

Euro  
Health  
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European partnership for  
health, equity & wellbeing

# EuroHealthNet Country Exchange Visit

Curbing the consumption of tobacco and nicotine-based products in Europe: What works?

Host: The National Center for Public Health and Pharmacy in Hungary  
20-21 November 2024, Budapest



On 20-21 November 2024, EuroHealthNet, in collaboration with its member, the National Center for Public Health and Pharmacy ([NNGYK](#)) in Hungary, organised a Country Exchange Visit (CEV) in Budapest. This event provided a platform for experts and public health professionals across Europe to exchange insights and strategies for reducing tobacco and nicotine consumption. The focus was on identifying effective policies and practices while addressing the challenges countries face in this domain.

Attendees learned about Hungary's multifaceted approaches to tobacco and nicotine control. They also visited a Health Promotion Office in Budapest and a Penitentiary Centre, which showcased dependence treatment programmes in diverse settings. This report provides an overview of the presentations, activities, and discussions that occurred during the visit and aims to highlight key takeaways and next steps.

The meeting was moderated by Anne Wagenführ-Leroy, Programme Manager at EuroHealthNet, and Silvia Ganzerla, Policy Manager at EuroHealthNet. Eleven EuroHealthNet member organisations and 15 guest experts took part in the meeting. (See Annex 1 for the list of participants).

EuroHealthNet extends its gratitude to the NNGYK, particularly Péter Csizmadia and Zsofia Kimmel, as well as the Hungarian Presidency of the Council of the European Union, who warmly welcomed and hosted us in Budapest.

The visit falls within EuroHealthNet's contract agreement with the European Commission's Directorate-General Employment, Social Affairs and Inclusion programme of the European Social Fund Plus (ESF+).



Country Exchange Visit participants on 20 November 2024

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# Welcome

The event started with a warm welcome from [Dr Gábor Szászvai-Papp](#) (Head of Unit of Focal Points, Department of Public Health, the Hungarian Ministry of Interior). He highlighted Hungary's achievements in aligning with and exceeding international tobacco control standards.

This included ratification of the WHO Framework Convention on Tobacco Control ([FCTC](#)) in 2005 and subsequent legislative milestones such as the 2013 amendment to the Protection of Non-smokers Acts, stricter sales regulations for minors, excise taxes in line with EU directives, and a significant reduction in the number of retail outlets. These efforts, coupled with prevention and cessation campaigns targeting both traditional tobacco products and electronic cigarettes (e-cigarettes), reflect Hungary's dedication to comprehensive tobacco control.

Consequently, Anne Wagenführ-Leroyer and Silvia Ganzerla from EuroHealthNet welcomed the experts and thanked NNGYK, particularly Péter Csizmadia and Zsafia Kimmel, as well as the Hungarian Presidency of the Council of the European Union, for hosting this important Country Exchange Visit on tobacco and nicotine-based products.

# 1 Public policies to reduce consumption of all forms of tobacco and novel nicotine products: Effectiveness and challenges across Europe

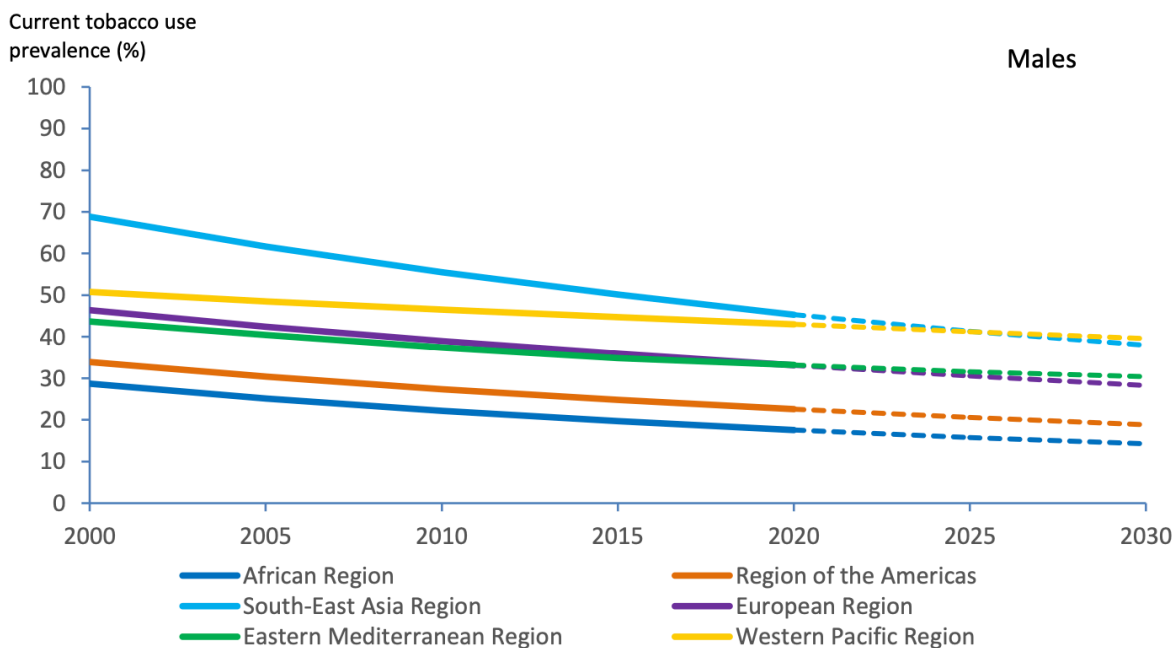
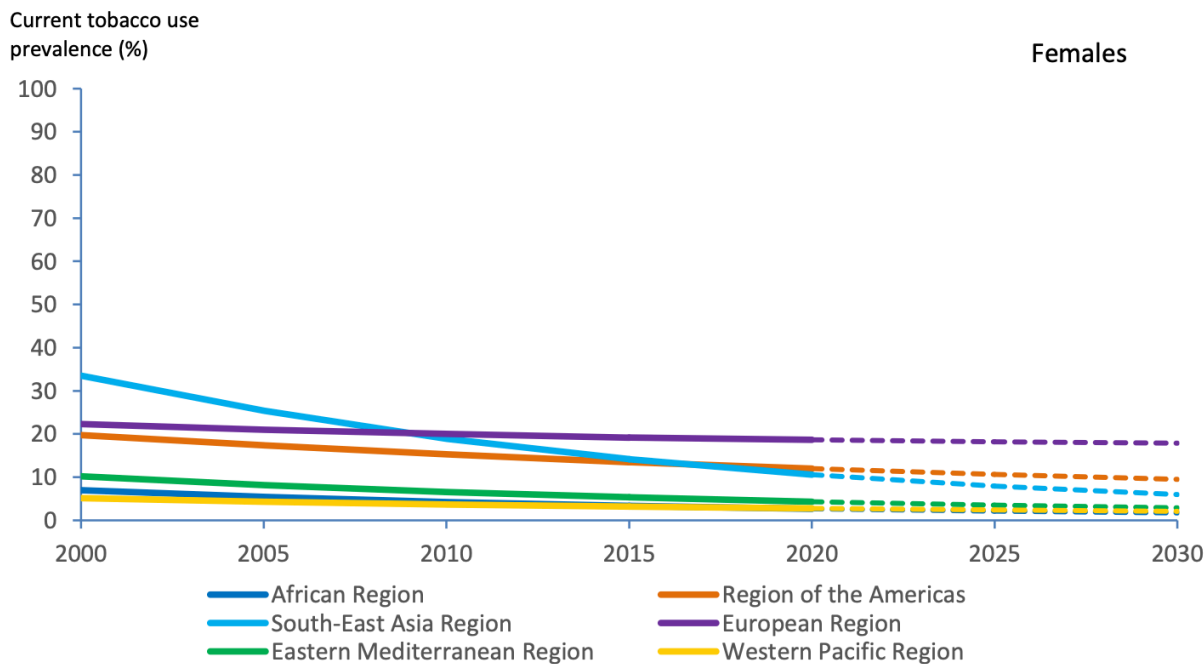
## 1.1 Setting the scene

*Dr Angela Ciobanu, Technical Officer at the WHO European Office for the Prevention and Control of Noncommunicable Diseases (online)*

Dr Ciobanu presented findings from the latest World Health Organisation (WHO) [report](#) on global tobacco trends that showed a clear global decline in tobacco consumption rates. However, she cautioned that at the current pace, the global community will require an additional four years beyond 2025 to meet the established target and achieve a 30% relative reduction.

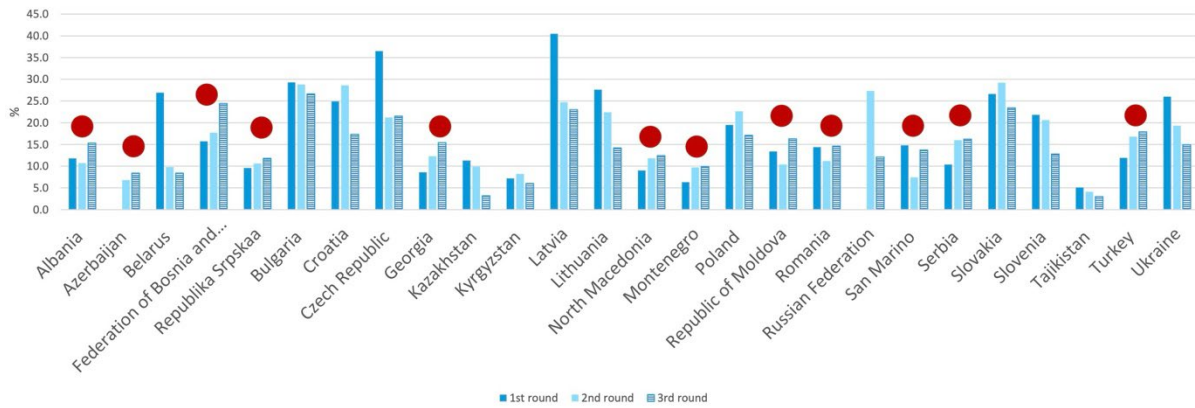
Significant differences were observed in regional trends. Southeast Asia, which had the highest prevalence of tobacco use in 2010, is projected to be surpassed by Europe by 2030 if current trends persist. Unless decisive action is taken, the European region will have the highest prevalence in the world.

