28 Annex - Consumer and health protection

222. THE NATIONAL STRATEGY FOR TOBACCO CONTROL

NATIONAL COMMISSION FOR TOBACCO CONTROL

THE NATIONAL STRATEGY FOR TOBACCO CONTROL

PODGORICA, JUNE 2005

GLOSSARY

Terms used in the Strategy and Action Plan correspond to definitions contained in the Frame Convention for tobacco control WHO.

"Tobacco Control" refers to a number of measures implemented to reduce supply and demand of tobacco products, and harmful effects of smoking. The objective is to limit consumption of cigarettes and reduce exposure to smoke in order to improve health of the population.

„Advertising and promotion of tobacco" refers to form of media communication, suggestion or action with an objective to promote tobacco products and resulting in direct or indirect consequence.

"Tobacco products" refer to products fully or partly consisted of tobacco leaves as a basic raw material and are intended for smoking, sniffing, sucking or chewing.

"Sensitive groups" refer to population groups which are, due to their specific features, especially at risk for using tobacco products resulting in significant damages to their health.

INTRODUCTION

Background of the country

The Republic of Montenegro is located in the southern part of the Balkan Peninsula and covers the area of 13812 km^2. One part is located on Adriatic – Mediterranean geographic region, and the other part, through Panonian basin, is linked to Central Europe and therefore the world. Although it is considered to be one of Mediterranean countries, Montenegro is largely mountainous region with as much as 60,5 % of the territory above 1000 m of altitude. The relief of Montenegro has its specific features with clear distinction between three zones (Montenegro is not administratively divided into regions) – southern part of Montenegrin coast, central part and northern region or mountainous region.

Demographic characteristics of Montenegro

According to 2003 census, the Republic of Montenegro has population of 617740, of which 62% in urban areas. Figures from the previous 1991 census, indicate that the Republic of Montenegro has population of 591269, which means that the increase in the number of citizens during this period was at the rate of 104,5.

Table 1: Basic indicators of the natural movements of population in Montenegro in 1991, 2001 and 2002

Indicator	1991		2001		2002	
	Number	Rate	Number	Rate	Number	Rate
Live born	9606	15,6	8829	13,3	8499	12,8
Total deaths	3970	6,4	5431	8,2	5513	8,3
Still born	108	11,2	129	14,6	92	10,8
Natural growth	5636	9,1	3398	5,1	2986	4,5
Vital index	9606/ 3970	241,7	8829/ 5431	162,6	8499/ 2986	154,2

Since 1950, the territory of Montenegro indicates changes in demographic indicators especially significant for presentation of ageing of population. There is a reduction tendency of live born rate, vital index and increase of expected life span, average age of population and aging index of the population. The figures presented indicate prominent tendency of aging of population as a consequence of fall of fertility rate, natural growth and vital index, and increase of the expected life span.

Wide-spread of smoking

Smoking of tobacco is the most wide-spread addiction of human beings. Reports on global consumption of tobacco indicate that around 1,4 billion of people smoke, and according to tendencies, it is expected that there will be 2,2 billion of people in the world by 2050 who smoke cigarettes. It is expected that 82% of smokers will live in developing countries by 2010 (The Tobacco Atlas, 2002.).

Data of the World Health Organization, Regional Office for Europe, indicate that between 5% - 49% of boys and 5% - 42% of girls of European countries are permanent smokers. For adult men, smoking is present with 32%- 60% of population and 10%-33% of women. Around 28% of the total population of European Union countries smokes - 33% of men and 23% of women. There are more smokers in South-East Europe compared to other parts of the continent. Average consumption of

cigarettes in these countries is for 5% higher compared to Central European countries, and 35% higher than in European Union countries (The Tobacco Epidemic in South-East Europe, 2004).

For a number of years, our country held third place in Europe, right behind Greece and Turkey, and position five in the world by number of smokers, which very clearly indicates the massive wide-spread of this disease. The fact that our women smokers held the second place in Europe is concerning.

