

# **Disease burden calculation in the health impact assessment of the anti-smoking legislation proposal in Hungary**

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# ACTIVE SMOKING



## Health effects

- carcinogenesis
- impaired fertility, teratogenesis
- irritation, chronic inflammation
- atherosclerosis
- immunomodulation
- peptic ulcer, bile stone, Crohn's disease

## Target organs

- respiratory tract
- circulatory system
- gastrointestinal system
- nervous system
- genitourinary system
- haemopoietic and endocrine system



# SECOND-HAND SMOKING

## Potential health risk!

- **Essentially the same effects**
- **Low concentrations**
  - **stochastic effects without threshold**
  - **some components in high proportion**
- **Technical approaches can not eliminate environmental tobacco smoke exposure in indoor places**

# **FURTHER RESTRICTION OF THE HUNGARIAN ANTI-SMOKING POLICY**

**Time was on!**

- developing knowledge**
- international obligations**
- examples to be followed,  
applicable experiences**
- significant health burden of  
smoking**

# **GOAL OF THE STUDY**

**Comprehensive prospective health impact assessment of the proposed amendment of Act No XLII of 1999 on the protection of non-smokers and on certain rules of consumption and trade of tobacco products.**

- health impact assessment of the full prohibition of smoking in closed public- and workplaces and on public transport vehicles**
- quantitative impact assessment by disease burden calculation**

# METHOD

## Comprehensive health impact assessment

- **screening**
- **scoping**
- **risk appraisal**
- **reporting**
- **monitoring and evaluation**



# METHOD

**Calculation of attributable mortality and disability adjusted life years due to smoking for a baseline and the upcoming situation after the legal changes take place.**

