Austria's anti-smoking strategies

Country: Austria
Partner Institute: Institute for Advanced Studies (IHS), Vienna
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Health Policy Issues: Public Health, Prevention

Current Process Stages

| Idea | Pilot | Policy Paper | Legislation | Implementation | Evaluation | Change |

Featured in half-yearly report: Health Policy Developments 7/8

1. Abstract

The Austrian government passed two amendments to the Austrian Tobacco Act in the last two years. In combination with various other initiatives, this adds to efforts aiming at a reduction of the number of smokers and at further protecting non-smokers.

2. Purpose of health policy or idea

The purpose of Austrian anti-smoking strategies is to reduce health problems directly associated with smoking and with non-voluntary passive smoking. This shall be achieved through

- Reducing smoking prevalence and incidence and
- increasing protection of non-smokers in public areas

This required the amendment of the Austrian tobacco legislation to the latest EU regulation on tobacco marketing and product ingredients.

In accordance with the European Network for Smoking Prevention and the WHO Framework Convention on Tobacco Control, the Austrian government identified the following areas as priority areas to take action:

- Price and taxation policy: The tax on tobacco products has been increased by the Austrian government several times, for the last time in 2005 by 18 Cent per pack. In May 2006 a minimum price on cigarettes of 3.25 Euro per pack has been introduced.

- Smoking bans in public places: A general smoking ban in public buildings has been introduced. Smoking in workplaces, where smokers and non-smokers are not seperated, has been forbidden. Restaurants with a specified size have to create non-smoking areas.

- Advertising ban: In accordance with the EU tobacco advertising directive, tobacco advertising has been mostly prohibited. Billboard advertising will be banned as of January 1, 2007.

- Information campaigns: Various health education campaigns offering information for smokers have been started.

- Help for smokers who wish to quit: In cooperation with social security funds, programs, helping smokers to quit, have been established.
Main objectives

- Reduction of the prevalence of smoking
- Reduction of the incidence of smoking
- Protection of non-smokers
- Reduction of health costs associated with smoking
- Adaptation of the Austrian tobacco legislation to EU regulations

Type of incentives

- Negative financial incentives for smokers through higher tobacco tax and a minimum price on tobacco products.
- Non-compliance with the obligatory notification of non-smoking areas will be fined with up to 720 Euro as of January 1, 2007.
- Free assistance for smokers who want to quit.

Groups affected
Smokers and non-smokers, local government, tobacco industry

3. Characteristics of this policy

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Degree of Innovation</th>
<th>Degree of Controversy</th>
<th>Structural or Systemic Impact</th>
<th>Public Visibility</th>
<th>Transferability</th>
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<tbody>
<tr>
<td></td>
<td>traditional</td>
<td>consensual</td>
<td>marginal</td>
<td>very low</td>
<td>strongly system-dependent</td>
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<tr>
<td></td>
<td>innovative</td>
<td>highly controversial</td>
<td>fundamental</td>
<td>very high</td>
<td>system-neutral</td>
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While Austria's governance structure in the health sector often requires cooperation between social security and federal states, e.g. in the hospital sector, co-operative initiatives in the area of health promotion are rather rare. In this context we rate the establishment of an Austrian-wide telephone counselling for people wishing to quit smoking as rather innovative - it is a cooperative initiative bringing together federal states and sickness funds. However, only further developments in these areas may confirm the true degree of innovation. Legislation as put forth in the Austrian Tobacco Act is only moderately system-dependent and reflects to a large degree EU legislation in this area and to some degree compliance with WHO recommendations. As long as no radical smoking bans in restaurants will be put in place public visibility remains probably low. Further, it will depend on the degree to which telephone counselling will be picked up by people. This in turn would require evaluations in this area. No measures for evaluation seem to be foreseen, however.
4. Political and economic background

Several possible reasons for the adjustment of anti-smoking strategies in recent years can be identified:

- Smoking is the **main cause of preventable diseases** in Austria. Prevalence figures for people smoking regularly diverge between various sources. According to the "European Health for All Database" (HFA-DB), 29 % of the Austrian population smoked regularly in 2004 (Hofmarcher, Rack 2006), whereas the Austrian Federal Ministry for Health and Women reported 38 % smokers. If people smoking at least once a month were also taken into account, prevalence rises to 47 % for Austrian women and 48 % for Austrian men (BMGF 2004). While the prevalence of smoking in men has been decreasing over the last years, it increased for women, keeping the number of smokers in Austria almost constant. Furthermore, the number of smoking juveniles has been rising over the past years. International literature shows that especially juvenile smokers react highly price-responsive to an increase in cigarette prices (ENSP 2004).