Gender differences in tobacco use were also discussed. While there has been some decline in tobacco use globally among men, rates in women have largely stagnated, with no substantial decrease observed in many countries. This points to the need for targeted interventions to address gender-specific challenges.



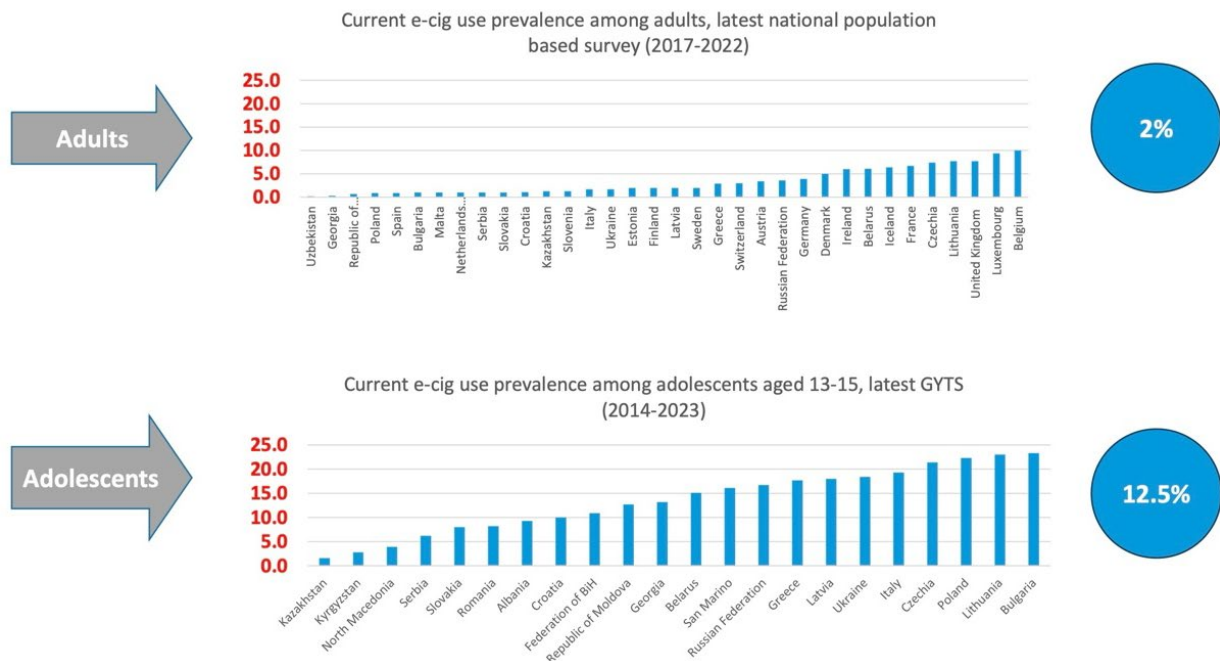
Trends in tobacco use among females and males aged 15 and older based on WHO region averages

Dr Ciobanu highlighted countries with the largest number of tobacco users in the European Region, including Russia, Turkey, France, Germany, Italy, Spain, Poland, and the UK. While overall prevalence has decreased by 17% between 2010 and 2025, some countries such as Slovakia, France, and Georgia have not made much progress. Concerning patterns were noted among youth: 12 out of 26 surveyed countries of the WHO European Region show no change or an increase in youth tobacco use among young people.



Prevalence of current tobacco use among students aged 13–15 years in 26 countries of the WHO European Region over time

The risk of novel tobacco products, such as e-cigarettes and heated tobacco products (HTPs), was a key point of focus. Among adolescents, the prevalence of e-cigarette use ranges from 15% to 25%, while for adults, the average prevalence is 2%. Notably, some age groups within adolescence report even higher usage rates, underscoring the growing popularity of these products among younger populations. While traditional smoking is decreasing among adolescents, the rise in e-cigarette use is leading to an overall increasing trend in youth smoking.



Current e-cigarette use in the WHO European Region among adults and adolescents

Dr Ciobanu outlined factors contributing to the stalled progress in tobacco control:

- Industry interference and the framing of harm reduction narratives by major tobacco companies.

- Weak or absent regulations for novel products, especially among younger populations.
- Insufficient resources and capacity for enforcement of existing regulations.
- Competing government priorities, including economic concerns and ongoing conflicts.

Despite these challenges, she emphasised the importance of building on successes and extending proven measures to address emerging issues. She cited [the Netherlands](#) as an example, where comprehensive implementation of the [WHO MPOWER](#) measures has resulted in a significant decline in tobacco use among adults.

Dr Ciobanu proposed key actions moving forward:

- 1. Leverage proven interventions.** Implement the WHO Framework Convention on Tobacco Control ([FCTC](#)) measures as a holistic package ensures full effectiveness in reducing tobacco use.
- 2. Adopt innovative strategies beyond FCTC.** Learn from countries that have pioneered advanced tobacco control strategies beyond the FCTC's core recommendations, such as bans on nicotine pouches or other endgame approaches.
- 3. Counteract industry influence.** Utilise [Article 5.3](#) of the FCTC as a tool to address and mitigate the power of the tobacco industry in shaping policies and public perceptions
- 4. De-normalise tobacco use and industry.** Strengthen and maintain consistent communication efforts. This includes reframing public narratives to highlight the harms caused by tobacco products and industry tactics.
- 5. Protect science** from tobacco industry interference by enforcing strict measures that prevent any collaboration or influence.
- 6. Strengthen collaboration.** Enhance partnerships and harness the collective power of communities, civil society organisations, and academia to create a unified front in advancing tobacco control.

## 1.2 Overview of the European policy agenda

*Cornel Radu-Loghin, Secretary General of the European Network for Smoking and Tobacco Prevention aisbl*

Mr Loghin began his presentation by providing an overview of the European Network for Smoking and Tobacco Prevention ([ENSP](#))'s history, achievements, and ongoing challenges in the context of [Europe's Beating Cancer Plan](#).



Established in 1997, ENSP was created in response to a European Council request that cancer organisations develop a tobacco control framework under a unified umbrella. Since 2010, ENSP has held observer status at the WHO-FCTC Conference of the Parties and became a Non-State Actor in official relations with WHO Europe in 2021.

ENSP aligns closely with the prevention pillar of Europe's Beating Cancer Plan, which aims for a 'tobacco-free generation' (less than 5% tobacco use prevalence) by 2040. However, progress has been hampered by limited action from the European Commission on key deliverables. While the Commission had initially developed a detailed roadmap with clear milestones, including revising the [EU Tobacco Taxation Directive](#) to align with FCTC guidelines, Mr Loghin highlighted that the roadmap was altered after progress stalled and key targets were missed. He expressed scepticism about significant progress in the EU in the coming years and therefore emphasised the importance of Member States driving tobacco control initiatives at the national level.



ENSP serves as a leading resource provider in tobacco control, maintaining a comprehensive database, publishing a [scientific journal](#), and disseminating information through newsletters and social media. It also developed evidence-based [Tobacco Dependence Treatment Guidelines](#), translated into 18 languages, and an e-learning [platform](#) for healthcare professionals, recognised as a best practice by the European Commission.

## Insights from discussions

- **Industry influence and gaps in EU leadership.** Concerns were raised about the lack of a dedicated tobacco control unit within the Commission and the pressure exerted by the tobacco industry, which has contributed to regulatory inertia.
- **National action vs. EU coordination.** There is a dire need for national-level initiatives in light of limited progress at EU level. Examples like Hungary and the Netherlands demonstrate how States can lead by exceeding EU directives.
- **Member State pressure.** The role of Member States in pushing for stronger EU-wide directives is notable.
- **Potential of the cardiovascular plan.** With limited progress in the past 4–5 years under Europe's Beating Cancer Plan, there is potential for the [Council Conclusions on Cardiovascular Diseases](#) (adopted in December 2024) to re-energise tobacco control efforts.
- **Value of Council recommendations vs. directives.** While acknowledging the importance of the recent European Commission's [Recommendation](#) on smoke-free environments, participants emphasised the need for legally binding directives to drive meaningful change.

## 1.3 The Policy and practice implementation landscape in Hungary

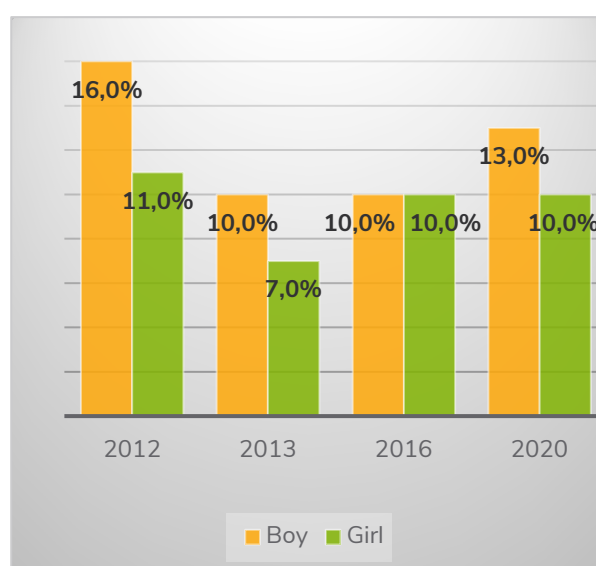
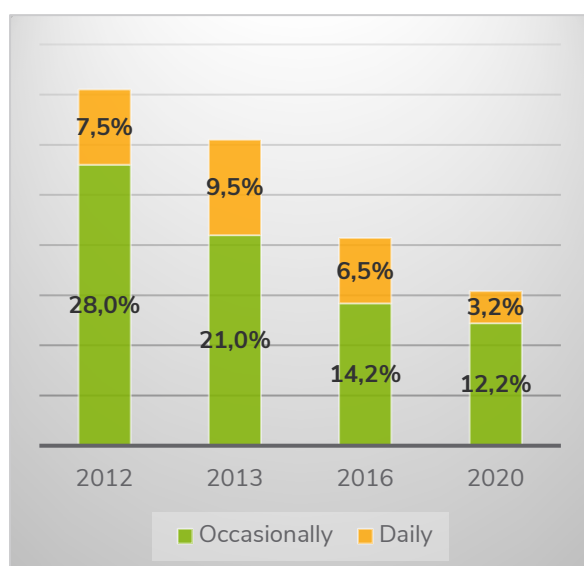
Tibor Demjén, Head of the Hungarian Focal Point for Tobacco Control

### Prevalence and emerging trends

Mr Demjén provided a comprehensive overview of Hungary's tobacco control efforts and highlighted their successes, challenges, and opportunities. Hungary has seen a gradual decline in smoking rates from 2003 to 2019: smoking prevalence among adults has dropped to 34% in men and 25% in women from 40% and 28%, respectively. Encouragingly, the number of adolescents aged 13-15 years starting to smoke has also decreased, with reductions in both occasional and daily smokers from 2010 to 2020.