In 1999/2000, UNICEF sponsored a research on attitudes and behaviour of school children and youth in FR Yugoslavia in respect of addiction. The results showed that, by the number of young smokers, we are ahead of other countries which carried out researches following the same methodology. Our children start smoking as early as being in primary school, very often at the age of 14 (Health behaviour of school children, Belgrade, 1999).

Wide-spread of smoking in Montenegro

Smoking, as socially acceptable model of behaviour, is very much present in our society, at all places and among all age groups. No researches have been carried out so far to investigate presence of smoking among all population categories in Montenegro. In the neighbouring countries, with similar attitudes towards smoking, around 50% of adult male population and 30% of female population smokes. Estimates indicate that Montenegro currently has between 200 000 – 250 000 of smokers (according to estimates of experts from NGO sector – Report of Montenegro Association Against Cancer Disease).

The traditional value related to ban of smoking for Montenegrin women in patriarchal society disappeared as a consequence of globalization and emancipation, so experts estimate that our country is among top European countries by the number of women smokers.

Several researches have been carried out so far on smoking habits among younger population of the Republic. It has been noticed that there is a rising number of smokers among young people, and most of them acquire this habit while still at school age. Experimenting with smoking is a very wide-spread habit among students. All the students who smoke more than one cigarette a day become subject to smoking-related research at school age because in literature they are considered to be smokers (Charlton, 1994). Three quarters of smokers start using cigarettes while being under 18.

A research was carried out in the territory of the Republic of Montenegro, back in 2003 and 2004. following the unique methodology WHO and Canadian Association for Public Health, as well as in around 120 countries in the world.

The results of this research carried out on a sample of more than 2000 testees (elementary school children) between 12 and 15 and somewhat more than 2000 testees of secondary schools, between 15 and 19 proved that smoking-related problem is very much present in these population groups. Every third elementary school student and more than half of secondary school students experimented with tobacco. There is around 4% of permanent smokers among elementary school students and around 20% of secondary school students, which corresponds to results acquired back in 1999, based on a research carried out among the same population groups in Montenegro. The research of 1999, carried out in Montenegro involved population of teenagers between 12 and 18, indicated there was the same number of girls and boys who smoked tobacco. It is interesting that the research (GYTS - Global Youth Tobacco Smoking) involving population of students of elementary and secondary schools, among permanent smokers, indicated there were more boys smokers in elementary schools, whereas in secondary schools, there were more girls smokers. These data indicate that girls start smoking at later age, but when in secondary schools, they use cigarettes more often compared to boys.

The majority of students covered by 1999 research said they had acquired the habit of smoking at the age of 15. When asked how wide-spread is smoking in their environment, the majority of them said that members of their family and their friends smoked quite often. Students who smoke normally said they were not acquainted with harmful effects of smoking and that they were not

concerned about diseases caused by tobacco («Research of attitudes and behaviour of school children and youth in respect of addiction, sexuality and diet in the Republic of Montenegro», Podgorica, 1999).

More than half of the smokers among elementary school students, covered by the 2003 research, said they started smoking before they were ten, whereas most of permanent smokers in secondary school started smoking at the age of 15.

Besides, the research data indicate that almost all children continuously exposed to the influence of tobacco smoke, due to their parents, friends smokers, or other smokers visiting their homes and families. These data indicate that children in Montenegro are under serious risk of smoking-induced diseases.

There is a little discussion in schools about harmful effects of smoking, and there is no link between education and health programmes. More than half of testees did not know that smoking has a harmful influence on their health. It is necessary to design education activities that should be incorporated into education programmes to promote non-smoking and prevent smoking-induced diseases, since a school is a place where the largest number of children gathers.

The Law on limited tobacco control use has not been adopted for the period of this resource.

Tobacco and health

According to contemporary scientific findings, smoking is addiction which has been proved to have disastrous effect on health. The harmful influence is cumulative, relatively slow and insensible at first glance. Nicotine is alkaloid, which can be found in the plant Nicotiana tabacum and it is a strong psycho – active substance which causes addiction and tolerance, and when smoker tries to quit using cigarettes, it can also cause abstinential difficulties. As other drugs, it influences brain functions, irritating in the beginning and then depressing. While smoking, nicotine absorbs in the blood stream and affects the brain within seven to eight seconds. Effects it has on organism can be classified to have body and psychological effects. Beside the nicotine, tobacco smoke contains another 5000 harmful chemical substances of which 50 are carcinogenic (cause or assist development of malign tumours). It also has negative effect on all other cells and tissues in organism. (source?)