- The Federation of Austrian Social Security Institutions estimated **annual direct and indirect health costs attributable to smoking** to be in the order of about 2 billion Euros. This corresponds to approximately 0,8 percent of GDP in 2004.

- In the context of the 2005 health reform (see surveys (6) 2005 and (4)2004), the Austrian government **identified health promotion as one main area of action**. Anti-smoking strategies constitute one part of broader policy goals aiming at reducing cancer, cardio-vascular diseases and diseases of the respiratory tract.

- The **discussion of anti-smoking strategies in other European countries** (Norway, Sweden, France, Italy) led to growing awareness of externalities caused by smoking and fueled discussions in the national media.

- The **EU tobacco advertising directive 2003/33/EC** and the **ratification of the WHO Framework Convention on Tobacco Control** (FCTC) made legal action necessary.

**Complies with**

EU regulations - Need to comply with EU tobacco advertising directive 2003/33/EC. Non-compliance would trigger an infringement procedure by the European Commission.

**Other**

**Change based on an overall national health policy statement**

Several government programs on health stated the need to promote health by preventing avoidable disease.

5. Purpose and process analysis

<table>
<thead>
<tr>
<th>Idea</th>
<th>Pilot</th>
<th>Policy Paper</th>
<th>Legislation</th>
<th>Implementation</th>
<th>Evaluation</th>
<th>Change</th>
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**Origins of health policy idea**
Until 1995 there were no statutory provisions dealing with health related aspects of smoking, although there existed private initiatives of physicians aiming at the implementation of such a law since the eighties. In addition, health promotion in the area of reducing smoking prevalence have been widely identified by scientific and conceptual work (www.univie.ac.at/ibimg/publikat.html, e.g Duer et al 2004 and Pelikan, et.al 2004).

1995 Austrian Tobacco Act

In 1995, the Austrian government passed for the first time a law, the Austrian Tobacco Act (BGBl. 431/1995), which introduced a number of legal restrictions on advertising tobacco products, a ban on smoking in public places and the definition of thresholds on cigarette ingredients. The Tobacco Act forms an essential part of Austrian anti-smoking legislation.

This law prohibits advertising tobacco to people under the age of 30. Advertisements for tobacco products near schools had also been banned. Furthermore, the law forbids the advertisement of tobacco products on TV and radio. A more comprehensive ban on advertising was objected by the tobacco industry; hence advertising of tobacco products on billboards, in newspapers and in cinema remained permitted.

The Austrian Tobacco Act had forbidden smoking in schools and universities. The original intention of the Tobacco Law was to prohibit smoking in all school areas, but after opposition from the teachers union the ban has been restricted to areas within school buildings that are open to the public, and allowed individual regulations varying from school to school. Therefore, only small changes are observed compared to the status quo before the introduction of the ban.

The Tobacco Act provided a ban on smoking in public buildings, with the exception of rooms especially designated as smoking areas. The same applied for public transport facilities. Compliance with these regulations proved to be deficient due to a lack of sanctions.

Adaptation to EU directives

The Austrian Tobacco Act was amended in 2001 (BGBl. 98/2001) and in 2003 (BGBl. 74/2003) to keep Austrian legislation in line with EU directives (2001/37/EG) concerning, among other things, the labelling of tobacco products and new thresholds on ingredients.

Tightening anti-smoking legislation

In the context of the Austrian Health Reform 2005, an important amendment to the Austrian Tobacco Act was passed in December 2004, becoming operative on January 1, 2005. This amendment stipulates a ban on smoking in all public places (although many exceptions to this ban exist), a general ban of advertisement for tobacco products with the exception of billboards and advertisement in cinemas (legal until January 1, 2007) and the obligatory signposting of places where smoking is forbidden. As of January 1, 2007, refraining from correctly signposting non-smoking-areas will be sanctioned (see above).