Despite these positive trends, the use of novel tobacco nicotine products, such as e-cigarettes and nicotine pouches, is spreading. For instance, nicotine pouch use among 13-15-year-olds was 2.5% in 2020, even though they are prohibited for sale in Hungary. Adolescents remain an important target group because more than half (56%) of smokers start smoking before the age of 18.

E-cigarette consumption trends have remained relatively stable since 2013. Regulatory measures, such as the prohibition of flavoured e-cigarettes, have likely mitigated more significant rises in use.



On the left the proportion of tobacco users aged 13-15 and on the right the proportion of e-cigarettes users aged 13-15 in the last 30 days between 2012 and 2020

### The Focal Point for Tobacco Control

Hungary's [Focal Point for Tobacco Control](#), established under the Ministry of Interior, serves as a central body for **strategy planning**, **research**, and **implementation** of national tobacco

control measures. Since its inception in 1989 (as the Smoking or Health Unit) and following the ratification of the WHO FCTC in 2004, the unit has led Hungary's comprehensive tobacco control efforts. Key activities include:

- Fulfilling activities related to the **WHO and the FCTC**, such as submission of implementation reports and contributions to working groups and reports.
- Transposing the **EU Tobacco Products Directive (TPD)** into national legislation and participating in expert subgroups.
- **Monitoring and evaluating** tobacco use through national surveys and impact assessments.
- Coordinating **education and prevention programmes** tailored for schools, kindergartens, and the broader public.
- Promoting **smoking cessation programmes**.
- **Disseminating** resources via bilingual websites (Hungarian and English) and public campaigns to enhance access to information on tobacco control.

These activities have led to a series of impactful policy measures and milestones:

1. **2012:** enacting **smoke-free public spaces and workplaces**, covering both traditional and heated tobacco products, and establishing a **National Methodology Center for Smoking Cessation Support**.
2. **2013:** setting up a nationwide **Quitline** to support cessation efforts and radically restructuring the tobacco market by **dramatically reducing the number of licensed stores** selling tobacco and nicotine products from 42,000 stores to 7,000 today.
3. **2022:** introduction of **plain packaging** and a complete **ban on menthol** additives in tobacco products.
4. **2023:** **prohibition of flavoured** nicotine products.

These measures have propelled Hungary to the 5th position on the **Tobacco Control Scale** in Europe by 2021, a remarkable improvement from the 27th place in 2010.

### Challenges and opportunities

However, Hungary faces ongoing challenges in tobacco control:

- **Industry tactics:** the tobacco industry continues to market novel products like e-cigarettes and nicotine pouches as 'less harmful', which complicates public health messaging.
- **Novel products:** emerging nicotine products require continuous research on health effects and updates to legislation, education programmes and cessation support strategies.
- **Regulatory and structural barriers:** constant changes in international and national administrative structures prevent sustained progress.

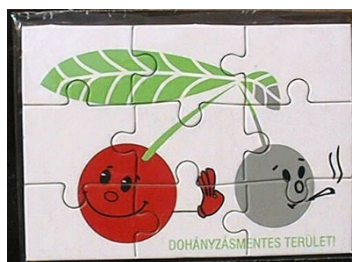
Mr Demjén concluded his presentation by offering some practical recommendations:

- Expanding surveys to include data on novel products like e-cigarettes and nicotine pouches.
- Disseminating and strengthening prevention and cessation programmes.
- Strengthening efforts to regulate e-cigarettes and novel tobacco and nicotine-containing products.
- Use of artificial intelligence.
- Setting up Google Alert notifications for smoking-related words.

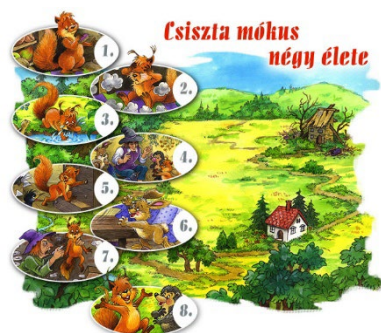
Zsafia Kimmel, Health promotion officer at Hungary's Health Promotion Department of the National Centre for Public Health and Pharmacy (NNGYK)

A standout element of the Hungarian Center for Public Health and Pharmacy's (NNGYK) work is its innovative prevention programmes aimed at children and adolescents. These initiatives, implemented in collaboration with schools and kindergartens, are designed to promote healthy habits and discourage smoking from an early age. They are available for free, based on a lending and borrowing system. Additionally, all materials and toolkits are downloadable and come with detailed manuals for teachers on how to use them.

### Smoking prevention programme in kindergartens



The kindergarten prevention programme, developed as early as 1993, uses a timeless fairy tale—*The Four Lives of Squirrel Cleansy*—as its core educational tool. Designed for children aged 5-6, the programme includes interactive elements such as flat puppets, games, and sound-based activities to teach about not only the harms of smoking but healthy



lifestyles in general. Continuous use of the programme within kindergarten curricula creates incremental knowledge growth. In addition, the programme involves parents, which enables a collaborative environment for reinforcing positive behaviours.

These initiatives have demonstrated measurable success. Evaluations have shown increases in children's knowledge about smoking harms, greater rejection of smoking as a

behaviour, and avoiding passive smoking. Notably, **37% of parents reported positive changes in their smoking behaviour in the presence of children.**

[Further information](#) and [impact assessment](#) reports are available in English.

### Smoking prevention programme in schools

The school programme targets mainly primary school students through a mix of interactive methods, including:

- **Interactive software and websites:** platforms such as Ciki a Cigi ([Smoking is Sticky](#)) offer a curriculum tailored to two age groups: grades 3–5 and 6–10. Topics include the history of smoking, decision-making for healthy lifestyles, and the environmental and economic impacts of tobacco use.
- **Portable touch-screen computers (HÉSZ):** these devices feature animations, videos, and other engaging content (all available at the Ciki a Cigi website) to help students understand the dangers of smoking. They are delivered to schools in coordination with County Government Offices.
- **Demonstration Puppets:** life-size detachable models illustrate diseases caused by smoking and are used as visual aids during sessions.



### Challenges

Despite its success, NNGYK faces significant challenges in sustaining its programmes, including:

- **Resource limitations:** expanding the reach of prevention initiatives (e.g. printing the materials) requires additional funding.
- **Addressing novel products:** the increasing prevalence of e-cigarettes and other novel tobacco products among youth necessitates new and innovative approaches to prevention.
- **Reaching younger populations:** while interactive tools and new digital platforms are effective, traditional methods, such as posters and presentations, remain necessary to combat the widespread misinformation among youth.



Dr Zsolt Horváth, Assistant Professor at Eötvös Loránd University, HBSC research group

Dr Horváth<sup>1</sup> presented findings from the Health Behaviour in School-Aged Children (HBSC) study, a cross-national survey on adolescent health and wellbeing which is conducted every four years. The presentation focused on smoking and e-cigarette use trends among Hungarian adolescents.

### Overview of the HBSC study

The HBSC study targets adolescents aged 11, 13, and 15 and uses a standard methodology across over 50 participating countries, including Hungary. With a representative sample, the survey facilitates cross-national and temporal comparisons. Smoking-related questions include lifetime and current cigarette use, e-cigarette use, and the frequency of smoking.

The 2021/2022 data collection introduced questions on e-cigarettes for the first time. This was a significant step in understanding novel product use among young people.

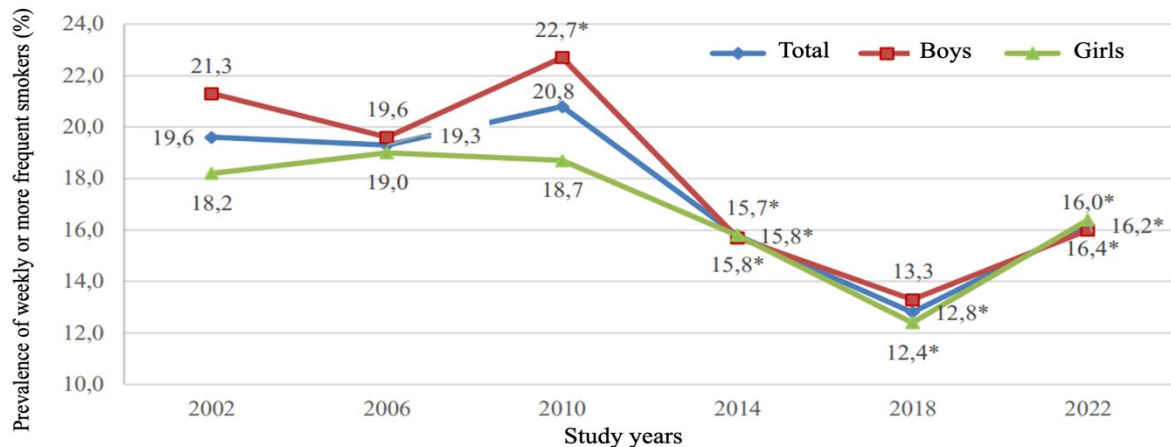
### Key findings

- 1. Novel products:** e-cigarettes demonstrated trends similar to traditional substances like alcohol and marijuana and followed the increasing age pattern. They were sometimes more prevalent than traditional cigarette smoking.
- 2. High-risk age groups:** Hungary has a concerning position among European countries, particularly in the 13–15 age groups, where smoking and e-cigarette use rates were among the highest, alongside countries like Bulgaria, Estonia, Lithuania, and Latvia.

