014, Dr. A. Mrdak, FZOCCG, National Conference on Smoking Control 2014

decreased lung function, and have more frequent airway inflammation and asthma attacks”¹⁰.

This disease can be prevented by adequately combating smoking among young people as well as among the general population.

2. The epidemic image can be changed with the responsible Government’s attitude. The share of people consuming tobacco in the general population can be reduced. It is possible to control and reduce the exposure of children and adults to tobacco smoke.

The World Health Organization data show that it is possible to reverse the trend by consistently applying the measures outlined in the Law on Restriction of the Use of Tobacco Products through:

- » Fiscal measures - correct pricing and tax policies by increasing excise taxes on tobacco products in order to reduce the number of people who can afford smoking;
- » Legal introduction of smoke-free zones in all indoor workplaces, public places, and public transport;
- » Health education measures through warning about the harmfulness of smoking and health risks, by applying warnings labels and conducting educational and information campaigns;
- » Prohibition of all forms of advertising and promotion of tobacco products and sponsorship;

According to the WHO data from 2017, the smooth application of the **Law on the Restriction of the Use of Tobacco Products**, the smoking prevalence will decrease by 33% over a period of 5 years. The findings of this analysis show that Montenegro will reduce the prevalence of smoking to half of the current prevalence in the long run.

Stopping smoking early provides meaningful life extensions. Life expectancy among smokers who quit at age 35 exceeded that of continuing smoker by 6,9 to 8,5 years for men and 6,1 to 7,7 years for women. Among smokers who quit smoking at age 65, men gained 1.4 to 2.0 years of life, and women gained 2.7 to 3.7 years.¹¹

The results of the WHO’s analysis warn that not implementing the provisions on smoking ban in public places will result in the 10 514 deaths in Montenegro.

The World Health Organization believes that reducing the prevalence of smoking would preserve the lives of 37 522 citizens of Montenegro, which represents 6% of the total population of Montenegro.

These are the binding data which remind that the ban on smoking in public places has no alternative.

3. Public support for smoking ban in public places is evident.

According to the results of the research on the level of support of citizens for ban on smoking in public places, conducted by the WHO in Montenegro at the end of 2016, there is full support for the smoke-free zone in the public. The results of the research indicated that **over 60% of Montenegrin public support measures for the ban on the use of tobacco products in public places** and in public buildings.

¹⁰ Dr sci. med. Elvir Zvrko; KCCG; Segment from the lecture at the National Conference on Smoking Control 2014

¹¹ Donald H. Taylor, Jr, PhD, Vic Hasselblad, PhD, S. Jane Henley, MSPH, Michael J. Thun, MD, and Frank A. Sloan, PhD

4. Montenegro committed by domestic laws and internationally ratified documents to ban the use of tobacco products in catering facilities.

Back in 2006 Montenegro ratified the World Health Organization Framework Convention on Tobacco Control (FCTC) and thus took on an international obligation to implement tobacco control policies to influence supply and demand in order to reduce consumption of tobacco products and to prevent exposure to harmful tobacco smoke.

Montenegro has undertaken to introduce the following:

- » **Fiscal Measures** (Increasing Excise on Tobacco Products), with the aim of reducing the availability of tobacco;
- » **Legal prohibitions** - Legally guarantee the smoke-free zones in all indoor workplaces, in public places, in means of public transport;
- » **Warning measures** of the harmful effects of smoking and health risks, through the use of warning labels and the implementation of educational and information campaigns;
- » **The ban on all forms of advertising** and promotion of tobacco products and sponsorship.

Montenegro has adopted:

- » Strategy for the Prevention and Control of Chronic Diseases in 2008, which prescribes a reduction of the number of premature fatal outcomes and a significant reduction in the burden of leading chronic non-communicable diseases (illness and disability) by undertaking an integrated action to improve the quality of life and extending the life expectancy at birth for all residents of Montenegro. **Among other things, the Strategy plans to ensure that the existing Law on Restriction on the Use of Tobacco Products is fully implemented;**
- » The National Sustainable Development Strategy until 2030, by which the chronic disease epidemic is recognized as an obstacle to sustainable development, and thus the use of tobacco as one of the key risk factors for the development of cardio-vascular diseases and cancer. By adopting this Strategy in July 2016, **the Government committed to reducing the premature death caused by chronic diseases by 1/3, through an efficient prevention of smoking;**
- » Law on Restriction of the Use of Tobacco Products which, in order to protect life and health, prescribe measures for reduction and limitation of the use of tobacco products, prevent harmful effects of the use of tobacco products, as well as to prevent exposure to second-hand tobacco smoke and to provide air free of tobacco smoke.¹²

In February 2017, the Government of Montenegro adopted a decision on the establishment of the National Council for the Prevention and Control of Chronic Diseases and committed to reduce by 30% the prevalence of tobacco use by 2025¹³.