Analysis of data on how wide-spread is the use of tobacco products explains rising incidence of diseases linked to smoking as the basic risk factor. Harmful content of tobacco smoke kills every year over 3,5 million of people in the world, and in our country 34,7% of total deaths are caused by smoking-induced diseases (Nikolić, 1997). Smokers are affected by diseases more often than others. They are more susceptive, compared to non-smokers, to contagious diseases epidemics, their treatment of other diseases takes longer and they are more often victims of incurable diseases.

Malign neoplasm of lungs appear in 95% of cases as a consequence of smoking, and healing is uncertain, time-consuming and expensive, (surviving five years is only in 15% of cases). The latest data received from Specialized Hospital for Lung Diseases indicated that every year in Montenegro there are 200 newly diseased from lungs cancer (Morbidity Statistics). Given that there is a problem of precise recording of diseases and deaths in Montenegro, and it is not an obligation to perform medical autopsy of all deceased, it is assumed that the number of diseases and lung cancer-induced deaths is even higher than 200 (even up to 300 according to some assumptions). Smoking is significantly linked to appearance of malign neoplasm of a number of other organs (cancer of larynx, mouth and hawse, pancreas, urinary bladder and colon).

Tobacco smoke causes other diseases of respiratory system. Smokers suffer from emphysemas and bronchitis ten times more often compared to non-smokers. Overall harmful effect of tobacco smoke is probably the most lethal in the group of cardio-vascular diseases, which causes the highest morbidity and mortality in our country. Smoking causes the highest number of temporary and permanent harmful effects on heart and blood vessels. Researches indicate that the risk of heart diseases is 1,5- 3 times higher for smokers, whereas the risk of cerebra-vascular insult is

even higher and is from 2 - 4 times. Many of these diseases and deaths cases could be prevented by timely and competent anti-smoking activities.

Harmful effects are not only for those who smoke, but also for non-smokers who spend time in closed and smokey space. Here, smoking is considered to be usual and widely accepted model of behaviour, and a large part of population is exposed to passive smoking influence or «second hand smoking». It is considered that non-smokers who are very often in a closed space exposed to tobacco smoke are under twice the risk of lungs cancer, infection of respiratory system and cardio-vascular diseases compared to non-smokers who spend time in a smoke free space. Children and mothers-to-be are especially under risk. Mothers-to-be who smoke or inhale tobacco smoke are under higher risk to suffer complications in pregnancy (miscarriage, still born child, children with less weight or children with a deformity) compared to mothers-to-be who are not exposed to this influence.

Compared to our country, in USA, Scandinavian countries, Great Britain and other economically and civilisation-wise more developed societies, due to awareness of tobacco-related risks, smoking is becoming culturally unacceptable. Smoking is recognized to be health enemy number one, which causes significant economic damages both to individuals and the community.

In 1999, the World Bank published a book («Curbing the Epidemic»), which summarizes data on global increase of tobacco consumption. It has been documented and proved that higher participation of smokers in overall population leads to a rising number of diseased and premature deaths. By 1999, around four million people had died every year as a consequence of smoking, of which 1,2 million in Europe. If the current trend of smoking continues by 2030, it is estimated that ten million people will die every year. By 2020, smoking will participate as a death cause in the overall mortality structure with 12,3% in the world: 22,7% in former socialist countries, 17,7% in developing countries and 10,9% in developed countries. Smoking is linked with few dozens of various death causes and the most significant are diseases of heart, blood vessels and respiratory system, and various types of tumours. Smoking and health – friendly coexistence is impossible! Around half of the number of people who die from consequences of smoking live in undeveloped countries, and it is assumed that seven of ten deaths by 2030 induced by smoking will happen in developing countries («Curbing the Epidemic»).