<sup>1</sup> Zsolt Horváth was supported by the EKÖP-24 University Excellence Scholarship Program of the Ministry For Culture And Innovation from the source of the National Research, Development And Innovation Fund

3. **Changing gender dynamics:** traditional gender differences in substance use are closing, with an increasing prevalence of smoking and e-cigarette use among girls. This trend could be due to evolving gender roles and risk behaviours in European societies.

E-cigarettes are highly addictive and increasingly marketed to young people. To curb this trend, stronger regulatory measures are essential.



Trends in the prevalence of regular smokers

### Insights from discussions

- The concept of **harm reduction vs. harm multiplication** was debated. Participants noted the need for clearer evidence of interconnections between products.
- While some correlational data is available from the HBSC study, the surveys are already extensive, and additional questions pose practical challenges.

## 1.4 Roundtable

The EuroHealthNet Country Exchange Visit allowed for a rich roundtable discussion amongst participants to share insights into their primary challenges and successful practices. This section highlights what participants shared about their country.

### Czechia, National Institute of Public Health

**Challenges:** Tobacco efforts in Czechia face fragmentation as responsibilities are divided across multiple departments within the government departments, such as the Government Council for Policies on Addictions, the Inspectorate of Narcotic and Psychotropic Substances from the Ministry of Health, the Centre for Public Health and Health Promotion from the National Institute of Public Health, and others. They only come together in an Intergovernmental Committee for protection against damages caused by tobacco, which is just an advisory and coordinating body with no legislative power. Additionally, the tobacco industry has a significant economic presence as a product seller and employer, influencing

policymaking. This lack of a centralised body, such as a national focal point for tobacco control like in Hungary, complicates coordination.

**Good practices:** Legislative updates (the [Decree on Tobacco-free Nicotine Pouches](#)) are underway to address legal loopholes. These updates will focus on reframing regulations to encompass all nicotine products (synthetic nicotine and tobacco). Campaigns on health literacy and addiction prevention also engage the wider population, including youth.

### France, National Public Health Agency (SpF)

**Challenges:** The tobacco industry's lobbying remains a significant barrier to increasing taxes on tobacco products despite clear evidence of their effectiveness. The arguments used to combat tax increases are, for example, their supposed ineffectiveness, fuelling illicit markets, and framing tobacco traders in rural areas as 'local shops'.

The share of purchases outside this authorised network has remained relatively stable despite price increases, making up 10-20% of total consumption. This share mainly comes from cross-border purchases and emphasises the need for price harmonisation across the EU.

While tobacco consumption among 17-year-olds has shown a continuous decrease since 2014, with around 15% smoking daily, the rise in e-cigarette use among youth is concerning. According to the [2022 report](#) from the French Monitoring Centre for Drugs and Drug Addiction ([OFDT](#)), about 30% of adolescents aged 17 are current users of e-cigarettes, and 6% are daily users, and their lifetime and current use is higher than that of tobacco.

**Good practices:** France's '[Mois Sans Tabac](#)' (Tobacco-free Month) campaign has been a major [success](#), generating over two million quit attempts in its early years. This initiative forms part of France's [National Tobacco Programme](#). Other notable practices include reimbursing nicotine dependence therapies and cessation campaigns, a unique approach within the EU. Although nicotine pouches are not yet banned, the health minister has [announced](#) plans to address this soon. France is also notable for its dedicated allocation of tobacco control funding, which has enhanced the sustainability of its programmes.

### Latvia, Welfare Department of the Riga City Municipality and Centre for Disease Prevention and Control

**Challenges:** The tobacco industry rapidly counters legislative efforts, particularly those related to emerging products like nicotine pouches. A notable legal gap exists as municipalities are required by law to ensure residents' health but lack control over national drug and tobacco policies, limiting their ability to enforce impactful regulations. Insufficient prevention programmes, weak intersectoral cooperation, and limited availability of treatment and rehabilitation services further complicate efforts.



**Good practices:** Latvia implements an evidence-based initiative called '[Unplugged](#)', a school-based curriculum for preventing substance use among students. Riga City Council has also played a key role in localised health promotion, which offers addiction prevention programmes in schools and tailored initiatives for young girls, alongside broader public health interventions that address addiction through education and community engagement.



Country Exchange Visit participants sharing their challenges and good practices

### Scotland, Public Health Scotland

**Challenges:** There are concerning inequalities in smoking prevalence, which remain disproportionately high among less affluent populations, which highlights the need for targeted interventions to address the social determinants of health. The COVID-19 pandemic further exacerbated these issues, as resources were diverted to emergency responses, delaying the restoration of prevention and cessation programmes.

**Good practices:** Scotland has implemented a range of measures to advance tobacco control. Educational programmes in schools for behaviour change are tailored for underserved communities to address the root causes of smoking initiation among youth. At the policy level, Scotland is contributing to the [UK Tobacco and Vapes Bill](#), which proposes progressive reforms. These include incrementally raising the legal age for tobacco sales, banning flavoured vapes and disposable vaping devices, introducing plain packaging for e-cigarettes, and doubling funding for cessation services.

In the 2023 [Tobacco and Vaping Framework](#), the Scottish Government committed to exploring pricing measures as a way to reduce the appeal of tobacco products. [Public Health Scotland](#) commissioned the University of Sheffield to evaluate the potential of minimum pricing for tobacco as part of Scotland's strategy to achieve a "tobacco-free" status by 2034. The [study](#) found that minimum pricing could eliminate cheap tobacco, a gateway for youth smoking and a driver of addiction. While the overall impact would be modest, the greatest benefits would be in the most deprived communities, where smoking rates and harms are highest. To offset increased revenues for the tobacco industry, measures such as higher tobacco duties, profit levies, or pricing caps would need to accompany the policy.

### Bulgaria, National Centre of Public Health and Analyses

**Challenges:** Bulgaria faces significant challenges in regulating tobacco and nicotine product advertising. Despite existing bans on billboards and outdoor advertising, enforcement

remains inconsistent. Therefore, such promotions persist and undermine public health efforts. These gaps are particularly concerning given the influence of advertising on youth and vulnerable populations.

**Good practices:** In 2022, the Bulgarian Parliament [approved](#) a gradual increase in excise duties on tobacco products, effective from March 1, 2023, through January 1, 2026. This policy aims to reduce tobacco consumption by making tobacco products less affordable over time.

Additionally, after learning about Hungary's educational programmes for kindergartens and adolescents, the Bulgarian representative expressed strong interest in introducing similar initiatives.

### **Slovenia, National Institute of Public Health**

**Challenges:** Slovenia faces a growing challenge with the increasing use of e-cigarettes among young people. Despite existing regulations, gaps remain in addressing emerging issues, such as the lack of control over social media promotions and insufficient supervision of advertising tactics targeting youth.

The availability of tobacco and nicotine products near schools also poses a significant concern, with around 6,000 shops licensed to sell these products, often for minimal fees. Furthermore, health warnings and plain packaging for e-cigarettes are not yet mandatory. Current bans on e-cigarette use in outdoor spaces where children gather, such as parks and playgrounds, are not strictly reinforced.

**Good practices:** There has been considerable [progress](#) in strengthening tobacco control measures in Slovenia, and further changes in legislation are under consideration. These include a ban on flavoured e-cigarettes and an increase in the minimum age for purchasing e-cigarettes from 18 to 21. Additional measures include limiting the volume of refillable containers and reservoirs for e-cigarettes, banning online sales of tobacco and nicotine products, prohibiting smoking in private vehicles when minors are present, and enforcing advertising bans and mystery shopping initiatives to monitor compliance. Indoor smoking is prohibited in all enclosed public and working spaces, as well as outdoor areas associated with educational institutions. Slovenia also plans to introduce further restrictions, such as banning disposable e-cigarettes for environmental reasons and increasing the price of tobacco products to discourage consumption.

### **Ireland, Institute of Public Health**

**Challenges:** Ireland had been making steady progress in reducing tobacco consumption until 2019. However, recent years have seen an upward trend, largely attributed to the increasing popularity of e-cigarettes. This rise is particularly concerning among young people, whose usage rates continue to climb. A lack of comprehensive data on consumption rates of novel products, such as e-cigarettes, nicotine pouches, and nicotine gummies, hampers legislative and regulatory efforts.

**Good practices:** Ireland's [Regulation of Lobbying](#) legislation requires tobacco companies to disclose interactions with government officials. This measure promotes accountability and helps curb industry influence. Additionally, Ireland has introduced comprehensive restrictions on nicotine-inhaling products through its [Public Health \(Tobacco Products and Nicotine Inhaling Products\) Act 2023](#). These include mandatory licensing for retailers selling e-cigarettes, banning disposable e-cigarettes, restricting advertising, prohibiting e-cigarette sales from vending machines, and banning point-of-sale displays. These measures aim to reduce the accessibility and appeal of e-cigarettes, particularly among youth.

### Sweden, Public Health Agency

**Challenges:** Regulatory gaps for Heated Tobacco Products (HTPs) present significant challenges. Even though the [Commission Delegated Directive 2022/2100](#) aims to withdraw the exemptions that applied to HTPs, it is ambiguous and leaves room for interpretation. [Courts](#) in Sweden and other jurisdictions have ruled that HTPs are smokeless tobacco products because they only heat tobacco without burning it, making it difficult to regulate them under existing tobacco laws.

**Good practices:** Sweden enforces strict marketing bans and age restrictions for all nicotine products (including tobacco-free products). These new regulations are similar to those of e-cigarettes and include age limits of 18 and above, alongside a ban on online sales to prevent access by underage users.

