



Country report on advertising and promotion bans – Croatia

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Introduction

For centuries tobacco has been grown and consumed in Croatia. In the last century the habit of cigarette smoking was highly prevalent and socially accepted. People smoked not only at home, individually or at family gatherings and celebrations but also in pubs and restaurants, at work, meetings, and on social occasions or at media events. Smoking was considered a sign of adulthood, as illustrated by the popular saying, «I am older, so I can send you to get me a pack of cigarettes».

The results of the first major survey on smoking prevalence in Croatia at the beginning of the 1970s, covering a representative sample of households, showed that 57.6% of the males and 9.9% of the females between the ages of 20 and 64 were smokers (1). According to the basic indicators for the Health Promotion subproject within the First Croatian Health Project in 1997, 34.1% of Croatia's males and 26.6% of females between the ages of 18 and 65 were daily smokers. The males were «heavier» smokers than females. Of the male smokers 40% reported smoking more than 20 cigarettes a day, outnumbering the 12.5% of female smokers who had the same habit (2). The respondents claimed they started smoking between the ages of 16 and 20, in contrast with the results of the international study European School Survey Project on Alcohol and Other Drugs (ESPAD), showing the current shift towards younger age groups in starting the habit (Table 1).

Table 1. Prevalence of daily smokers in Croatia

Year of study	Age (years) study population	% smokers among men	% smokers among women
1970	20-64	57.6	9.9
1997	18-65	34.1	26.6
1995	16	25	19
1999	16	30	25

The ESPAD study, conducted in Croatia in 1995, was done again in 1999, with data collected between March and April of that year. The sample consisted of randomly selected school classes with the highest proportion of students born in 1983. The results showed that 70% of boys and 69% of girls in Croatia in 1999 had experimented with cigarettes at least once, compared with 71% of boys and 67% of girls four years earlier. In 1995, 25% of boys and 19% of girls admitted they were daily smokers, while in 1999 the corresponding percentage for boys was 30% and for girls 25%. Whereas 45% of male and 34% of female respondents said they had begun experimenting with cigarettes before their 13th birthday, 14% of male and 8% of female respondents said that by the age of 13 they had begun smoking on a daily basis (3).

With regards to the health consequences of smoking, it should be underscored that the two leading causes of death in Croatia are closely related to smoking. Cardiovascular diseases, with a 53.6% share in Croatia's mortality total in 2001, ranked first. Next in rank was neoplasms, with 23.8%, while diseases of the respiratory system, with 4.1%, were fifth (4). Using R Peto's methodology presented in the World Health Organization's 1997 publication Tobacco or Health: A Global Status Report, Croatia's smoking-related deaths for 2001 were estimated at 8400 (17% of all deaths), i.e. 25% of all male and 9% of all female deaths (Table 2). In the WHO Regional Office for Europe, Health for All database, the standardized mortality rate (SDR) for selected smoking-related causes of death for Croatia in 2001 was 390.2/100 000.



Description of policy interventions

Until 1999 there were three pieces of legislation governing the control of tobacco:

- the Tobacco Act, which regulated the planting of tobacco and the manufacture of tobacco products;
- individual articles of the Work Safety Act, which forbid smoking in any room within the workplace or closed area where meetings and gatherings take place, but allowing firms or organizations, through internal regulations, to permit smoking in certain designated smoking rooms as long as this did not infringe upon the right of non-smokers or pose a fire hazard ;
- individual articles of the Food and Object of Common Use Health Safety Regulation Act, which banned direct advertising of tobacco and alcohol beverages in public places, and the display of advertisements for these products in public places, on buildings and in the media. It also prohibited advertising tobacco and alcoholic beverages in books, reviews or similar publications or exhibiting stickers, posters and leaflets separately from the cigarette packaging itself. This provision did not apply to technical publications intended for manufacturers and sales people or to consumer information about the properties of tobacco manufacture in the facilities where such products are sold. The same act regulated the requirement of having health warnings on cigarette packages.

Following these regulations, the Croatian tobacco industry simply changed its advertising strategy, switching from direct to indirect advertising. Cigarettes were advertised in different media (e.g. newspapers, billboards and television commercials) by simply avoiding direct mention of smoking, cigarettes, brand names, etc. Additionally, the implementation of the advertising ban was poorly supervised and penalties were decidedly low for firms that were caught and fined for violating regulations.

Realizing that tobacco is the major avoidable health risk and cognisant of weaknesses in the existing regulations, the Ministry of Health initiated the drafting of a new law. In November 1999, the Croatian Parliament passed a Tobacco Product Use Restriction Act, which contains the sections: (i) General Provisions; (ii) Noxious Cigarette Ingredients and Mandatory Health Warnings on Tobacco Products; (iii) Restriction Measures for Tobacco Product

Use; (iv) Smoking Prevention Measures; (v) Surveillance; (vi) Penal Provisions; and (vii) Transitional and Concluding Provisions.

