

TOBACCO CONTROL
FACT SHEET

Bosnia and Herzegovina

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 Bosnia and Herzegovina (1,2), premature deaths attributable to smoking are projected to be as high as 600 000 of the more than 1.2 million smokers alive today (Table 1) and may increase in the absence of stronger policies.

TABLE 1.
Initial smoking prevalence and projected premature deaths in Bosnia and Herzegovina

Entity	Smoking prevalence (%)		Smokers (n) Total	Projected premature deaths of current smokers (n)					
	Male	Female		Male ^a	Female ^a	Total ^a	Male ^b	Female ^b	Total ^b
Federation of Bosnia and Herzegovina	56.3	31.6	791 100	253 350	142 200	395 550	164 678	92 430	257 108
Republika Srpska	37.5	25.5	409 500	121 875	82 875	204 750	79 219	53 869	133 088
Total	—	—	1 200 600	375 225	225 075	600 300	243 897	146 299	390 196

^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.

Sources: Federal Ministry of Health et al (1), Ministry of Health and Social Welfare of the Government of the Republika Srpska (2).

Key findings

Within 15 years, the effects of individual tobacco control policies when fully implemented in line with the WHO FCTC (3) are projected to reduce smoking prevalence in both the Federation of Bosnia and Herzegovina and the Republika Srpska by:

- 10.8% by increasing excise cigarette taxes from its current level of 66% to 75% and prevent much youth smoking;
- 6.3% by increasing from a low-level to a high-level mass media campaign;
- 6.2% by banning most forms of direct and indirect advertising to have a comprehensive ban on advertising, promotion and sponsorship that includes enforcement;
- 5.7% with more comprehensive smoke-free laws and stronger enforcement;
- 4.5% by requiring strong, graphic health warnings added to tobacco products; and
- 3.6% by increasing from minimal provision to a well-publicized and comprehensive tobacco cessation policy.

With this stronger set of policies and consistent with the WHO FCTC (3), smoking prevalence can be reduced by 25% within 5 years, by 32% within 15 years and by 38% within 40 years in both the Federation of Bosnia and Herzegovina and the Republika Srpska. Almost 149 000 deaths could be averted in the long term in the Federation of Bosnia and Herzegovina (Table 2) and more than 77 000 deaths could be averted in the long term in the Republika Srpska (Table 3). The SimSmoke tobacco control model (4) incorporates synergies in implementing multiple policies (e.g., strong media campaign 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 in the Federation of Bosnia and Herzegovina

Tobacco control policy	Relative change in smoking prevalence (%)		Reduction in smokers in 40 years (n)	Reduction in smoking-attributable deaths in 40 years (n)					
	5 years	40 years	Total	Male ^a	Female ^a	Total ^a	Male ^b	Female ^b	Total ^b
Protect through smoke-free laws	-4.9	-6.1	48 632	15 574	8 742	24 316	10 123	5 682	15 805
Offer tobacco cessation services	-2.1	-5.2	41 037	13 142	7 376	20 518	8 542	4 795	13 337
Mass media campaigns	-5.5	-6.6	52 213	16 721	9 385	26 106	10 869	6 100	16 969
Warnings on cigarette packages	-3.0	-6.0	47 466	15 201	8 532	23 733	9 881	5 546	15 427
Enforce marketing restrictions	-5.2	-6.8	53 478	17 126	9 613	26 739	11 132	6 248	17 380
Raise cigarette taxes	-7.2	-14.4	113 929	36 486	20 479	56 965	23 716	13 311	37 027
Combined policies	-24.9	-37.6	297 826	95 379	53 534	148 913	61 996	34 797	96 793

^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.

TABLE 3.

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

Tobacco control policy	Relative change in smoking prevalence (%)		Reduction in smokers in 40 years (n)	Reduction in smoking-attributable deaths in 40 years (n)					
	5 years	40 years	Total	Male ^a	Female ^a	Total ^a	Male ^b	Female ^b	Total ^b
Protect through smoke-free laws	-4.9	-6.1	25 174	7 492	5 095	12 587	4 870	3 312	8 182
Offer tobacco cessation services	-2.1	-5.2	21 242	6 322	4 299	10 621	4 109	2 794	6 903
Mass media campaigns	-5.5	-6.6	27 027	8 044	5 470	13 514	5 229	3 556	8 785
Warnings on cigarette packages	-3.0	-6.0	24 570	7 313	4 973	12 286	4 753	3 232	7 985
Enforce marketing restrictions	-5.2	-6.8	27 682	8 239	5 602	13 841	5 355	3 642	8 997
Raise cigarette taxes	-7.2	-14.4	58 973	17 552	11 935	29 487	11 409	7 758	19 167
Combined policies	-24.9	-37.6	154 165	45 882	31 200	77 082	29 824	20 280	50 104

^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 daily adult smokers (18 years and older) was 44.1% in 2012 in the Federation of Bosnia and Herzegovina (men: 56.3%; women: 31.6%) (1), and the prevalence of current adult smokers (18 years and older) was 31.0% in 2010 in the Republika Srpska (men: 37.5%; women: 25.5%) (2).