### Insights from discussions

The discussion following the roundtable focused on key regulatory challenges and industry strategies that undermine tobacco control efforts across Europe.

- **Interpreting regulations for HTPs can be complex.** The European Commission maintained that Member States have the right to regulate based on their interpretation of whether HTPs are classified as smokeless products. However, the language in the delegated act remains ambiguous, creating uncertainty and leaving room for industry influence.
- **There is an urgent need for more forward-thinking regulations.** Since the Tobacco Products Directive (TPD) 2014, the market has changed rapidly, making regulations reactive rather than predictive. It is important to anticipate industry tactics, though the lengthy process for approving a new directive remains a barrier.
- **The industry is increasingly co-opting the phrase 'smoke-free'.** According to Philip Morris International's [website](#), their 'smoke-free products account for 38% of the company's net revenues in Q3 2024, up from practically 0% in 2014.' While marketed as harm-reducing, these products are understudied, raising questions about their long-term health impacts.
- Concerns were raised about **marketing strategies** that leverage Sweden's low smoking rates to promote products like pouches and snus. Focusing on the relative danger of products may unintentionally serve the industry's agenda by

allowing them to claim credit for declines in smoking rates. However, [research](#) is now showing that young e-cigarette users are more likely to take up tobacco smoking at later stages. While similar risks may exist with nicotine pouches, evidence is currently lacking.

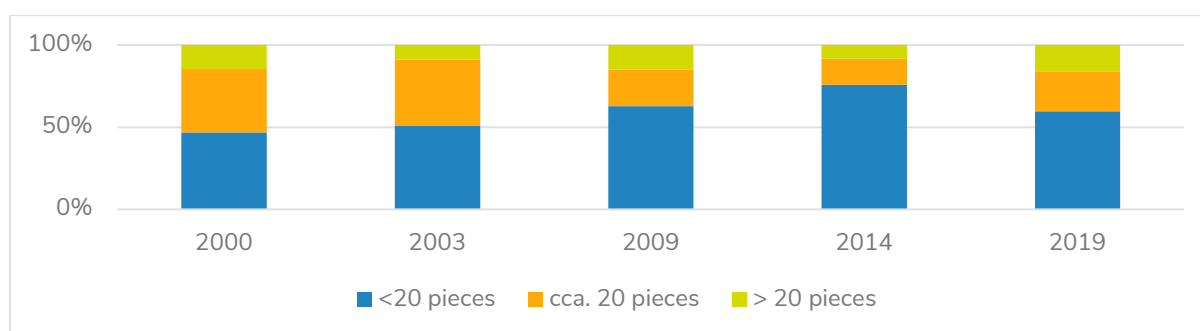
- **Legal battles** involving the tobacco industry, even when unsuccessful, were framed as a positive sign, indicating that regulations are affecting industry behaviour.

## 1.5 The equity dimension and distributional impacts of tobacco control policies and programmes

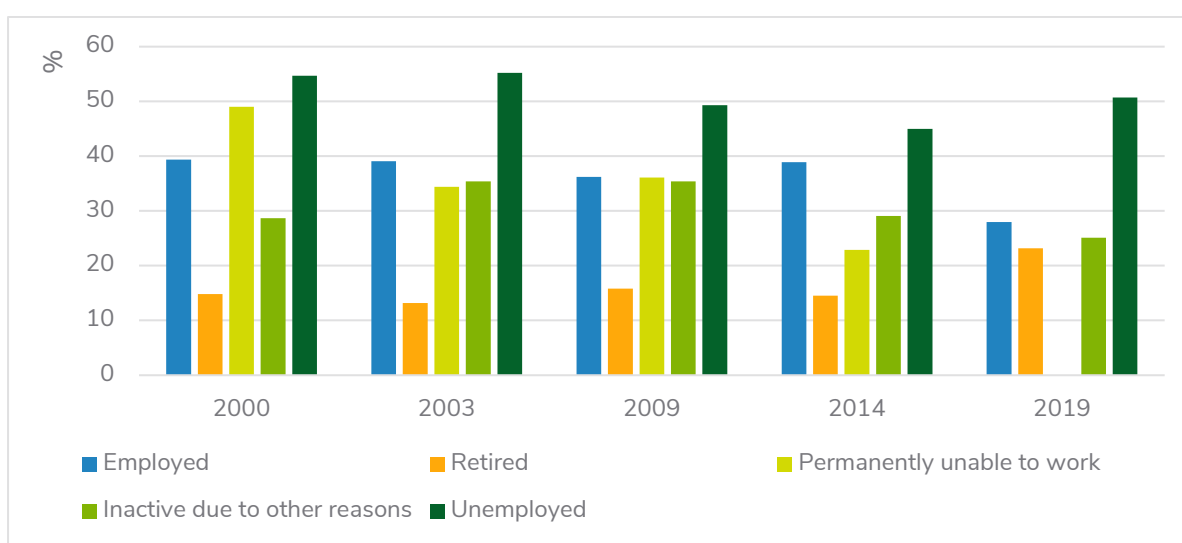
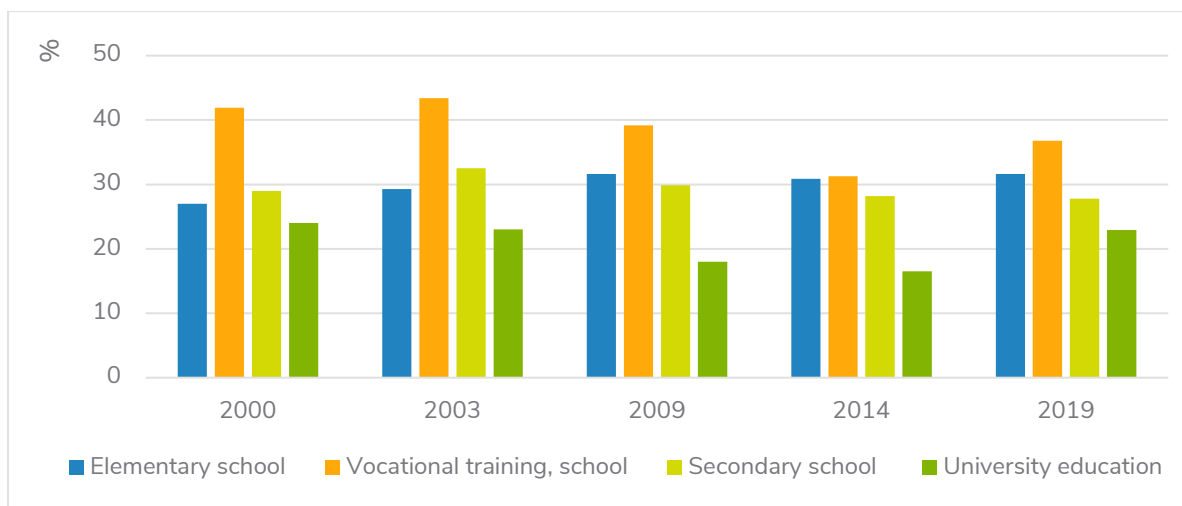
### 1.5.1 The evolution and achievements of smoking cessation support in Hungary

*Dr Zsuzsa Cselkó, National Methodology Center for Smoking Cessation Support*

Dr. Cselkó began her presentation by providing statistical insights into nicotine addiction in Hungary. While the overall level of nicotine addiction has decreased, the link between smoking and socioeconomic factors—such as employment status and education—has remained consistent over the past two decades. Individuals with lower educational levels and those unemployed are more likely to smoke. Therefore, it is important to place more emphasis in the coming years on addressing and dealing with smokers according to their age group and socioeconomic status.



Smoking level throughout the years

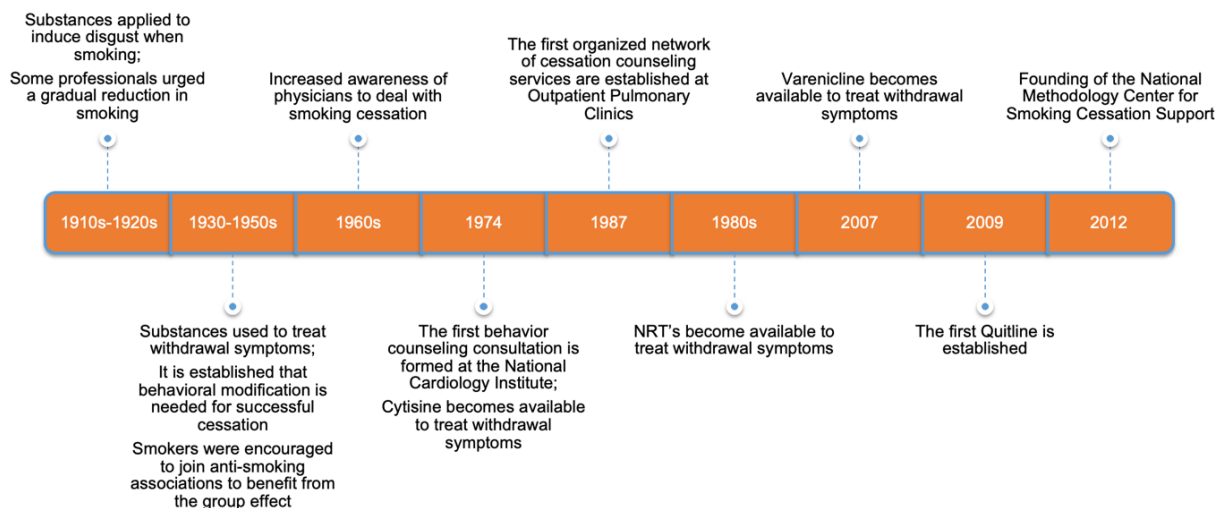


Smoking prevalence across educational attainment and employment status

## Achievements

Hungary's advancements in smoking cessation efforts are due to its innovative programmes, collaborations, and integration of cessation practices into healthcare systems. These achievements were featured as a case study in the [Global Progress Report](#) on Implementation of the WHO FCTC.

