TOBACCO CONTROL IN UKRAINE

ASSESSMENT OF CURRENT STATUS OF TOBACCO CONTROL AND OPPORTUNITIES FOR FURTHER DEVELOPMENT

EXECUTIVE SUMMARY
Abstract

Ukraine signed the WHO Framework Convention on Tobacco Control (WHO FCTC) on 25 June 2004 and the Convention was ratified on 6 June 2006. While recognizing that substantial progress has already been made on implementation of WHO FCTC measures, the report on which this executive summary is based aims to contribute to the identification of key elements that need to be put in place to enable Ukraine to meet fully its obligations under the WHO FCTC and to make further significant reductions in smoking prevalence. The main report sets out the findings of an investigation on the current status of tobacco control and opportunities for further development in the country, including: observations and findings on requirements and enforcement arrangements contained in the current tobacco-control laws of Ukraine; practical measures for increasing compliance with tobacco-control laws, including improving enforcement, based on best practice in the United Kingdom and elsewhere; advice on measures for reducing smoking prevalence; and consideration of the supply and use of smokeless tobacco products, nicotine-containing products and illicit tobacco products.
Contents

Acknowledgements iv

Introduction 1

Background 2

Key findings 3

Main recommendation 4

Key recommendations for action 5

Monitoring 5

Protecting people from tobacco smoke 5

Offering help to quit 6

Warning about dangers of smoking 6

Enforcement of ban on advertising and promotion 6

Raising taxes 6

Other issues 7
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Introduction

According to official statistics, noncommunicable diseases (NCDs) are estimated to account for 86% of deaths and 77% of the disease burden in the WHO European Region. Tobacco use is a major risk factor in both mortality and morbidity, including long-term disability, with associated costs to the health-care system and reductions in local economies and national productivity.

Ukraine has seen the notable achievement of a 20% reduction in smokers since 2010. According to results from the 2017 Global Adult Tobacco Survey, however, current tobacco-use prevalence overall was 23% (40.1% among men and 8.9% among women).

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WHO, the Ministry of Health of Ukraine and the Ukrainian Public Health Centre have identified that recent changes in parliamentary representation create opportunities for renewing and intensifying their collaboration on a wide range of essential tobacco-control measures. The main report on which this executive summary is based is intended to contribute to the identification of the key elements that need to be put in place to enable Ukraine fully to meet its obligations under the WHO FCTC and consequently make further significant reductions in smoking prevalence.
Background

Improving Performance in Practice hosts the Tobacco Control Collaborating Centre in the United Kingdom. It was engaged to work under the direction of the WHO Regional Office for Europe and the WHO Country Office for Ukraine to investigate and report on the current status of tobacco control and opportunities for further development, in line with WHO FCTC articles and respective guidelines for implementation. The main report contains the observations, advice and recommendations developed in the course of a mission to Kyiv in June 2019 and through presentation of the preliminary findings to a round-table discussion in November 2019.

Tobacco control is a field of international public health science, policy and practice dedicated to addressing tobacco use and reducing the morbidity and mortality it causes. There is overwhelming evidence of the effectiveness of tobacco-control measures, showing that the best results are achieved when a comprehensive set of measures is implemented together.

The WHO FCTC is a supranational agreement that seeks to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke by enacting a set of universal standards stating the dangers of tobacco and limiting its use in all forms worldwide. Governments can reduce the harms caused by tobacco by adopting and implementing the tobacco-control provisions of the WHO FCTC, among which are measures that reduce demand for tobacco and decrease tobacco production, distribution, availability and supply.
Key findings

It was apparent to the mission that Ukraine has made considerable progress in adopting and implementing the WHO FCTC requirements. Tobacco advertising has been virtually eliminated except at points of sale, where it is conspicuous and appears to be increasing. Compliance with prohibitions on smoking in indoor workplaces and public places also appears to be very high, which strongly indicates that behaviour change has taken place. Weaknesses nevertheless exist in the current law, together with lack of enforcement and the growing popularity of shisha waterpipes and novel tobacco products. This means that not everyone in Ukraine is protected equally, and there can be no guarantees that compliance will be maintained without greater vigilance. Tobacco prices have been increasing, supported by the adoption of a tax escalator, but tobacco products are still relatively cheap and affordable.

Several agencies have responsibilities for ensuring compliance with tobacco-control requirements. The mission found that confusion over roles and responsibilities, unclear legal requirements and unsupportive court judgements are making collaboration and partnership-working problematic. The desire was expressed for greater control over the supply chain for tobacco products through techniques such as track and trace.

There is evidence that the tobacco industry is actively attempting to undermine tobacco-control initiatives in Ukraine. The industry’s activities need to be closely monitored and reported and interference resisted with countermeasures where possible.

Despite considerable progress, weaknesses nevertheless exist in the current law, together with lack of enforcement and the growing popularity of shisha waterpipes and novel tobacco products.
Main recommendation

The main report identifies a need to review and improve tobacco-control legislation, particularly to extend the requirements for smoke-free premises, remove point-of-sale advertising and promotion, and reinstate enforcement measures to achieve and maintain compliance. These changes will require high-level decision-making to amend laws, adapt Government policy, align legal processes and court procedures, provide adequate resources and engage civil society.

A new national tobacco-control plan that incorporates the organizational structures and ambitions of the new Government, including the new regional public health system, and the contributions of nongovernmental organizations (NGOs) and civil society is needed to achieve this. A comprehensive approach to tobacco control should be adopted, with a set of aims that includes challenging (yet achievable) targets. Learning from previous experience, the intention to achieve full compliance with WHO FCTC requirements and determination to implement other measures to reduce tobacco consumption throughout Ukraine should drive the development of the plan.