The fundamental causes of death in Montenegro are diseases of circulatory system (ischemia heart diseases, cerebra-vascular diseases, hypertension, arteriosclerosis and other), malign diseases and chronic unspecified diseases of respiratory system (asthma, chronic bronchitis, chronic obstructive diseases). Half of the people who died suffered diseases of blood stream, and the mortality rate made 4,4 promils of the total diseases. During the last decade, there has been a rising tendency for specific mortality rate for malign diseases (1,6 promils), and its share in the overall structure of deaths, which was 18,1% in 2002. According to these data and based on the fact that one third of deaths caused by blood stream diseases and lung cancer relate to smokers, and it is assumed that over 1000 of inhabitants die a year from consequences of using tobacco.

Education - preventive activity aiming at control of smoking

Publication of all epidemiological facts and informing population about health consequences of usage of tobacco is one of the measures for education-preventive actions aimed at control of smoking. The objective is to warn smokers, especially young ones, never to light the first cigarette. At the same time, smokers should be motivated to accept the reality and start the treatment of an extremely mean form of addiction. Everybody's attention should be drawn to the problem of passive smoking, remind non-smokers that they are entitled to have fresh air and remind them that is their human right as free citizens. Nicotine as physiologically active substance causes addiction not less than heroin, but nature of smoking as an addiction is not sufficiently presented or emphasized. In principal, public recognized other types of drugs as dangerous and unacceptable and mostly forbidden and excommunicated in the community. It is very hard to explain and accept that consumption of a substance which is for 70% bigger killer than all the rest together is presented as a harmless pleasure or just a bad habit. This activity is performed in various ways, not only through lectures and media presentations, but also by warnings and publishing visual

messages on health dangers on covers of tobacco products. Informing public about health-medical, economic, cultural aspects of using tobacco and presenting smoking as an addiction is the biggest challenge of the Strategy for Tobacco Control. Special responsibility in this segment of Tobacco Control lies on healthcare workers, who should be provided with continuous professional education as a form of assistance to gain appropriate knowledge, promote healthy life styles by non-smoking and they should be involved in stimulating beneficiaries of their services to leave the habit of smoking.

A very little attention was paid so far to education of population as a form of prevention of smoking, stimulating healthy lifestyles and stimulating people to give up a habit of smoking. Effects of these measures proved to be effective around the world in terms of changing people's awareness, along with other measures like: limiting of supply and demand of tabacco. Emphasize in this Strategy is placed on public-health approach, underlining significance of prevention of smoking and promotion of healthy lifestyles.

Education of population is the most efficient and the worth while method to fight smoking and avoid inhalation of tobacco smoke, a measure to prevent smoking-induced diseases. Education should start early within a family and the school is a "key point" for preventive measures, since three quarters of smokers start before they are eighteen.

Economic effects of smoking

Economic effects of smoking are not to be neglected. Significant share of funds intended for health protection of the whole population are allocated for meeting health needs, which arise due to smoking-induced diseases. Treatment of diseases, which are almost fully related to risks of smoking, takes a long time; it is very expensive and very often in vain. Treatment of one person suffering from lungs cancer costs several thousands of euros, cardio-surgery operations, re-vascularization of myocardium are extremely expensive everywhere and are related to high level of skills and organization of healthcare services. High number of leave from work is caused by smoking-induced health problems. It is assumed that in USA, treatment of smoking-induced health problems, takes 6-10% of GDP. We do not have data on costs for provision of health services, which are a consequence of smoking.

Fire damages caused by smoking cigarettes are estimated to be millions of euros. Environment is polluted by throwing butts and cigarettes packaging with low bio-dissolving capacity. Chemicals used for treating growing tobacco plants are very often present and pollute stagnant, running and drinking water. Large forest areas are cleared for the needs of tobacco industry (production of cigarettes packaging), which causes land erosion and a number of problems in economy.

Control of tobacco as a civilisation heritage

Awareness about wide-spread of smoking as an addiction, its lethal influence on health, reviewing diverse economic and social aspects of tobacco use is generally human's heritage. At the end of 20th Century, this led to neglecting of smoking as outdated, primitive and unwanted model of behaviour. A number of activities related to limiting tobacco use through reduction of market supply, demand, as well as damages caused by tobacco designed a number of effective measures known as control of tobacco.