The figure below presents an overview of key milestones in the evolution of smoking cessation programmes in Hungary until 2012, when the [National Methodology Center for Smoking Cessation Support](#) was developed. This centre is responsible for training 2,500 physicians, nurses, health visitors, and health promotion specialists and standardising cessation practices.



### Milestones in the evolution of smoking cessation support in Hungary until 2012

Since then, Hungary has achieved several key milestones in its smoking cessation efforts. Between 2014 and 2019, Hungary participated in the [Eastern Europe Nurses' Center of Excellence for Tobacco Control \(EE-COE\)](#), which played a crucial role in building nursing capacity to address tobacco dependence. In 2019, the country launched the [mobile app](#) 'Facing a problem? Don't reach for the stick!', which was upgraded in 2022 to include a 21-day quit challenge. During the same period, all four Hungarian medical universities integrated cessation practices into their curricula for medical and health science students.

In 2020, cessation counselling services were transitioned to Health Promoting Offices ([HPOs](#)), which now operate in 92% of the country. Despite this widespread coverage, these services remain underfunded, limiting their full potential. By 2023, Hungary began collaborating with the Hungarian Prison Service to establish smoke- and aerosol-free quarters in prisons and offer tailored cessation programmes for inmates. In 2024, patient referrals to in-person counselling services were initiated, primarily from thoracic surgery and rehabilitation departments within tertiary care hospitals.

Throughout this period, Hungary has continued to operate its toll-free Quitline, which provides proactive behavioural counselling and receives an average of 1,000 calls annually. Free behavioural counselling services are also available at HPOs and select pulmonary and rehabilitation clinics.



Cessation counselling services across Hungary

### Lessons learned

- **Healthcare integration:** referral pathways and cessation counselling are not yet embedded into routine healthcare services.
- **Awareness** must be prioritised among both the population and healthcare professionals through targeted communication campaigns to enhance

understanding of cessation support services and encourage quitting efforts. Although the number of quitting attempts has increased over the years (from 46% of adults in 2000 to 54% in 2019), only a small proportion of smokers—around 2%—seek professional support for cessation.

- Cessation counselling should operate as an **independent specialist service**, supported by dedicated funding and adequately trained professionals. This approach ensures a consistent standard of care. There is a need for more and better-integrated data on tobacco use, brief interventions, and cessation support across healthcare providers to create a more interconnected and effective system.
- **Sustainable funding** remains a major challenge for smoking cessation services and pharmacotherapy, which limits their availability and access. As recommended by the WHO FCTC, tobacco tax revenues should secure long-term, predictable financing for tobacco control programmes and organisations. Public funding or reimbursement schemes are vital to improving the implementation of [Article 14](#) measures, which remain among the [least implemented](#) provisions across Europe.
- **Prison programmes**: while cessation initiatives in prisons have been effective, they require careful participant selection and ongoing staff training to ensure long-term success.
- **Countering tobacco industry interference** is critical. The EU must demonstrate through careful analysis how the production, trade, and promotion of nicotine and tobacco products harm national economies. Such assessments can strengthen tobacco control policies and reduce the industry's influence.

### 1.5.2 Tobacco control in the Netherlands and how this aims to impact the differences in smoking between socioeconomic groups

*Marc Willemsen, Head of Tobacco Control department, Trimbos Institute, the Netherlands (online)*

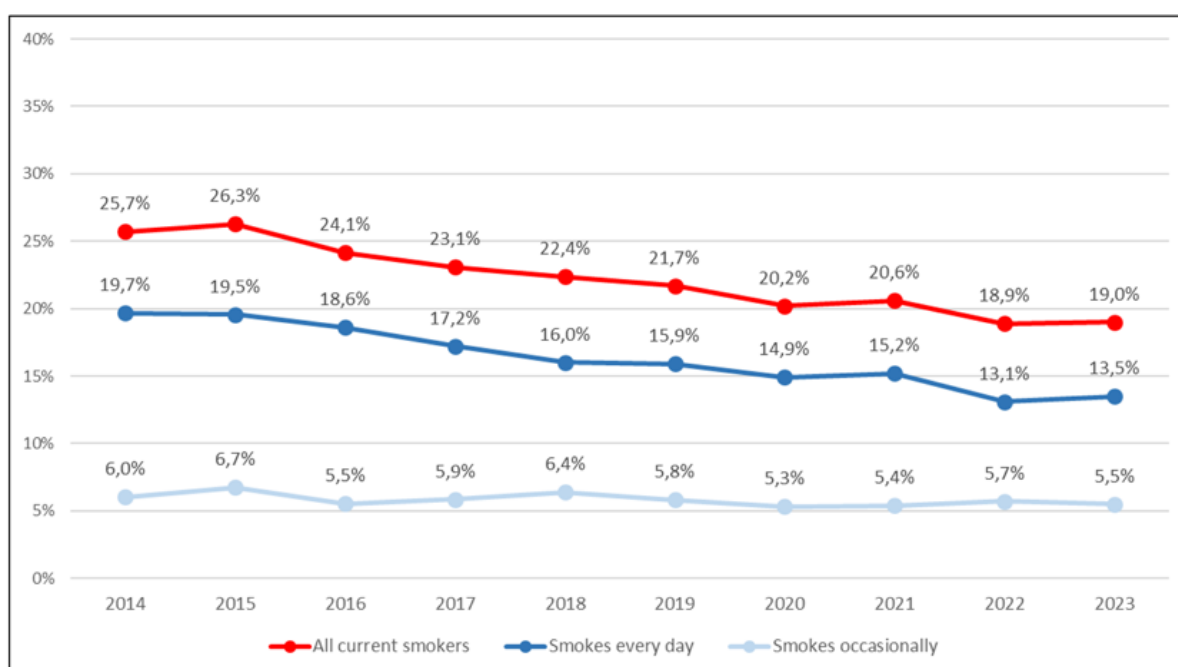
The presentation highlighted the Netherlands' advancements in implementing comprehensive tobacco control policies under the [WHO MPOWER framework](#). Alongside countries like Mauritius, Brazil, and Turkey, the Netherlands has achieved implementation of MPOWER to its fullest extent and is among the top four countries on the [European Tobacco Control Scale](#). However, despite a steady decline in adult smoking rates over past decades, [recent data](#) from 2022 and 2023 show a plateau, which signals the need for renewed focus and intervention.

		2007	2008	2010	2012	2014	2016	2018	2020	2022
<b>M</b>	Monitoring									
<b>P</b>	Smoke-free environments									
<b>O</b>	Cessation support									
<b>W</b>	Health warnings on packs									
<b>E</b>	Advertising bans									
<b>R</b>	Raise taxes									
<b>W-MM</b>	Mass media campaigns									
<b>NTCP</b>	National tobacco control program									

### MPOWER Score colour key

No data  
 No measure or weak measure  
 Minimal measure  
 Moderate measure  
 Complete policies

The MPOWER progress in the Netherlands since 2007 based on the [WHO report on the global tobacco epidemic](#)



Smoking rates in the Netherlands among adults based on [Timbos Institute's 2023 report](#)

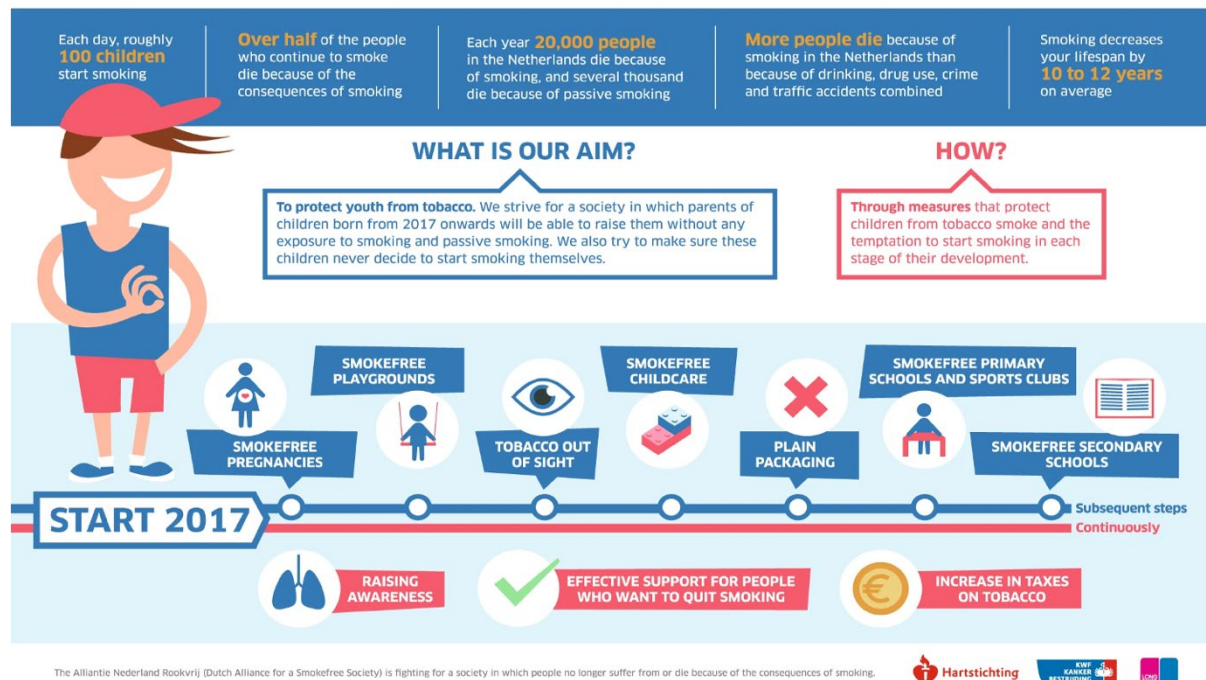
A cornerstone of the Netherlands' success is the foundation of the [Dutch Alliance for a Smoke-Free Society](#) in 2017. This Alliance unites civil society organisations in working toward a shared goal of a smoke-free generation. Founded on the belief that protecting young people from the harms of smoking is a universal cause, the Alliance emphasises smoke-free pregnancies, smoke-free schools, and life-course measures to ensure children are never exposed to tobacco smoke.