Ratification of WHO Framework Convention on Tobacco Control

In September 2005 the Austrian government ratified the WHO Framework Convention on Tobacco Control (FCTC). The FCTC took effect in December 2005.

Introduction of a minimum price for tobacco products and a telephone hotline

In March 2006, the Austrian government passed another amendment (BGBl. 47/2006) to the Austrian Tobacco Act, introducing a minimum price for cigarettes and other tobacco products.

Further, in May 2006 an Austrian-wide telephone counselling for people willing to quit smoking was launched. Smokers or relatives seeking advice can call at equal toll from the whole of Austria. With this initiative Austria became a member of the European Network of Quitlines, an European-wide network of now 27 countries. Founded in 2000 and funded by the European Commission's “European Network for Smoking Prevention” this network aims at exchanging management information and best practice in telephone counselling of smokers. Motivated by agreements with member states put fourth by WHO to contain smoking, the goal of the Austrian initiative is to assure easy access to counselling provided by certified psychologists every working day from 3 pm to 6 pm. The telephone service is a joint initiative of social security and most federal states. Using funds from cigarette tax revenues,
investment costs are borne by sickness funds; current cost will be shared between sickness funds and federal states.

**Initiators of idea/main actors**
- Government
- Providers
- Private Sector or Industry
- International Organisations
- Others

**Approach of idea**

The approach of the idea is described as: renewed: amended: Several amendments to the Austrian Tobacco Act (BGBl. 431/1995)

**Stakeholder positions**

Although unanimity throughout the relevant stakeholders about the necessity of anti-smoking policies can be observed, opinions on the right strategies and tools differ. Especially the minimum price introduced in May 2006 is widely discussed.

- The **European Commission** strongly opposes the minimum price recently introduced and announced that it will open an infringement procedure against Austria. The Commission fears that the minimum price distorts competition and impairs the right of producers to determine selling prices.
- The **Austrian Socialdemocratic Party** criticises the introduction of the minimum price as a wrong signal, which is against EU-legislation. The Socialdemocratic Party would prefer a minimum-tax on tobacco products combined with minimum margins for tobacconists. Additional revenues from this tax should be earmarked for health prevention. In this context claims are often being made that cigarette tax revenues earmarked for health are much lower than expected because of increased smuggling. Furthermore, the Socialdemocratic Party requests an evaluation of measures set by the government to protect non-smokers in bars and restaurants.
- The **Greens** backed the government introduction of the minimum price on tobacco products, but they see the steps taken by the government as not far-reaching enough. They would like to see more protection of non-smoking employees, especially in the hotel and restaurant industry.
- The **Austrian Freedom Party** criticises the introduction of the minimum price as a “gift to the tobacco industry” which would lead to an increase of trade in black markets. The Freedom Party would prefer earmarking the cigarette tax to the health sector over a minimum price and further efforts in smoking prevention.
- The **Austrian chamber of doctors** welcomed the introduction of the minimum price but sees the measures taken by the government as being not sufficient. It misses further steps like a complete ban of smoking in bars and restaurants. In May 2006 the Austrian chamber of doctors joined the WHO code of practice of tobacco control for health professional organisations and announced to increase further training of doctors in the field of nicotine withdrawal.
- The **Federation of Austrian Social Security Institutions** acclaims the introduction of the minimum price and the amendment to the Tobacco Act in 2005. Nevertheless, the association sees the necessity to further discuss anti-smoking strategies.
- **Representatives of Austria Tabakand British American Tobacco** see the introduction of the minimum price as an illegal measure against open competition. Furthermore, they believe that trade in black markets will increase and will offset the positive effects of the minimum price.

- **Tobacconists** are satisfied with the introduction of the minimum price and believe that price measures are more effective to reduce the number of juvenile smokers than smoking bans.

