Are Tobacco Policies and Practical Public Health Strategies Fully Aligned in Slovakia so as to Yield Better Cardiovascular Health?

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ABSTRACT

Central and Eastern European region have observed the enforcement of public health principles through the WHO-based strategy. These recommendations should aid governmental strategies. Adherence to lifestyle endorsements remains insufficient in cardiovascular health management globally. Specifically, in Slovakia, tobacco cessation strategies have not been fully implemented following WHO recommendations, and there is an absence of a national framework for action to tackle this issue.

Despite the fact that clinical preventative and preventative services, together with research initiatives such as can help identify the impact of smoking health-related conditions in a population, there is no substitute for well-planned public health initiatives. Cost-effective public health implemented strategies, that are functioning, have been fruitful in other European regions.

Working in the development, implementation, and progress of national priorities such as smoking cessation programmes in conjunction with the uptake of lessons from other European states, are feasible long-term strategies that may help further reducing cardiovascular risks in the Slovak population. Successfully implemented smoking cessation policy-models may be prospective examples to look at. This plan of action should be aligned with the joint involvement of government and public health agencies, stakeholders, and insurer agencies to help enliven Slovak tobacco-reduction initiatives.

Keywords: Central Europe, Cardiovascular Health, Eastern Europe, Public Health, Slovakia, Tobacco Smoking.

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Introduction

In several respects, Public Health systems in Slovakia resemble those of its close neighbour The Czech Republic. In both states, public health insurance begins at birth for persons with permanent residency and exists also for any other permanent resident. This Central and Eastern European region has apparently adopted anti-smoking public health principles such as those represented by WHO-initiatives such as Horizon 2020 and the Framework Convention on Tobacco Control (FCTC).

Historically, the Visegrad Group (V4) has experienced potentially disastrous high levels of cardiovascular mortality when compared in an east-west gradient with those observed in more western counterparts.[1] Some of this cardiovascular mortality burden can be allotted to avoidable risk factors such as smoking. While this may be the case, encouraging cardiovascular death reduction in Slovakia has been recorded between the decades 1980 to 2010.[2] Nonetheless in Slovakia, an effort to fully embrace European Union's health intervention approach has not been

grasped in its entirety, perhaps this reflects in some way Slovakia's political roots?

Seemingly Slovakia has grounded its anti-smoking strategy in the protection of the public from other smoking habits i.e. secondary smoking rather than on consistently enacting public health policies. Following European Union policy, tobacco legislation imposed new obligations on tobacco manufacturers and distributors in Slovakia, these included legislative acts to protect non-smokers as well as the imposition of excise duty on tobacco products.[3] However, these policies have not been strictly followed or based on the approved acts aforementioned. The lack of supplementary documentation on the FCTC is perhaps a contributory reason behind the low financial contribution from tobacco-related product excise in this country, despise a regular 1 to 4% annual tax increase on tobacco products since the early 2000s (see figure 1 below).

	Subject to excise tax
2002	32%
2003	36%
2004	40%
2005	44%
2006	47%
2007	51%
2008	54%
2009	57%

Figure1. Time scheduled to increase consumption tax on cigarette, adapted from Ochaba 2003.[4]

Irrespective of published literature released about smoking about anti-smoking efforts in Slovakia efforts to prepare action plans, and endeavours to decrease the burden of smoking and its effects these intentions have not yet been prioritised[5]; data from early surveys have yet to be published, and, less than 4% from the health budget is used for tobacco cessation or promotion of campaigns against tobacco consumption.[6] Additionally, most smoking cessation support seems at the expense of those smokers who are motivated to reduce or cease smoking and purchase over-the-counter non-reimbursed treatments. Seemingly, smoking cessation support has limited availability when neither health clinics, hospitals nor care centres in the community regularly provide any such support. Likewise, publicised efforts seem of limited accountability since Slovakian policy and legislation only complies with the minimum insurance compliance regarding tobacco cessation and control. Furthermore, from the literature, it appears there is an absence of cooperative public health preventative strategies from the government, public health authorities, and insurers.

Public health campaigns aimed at persuading individuals and groups to tackle tobacco control, smoking-prevention, and tobacco cessation strategies need to be coherently addressed in a country like Slovakia with one of the highest rates of cardiovascular disease within the European Union, and the highest standardized mortality rates per 100,000 in the V4 group.

Slovakia has a significant number of smokers and, by default, an equally large population of

secondary smokers exposed to smoke; measures that would relieve the severity of this problem are required. Simple measures such as increased taxation seem to have yielded results in some countries. Many other measures including education campaigns, propagating awareness of the detrimental health effects of tobacco consumption can undoubtedly alleviate this problem as has been witnessed in some initiatives.[7]

In Slovakia, a country meeting the least number of international obligations, repression of tobacco smoking in some public and government venues appears to be the priority rather than public health preventative strategies. This is an environment of the extensive availability of all kinds of tobacco products in most convenience and grocery stores, kiosks, and many other establishments, a situation that does not portend well for an exciting future.[8]

Given that cardiovascular atherosclerotic disease is amongst the highest in Eastern and Central Europe and is amongst the highest in the world[1] initiatives are needed to understand the complexities and interactions of factors influencing tobacco use in Slovakia. Data collection should be put to use, regularly implemented, analysed, and published in official reports, and used for the development of coherent and effective anti-smoking strategies that can ultimately benefit the health of the Slovak population. Efforts to engage populations from all strata, and from all age groups, especially those groups in greatest need must be identified. Following this careful planning adapting public health systems empowering local providers could help escalate anti-smoking initiatives in a sustained manner.

Strong and joint involvement of government and public health agencies, stakeholders, and insurer agencies can help to jump-start Slovak tobacco-reduction initiatives.

Compliance with Ethical Standards

Conflict of Interest: Jose Pantaleon Hernandez declares that he has no conflict of interest.

Human and Animal Rights and Informed Consent: This article does not contain any studies with human or animal subjects performed by any of the authors.

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