These measures can be classified as:

a. Measures to help reduce demand of tobacco

- Information campaign:
- Spreading information on influence of smoking on health;
- Health warnings on packaging of tobacco products;

- General education programmes with an emphasize on especially vulnerable groups;
- Limiting advertising and promotion;
- Limiting smoking in public and working places;
- Actions related to organized quitting of smoking and treating tobacco addiction;
- Limiting tobacco availability for young people;

General overview of tobacco control in the world

Back in 1987, Europe took the initiative for development of Regional Plan of activities for protection against smoking and that was the first comprehensive attempt to control smoking, since the previous analysis gave various results in implementation of measures to ensure protection against smoking on national level, and diversity in the level of their implementation. After the first Plan of Activities for Tobacco Control, developed for the period from 1987 to 1991, the other one is coming up, from 1992 to 1996, and then the third one 1997 to 2001. Conclusions drawn by evaluation of the Plan of Activities in 2001, refer to incomplete implementation of identified objectives. This leads to occurrence of the tobacco consumption level which is not acceptable for healthcare, inconsistent running of the national policy for tobacco control in Europe, which makes 15% of the world's population, and there are 30% of all the smoking-induced diseases suffered by the world population. Therefore, this alarming situation led to identification of global activities for tobacco control.

Warsaw Declaration (2002) «For Smoking Free Europe» has created conditions for development of the following documents to improve tobacco control in Europe:

- European Strategy for Tobacco Control (ESTC-European Strategy for Tobacco Control);
- Development of the fourth Action Plan for the period 2002 to 2007 and development of European Framework Convention for Tobacco Control (FCTC-Framework Convention for Tobacco Control);
- Definition of conditions for regional inter-Government solidarity and partnership against tobacco pandemic.

These documents proved orientation of European countries to legally unite methodology for protection against tobacco. The recent activity plan relates to the period to 2007 and most of the countries in Europe are already working on implementation of activities from the Action Plan developed for this timeframe.

The basic principles that led implementation of the overall Action Plan indicate the need to respect inter-sectorial approach (implementation of activities must involve the following sectors: healthcare economic, social welfare, education, ecology etc.) in creating policy for tobacco control, with a special emphasis on protection of health of vulnerable population groups and the need to regularly exchange information among countries.

Frame Convention for tobacco control WHO was ratified in 2002 and during the process of ratification of the Convention Montenegro had been informed about all the development segments from the very beginning. In December 2004, it was announced that 168 countries of the world signed FCTC, which makes 91,4% of the world's population. The population of these countries is 6378 billion of people. These countries selected uniform policy for tobacco control and a number of countries have ratified the Convention so far, and it will come into effect in a few months.

Overall obligations of every country, member of the Framework Convention WHO:

1. Every country signatory shall develop, implement, periodically renew and revise overall multi-sectorial national strategies for tobacco control, plans and programmes in compliance with this Convention and protocols signed;

2. From own end, every country signatory shall, according to capabilities:

a. identify or strenghten and fund national cooperation mechanism or focal points for tobacco control; and
b. adopt and implement effective legal, executive, administrative and/or other measures and cooperate, in compliance with this, with other countries signatories in developing appropriate policy for prevention and reduction of tobacco consumption, nicotine addiction and exposure to smoke.

3. While identifying and implementing public health policies related to tobacco control, Signatories shall act towards protection of this policy against commercial and other interests of tobacco industry in compliance with the national law;
4. Signatories shall cooperate in designing of proposed measures, procedures and guidelines for implementation of Convention and Protocols signed;
5. Signatories shall cooperate in appropriate manner with relevant international and regional Government organisations and regional Government organisations and other bodies to achieve goals set by the Convention and Protocols signed;
6. Signatories shall, within available funds and resources, cooperate with the objective to raise financial resources for effective implementation of Convention through Bilateral and Multilateral funding mechanisms.

