Struggle over Tobacco Control in Serbia: Transnational Tobacco Companies vs. Public Health

Andjelka Dzeletovic, Sanja Matovic Miljanovic*, Ulrich Laaser*

Abstract
Serbia as one of the former Yugoslav countries and post communist countries had a hard time and developments during the last decade. Disintegration of former Yugoslavia and wars in Croatia and Slovenia in 1991 and Bosnia and Herzegovina in 1992 with a huge number of refugees which came to Serbia affected the health of the population of Serbia to a large extent.

Additionally, the hyperinflation crisis with inflation rate of 1% per hour or 1 billion % per year together with economic sanctions of the EU council and the Kosovo crisis in 1998, which resulted in air strikes of Serbia and Montenegro, in 1999 caused the complete paralysis of everyday life and breakdown of economic activities in Serbia. As the result of such circumstances, with huge population migration, unemployment and poverty, unhealthy life style such as smoking, alcohol consumption and drug abuse increased in the last decade.

Keywords: smoking, tobacco industry, tobacco control, transition countries, public health

Smoking prevalence in Serbia

Today, smoking in Serbia is one of the leading single risk factors for the development of the most common non-communicable chronic diseases (cardiovascular, respiratory and numerous malignant diseases).

* e-mail: Ulrich.Laaser@uni-bielefeld.de
* smmiljan@sezampro.yu
Smoking prevalence in Serbia is among the highest in Europe, with 48% of men and 33.6% of women being active smokers [1]. Rates of smoking among youth are also high: 40% of teenagers have already smoked a cigarette by the age of 15 years [2], while 27% of girls and 26.5% of boys state that they are daily smokers. Exposure of young people to the second-hand smoke is a serious problem, as indicated in the recent Global Youth Tobacco Survey. Almost 9 of 10 said that they are exposed to the smoke in public places [3].

Although medical staff should play a key role in smoking prevention and cessation, the frequency of smoking among health workers is high. According to a study carried out in 2001, 37% of doctors and more than one-half (52%) of nurses at the Clinical Centre of Serbia are smokers [4].

According to one of few international comparisons in which data for Serbia and Montenegro are presented, the prevalence of smoking in the Republic of Serbia is similar to other countries in transition where smoking is culturally accepted and very widespread (Table 1) [5].

The influence of smoking to mortality by various causes in Serbia is processed in the study on Burden of Disease and Injuries in Republic of Serbia,