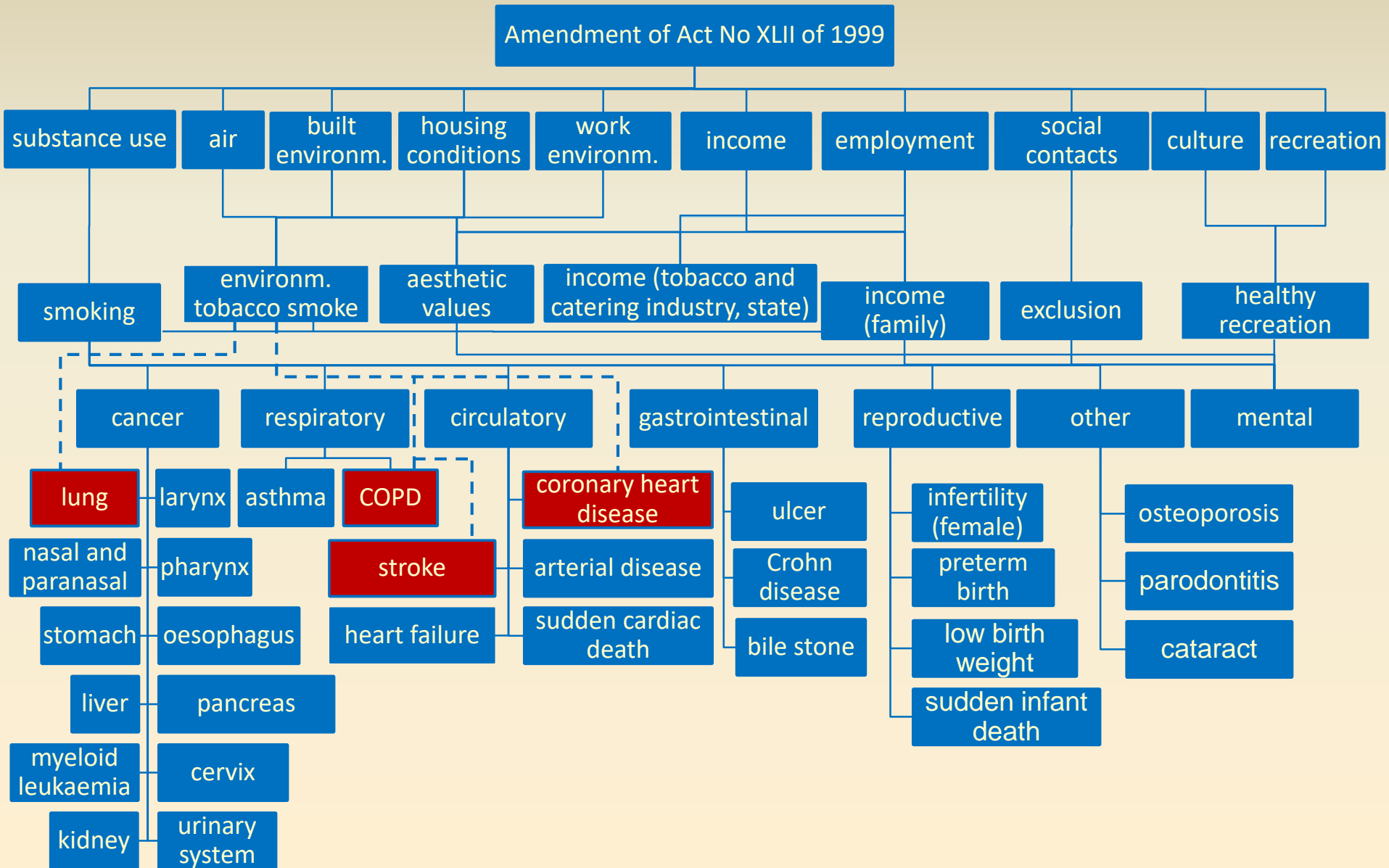
## **Data sources**

- **demographic, mortality data: Central Statistical Office**
- **morbidity data: General Practitioners Morbidity Sentinel Stations Programme, National Cancer Registry, Koranyi National Institute for Tuberculosis and Pulmonology**
- **exposure data: study of the aetiology of chronic liver disease (Univ. of Debrecen, School of Public Health)**
- **association measures: literature**

## **Functions**

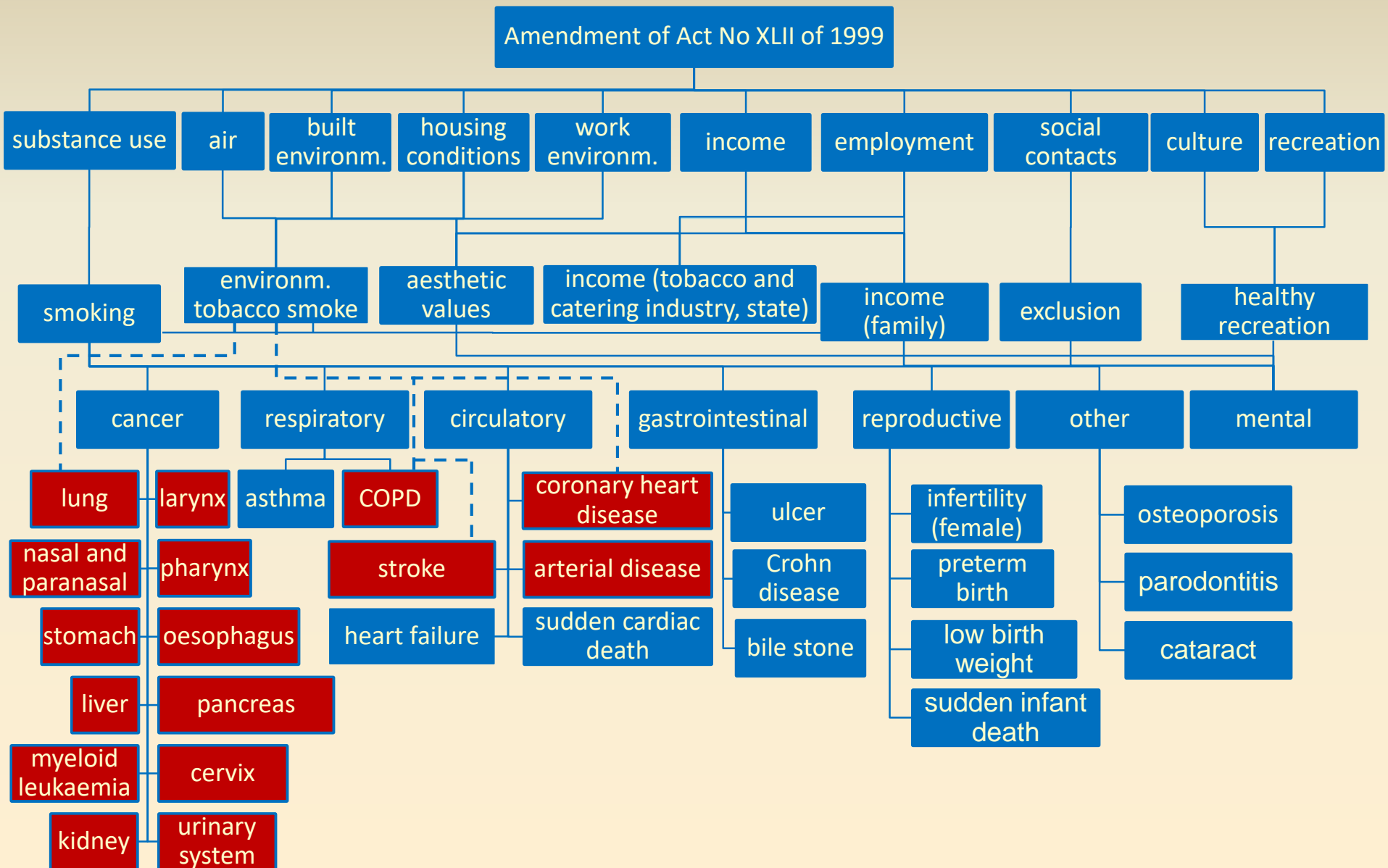
- **WHO Global burden of disease study**