After intense preparations, Serbia and Montenegro signed Framework Convention WHO (in summer 2004) on tobacco control and became one of the countries dedicated to implementation of measures for tobacco control.

General overview of tobacco control in Montenegro

At the beginning of XXI century, a need is reviewed for legal alignment in tobacco control, which led to the first initiatives in these terms. Republic of Montenegro inherited from SFRY, apropos SRY, some legal solutions in respect to this issue. However, Montenegrin legal system until adopting the Low on limiting use of tabacco product and Tabacco low not have clearly defined attitude for this field.

In order to protect life and health, during 2004. Montenegin Government adopted a Law on limited tobacco use. This Law prescribes measures for reduced and limited use of tobacco and prevention of harmful consequences of tobacco use. Also in the same time we adopted the Tabacco law that consist of limiting of supply and demand of tabacco. However, tobacco use is still extremely wide-spread.

Republic of Montenegro is implementing the following measures in the process of implementation of this Law and Strategy for Healthcare Development:

1) encourage reduced tobacco use by tax policy measures;
2) design programmes to limit tobacco use and prevent harmful consequences of tobacco use;
3) identify measures to reduce harmful effect of tobacco use;
4) cooperate with international bodies, which address tobacco control issues;
5) perform other activities to ensure that society addresses health protection against harmful effects of tobacco use.

The problem incurred by implementation of legislation for tobacco control proved earlier to be rather complex problem. Elaboration of implementation of this Law and its consistent enforcement will probably be the biggest challenge for the forthcoming period. We should not neglect civilisation challenge, since the world already considers tobacco and we must not disregard it.

Montenegro has several existing Counselling Centres or Centres for giving up smoking and it has been established by NGO sector.

Rising need to discuss the overall tobacco problem imposes a obligation for National Commission for Tobacco Control. They have to collect contemporary scientific and professional medical experiences and knowledge, world-wide, regionally and locally, as well as planning and education of professional healthcare workers.

2. STRATEGY FOR TOBACCO CONTROL

2.1. Fundamental concept;

2.2. Objectives of the Strategy and target groups;

2.3. Leading principles;

2.4. Identification of priorities;

2.5. Activities;

2.6. Institutional framework – Subjects on which strategic approach is based;

2.7. Timeframe;

2.8. Funding;

2.9. Implementing - Action plan of Strategy for tabacco control;

2.10. Monitoring and evaluation.

Activities implemented in respect of tobacco control in Montenegro have not been based on comprehensive strategic approach and have not been an integral part of the designed set of activities. Rising of awareness of society about harmful effects of tobacco use, as well as public healthcare policy in the world and here imposed a need to have comprehensive, designed, organized and planned activities for tobacco control, designed by the relevant state bodies. This defined the need to develop Strategy and Action Plan for tobacco control.

2.1. Fundamental concepts of the Strategy

The Strategy derives from international and state legal documents, acts and agreements which the Republic of Montenegro accepts, respects and consistently implements, which makes it an active and respectable member of the world community.

- Warsaw Declaration on tobacco-free Europe from February 17, 2002;
- Framework Convention on tobacco control of the World Health Organization, adopted on May 21, 2003 on the 56th Session of the World Health Organization;
- Improved principles of the European Strategy for Tobacco control WHO;
- Law on limited tobacco use in the Republic of Montenegro;
- Tabacco law use in the Republic of Montenegro.
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Multidisciplinary and inter-sectoral approach has been applied for development and adoption of these documents and the Strategy should be in the same spirit.

2.2. Objectives of the Strategy

The objective of this Strategy is to protect present and future generations from health and economic consequences of tobacco use and exposure to smoke, developing this way a frame for measures for tobacco control which the Republic of Montenegro shall apply on national, regional and international level to continuously and significantly reduce tobacco use and exposure to smoke.

The basic objective of the Strategy is development of comprehensive, multi-sectoral policy which should ensure implementation of the following objectives:

1. Reduction of incidence (especially among young people) and prevalence of smoking among adult population;
2. Creating life and working environment free of tobacco smoke and in line with the concept of Montenegro as an ecologic state;
3. Removal of existing consequences of long and high tobacco consumption in complex health (treatment of existing diseases).