The [National Prevention Agreement](#) of 2018 set ambitious targets to reduce smoking prevalence to less than 5% by 2024, with zero smoking among children and pregnant women. Well-trained nurses support pregnant individuals by providing education and cessation support during obstetric visits. These efforts extend to partners and postpartum support to ensure long-term abstinence.



This effort involves collaborative round tables led by independent chairs and maintains a strict zero-tolerance policy toward industry interference. Some of the policy measures implemented through this Agreement include the full smoking ban in bars and restaurants (end of smoking rooms), major tax increases in 2020 and 2023 (+€1 and €1.22 per pack of cigarettes and +€2.50 and €3.05 per pouch RYO), allocating budget for smoking cessation media campaigns and reimbursing smoking cessation.

## TOWARDS A SMOKEFREE GENERATION IN THE NETHERLANDS

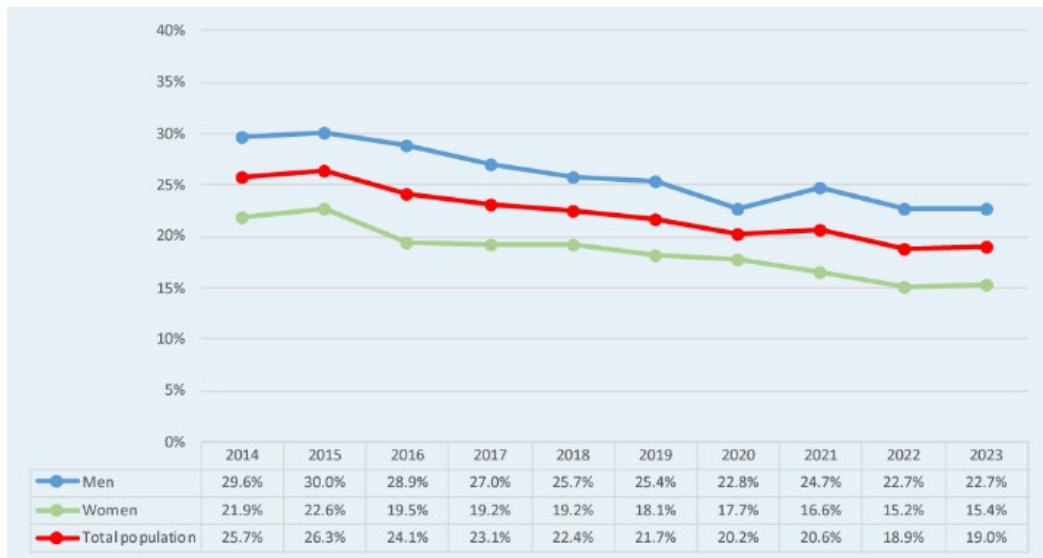


### The Smokefree Generation campaign in the Netherlands

The Trimbos Institute believes that tobacco control must be comprehensive to be effective. Implementing smoke and tobacco-free environments, along with taxation policies, product regulation, educational campaigns, and support for quitting, results in non-smoking norms, more quitting attempts, fewer children starting smoking, and fewer smokers overall.

Using education as a proxy for socioeconomic status, the presentation highlighted disparities in smoking prevalence. While the largest number of smokers comes from the middle-educated category (e.g., police officers, construction workers, and nurses), daily smoking rates, cigarette consumption, and addiction levels are highest among the lowest-educated groups. Additionally, these groups are less likely to attempt quitting and are more frequently exposed to secondhand smoke.

Overall, reducing socioeconomic disparities in smoking remains a significant challenge. However, implementing comprehensive tobacco control measures ensures that both the lowest- and highest-educated groups benefit equally from these interventions.



Smoking rates over time by education based on [Trimbos Institute's 2023 report](#)

### Insights from discussions

- **The role of social media:** while low budgets limit the reach of anti-tobacco media campaigns on social platforms, the spread of advertisements and misinformation presents a significant challenge. Participants emphasised the need for stronger regulation and increased investment in digital media campaigns to counter misleading narratives.
- **The reduction of tobacco sales:** The Netherlands has made notable progress by phasing out tobacco sales from supermarkets, with the next steps focusing on eliminating sales in gas stations and convenience stores. Denmark is following a similar trajectory, with some retailers committing to remove tobacco from their shelves. However, concerns about profit loss have slowed broader retailer adoption. Hungary shared its experience of transitioning tobacco sales exclusively to state-regulated shops over a decade ago, offering a potential model for other countries.
- **Economic arguments for tobacco control:** participants stressed the need to adapt advocacy to current priorities, such as economic competitiveness. In 2009, for instance, the economic costs of tobacco smoking were estimated at €544 billion annually, about 4.6% of the EU27 combined GDP. This was cited as a compelling reason to invest in prevention. However, short-term political cycles often undermine long-term investments in tobacco control, as policymakers prioritise immediate financial needs over future public health benefits.
- **The 'polluter pays' principle:** as a potential funding mechanism for prevention, this approach could hold the tobacco industry accountable for the societal costs of smoking. However, participants warned of risks associated with relying on industry contributions, such as conflicts of interest or reduced public trust.

## 1.6 How the sustainability agenda can help to advance the public health agenda around tobacco and nicotine consumption

Anne Wagenführ-Leroyer, Programme Manager at EuroHealthNet

Ms Wagenführ-Leroyer introduced the environmental dimension of tobacco control and emphasised the need to integrate the sustainability agenda into public health strategies. The health risks of tobacco are [well documented](#); around 700,000 lives are lost in the EU every year due to tobacco consumption, and 27% of all cancers are attributable to the use of tobacco. However, its environmental impact remains an emerging focus that encompasses the entire lifecycle of tobacco, from cultivation and production to consumption and waste. The 2022 WHO report '[Tobacco: Poisoning Our Planet](#)' consolidates these findings and advocates for a broader 'Planetary Health' and 'One Health' approach to address tobacco's multifaceted threats.



The report stresses, for example, that more than 7,000 chemicals have been identified in tobacco smoke, and at least 70 are known to cause cancer in humans and animals. Production and consumption of tobacco also contribute to global warming, releasing 80 million tonnes of carbon dioxide (CO<sub>2</sub>) into the environment each year. The annual waste generated by only cigarette butts is around 680,388 tonnes. Additional harm to the environment is caused by improper disposal of electronic waste from e-cigarettes, one-time use e-cigarettes, and heated tobacco products, which also generate toxic emissions and waste products.

The European Union has introduced measures, such as the Single-Use Plastics Directive ([SUPD](#)), which can be employed to address the environmental impact of disposable e-cigarettes and single-use plastic filters and mitigate their environmental harm. In 2021, [guidelines](#) were issued to help EU Member States implement the directive, although progress has been uneven.

In 2024, the European Commission approved national legislation in Belgium and France to ban disposable e-cigarettes, demonstrating that Member States can adopt stricter measures than those outlined. Other countries, such as Germany and Ireland, are working on similar bans for disposable e-cigarettes, while Belgium, the Netherlands, Sweden, and Denmark are considering banning cigarette filters altogether.

By framing tobacco control as an environmental issue as well as a health issue, stakeholders can appeal to broader audiences and align with global sustainability objectives. Tobacco and nicotine products' environmental impact strengthens the case for stronger regulatory measures.

## Insights from discussions

- The SUPD introduces the '**extended producer responsibility**' ([EPR](#)) schemes, requiring the tobacco industry to bear financial accountability for litter caused by tobacco products, such as plastic-containing filters. However, this scheme appears to conflict with WHO FCTC's [Article 5.3](#), which mandates the protection of public health policies from tobacco industry interference. Additionally, the industry has used this opportunity to improve its public image by associating its branding with environmental initiatives, such as displaying tobacco company logos on public ashtrays alongside national symbols.
- ENSP published a fact sheet in 2021 regarding the environmental markings on tobacco products with plastic filters that can be consulted [here](#).
- A **lack of coordination** across European Commission directorates and between national and local departments makes it difficult to act on the sustainability agenda. Public health agencies mostly operate separately from environmental policy bodies which limits the integration efforts.
- The [international agreement on plastics](#), currently under negotiation and supported by the UN Environment Programme, was identified as a significant opportunity to address the environmental impacts of tobacco products on a global scale and push the sustainability agenda forward.

## Calls for action

- **Ban on filters:** filters, which create a false perception of reduced harm while contributing significantly to pollution, were identified as a priority for inclusion in the 2025 SUPD review.
- **Breaking policy silos:** participants called for better integration of health, environmental, and tobacco control policies. Suggestions included forming a 'tobacco control task force' to align efforts across Directorate-Generals at the EU but also national and local level and ensure that national policies comply with international treaties.
- **Expanding campaigns' focus:** participants noted that most current campaigns focus primarily on addiction and health. Expanding current campaigns to include environmental aspects was seen as a key opportunity to broaden public engagement and align with societal and sustainability priorities.

# 2 How to dissuade young people from taking up tobacco and nicotine-based products?

## 2.1 EuroHealthNet Thematic Working Group (TWIG) on Social Marketing and Addiction

*Dr Afsaneh Nejat, Project Officer at EuroHealthNet*

Dr Nejat introduced EuroHealthNet's **Thematic Working Group on Social Marketing to Address Addictions**. EuroHealthNet's Thematic Working Groups ([TWIGs](#)) are collaborative spaces where members come together to share expertise and work on specific public health challenges.

The Social Marketing to Address Addictions TWIG focuses on using innovative social marketing strategies to address substance use, prevent addiction, and promote healthy behaviour. By adopting a proportionate universalism approach, the TWIG ensures that its interventions tackle health inequalities and reach vulnerable populations while also addressing the broader public. Key activities include:

- **Tobacco and alcohol use prevention:** developing campaigns to reduce substance initiation and support cessation efforts.
- **De-normalisation strategies:** changing societal norms to make tobacco and alcohol use less socially acceptable, particularly among youth.
- **Temporary abstinence campaigns:** initiatives like [Stoptober](#) that encourage individuals to take initial steps toward long-term behaviour change.

