

TOBACCO CONTROL
FACT SHEET

Ukraine

Health impact of tobacco control policies in line with the WHO Framework Convention on Tobacco Control (WHO FCTC)



Based on the current level of adult smoking in Ukraine (1), premature deaths attributable to smoking are projected to be more than 5.3 million of the 10.6 million smokers alive today (Table 1) and may increase in the absence of stronger policies.

TABLE 1.
Initial smoking prevalence and projected premature deaths

Smoking prevalence (%)		Smokers (n)	Projected premature deaths of current smokers (n)			
Male	Female	Total	Male ^a	Female ^a	Total ^a	Total ^b
48.0	12.8	10 633 600	4 056 000	1 260 800	5 316 800	3 455 920

^a Premature deaths are based on relative risks from large-scale studies of high-income countries.

^b Premature deaths are based on relative risks from large-scale studies of low- and middle-income countries.

Source: WHO (1).

Key findings

Within 15 years, the effects of individual tobacco control policies when fully implemented in line with the WHO FCTC (2) are projected to reduce smoking prevalence by:

- 18.1% by increasing excise cigarette taxes from the current level of 58.11% to 75% and prevent much smoking among young people;
- 9.5% with stronger enforcement of comprehensive smoke-free laws;
- 5.9% by banning most forms of direct and indirect advertising to create a comprehensive ban on advertising, promotion and sponsorship with enforcement;
- 5.6% by increasing from minimal provision to a well publicized and comprehensive tobacco-cessation policy; and
- 7.5% by increasing from a low- to high-level media campaign.

Strengthening health warnings may not have any additional effects on relative change in smoking prevalence, as the health-warning policy and its implementation are already at the highest level.

With this stronger set of policies and consistent with the WHO FCTC (2), smoking prevalence can be reduced by 31% within five years, 39% within 15 years and 46% within 40 years. More than 2.4 million deaths could be averted in the long term (Table 2). The SimSmoke tobacco control model (3) incorporates synergies in implementing multiple policies (such as strong media campaigns with smoke-free laws and tobacco-cessation policies).

TABLE 2.

Effect of tobacco control policies (individual and combined) on initial smoking prevalence and smoking-attributable deaths

Tobacco control policy	Relative change in smoking prevalence (%)			Reduction in smoking-attributable deaths in 40 years (n)			
	5 years	15 years	40 years	Male ^a	Female ^a	Total ^a	Total ^b
Protect through smoke-free laws	-8.2	-9.5	-10.3	417 871	129 894	547 765	356 047
Offer tobacco-cessation services	-3.2	-5.6	-8.0	324 563	100 890	425 453	276 544
Mass media campaigns	-6.5	-7.5	-7.8	316 368	98 342	414 710	269 562
Warnings on cigarette packages	0.0	0.0	0.0	–	–	–	–
Enforce marketing restrictions	-4.9	-5.9	-6.4	258 367	80 313	338 680	220 142
Raise cigarette taxes	-12.1	-18.1	-24.2	981 313	305 039	1 286 352	836 129
Combined policies	-30.6	-39.1	-46.0	1 865 691	579 947	2 445 638	1 589 665

^a Smoking-attributable deaths are based on relative risks from large-scale studies of high-income countries.

^b Smoking-attributable deaths are based on relative risks from large-scale studies of low- and middle-income countries.

→ Monitor tobacco use

The prevalence of current adult smokers (18 and above) in Ukraine in 2013 was 29.3% (men: 48.0%; women: 12.8%) (1).

→ Protect people from tobacco smoke

Health-care, government and education facilities (including universities), restaurants, cafes, pubs and bars, and public transport are completely smoke-free in Ukraine (Table 3). Smoking violations incur fines for the patron and the establishment, but no funds are dedicated to enforcement, and no system is in place for citizen complaints and further investigations (4).

TABLE 3.

Complete smoke-free indoor public places

Health-care facilities	Education facilities (except universities)	Universities	Government facilities	Indoor offices and workplaces	Restaurants	Cafes, pubs and bars	Public transport	All other indoor public places
✓	✓	✓	✓	–	✓	✓	✓	–

Source: WHO (4).

✓ = completely smoke-free. – = not completely smoke-free.

→ Offer help to quit tobacco use

Smoking-cessation services are available in some health clinics and other primary care facilities, but costs are not covered by the national health service or national health insurance. Nicotine replacement therapy can be purchased over the counter in a pharmacy without a prescription, but is not cost-covered. No toll-free quit line is available (4).

→ Warn about the dangers of tobacco

Health warnings are legally mandated to cover 50% of the front and rear of the principal display area, with 11 such warnings approved by law. They appear on each package and any outside packaging and labelling used in retail sale and describe the harmful effects of tobacco use on health. The law also mandates font size/style and colour for package warnings and states that packages must include a photograph or graphic. The position of health warnings on packages rotates and the messages are written in the principal language(s) of the country (4).

→ Enforce bans on tobacco advertising, promotion and sponsorship

Through a law adopted in 1996 and amended several times since (5), Ukraine has bans in place on most forms of direct and some forms of indirect advertising (Table 4). The law requires fines for violations of these bans (4).

TABLE 4.

Bans on direct and indirect advertising

Direct advertising		Indirect advertising	
National television and radio	✓	Free distribution in mail or through other means	✓
International television and radio	✓	Promotional discounts	✓
Local magazines and newspapers	✓	Non-tobacco products identified with tobacco brand names	✗
International magazines and newspapers	✓	Appearance of tobacco brands in television and/or films (product placement)	✗
Billboards and outdoor advertising	✓	Appearance of tobacco products in television and/or films	✗
Advertising at point of sale	✓	Sponsored events	✓
Advertising on the Internet	✗	Tobacco products display at point of sale	✗

Source: WHO (4).

✓ = banned. ✗ = not banned.

Additionally, Ukraine has:

- bans on tobacco companies/tobacco industry publicizing their activities;
- bans on entities other than tobacco companies/tobacco industry publicizing activities of the tobacco companies; and
- bans on tobacco companies funding or making contributions (including in-kind contributions) to smoking-prevention media campaigns, including those directed at young people (4).

It does not, however, have a requirement to present prescribed anti-tobacco advertisements before, during or after the broadcasting or showing of any visual entertainment (4).

→ Raise taxes on tobacco

A pack of cigarettes in Ukraine costs 9 UAH¹ (US\$ 0.74), of which 74.78% is tax (16.67% is value-added tax and 58.11% excise taxes) (4).

¹ The currency code is according to International Organization for Standardization, ISO 4217 currency names and code elements.

About the SimSmoke model

The abridged version of the SimSmoke tobacco control model, developed by David Levy of Georgetown University, United States of America, projects the reduction in smoking prevalence and smoking-attributable deaths as a result of implementing tobacco control policies (individually and in combination) (3). Specifically, the model projects the effects from:

- protecting from second-hand smoke through stronger smoke-free laws
- offering greater access to smoking-cessation services
- placing warnings on tobacco packages and other media/educational programmes
- enforcing bans on advertising, promotion and sponsorship
- raising cigarette prices through higher cigarette taxes (6).

Data on smoking prevalence among adults for the SimSmoke model were taken from the most recent nationally representative survey covering a wide age range; data on tobacco control policies were taken from the 2015 WHO report on the global tobacco epidemic (4).

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References

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