The national plan needs to identify sufficient resources, at least in the short term, to allow for routine inspection and enforcement procedures (including investigation of complaints) to be planned and delivered promptly and effectively.

Consideration should be given to the identification of a multisectoral agency with agreed priorities, targets and allocation of responsibilities to coordinate tobacco-control activities (including enforcement and communication), deliver long-term planning to ensure compliance with tobacco-control laws (including enforcement activities) and establish reporting and monitoring arrangements to measure and analyse results and assess progress.
Key recommendations for action

In 2008, WHO packaged and promoted six proven measures to reduce tobacco use worldwide to support the implementation of WHO FCTC in countries. Known as MPOWER, the measures correspond to one or more articles of the WHO FCTC.1 The detailed recommendations of the main report are set out under these headings. Where they do not fit the model or are cross-cutting, they have been added as other issues. The recommendations include the following issues.

Monitoring

Ukraine has a high level of achievement in relation to monitoring. It has recent, representative and periodic data for both adults and young people (repeated within a five-year time span).

Longitudinal and tracking surveys of tobacco use and smoking behaviours need to be fully utilized to measure the impact of tobacco-control interventions. Data sets from relevant surveys should be made readily available to authorized organizations and NGOs to enable analysis, interpretation and application to policy-making.

Systematic collection and reporting of compliance with tobacco-control law noncompliance data and enforcement activity is needed.

Protecting people from tobacco smoke

Permissions for indoor smoking exemptions in workplaces and public places should be discontinued as a matter of urgency. Any amendment to the legislation in respect of smoke-free prohibitions should utilize a generic description to include all indoor places where people work and/or to which the public has access.

An official no-smoking sign should be adopted and made generally available for use by owners and occupiers of businesses and buildings who wish to remind people that it is against the law to smoke in their premises. Where smoking offences are occurring, such as in hospitality premises, or in premises with a history of noncompliance with smoke-free requirements, there should be a requirement to display the official no-smoking sign in prominent positions at all entrances to smoke-free areas.

Permissions for indoor smoking exemptions in workplaces and public places should be discontinued as a matter of urgency.

1 The WHO MPOWER measures are to: monitor tobacco use and prevention policies; protect people from tobacco smoke; offer help to quit tobacco use; warn about the dangers of tobacco; enforce bans on tobacco advertising, promotion and sponsorship; and raise taxes on tobacco.
The law should be amended to make it an offence for any person with responsibility for a smoke-free area to permit or fail to prevent people smoking.

**Offering help to quit**

The main report identifies a number of actions to strengthen the basic infrastructure to support tobacco cessation and treatment of tobacco dependence, including: a national tobacco-cessation training programme; recording of tobacco use in medical records; full implementation of the national cessation guideline; and active promotion of nicotine replacement products.

The Quitline in Ukraine needs to be reinstated, widely promoted and funded by the Ministry of Health. Evidence-based counselling protocols should be used, including brief stop-smoking advice routinely given by health-care providers.

**Warning about the dangers of smoking**

A programme of appropriate advertising and promotion is needed to prepare for the next steps for tobacco control. Insights-gathering and consideration of the use of concepts and materials from other countries are recommended to appropriately focus and target public awareness campaigns.

Ukrainian legislation should be amended to ensure alignment with the European Union Tobacco Products Directive mandating health warnings covering 65% of main surfaces of packages.

**Enforcement of ban on advertising and promotion**

The law needs to be clarified and, if necessary, amended to provide complete prohibition of point-of-sale advertising, product display and promotion of tobacco products at all retail premises, including duty-free shops.

Legal requirements for standardized packaging should be introduced for all products containing tobacco.

**Raising taxes**

The seven-year tax escalator should be reviewed with the aim of increasing real tobacco prices faster than the economy in general.

Systems for monitoring the tobacco supply chain through licensing of tobacco manufacturers and importers should be enhanced by use of fiscal marking and the adoption of tracking and tracing.
Other issues

The law should be clarified or amended to effectively control the supply and use of shisha and to prohibit its use in premises required to be smoke-free.

Enforcement action should be taken with the aim of putting a stop to street trading in tobacco products and in trading in tobacco products otherwise than in their approved packages (single sticks), which is undermining other efforts to control tobacco provision and use.

An official sign stating that people under 18 cannot be sold tobacco products should be adopted and made mandatory to be displayed in a prominent position at the point of sale by owners/occupiers of all businesses selling tobacco products. A system of test purchasing should be adopted to detect and prevent underage sales of tobacco products.

Strengthening enforcement practice

Training that is based upon procedure manuals and written guidance should be provided to all smoke-free enforcement officers in all enforcement agencies.

A community of practice should be developed for all regulatory agencies to promote assistance with problems, sharing of successes and provision of mutual support. This may also assist in identifying data that could and should be shared, lead to greater collaboration and enable the sharing of resources.

Effective enforcement measures are needed to deal with repeat and persistent offenders, including the withdrawal of licences to sell tobacco and other trading activities.

Dealing with interference by the tobacco industry

Government policy should be to actively seek evidence of tobacco-industry influence and record and report it officially at national and international levels.

The role of NGOs in monitoring and reporting tobacco-industry activity should formally be recognized, and an annual report published.

Consideration should be given to formal awareness-raising of the requirements of WHO FCTC Article 5.3 among all politicians and relevant civil servants and inclusion in ministerial/civil servant codes of conduct.
The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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