

TOBACCO CONTROL FACT SHEET

Georgia

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 Georgia (1), premature deaths attributable to smoking are projected to be as high as 458 000 of the 916 000 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 (%)		Smokers (n)	Projected premature deaths of current smokers (n)			
Male	Female	Total	Male ^a	Female ^a	Total ^a	Total ^b
55.5	4.8	915 600	417 000	40 800	457 800	297 570

^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: WHO (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:

- 27% by increasing excise cigarette taxes from the current level of 34.09% to 75% and prevent much smoking among young people;
- 6.2% with more comprehensive smoke-free laws and stronger enforcement;
- 12% by banning most forms of direct and indirect advertising to create a comprehensive ban on advertising, promotion and sponsorship with enforcement;
- 9% by requiring that strong graphic health warnings be added to tobacco products;
- 3.2% by increasing from moderate provision to a well publicized and comprehensive tobacco-cessation policy; and
- 7.5% by increasing from a low- to high-level media campaign.

With this stronger set of policies and consistent with the WHO FCTC (2), smoking prevalence can be reduced by 40% within five years, 51% within 15 years and 60% within 40 years. Almost 275 000 deaths could be averted in the long term (Table 2). The SimSmoke tobacco control model (3) incorporates synergies in implementing multiple policies (such as strong media campaigns 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 smoking-attributable deaths in 40 years (n)			
	5 years	15 years	40 years	Male ^a	Female ^a	Total ^a	Total ^b
Protect through smoke-free laws	–5.4	–6.2	–6.8	28 271	2 766	31 037	20 174
Offer tobacco-cessation services	–1.8	–3.2	–4.5	18 872	1 847	20 719	13 467
Mass media campaigns	–6.5	–7.5	–7.8	32 526	3 182	35 708	23 210
Warnings on cigarette packages	–6.0	–9.0	–12.0	50 040	4 896	54 936	35 708
Enforce marketing restrictions	–10.0	–12.0	–13.0	54 210	5 304	59 514	38 684
Raise cigarette taxes	–18.2	–27.3	–36.3	151 554	14 828	166 382	108 148
Combined policies	–39.9	–51.1	–60.0	250 234	24 483	274 718	178 567

^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 (18–64 years) in Georgia in 2010 was 30.3% (men: 55.5%; women: 4.8%) (1).

→ Protect people from tobacco smoke

Health-care and education facilities (including universities) are completely smoke-free in Georgia (Table 3). Smoking violations incur fines for the establishment and patron, but no funds are dedicated to 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 and workplaces	Restaurants	Cafes, pubs and bars	Public transport	All other indoor public places
✓	✓	✓	✗	✗	✗	✗	✗	✗

Source: WHO (4).

✓ = completely smoke-free. ✗ = not completely smoke-free.

→ Offer help to quit tobacco use

Smoking-cessation services are available in some health clinics and other primary care facilities, with costs partially covered by the national health service or national health insurance. Nicotine replacement therapy is not available, but varenicline is sold legally in Georgia and can be purchased in a pharmacy without a prescription; the cost of this product is not covered. A toll-free quit line is available (4).

→ Warn about the dangers of tobacco

Health warnings are legally mandated to cover 30% of the front and rear of the principal display area, with 12 such warnings approved by law. They appear on each package and any outside packaging and labelling used in retail sale and describe the harmful effects of tobacco use on health. The law also mandates font size/style and colour for package warnings. The position of health warnings on packages rotates and the messages are written in the principal language(s) of the country. Pictorial warnings on packages are optional, not mandatory (4).

→ Enforce bans on tobacco advertising, promotion and sponsorship

Through laws on advertising (adopted in 1998 and amended in 2008) and tobacco control (adopted in 2010) (5), Georgia has bans in place on some forms of direct and indirect advertising (Table 4). The law does not require fines for violations of these 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 the Internet	✗	Tobacco products display at point of sale	✗

Source: WHO (4).

✓ = banned. ✗ = not banned.

Additionally, Georgia has:

- bans on tobacco companies/tobacco industry publicizing their activities; and
- bans on entities other than tobacco companies/tobacco industry publicizing activities of the tobacco companies (4).

It does not, however, have:

- bans on tobacco companies funding or making contributions (including in-kind contributions) to smoking-prevention media campaigns, including those directed at young people; 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

A pack of cigarettes in Georgia costs 2.20 GEL¹ (US\$ 1.26), of which 49.35% is tax (15.25% is value-added tax and 34.09% 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 second-hand smoke through stronger smoke-free 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).

Data on smoking prevalence among adults for the SimSmoke model were taken from the most recent nationally representative survey covering a wide age range; data on tobacco control policies were taken from the 2015 WHO report on the global tobacco epidemic (4).

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References

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