# FULL IMPACT SCHEME





# FULL IMPACT SCHEME



# **EXPOSURE ASSESSMENT**

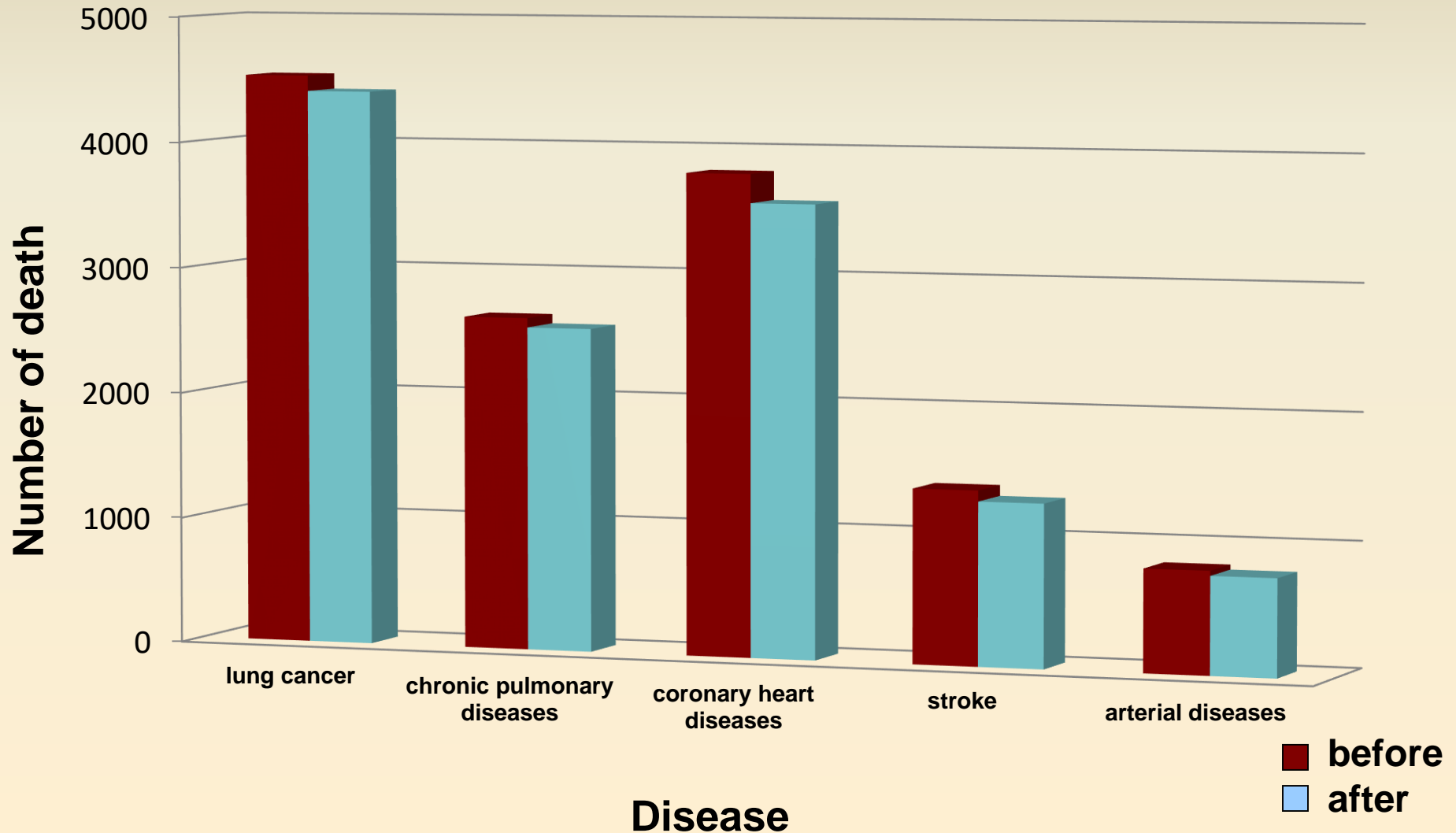
## **Decrease in prevalence of active smoking**