- The **Austrian Chamber of Commerce** opposes an obligatory smoking ban in bars and restaurants. In a voluntary agreement with the Ministry of Health the Chamber committed itself to make sure that restaurant owners create smoke-free areas in sites with more than 75 square meters. In these sites, 40 percent of places have to be made smoke-free. It responded to claims by the Austrian Chamber of Doctors by saying that the Chamber shall make efforts to reduce smoking prevalence in the medical profession first before requesting a complete smoking ban in bars and restaurants.

- The 2006 agreement between the Ministry of Health and Women and the **Austrian network of health promoting hospitals** contains for the first time provisions for smoke-free hospitals. In this context a cooperation was established with the European Network of Smoke Free Hospitals and Maternity Services.

### Actors and positions

**Description of actors and their positions**

<table>
<thead>
<tr>
<th>Actors and influence</th>
<th>Description</th>
<th>Government</th>
<th>Providers</th>
<th>Private Sector or Industry</th>
<th>International Organisations</th>
<th>Tobacconists</th>
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<tr>
<td><strong>Government</strong></td>
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<td>strongly opposed</td>
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<td>Federation of Austrian Social Security Institutions</td>
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<td>Private Sector or Industry</td>
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<tr>
<td>Tobacco Industry</td>
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<tbody>
<tr>
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<td>Federation of Austrian Social Security Institutions</td>
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Currently there is no system in place to systematically monitor the effects of the various anti-smoking policies. The Federal Ministry of Health and Women announced to evaluate the smoking ban in public buildings until 2007 and it is planned that the introduction of the 40%-rule (40% of all seats in restaurants of no less than 75 square meters have to be smoke free) will be evaluated in 2007.

6. Expected outcome

As in many health policy areas Austria has also been a late-starter with her anti-smoking strategies. However, issues of prevention and health promotion received a lot of attention in recent policy discussions. New rules for preventive health check ups (see survey (6) 2005) and current amendments to the Austrian Tobacco Act reflect this. Legislation based on the 2005 health reform (see survey (4) 2004) stipulates that revenues from cigarette tax
increases will be transferred to the Federation of Social Security Institutions. There a fund has to be created and initiatives of health promotion have to be coordinated. The establishment of the telephone counselling is the first project launched under this umbrella.

The cooperation with federal states in this matter is promising as also federal states receive cigarette tax revenues to help financing hospitals (see Hofmarcher, Rack 2006). Legislation also stipulates that the state level health platforms have tasks in health promotion and health prevention. However, it is not yet clear if the estimated amount of tax revenues that is needed to set up and to run anti-smoking programs will be sufficient as concerns have been raised that revenues fall short because of increased smuggling in this area. However, figures provided vary widely and do not seem to be very reliable.

Nevertheless institutionalised cooperation between sickness funds and federal states in matters of health promotion and prevention are promising to achieve goals as elaborated in policy statements and in the Austrian Tobacco legislation. This is the more likely as current proposals for a health reform after the October 2006 election seem to emphasise further measures in health promotion and prevention.

However, it is not expected that complete smoking bans in restaurants and bars will become mandatory in the short-run.

It is likely that minimum prices for cigarettes will be discussed and policy is probably changing toward setting minimum taxes for cigarettes and minimum margins for tobacconists.

<table>
<thead>
<tr>
<th>Quality of Health Care Services</th>
<th>marginal</th>
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</tr>
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<tbody>
<tr>
<td>Level of Equity</td>
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<td>system more equitable</td>
</tr>
<tr>
<td>Cost Efficiency</td>
<td>very low</td>
<td>very high</td>
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</tbody>
</table>

Minimum prices for cigarettes certainly affect low-income households most. While this measure is probably effective to reduce the incidence of smoking among younger people it may equally aggravate social inequalities unless health promotion is able to target disadvantaged groups and to reduce smoking prevalence in vulnerable groups. To date no studies about the impact of health promotion strategies on the health behaviour of socio-economic groups are available in Austria.

In the short-term the impact on cost-efficiency may be low. This probably will change when the smoking prevalence and incidence is visibly reduced. However, increased life spans may well raise health expenditure at the end of life regardless of the impact of health behaviour earlier in life.

7. References

Sources of Information


- Various press releases

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