

TOBACCO CONTROL FACT SHEET

Albania

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 Albania (1), premature deaths attributable to smoking are projected to be as high as 399 000 of the 798 000 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 (%)			Projected premature deaths of current smokers (n)					
Male	Female	Total	Male ^a	Female ^a	Total ^a	Male ^b	Female ^b	Total ^b
58.8	11.5	797 840	332 220	66 700	398 920	215 943	43 355	259 298

^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.

Source: Ross et al (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:

- 24.5% by increasing excise cigarette taxes from its current level of 45% to 75% and prevent much youth smoking;
- 6.3% by increasing from a low-level to a high-level mass media campaign;
- 4.4% by increasing from minimal provision to a well-publicized and comprehensive tobacco cessation policy;
- 3% by requiring strong, graphic health warnings added to tobacco products;
- 3% by banning most forms of direct and indirect advertising to have a comprehensive ban on advertising, promotion and sponsorship that includes enforcement; and
- 2.8% with stronger enforcement of the comprehensive smoke-free laws already in place.

With this stronger set of policies and consistent with the WHO FCTC (2), smoking prevalence can be reduced by 28% within 5 years, by 38% within 15 years and by 47% within 40 years. More than 187 000 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 ^a	Female ^a	Total ^a	Male ^b	Female ^b	Total ^b
Protect through smoke-free laws	–2.4	–3.0	23 856	9 934	1 994	11 928	6 457	1 296	7 753
Offer tobacco cessation services	–2.5	–6.3	50 015	20 826	4 181	25 007	13 537	2 718	16 255
Mass media campaigns	–5.5	–6.6	52 657	21 927	4 402	26 329	14 253	2 861	17 114
Warnings on cigarette packages	–2.0	–4.0	31 914	13 289	2 668	15 957	8 638	1 734	10 372
Enforce marketing restrictions	–2.5	–3.3	25 930	10 797	2 168	12 965	7 018	1 409	8 427
Raise cigarette taxes	–16.4	–32.7	261 129	108 734	21 831	130 565	70 677	14 190	84 867
Combined policies	–28.1	–46.9	374 480	155 933	31 307	187 240	101 357	20 349	121 706

^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 current adult smokers (18 years and older) was 34.9% in 2007 (men: 58.8%; women: 11.5%) (1).

→ Protect people from tobacco smoke

All enclosed public places in Albania are completely smoke free (Table 3). Smoking violations consist of fines on the establishment and the patron. However, no funds are dedicated for enforcement, and no system is in place for citizen complaints and further investigations (4).

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: WHO (4).

✓ = completely smoke-free.

→ Offer help to quit tobacco use

Smoking cessation services are available of which some are cost-covered, but Albania only provides cessation support in some health clinics or other primary care facilities. No toll-free quit line or nicotine replacement therapy is available (4).

→ Warn about the dangers of tobacco

Health warnings are legally mandated to cover 50% of the front and 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 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 (4).

Total tobacco control expenditures, which may include mass media campaign expenditures, amount to US\$ 20 025 in Albania, which is less than US\$ 0.05 per capita and is, therefore, classified as a low level of funding (4).

→ Enforce bans on tobacco advertising, promotion and sponsorship

Albania has a ban, through a law adopted in 2006 and amended in 2013 (5), on most forms of direct and indirect advertising (Table 4). The law requires fines for violations of these direct and indirect advertising bans (4).

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 (4).

✓ = banned; ✗ = not banned.

Albania 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 (4).

→ Raise taxes on tobacco

In Albania, a pack of cigarettes costs 200 ALL¹ (US\$ 1.93), of which 64.08% is tax (16.67% is value added and 45.0% is excise taxes) (4).

¹ 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 (6).

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* (4).

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References²

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² Websites accessed on 19 February 2016.