In the third section, Articles 9 and 10 refer to advertising. Article 9 states:

There is a ban on advertising tobacco products through the following means:

- mass media; and
- any type of advertising in public areas, transportation facilities, means of transport; in books, reviews, calendars, on clothing articles, stickers, posters and in leaflets, if these stickers, posters and leaflets have been separated from the original packaging of tobacco and tobacco products.

Considered as advertising in the sense of Paragraph 1 of this Article are all types of either direct or indirect advertising, including by show of logotypes and other marks to signify tobacco and tobacco products and placed on objects that are not defined as tobacco products by this Act. Tobacco and tobacco product handouts for advertising purposes also belong to this category.

Also prohibited is the advertising of products which, according to this Act, are not tobacco products but which directly stimulate the consumption of tobacco and tobacco products by their appearance and designed use.

The provision of Paragraph 1 of this Article does not relate to technical books, reviews and other professional publications describing the properties of tobacco and tobacco products, provided that these publications are intended exclusively either for manufacturers or sellers of these products.

The provision of Paragraph 1 of this Article does not refer to informing the consumers about the properties of tobacco, respectively tobacco products, within the facilities in which these are marketed. [Note: This exception was made under pressure from the tobacco industry, which claimed they have the right to give information to consumers on the quality of their products, e.g. lower nicotine and tar levels.]

The Croatian Government may decree one-time exceptions to this ban on tobacco and tobacco product advertising, and this solely for sporting events of international importance. [Note: The Government only issued such a decree several times for international motor-bike-crosses and auto rallies so that Croatia was not left out of these international sports events.]

Article 10 stipulates:

No smoking of tobacco products is allowed during live television shows. The press may not publish any photographs or drawings of people smoking for advertising purposes.



Therefore, the law has placed a complete ban on direct and indirect advertising of smoking in practically all media, barring special cases related to international sporting events (international motor-bike-crosses and auto-rallies).

The only unspecified media left is the electronic media, the share of whose use three years ago was significantly smaller than now. Moreover, the past practice did not point to these media being a problem.

According to this Act, sanitary inspection assumed oversight of adherence to the advertising regulations in Articles 9 and 10. When the Act passed in Parliament, sanitary inspectors began overseeing the implementation of the Articles' regulations. Because the fines were high, tobacco advertisements disappeared from the media within a few months.

The implementation's steps

With the aim of promoting the population's health and alleviating the health impact of smoking, and prompted by the World Health Organization (WHO) as well as the success of other countries in the area of tobacco control, Croatia's Ministry of Health has initiated the drafting of the Tobacco Product Use Restriction Act.

During the law-making procedure, the Minister of Health, the various professionals who drew up the Act, and disease-prevention-oriented health specialists explained the Act's intentions in medical journals, at professional and public gatherings and in the mass media, etc.. They also warned of the health consequences of smoking and made use of other countries' best practices in tobacco control.

This Act was relatively long in the making, because tobacco growers and the tobacco industry kept reminding the public that tobacco constitutes an important sector of agriculture and industry, one which contributes heavily to the national budget. (For example, in 2001 the value of non-manufactured tobacco was Kn 136 189 000 or 2.9% of the total purchased and sold agricultural, forestry and fishing products) (5) .

The tobacco growers and tobacco industry further argued that introducing new regulations could lead to a reduction in the state's tax revenue and threaten the livelihood of people who make their living from tobacco growing and the manufacture and sales of tobacco products.

In these activities they were joined by some journalists, whose articles questioned just how harmful to health

smoking was, especially considering the pollution people lived with. They also questioned the truthfulness of study results concerning the impact of smoking on health, saying that those who initiated this Act did not consider people who made their living growing, manufacturing or selling tobacco, or whose salaries partly depended on tobacco revenue. Some press articles suggested that advertising was a way for the tobacco industry to inform customers about their products' quality and business results, etc.

Furthermore, writing in one of the major Zagreb daily newspapers, one of the more well-known journalists directly attacked the professionals who had prepared the Act for disregarding journalists' income, arguing that if journals and magazines are paid to advertise tobacco, it will raise their income and journalists' salaries as well.

The intervention's success

It should be emphasized that from the outset of the Act being drawn up (the procedure taking over a year) the tobacco industry intensified its advertising activities and ran a campaign called «What are we silent about?» During the campaign, they availed themselves of every means to advertise smoking indirectly, in practically every media, something not prohibited by previous legal provisions. Use was made of likeable characters calling for silence either onomatopoeically or through mime, showing, in addition, how enjoyable they found it to smoke.

The passing of the Tobacco Use Restriction Act was promptly followed by the disappearance of the 'What-are-we-silent-about?' campaign's likeable characters, who had advertised smoking, and, step by step, of other smoking-related advertisements. This is understandable in view of the stiff fines for breaking the law. Specifically, a legal person contravening the complete ban on tobacco product advertising can be fined between Kn 200 000 and Kn 500 000 (the approximate equivalent of between Euro 26 000 and Euro 66 000) and responsible individuals within the legal person with 10 000 to 20 000 HRK (between Euro 1300 and 2600).