- **7% in the total population**

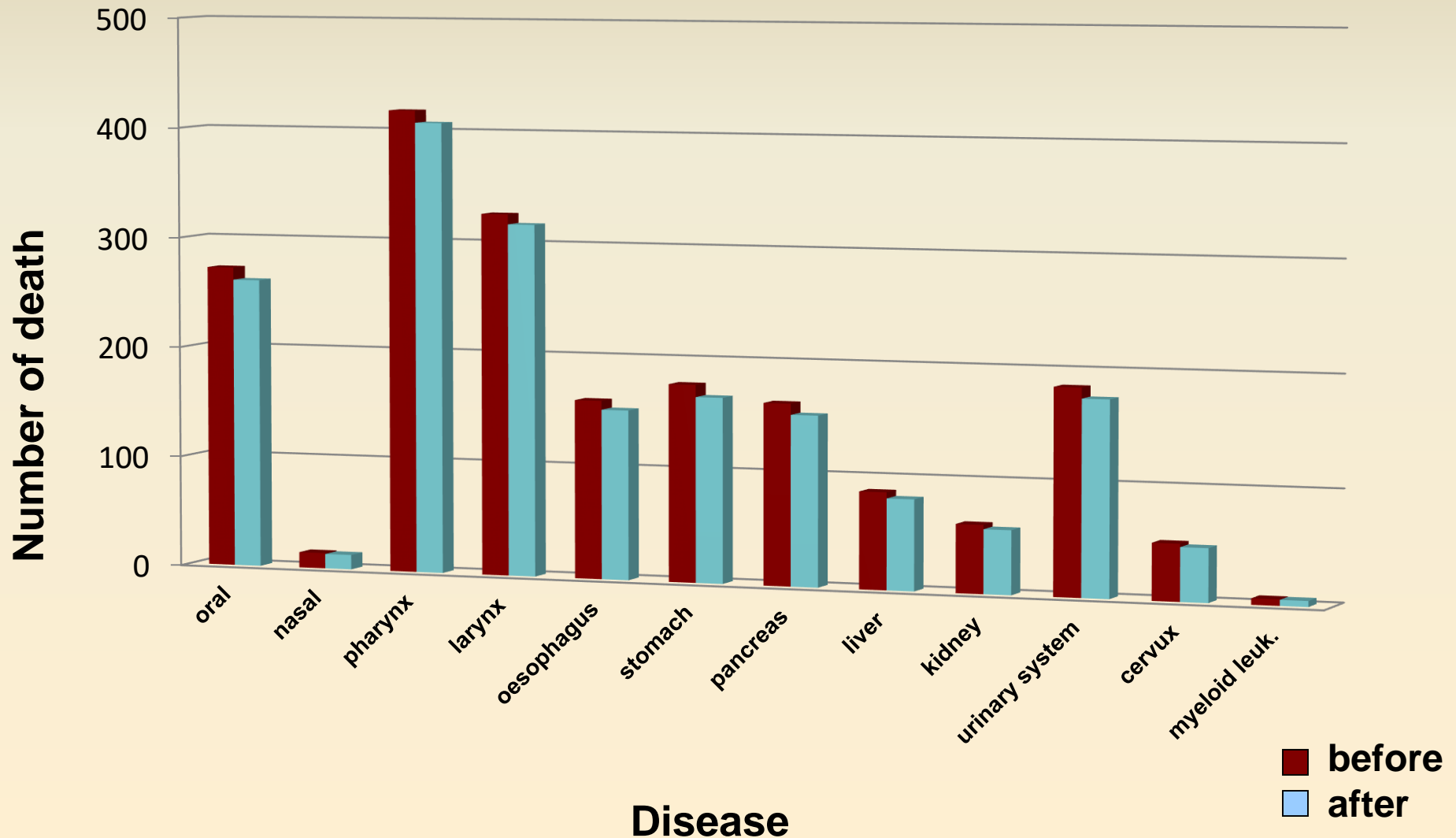
## **Decrease in prevalence of passive smoking**