It is composed of a diverse group of EuroHealthNet members and partners and is co-led by Santé publique France ([SpF](#)) and the [Trimbos Institute](#). The group remains open to additional EuroHealthNet members interested in joining the TWIG, who can contact [Jennifer Davies](#), [Sigrid Troelstra](#), or EuroHealthNet's Senior Research Coordinator [Samuele Tonello](#).

## 2.2 The tobacco industry's lobbying activities and digital marketing regulations

*Dr Melinda Péntzes, Semmelweis University*

Dr Péntzes began her presentation by outlining trends in tobacco and nicotine products use in Hungary. Two major shifts are notable. One, due to the retail density reduction measure in 2013, also known as the '[Tobacco Shop Act](#)', the consumption rate dropped significantly. Tobacco **retailer density reduction** approaches might have a significant **short-term impact** on tobacco use outcomes, but effects may not be sustainable without ongoing monitoring and implementation of complementary, **comprehensive tobacco control strategies**. Second, since 2019, even though cigarettes remained the most commonly sold product, there has been an increase in heated tobacco products, which now constitute 20% of the market.

She followed with an in-depth analysis of tobacco industry tactics in Hungary and highlighted their influence on public health policies, marketing strategies, and public perceptions.

**Marketing and social media campaigns:** in Hungary, the industry has engaged different influencers and musicians to promote e-cigarettes and other nicotine products. For instance, a song by a popular artist reached 28 million views and was linked to marketing efforts for a tobacco product.

**Public health positioning:** tobacco companies claim a role in public health by focusing on issues such as illicit trade. Initiatives like the 'Füstmentes' (Smoke-Free) campaign, run by Philip Morris, are positioned as harm-reduction efforts but function as covert marketing for tobacco products.

**Corporate Social Responsibility (CSR):** tobacco companies sponsor public health screening programmes and disseminate educational materials under the guise of CSR. These efforts often involve partnerships with public health organisations, presenting the industry as a legitimate stakeholder in health promotion.

**Third-party influence:** the industry sponsors conferences, funds research, and disseminates materials targeting health professionals. For example, a cardiology website and e-learning sessions for health professionals were reportedly developed with tobacco industry input.

**Legal threats and intimidation:** the tobacco industry in Hungary has also used legal threats and intimidation to counteract criticism. For example, a Member of the European Parliament received legal threats after going on a podcast on tobacco prevention. These tactics aim to silence opposition and create a favourable environment for the industry.

Dr Péntzes concluded with recommendations to counteract tobacco industry interference:

- **Implement Article 5.3:** adopt a code of conduct, mandating declaration of conflict of interests, and raise awareness about industry interference.
- **Comprehensive monitoring:** use machine learning and AI to track industry's media appearances and their narratives.

### Insights from discussions

- Participants raised concerns about **influential media platforms in Brussels accepting sponsorship from tobacco companies**.
- Participants called for greater **scrutiny in Brussels to ensure transparency** regarding access to the European Parliament. While official meetings are recorded, many unofficial interactions remain undocumented, leaving room for industry influence to operate unchecked.
- Participants shared local experiences that underscored the persistent and insistent nature of tobacco industry lobbying. In **Scotland**, there have been calls to ban media platforms from accepting sponsorship from tobacco companies entirely.

# 3 Tobacco and nicotine dependence treatment programmes

## 3.1 Site visits

### 3.1.1 St. Margaret Clinic - Óbuda Health Promotion Office

The site visit to the **Óbuda Health Promotion Office (HPO)**, situated within the St. Margaret Clinic in Budapest's 3rd district, provided a closer look at its comprehensive approach to tobacco control. The HPO integrates health promotion, smoking cessation, and prevention initiatives and offers free services in collaboration with pulmonary care clinics and local organisations. This approach reflects the Hungarian strategy of coupling behavioural change with prevention and cessation services tailored to community needs.

The HPO's smoking cessation programme is currently structured into two phases:

1. **Preparation phase:** during the first one to four weeks, participants are engaged in educational sessions and motivational activities to understand the health benefits of quitting. The preparation builds up to a designated 'STOP day,' when they cease smoking.
2. **Post-STOP phase:** in the following five to seven weeks, participants receive continued support to manage challenges such as withdrawal symptoms, stress, and potential relapses. Group discussions, lifestyle coaching, and coping strategies are key components of this phase.

Challenges in the cessation programme include fluctuating participant motivation, addressing relapses, and adapting the program to fit the diverse lives of those seeking help. Recognising the complexities of addiction, the HPO is working to enhance the program by increasing its duration, tailoring sessions to individual needs, and introducing personal challenges to help participants build a sense of responsibility and achievement. Future plans include implementing a **buddy system** to foster peer support and community-building.

### 3.1.2 Capital City Penitentiary Institute

The site visit to the Budapest Penitentiary Centre provided an in-depth look at a pioneering initiative to implement smoke- and aerosol-free quarters within the prison system. This programme represents a novel approach to addressing the high prevalence of smoking among detainees while supporting their reintegration into society. The penitentiary system, which spans three prisons across different districts in Budapest, houses 1,500 detainees, of



whom 1,000 are smokers: a stark contrast to the 25% smoking rate in the general Hungarian population.

### Smoke- and aerosol-free quarters and cessation programmes

Each of these three prisons in Budapest now offers smoke- and aerosol-free quarters. The programme is implemented in partnership with the [National Institute for Pulmonology](#) and supported by the [National Methodology Center for Smoking Cessation Support](#), which provides training for staff involved in the programme. Smoke-free quarters offer detainees a healthier environment and provide the tools and skills needed to quit smoking, adopt healthier lifestyle choices, and ultimately facilitate their reintegration into society. The penitentiary advocates for a tobacco- and nicotine-free approach and prohibits e-cigarettes and pouches in smoke-free quarters.

The cessation programme is structured around weekly classroom sessions, where detainees engage in discussions and activities designed to support their journey toward a smoke-free life. Beyond weekly classes, daily meetings reinforce educational content and provide a sense of community and mutual support. The curriculum focuses on self-development, emotional regulation and creative activities like painting and drawing. By fostering creativity, the programme aims to replace habitual aspects of smoking with constructive alternatives to help detainees regulate their emotions and find meaning in their lives.

One detainee shared their experience with this programme. He expressed pride in having remained smoke-free for eight weeks. While the initial six weeks were particularly challenging, he noted significant improvements in his health and overall wellbeing.

Acknowledging that smoking is often part of a broader pattern of addiction or behavioural issues, the penitentiary offers additional programmes to support detainees' rehabilitation. These include education programmes ranging from primary school to specialised vocational training, as well as creative outlets like theatre and other upskilling opportunities. Around 300 detainees currently participate in these initiatives.



Site visit to the Capital City Penitentiary Institute on November 21

The penitentiary uses a credit point system to motivate detainees and encourage participation in these programmes. Based on their behaviour, detainees are categorised into five groups, with those in the top category enjoying benefits such as improved contact with relatives or access to better living conditions. Every six months, detainees' categorisations are reviewed, which creates opportunities for progression and positive reinforcement.

### Challenges

- **Follow-up difficulties:** due to reintegration laws, it is difficult to track the long-term success of detainees who quit smoking.
- **Medication accessibility:** although medications for withdrawal symptoms are legally accessible, they remain either difficult to get approval or unaffordable for many detainees.

### Opportunities and future directions

- **Staff cessation programmes:** plans are underway to introduce cessation support programmes for the prison staff, 30% of whom are smokers.
- **Expansion of smoke-free quarters:** each of Budapest's three penitentiary buildings now offers smoke- and aerosol-free quarters, with nationwide expansion planned.
- **Continuity of support:** long-term goals include transferring temporary detainees who are currently in smoke-free quarters to centres equipped with such quarters to ensure continuity of support and rehabilitation.

# 4 Final discussion and next steps

A recurring theme in the discussion was the balance between regulation and **education**. Several participants reflected on the overemphasis on regulatory measures in their own countries and expressed admiration for Hungary's success in prioritising education and awareness alongside enforcement. The Hungarian example proved how targeted, age-specific educational initiatives, like those in schools and kindergartens, can effectively complement regulatory frameworks.

Another point of discussion was the importance of a **bottom-up approach in shaping tobacco control policies**. Member States do not need to wait for EU-level directives; they can take proactive action by engaging communities and stakeholders. By showcasing successful national initiatives and advocating for their adoption at the European level, countries can play a crucial role in driving and influencing EU policies.

Participants noted the need for more focus on **supervision practices** and stressed the importance of preventive policies to restrict the availability of tobacco and nicotine products. Participants also raised concerns about the general **increase in occasional smoking** and identified it as a trend that requires focused attention in future tobacco control strategies.

The role of **cessation programmes** was also highlighted, with participants noting that these often receive insufficient attention relative to their importance. Hungary's structured and accessible cessation initiatives, particularly within the penitentiary system and the Health Promotion Offices, provided a compelling model for supporting vulnerable populations. Participants agreed that cessation programmes should be integrated into broader public health efforts and emphasised the need for sustainable funding and resources.

Addressing **industry interference** emerged as a shared challenge, with participants acknowledging that many countries are not well-prepared or advanced enough to deal effectively with such tactics. That is why the presentation on industry tactics was highlighted as particularly interesting and helpful. Additionally, the need to shift from reactive to predictive approaches was stressed, with calls for stronger monitoring and innovative tools to stay ahead of industry strategies, particularly in the promotion of novel tobacco products.

Looking ahead, participants emphasised the importance of continued collaboration and knowledge exchange to strengthen tobacco control efforts. Many acknowledged the complexity of the problem and the need for sustained multi-sectoral approaches that align health, education, and environmental policies. The inclusion of **environmental arguments**, as highlighted during the event, was seen as a promising avenue to broaden public engagement and align with global sustainability goals.

# EuroHealthNet

European partnership for [health, equity & wellbeing](#)



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