

New law on tobacco control

Country: Slovenia

Partner Institute: Institute of Public Health of the Republic of Slovenia, Ljubljana

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Health Policy Issues: Public Health, Prevention, Political Context, Others, Responsiveness

Current Process Stages



1. Abstract

Slovenia passed its first law on tobacco control in 1996. In that period, the law was rather restrictive since it introduced limitations on smoking in public places, restricted cigarette advertisements and paved the way for an excise tax on tobacco. The latter eventually became earmarked for health promotion purposes. Following the public opinion that was largely in favour of a total ban in public places, the Ministry of Health decided to start preparing a more restrictive Tobacco Control Law.

2. Purpose of health policy or idea

The purpose of the new law is to introduce a total ban on smoking in public places, thus enabling visitors of public places and those employed in establishments that are intended for public functions to enjoy a smoke-free environment.

Main objectives

- introduction of a total ban on smoking in public places
- a possibility for the bars and restaurants to have smoking rooms where no drinks or food is served, which are sealed off from the rest of the premises and have an independent source of airconditioning
- a total ban on tobacco advertising
- restrictions for sales of tobacco to tobacconists and specialised shops

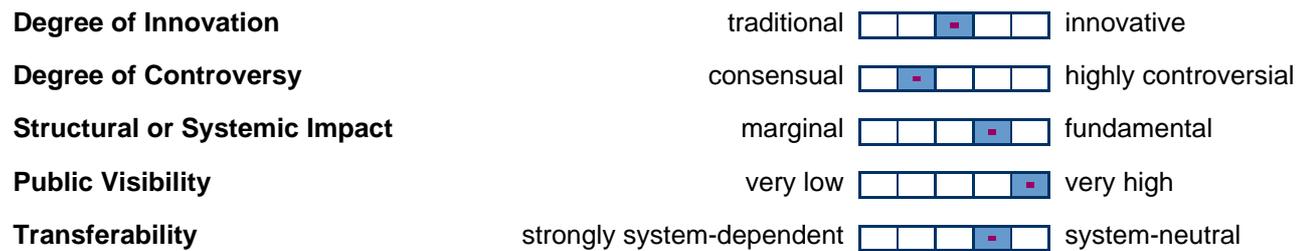
Type of incentives

- non-financial incentives: legal restrictions and bans
- offers for special programmes for giving up smoking
- health promotion activities for smokers, especially workshops and group therapy

Groups affected

Smokers, Bars and restaurants, Sellers of tobacco products

3. Characteristics of this policy



This policy enjoys a rather large level of consensus, both in the general public as well as within most of the political arena. Part of opposition is with the owners of small bars, which are unsuitable for separate smoking rooms or where these are not feasible for financial reasons or for those established in shopping centers. Minor opposition is expected from the number of those shops which used to sell tobacco products and would be banned from doing so in the future by the adoption of this law.

4. Political and economic background

The policy on tobacco control in Slovenia is not a new approach. It was an issue that needed to be approached with new instruments, since the ones introduced by the law from 1996 were starting to fail. In addition to that, in some population groups, especially younger adult women, prevalence of smoking started to increase again. Plus, restrictive policies in some other European countries were introduced and were starting to show positive outcomes, mostly 'win-win' situations. Furthermore, Slovenia decided in 2003 to pursue an intense health promotion approach to the most important health determinants. Despite the fact that smoking prevalence on the whole started to decline at the beginning of the 1980s, some trends were turning out to be negative (see above).

Complies with

EU regulations - In part tobacco control is becoming an issue that is to be regulated at the EU level and Slovenia decided to contribute its share.

Other - National health promotion strategy (drafted) promotes advances in health determinants and points, among others, to the need to reduce the smoking prevalence in Slovenia.

5. Purpose and process analysis



Origins of health policy idea

The idea for a total ban on smoking in public places was an idea generated within the public health community and it has been intensely promoted based on the evidence that the existing tobacco control policies started to fail. The National Institute of Public Health developed the evidence base for the development of the policy and proposed the measures, based on the research and scientific evidence in health promotion and on the experience from those countries that had already decided to introduce stricter control measures. An additional support factor was in the fact that all general surveys on this issue showed high percentage for those who support restrictive policies.

Initiators of idea/main actors

- Others: Public health community was the initiator and the main promotor of the idea

Approach of idea

The approach of the idea is described as: amended: Amendment of the tobacco control policies introduced through a Tobacco Control Law from 1996.