- **66% in workplaces**
- **95% in hospitality venues**
- **5.9% in homes**

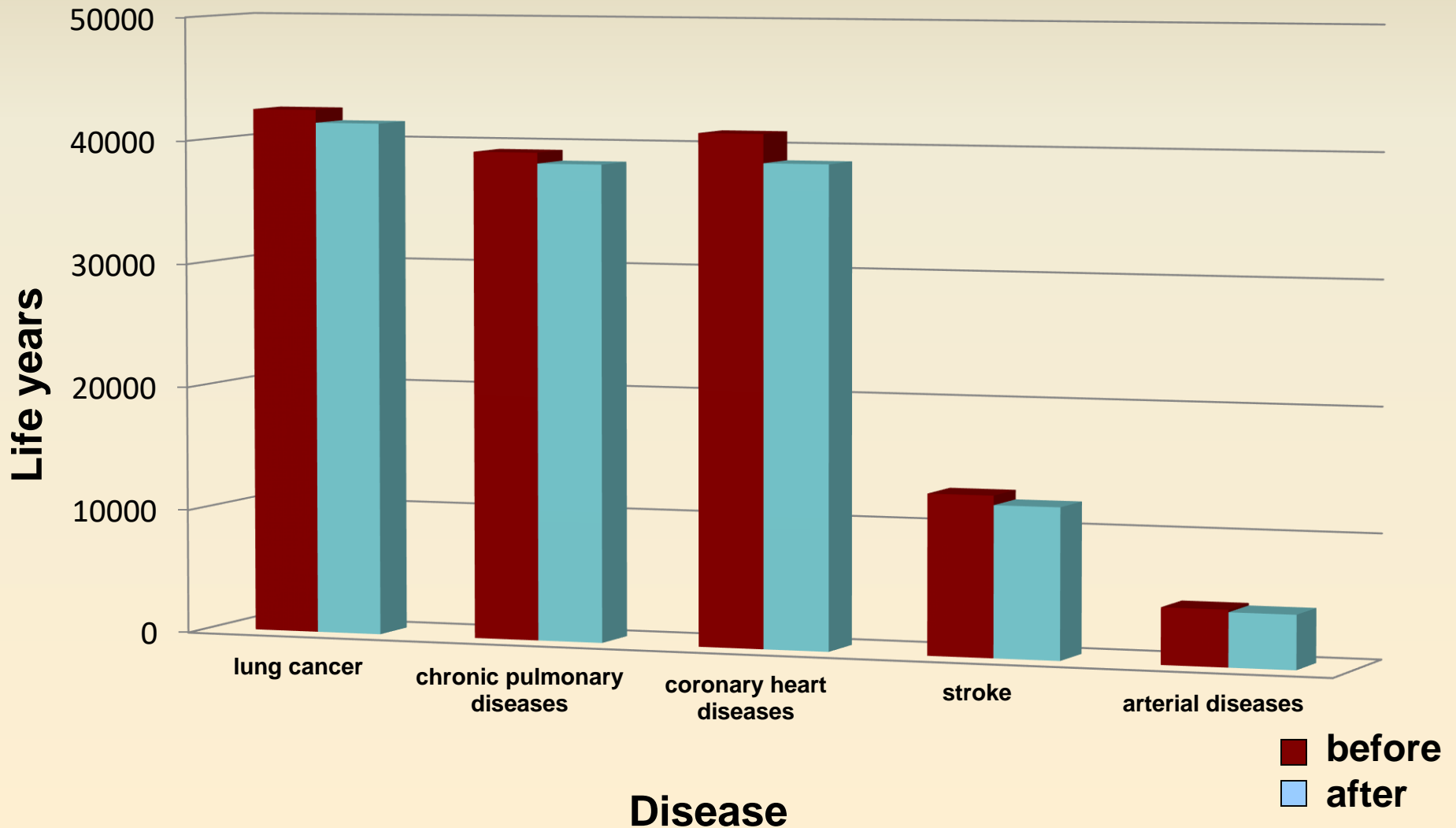
# Death attributable to active smoking (1)