2.3. Lead principles of the Strategy

The concept of the Strategy is based on the fundamental assumptions of Warsaw Declaration, in compliance with the principles of European Strategy for tobacco control:

- Ensure that population is used to non-smoking as a normative (socially acceptable model of behaviour);
- Natural right of every citizen to have fresh air, because everyone and especially children and young have the right to be protected from influences of "second-hand" smoking
- Protection of environment and rights of citizens to live in healthy environment;
- The need to create conditions for stable reduction of the number of smokers and smoking as a risky model of behaviour;
- Smokers have the right to have adequate treatment in the process of quitting smoking through healthcare system;
- Activities identified by the Plan for the implementation of Strategy are programmed for groups which are sensitive to harmful effects of smoking, population groups with explicit tendency towards increase of smoking and diseases that occur as complications caused by smoking, groups which are currently or permanently in difficult socio-economic situation, marginalized population groups, socially isolated groups, and others.

2.4. Identification of strategic priorities

The Strategy emphasize the need to monitor characteristics and trends of epidemic of smoking to enable collection of data and stress the significance of analysing them, as a basic prerequisite for control of this form of addiction. In order to provide realistic information to population and present a clear picture of occurrence and consequences of smoking, it is necessary to work on education of all population in this respect (respect of negative effect of smoking, quitting smoking and treatment of addicts).

National Strategy focuses interventions to priority areas with the objective to ensure the highest effect in respect of tobacco control and protection of population health at the best economic effects.

The Strategy identifies the following priorities for action:

- Designing measures for quitting smoking (quitting, treatment, etc.), promotion of healthy lifestyles, informing public about significance of environment protection;
- Monitoring, assessments and reporting on tobacco use;
- Permanent production and diveloping of capacity in field of tabacco controle;

- International cooperation-signing; cooperation on regional level; establishment of new partnerships in the region and around the world, exchange of information, technical cooperation and other forms of networking;
- Implementation of measures which align behaviour of healthcare workers with WHO Codex;
- Improved treatment of those who suffer smoking induced diseases.

2.5. Activities for implementation of the Strategy

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- Defining measures and activities for promoting healthy lifestyles;
- Defining measures and activities which would result in reduced incidence and prevalence of smoking for population, especially among children and young people, then women, as well as other vulnerable categories;
- Defining effective child-cantered programmes for prevention of smoking in elementary schools;
- Defining measures and activities which would result in reduced exposure to tobacco influence for all population groups, and especially children and adolescents, and diseased;
- Defining measures and activities to reduce mortality and morbidity rate in respect of smoking-induced diseases, which would contribute preservation and improvement of population's health;
- Coordination and cooperation among experts in institutions and NGOs in tobacco control;
- Researches to find out how wide-spread is smoking, including negative effects of smoking on population of Montenegro, in population groups for which we do not have data on prevalence of smoking (prevention of smoking for healthcare workers and others) and providing information on regular basis about movements in epidemiology of smoking and smoking-induced diseases. This makes cooperation with media very important;
- Ensure availability of information for all the relevant aspects of protection against smoking.

2.6. Institutional Framework

Bodies responsible for designing and implementing the Strategy

The National Commision for Tabacco Control will be organized by the Ministry of Health and main jub for them is to observe the effects in state politic in this area. The Netional Commision will chaired by the Minister of Health. The National Commision for Tabacco Control, like special advicing particle in the Government, will take the main mission: coordination of all subject in tabacco control.