Nonetheless, the tobacco industry's efforts to advertise its products do not seem to have slackened. Last summer, a "Greeting from Rovinj" message appeared for a while in different media. It is a picture of Rovinj, a colourful tourist resort on the Adriatic coast (which has a large tobacco factory as well). This raises the issue of whether a



new attempt at sending ads, this time by hiding behind a tourist advertisement, is involved. The suspicion was supported by the as-yet-unchecked information that the two grey lines have appeared in patches on this message that could also be found on the paper inside of some cigarette packs from the Rovinj Tobacco Factory. Should this happen again, the Ministry of Health-appointed Commission for Smoking Control plans to inform the sanitary inspection, who is responsible for the implementation of Article 9, and to undertake the penal provisions against the Rovinj factory if they are breaking the law.

Other impacts of the intervention

It must be emphasized that formerly Croatia also had certain legal provisions aimed at enabling tobacco control, including the direct tobacco advertising ban. The influence of tobacco advertising and promotion bans is impossible to consider in isolation from other measures. The current Tobacco Product Use Restriction Act, which came into force in November 1999, banned direct and indirect advertising as well as laid down noxious ingredient allowances in tobacco products, imposed the obligation for tobacco products to carry health warnings specifying the content of messages, instituted restrictions on the use of tobacco products, including a ban on smoking in all health and educational institutions and prescribed preventive measures against smoking that include health education.

It should be borne in mind that, according to information available, the proportion of revenue from a special tax on tobacco products (99.9% of which relates to cigarettes) has demonstrated the following trends during the period 1995-2001.

Table 2. Trends in revenue from tobacco product tax

Year	% from special tax on tobacco products out of total special taxes
1995	35.5
1996	37.8
1997	37.0
1998	33.6
1999	32.0
2000	27.0
2001	27.4

The special tax on tobacco products was introduced in July 1994. From 1996 until 2000, the proportion of this tax out of the total of collected special taxes declined. For the most part this has been ascribed to a fall in sales due to increased retail prices, but it could also be the result of an increase in the sale of illicit tobacco products.

In 2001, the special tax on tobacco products amounted to Kn 2 094 696 000 or 27.4 of the total of collected special taxes. Unfortunately, it was not possible to obtain the data on the tobacco industry's advertising expenditures as well as the impact of the Act on the media's advertising revenues.

Conclusions

Croatia's experience has demonstrated that gaining the support and advocacy of leading professionals, decision-makers and public figures is critical to passing laws that ban direct and indirect tobacco advertising and promotion, as well as limit the use of tobacco products.

The provisions banning tobacco product advertising and promotion have proven efficient, largely owing to the fact that they are accompanied by adequate penal provisions (stiff fines) and actually implemented. Unfortunately, electronic media is the loophole in this Act. Another problem is the sale of foreign reviews, which come from countries with no ban on cigarette advertising. The same is true for foreign TV programmes and for international sports and other events sponsored by the tobacco industry. A portion of these take place in Croatia or are broadcasted on TV. The Ministry of Health-appointed Commission for Smoking Control plans to prepare the amendments to the existing Act to close these legislative loopholes. It is definitely expected that the WHO Framework Convention on Tobacco Control (WHO FCTC) will be supportive to these amendments.



Table 3. Estimated percentage of deaths caused by smoking in Croatia, 2002, by sex and major cause of death groups

Sex	All causes		All cancer		Lung cancer		Upper aero-digestive cancer		Other cancer		Chronic obstructive pulmonary disease		Other respiratory diseases		Vascular diseases		Other causes	
	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N
M	25	6433	43	3044	92	1924	66	481	15	645	75	428	14	93	21	2516	18	973
F	9	2235	13	650	72	356	36	34	2	89	53	161	7	40	6	883	7	294
Total	17	8597	30	3623	87	2250	60	494	8	693	66	577	10	123	13	3471	12	1162

*Cancers of the mouth, oesophagus, pharynx, and larynx.

Source: Tobacco or Health: A Global Status Report, WHO, 1997.

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References

1. Kulcar Z, Kovacic L, Bedenic B. Rasprostranjenost pušenja u stanovništvu Hrvatske (Smoking prevalence in Croatian population). *Lijecnik Vjesnik* 1974; 96:467-72.
2. Turek S et al. A large cross-sectional study of health attitudes, knowledge, behaviour and risks in the post-war Croatian population (The First Croatian Health Project). *Coll Antropol*, 2001, 25:77-96.
3. Hibell B, Andersson B, Ahlstrom S. *The 1999 ESPAD Report*. The Swedish Council for Information on Alcohol and Other Drugs, Council of Europe. Stockholm, 2000.
4. Hrabak-erjavi V. Pušenje – rizični imbenik za zdravlje / Smoking – the health risk factor/. *Medicina rada i okoliša / Occupational health and environment/. Medicinska naklada, Zagreb, 2002:391-395.*
5. Staten Statistical Bureau. *Statistical Yearbook*. Zagreb, 2002.