→ Protect people from tobacco smoke

No indoor public places in Bosnia and Herzegovina are completely smoke free (Table 4). Designated smoking rooms with strict technical requirements are allowed in all indoor public places under the current legislation of both the Federation of Bosnia and Herzegovina (5,6) and the Republika Srpska (5,7). Smoking violations consist of fines on the establishment and the patron (5–8). Funds are dedicated for enforcement, and a system is in place for citizen complaints and further investigations.¹

TABLE 4.

Complete smoke-free indoor public places in Bosnia and Herzegovina

Health care facilities	Education facilities except universities	Universities	Government facilities	Indoor offices & workplaces	Restaurants	Cafés, pubs & bars	Public transport	All other indoor public places
—	—	—	—	—	—	—	—	—

Sources: WHO Regional Office for Europe (5), House of Representatives of the Federation Parliament (6), National Assembly of the Republika Srpska (7), WHO (8).

— = not completely smoke-free.

¹ Alen Seranic, Ministry of Health and Social Welfare of the Government of the Republika Srpska, personal communication, 4 December 2015; Aida Ramić-Čatak, Institute of Public Health of the Federation of Bosnia and Herzegovina, personal communication, 16 December 2015.

→ Offer help to quit tobacco use

Smoking cessation services are available in some health clinics or other primary care facilities in both the Federation of Bosnia and Herzegovina and the Republika Srpska, and health services or health insurances fully cover its costs (8). All family medicine doctors have been trained in cessation treatment both in the Federation of Bosnia and Herzegovina and in the Republika Srpska.² Nicotine replacement therapy can be purchased over the counter in a pharmacy but is not cost-covered, and no toll-free quit line is available (8).

→ Warn about the dangers of tobacco

In both the Federation of Bosnia and Herzegovina and the Republika Srpska, health warnings are legally mandated to cover 35% of the front of the principal display area. They appear on each package and any outside packaging and labelling used in the retail sale and describe the harmful effects of tobacco use on health. Moreover, health warnings rotate on packages and are written in the principal language(s) of the country. The law also mandates font style, font size and colour for package warnings. However, the warnings do not include a photograph or graphics (9,10).

→ Enforce bans on tobacco advertising, promotion and sponsorship

The Federation of Bosnia and Herzegovina has a ban, through a law adopted in 1998 and last amended in 2012 (5), on several forms of direct and indirect advertising (Table 5). The law requires fines for violations of these direct and indirect advertising bans (8).

TABLE 5.

Bans on direct and indirect advertising in the Federation of Bosnia and Herzegovina

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 internet	✗	Tobacco products display at point of sale	✗

Source: WHO (8).

✓ = banned; ✗ = not banned.

The Republika Srpska has a ban, through a law adopted in 2004 (5) and last amended in 2009 (11), on most forms of direct and indirect advertising (Table 6). The law requires fines for violations of these direct and indirect advertising bans (8).

² Alen Seranic, Ministry of Health and Social Welfare of the Government of the Republika Srpska, personal communication, 4 December 2015; Aida Ramić-Čatak, Institute of Public Health of the Federation of Bosnia and Herzegovina, personal communication, 16 December 2015.

TABLE 6.

Bans on direct and indirect advertising in the Republika Srpska

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 internet	✓	Tobacco products display at point of sale	✗

Source: WHO (8).

✓ = banned; ✗ = not banned.

In Bosnia and Herzegovina, the following bans do not exist:

- bans on tobacco companies/tobacco industry publicizing their activities;
- bans on entities other than tobacco companies/tobacco industry publicizing their activities;
- bans on tobacco companies funding or making contributions (including in-kind contributions) to smoking prevention media campaigns including those directed at youth; and
- a requirement to present prescribed anti-tobacco advertisements before, during or after the broadcasting or showing of any visual entertainment (8).

→ Raise taxes on tobacco

In Bosnia and Herzegovina, a pack of cigarettes costs 3.70 BAM³ (US\$ 2.53), of which 82.33% is tax (14.53% is value added and 66.32% is excise taxes with 1.5% for import taxes) (8).

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) (4). Specifically, the model projects the effects from:

- protecting from secondhand smoke through stronger smoke-free air 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 (12).

For the SimSmoke model, data on smoking prevalence among adults were taken from the most recent nationally representative survey that covered a wide age range, and data on tobacco control policies were taken from the *WHO report on the global tobacco epidemic, 2015* (8).

³ The currency code is according to International Organization for Standardization, ISO 4217 currency names and code elements.

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⁴ Websites accessed on 19 April 2016.