

TOBACCO CONTROL  
FACT SHEET

# Romania

## 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 Romania (1), premature deaths attributable to smoking are projected to be more than 2.1 million of the almost 4.3 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 <sup>a</sup>	Female <sup>a</sup>	Total <sup>a</sup>	Male <sup>b</sup>	Female <sup>b</sup>	Total <sup>b</sup>	Male <sup>b</sup>	Female <sup>b</sup>	Total <sup>b</sup>
37.4	16.7	4 297 711	1 422 322	726 534	2 148 856	924 509	472 247	1 396 756			

<sup>a</sup> Premature deaths are based on relative risks from large-scale studies of high-income countries.

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

Source: Irimie (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:

- 20.8% by increasing excise cigarette taxes from its current level of 56% to 75% and prevent much youth smoking;
- 5.9% by banning just some forms of direct and indirect advertising to have a comprehensive ban on advertising, promotion and sponsorship that includes enforcement;
- 3.7% by increasing from a moderate-level to a high-level mass media campaign;
- 3.2% with stronger enforcement of the comprehensive smoke-free laws already in place;
- 3% by requiring strong, graphic health warnings added to tobacco products; and
- 2.5% 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 (2), smoking prevalence can be reduced by 26% within 5 years, by 34% within 15 years and by 42% within 40 years. Almost 900 000 deaths could be averted in the long term (Table 2). The SimSmoke tobacco control model (3) 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

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 <sup>a</sup>	Female <sup>a</sup>	Total <sup>a</sup>	Male <sup>b</sup>	Female <sup>b</sup>	Total <sup>b</sup>
Protect through smoke-free laws	-2.8	-3.5	148 678	49 205	25 134	74 339	31 983	16 337	48 320
Offer tobacco cessation services	-1.4	-3.5	151 548	50 155	25 619	75 774	32 601	16 652	49 253
Mass media campaigns	-3.3	-3.9	167 611	55 471	28 335	83 806	36 056	18 418	54 474
Warnings on cigarette packages	-2.0	-4.0	171 908	56 893	29 061	85 954	36 980	18 890	55 870
Enforce marketing restrictions	-4.9	-6.4	273 764	90 602	46 280	136 882	58 891	30 082	88 973
Raise cigarette taxes	-13.8	-27.7	1,190 095	393 861	201 187	595 048	256 009	130 772	386 781
Combined policies	-25.5	-41.8	1 797 620	594 920	303 890	898 810	386 698	197 529	584 227

<sup>a</sup> Smoking-attributable deaths are based on relative risks from large-scale studies of high-income countries.

<sup>b</sup> 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 (15 years and older) was 26.7% in 2011 (men: 37.4%; women: 16.7%) (1).

## → Protect people from tobacco smoke

All enclosed public places in Romania are completely smoke free (Table 3) (4). Smoking violations consist of fines on the patron but not on the establishment. A system is in place for citizen complaints and further investigations; however, no funds are dedicated for enforcement (5).

TABLE 3.

Complete smoke-free indoor public places

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

Source: Convention Secretariat et al (4).

✓ = completely smoke-free.

## → Offer help to quit tobacco use

Smoking cessation services are available in some health clinics or other primary care facilities, and the national health service or the national health insurance fully covers its costs. Nicotine replacement therapy can be purchased over the counter in a pharmacy but is not cost-covered, and a toll-free quit line is available (5).

## → Warn about the dangers of tobacco

Health warnings are legally mandated to cover 30% of the front and 40% of the rear of the principal display area, whereby 16 health warnings are approved by law. They appear on each package and any outside packaging and labelling used in the retail sale, describe the harmful effects of tobacco use on health and include a photograph or graphics. 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 (5).

Total tobacco control expenditures, which may include mass media campaign expenditures, amount to US\$ 7 940 105 in Romania, which is greater than US\$ 0.10 per capita and is, therefore, classified as a moderate level of funding (5).

## → Enforce bans on tobacco advertising, promotion and sponsorship

Romania has a ban, through a law adopted in 2004 and last amended in 2008 (6), on several forms of direct and indirect advertising (Table 4). The law requires fines for violations of these direct and indirect advertising bans (5).

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 internet	✓	Tobacco products display at point of sale	✗

Source: WHO (5).

✓ = banned; ✗ = not banned.

Romania does not have:

- 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 (5).

## → Raise taxes on tobacco

In Romania, a pack of cigarettes costs 14.50 RON<sup>1</sup> (US\$ 4.39), of which 75.41% is tax (19.35% is value added and 56.06% is excise taxes) (5).

<sup>1</sup> 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 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 (7).

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* (5).

## Funding

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## References<sup>2</sup>

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<sup>2</sup> Websites accessed on 20 March 2016.