5. The economic aspect of the ban on smoking in catering facilities is not negative, but positive, as shown by comparative studies.

In addition to the fact that scientific arguments and data, as well as citizens support the ban on smoking in public places, the results of the analyses of comparative experiences conducted by the WHO confirm that a complete ban on smoking did not have a negative financial effect, **but even had a positive effect on the catering sector.**

¹² The Law was published in the "Official Gazette of the Republic of Montenegro" 52/2004 and in the "Official Gazette of Montenegro" 32/2011 and 47/2011, 28/2012 – other laws and 3/2016

¹³ Statement by Mina Brajović, Director of the World Health Organization in the Committee on Health, Labor and Social Welfare, 31 May 2017

The ban on smoking in public places reduces the prevalence of smoking and, therefore, public health expenditure for the treatment of the most serious diseases.

Over the next two decades, an increase in economic costs is expected as a consequence of the chronic non-communicable disease epidemic. It is estimated that chronic non-communicable diseases will cause cumulative global economic loss of US \$ 47 trillion by 2030 - which represents around 75% of global GDP in 2010, while economic loss for low- and middle-level development countries are suggested to US \$ 21 trillion by 2030. Chronic non-communicable diseases have a negative impact on productivity. The mortality increase by 10% caused by chronic non-communicable diseases results in the decline in economic growth by 0.5%¹⁴.

Based on the data held by the health system, it has been concluded that about 200 people in Montenegro per year is affected by lung cancer and that “chemotherapeutic treatment of one patient costs EUR 44,737, and that it is necessary to allocate EUR 18,270 per patient for radiotherapy treatment. Smokers are 20 times more likely to have lung cancer, 4 times to have heart disease, and almost every patient with chronic bronchitis is a smoker.* Therefore, the figures are in favor of prevention and application of smoking restriction.

* Journal Medical, Dr A. Mrdak, Health Insurance Fund, Statement from the 4th National Conference on Smoking Control 2014

Taking into account all the aforementioned facts, we call on the Government to act responsibly towards the health of citizens and to unambiguously enable the implementation of the Law on Restriction of the Use of Tobacco Products.

14 World Economic Forum and Harvard School of Public Health, The Global Economic Burden of Non-communicable Disease, September 2011

LITERATURE:

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Statement of Mina Brajović, Director of the World Health Organization in the Department for Health, Labor and Social Welfare, 31 May 2017

Law on Restriction of the Use of Tobacco Products (Official Gazette of the Republic of Montenegro 52/2004 and Official Gazette of Montenegro 32/2011 and 47/2011, 28/2012 – other laws and 3/2016 (Articles 8 and 9 are not included in the consolidated text))

Law on Fees for Access to Certain Services of General Interest and for the Use of Tobacco Products and Electro-Acoustic and Acoustic Devices, (“Official Gazette of Montenegro 28/2012” dated 5 June 2012)

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Donald H. Taylor, Jr, PhD, Vic Hasselblad, PhD, S. Jane Henley, MSPH, Michael J. Thun, MD, and Frank A. Sloan, PhD, Benefits of Smoking Cessation for Longevity, Am J Public Health. 2002 June; 92(6): 990–996.

CENTRE FOR MONITORING AND RESEARCH (CeMI)

The first civil society organization in Montenegro, which initiated the research the topic of corruption in the health system of Montenegro in 2013. Through various projects, CeMI has continuously been examining citizens' attitudes about the quality of health services, analyzing and proposing amendments to the legislative framework, analyzing the work of the protector of patients' rights, examples of good practice in the EU and the region, providing free legal aid to citizens whose rights as patients have been violated and monitoring the achievement of the quality health care for members of marginalized groups.