Stakeholder positions

The political arena generally supports the ban on smoking in public places with the exception of one political party (the Slovenian National Party which is speaking in favor of the small bar owners). The general public (including a moderate majority of smokers) approves the proposed restrictions to be introduced, including a total ban on smoking in public places. The idea is now supported and adopted by all the relevant stakeholders and policy makers. Current debates are mostly revolving around the issue on the extent and level of smoking allowed in the catering industry (smoking rooms - their approval, size and solutions). Additional ideas, such as a ban on smoking in cars in presence of children, are brought into discussion.

Actors and positions

Description of actors and their positions

Public Health

Ministry of Health	very supportive		strongly opposed
Bars	very supportive		strongly opposed
Restaurants	very supportive		strongly opposed
Smokers	very supportive		strongly opposed
Sellers of tobacco products	very supportive		strongly opposed

Influences in policy making and legislation

The total ban on smoking has now been the backbone of the proposal of the new law on tobacco control. It is yet to be seen how much the original proposal will get transformed or re-formulated in the process of the political and open public discussions. Since the political support is overwhelming as is the general public's support, it is expected that the main solutions in the legislations will be approved.

Legislative outcome

pending

Actors and influence

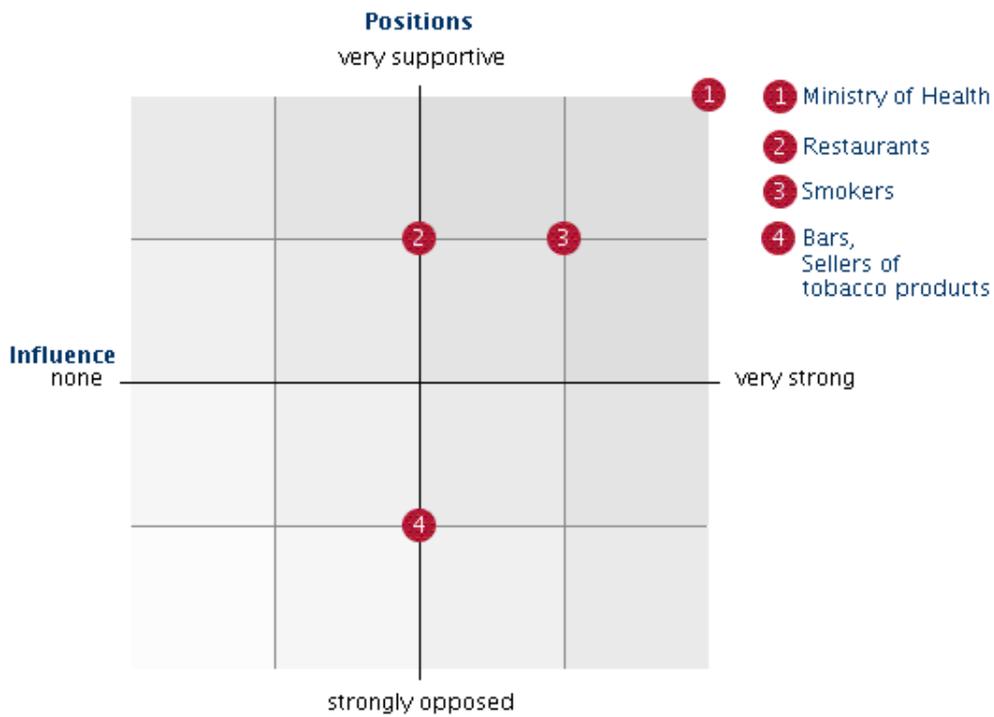
Description of actors and their influence

Public Health

Ministry of Health	very strong		none
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Bars	very strong	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	none
Restaurants	very strong	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	none
Smokers	very strong	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	none
Sellers of tobacco products	very strong	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	none

Positions and Influences at a glance



Review mechanisms

Mid-term review or evaluation

Dimensions of evaluation

Process

6. Expected outcome

The policy is expected to achieve a further decline in smoking prevalence and a reduction in exposure to tobacco smoke in public enclosed spaces. Also, sales of tobacco products are expected to decline as a result of the restrictions in access proposed. Eventually, considering the lag times, it is expected that the disease burden related to smoking would be reduced.

Quality of Health Care Services

marginal fundamental

Level of Equitysystem less equitable  system more equitable**Cost Efficiency**very low  very high

Successful tobacco control policies could have a significant impact on the consequences of smoking on public's health. Especially, the rising prevalence of lung cancer in men and the continued epidemic of cancers of the nose, oral cavity, throat, larynx and oesophagus could be stopped and then better controlled. All these diseases have a significant impact on premature mortality and on average shorten life expectancy by 15 years when the onset of disease is in the middle ages. Of course, we need to stress that there are important financial consequences of all of these diseases, involving important human and technical resources in health care. Successful outcomes of this policy could prove to be highly cost efficient.

7. References

Sources of Information

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