- The primary tasks for National Commision is to develop Strategy and Action Plan, as well as promotion of these documents, then supporting implementation of the Law on TC and its promotion, continuous monitoring implementation of activities identified by the Plan, Evaluation, amendment of the Action Plan, and other activities in respect to tobacco control.
- Institute for Public Health pursues implementation of the programme and project for promotion of health and prevention of tobacco addiction, as well as smoking-induced diseases, controls the content of chemical substances in cigarettes in compliance with the Law.
- The obligation of Institute:

- Follow up on modern scientific theoretical findings in regards to tobacco;
- Monitor, process and publish data on frequency of tobacco use in the Republic of Montenegro;
- Follow up on the world trends for tobacco control, international agreements and responsibilities of the Republic of Montenegro;

- Design, propose, implement, monitor implementation and evaluation of measures taken in respect of education of communities (especially sensitive groups) on various aspects of TC, prevention of smoking, as well as following up on theoretical and practical ways to treat nicotine addiction;
- Initiate in creating of network of centres against smoking in the Republic of Montenegro;
- Create cultural conditions for population to get used to non-smoking as a normative and the right of all citizens to have fresh air and modification of behaviour in this respect.

Management Boards and responsible individuals of Medical Institutions and Health Funds, who treat smoking-induced diseases, are responsible for:

- Monitoring treatment costs because of frequent diseases and peculiar smokers;
- Monitoring education of healthcare workers in this respect;
- Monitoring behaviour of employees, education, corrections and sanctioning of inadequate behaviour towards tobacco control.

Healthcare workers have special role in tobacco control. Planning of public healthcare activities should involve training of specific therapists who will use modern assets (change of behaviour and pharmacotherapy) to help beneficiaries of their services, healthy and diseased people to quit smoking.

It is necessary to establish Centres for Clinical treatment of smoking within the healthcare system of the Republic of Montenegro and plan the work of Counselling Centre for treatment of smoking on as many locations as possible as a part of healthcare institutions. It is necessary that all the healthcare workers are acquainted with Codex of Work of healthcare workers WHO, which defines the attitude of medical profession in tobacco control and to consistently apply instructions.

Monitoring of implementation and evaluation of measures aggenst TC should be included in programs for Medical Faculties, higher and secondary medical schools.

Other social communities involved in the tobacco control process:

- NGOs, especially the ones with ecologic and health focus, and various associations of citizens;
- Media which are expected to provide assistance in distribution of information (electronic, hard copy) and modelling public opinion apt to non-smoking models of behaviour;
- Economy and financial organizations;
- Education, sports and cultural institutions which influence creation of adequate social and cultural non-smoking awareness;
- Other healthcare and medical institutions not primarily involved in the programme.

This organization will assamble all individuals and various social groups to influence and promote an activities for tabacco control, through:

- Supports rising of awareness on harmful effects of tobacco;
- Influences promotion of healthy models of behaviour, especially among younger population focused on prevention of smoking;
- Protection of non-smokers through propaganda, reduction of passive smoking (ex. Project »Smoke-free zones«, recording, emphasizing negative examples but also stimulating positive ones);
- Providing support and organizing programmes for quitting smoking based on cooperation with public health and medical institutions;
- Initiatives focused on ratification of laws in this respect;
- Providing support to strategic and programme solutions on national level;
- Provide funds for researches and implementation of activities related to TC through donor activities and other forms of raising funds;

- Organizing ecological non-smoking patrols, monitoring behaviour, identify, record and propose manners to overcome inadequate occurrences;
- Fighting for human and civil rights in this area;
- Involvement in international associations for addressing these issues.

2.7. Timeframe

The Action Plan has been developed for the period 2005 – 2007.

2.8. Funding activities specified by Action Plan

Activities from the Action Plan shall be funded, mostly, from the budget of the Republic and the part of the budget will patronaged by institution incharge for that activities. This institutions have to include in there budgets costs for implementation activates of tobacco control. Besides, a part of funds will be raised through international donations addressing this problem.

2.9. Implementation

National Commission for Tobacco Control is responsible for development of Action Plan for implementation of activities, monitoring and evaluation obtain datas.

2.10. Monitoring and Evaluation

In order to monitor progress in implementation of the identified objectives, it is necessary to define indicators for this purpose. The basic indicators are:

- Prevalence of smoking by population groups;
- Number of smoke-free locations;
- Number of smoke-free institutions;
- Number of locations used for the purpose of helping people to quit smoking;
- Institutions established to support tobacco control process;
- Number of programmes designed for promoting non-smoking;
    - Number of advertisements and messages promoting tobacco products.