Based on the results of various analyzes, CeMI recognized the need to provide comprehensive information to citizens on their rights as patients, and recognized the need to establish communication channels and services that were offered to citizens for free use. Through various projects, CeMI hires lawyers who provide free of charge primary and secondary legal aid to patients. Keeping up with the development of new technologies and recognizing the needs of citizens and the changed lifestyle, CeMI has developed the first web and mobile application <http://zdravozdravstvo.me/> for anonymous reports by citizens whose rights as patients have been violated. In order to provide a concrete contribution to the achievement of the EU standards in Montenegro regarding the protection of human rights as patients and equal access to health services and justice for all citizens, especially for members of marginalized groups, in the past two years CeMI conducted training for healthcare professionals on amendments to the national legislative framework and the standards of ethics and integrity in the healthcare system, with a focus on the European Charter of Patients' Rights.

The process of advocating concrete changes in the health care system runs continuously. Cooperation with all health institutions (Ministry of Health, Institute of Public Health, Health Insurance Fund, Agency for Medicines and Medical Devices) was formalized through the signing of a memorandum of cooperation. Based on such established cooperation, on the basis of published documents and events it organizes, as well as through the organization of consultative meetings with decision-makers, CeMI is trying to encourage sound and necessary changes in the health system of Montenegro, with the view to achieving the EU standards. Also, the recommendations formulated by CeMI were presented at the meeting of the Joint Consultative Committee of the European Union and Montenegro and were included in the Declaration of the Joint Consultative Committee, which will be sent to the Government of Montenegro.

In the past few years, CeMI carried out the following activities:

- » Conducted two public opinion surveys based on the representative sample of adult citizens of Montenegro;
- » Developed a Report on the implementation of the previous and the proposal for the new Action Plan for combating corruption in the health system of Montenegro;
- » Developed Guidelines for public procurements in the area of health;
- » Developed a Comparatives practice in production, registration and distribution of medicines and medical devices;
- » Formed a Working Group for developing the guidelines for public procurement in the health system;
- » Formed a Network of NGOs for provision of free legal aid;
- » Educated over 240 healthcare professionals;
- » Provided free primary and secondary legal aid for more that 130 patients;
- » Provided support to journalist in their research of the potential corruption cases in the health care system, which resulted in the publishing of 10 investigative articles on the mostly read portals and daily newspaper;
- » Formulated over 100 recommendations for improving the state in different sector of the health system in Montenegro.

JUVENTAS

Juventas is one of the oldest and the most active NGOs in Montenegro.

The mission of Juventas is to improve social cohesion through provision of innovative and strengthening of the existing services for those at risk of social exclusion and socially excluded ones, along with strengthening their capacities for active participation in the process of advocating and developing public policies with the aim to improving their life quality.

Juventas's vision is a social justice society in which all people feel safe, free and respected, participate in decision-making processes, have equal opportunities and enjoy human rights, regardless of their differences and personal characteristics.

Juventas is implementing 3 programs: Direct Assistance; Strengthening the capacities of NGOs, institutions and the media; Research, policy and advocacy.

During its 21 years of existence, Juventas has implemented more than 200 projects and has the ISO 9001: 2016 quality management certificate.

During 2015/2016, Juventas published 21 publications (policy briefings, reports on monitoring policy briefings, research).

The public advocacy of the NGO Juventas during 2015 and 2016, has influenced the content of the following laws:

1. Law on Health Care
2. Law on Health Insurance
3. Law on State Budget for 2016
4. Law on State Budget for 2017
5. Law on enforcement the prison sentences, fines and security measures
6. Law on Social and Child Protection
7. Anti-Discrimination Law

In the last two years, Juventas has taken part in the working groups in charge of drafting 7 different national strategies and action plans:

- 1) Action Plan for the Strategy for Social and Child System Development
- 2) National strategic response to HIV
- 3) Strategy for Protection against Domestic Violence
- 4) Strategy for Employment and Human Resource Development
- 5) Strategy for Execution of Criminal Sanctions
- 6) Action Plan for Improving the Quality of Life of LGBT people
- 7) Strategy for Youth

Juventas is coordinating the work of 3 national coalitions:

- » Coalition for Combating Violence against Children
- » Coalition for Social Changes
- » Coalition for Rights of LGBT people