# Death attributable to active smoking (2)

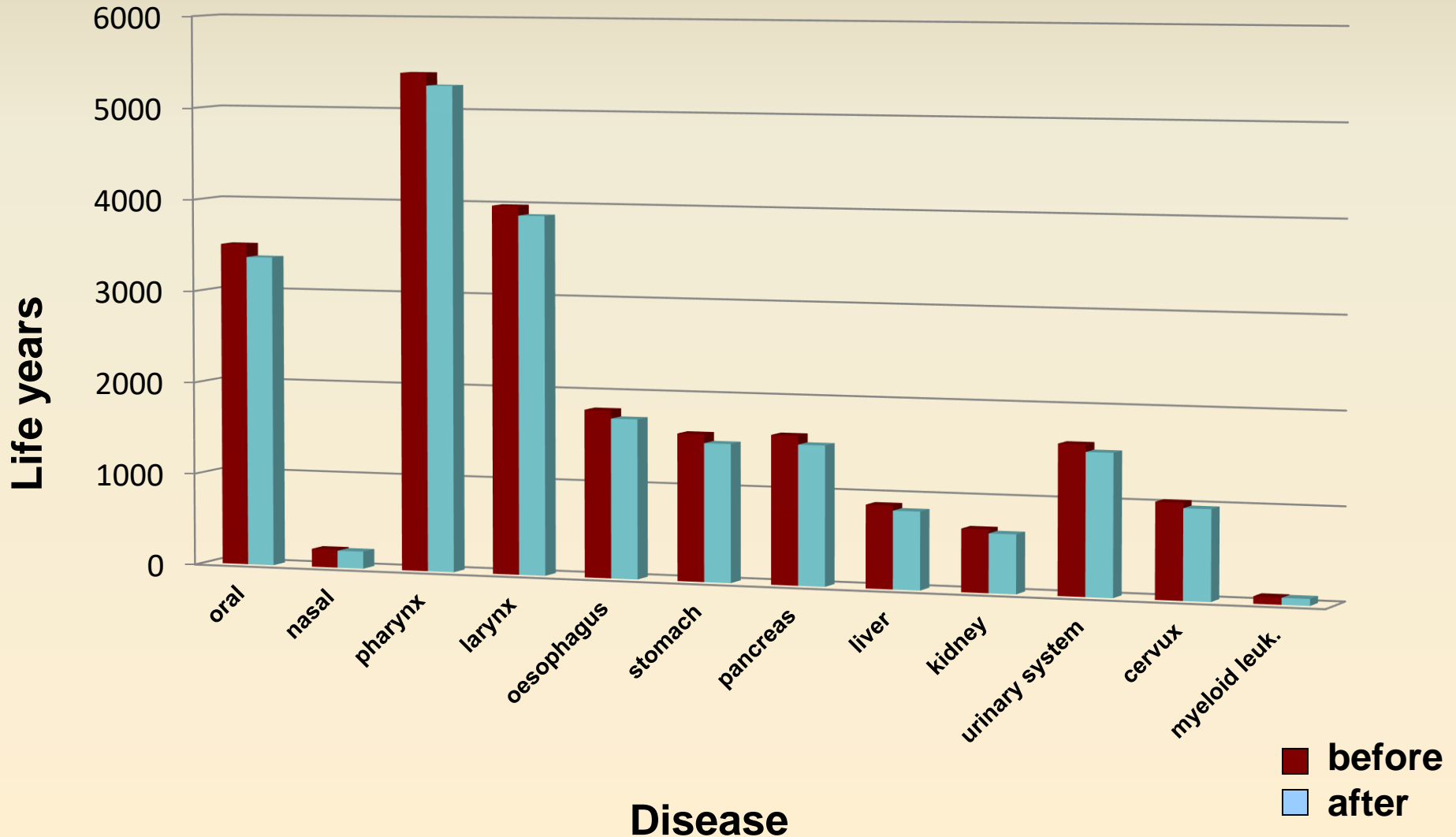


# Disability adjusted life years attributable to active smoking (1)

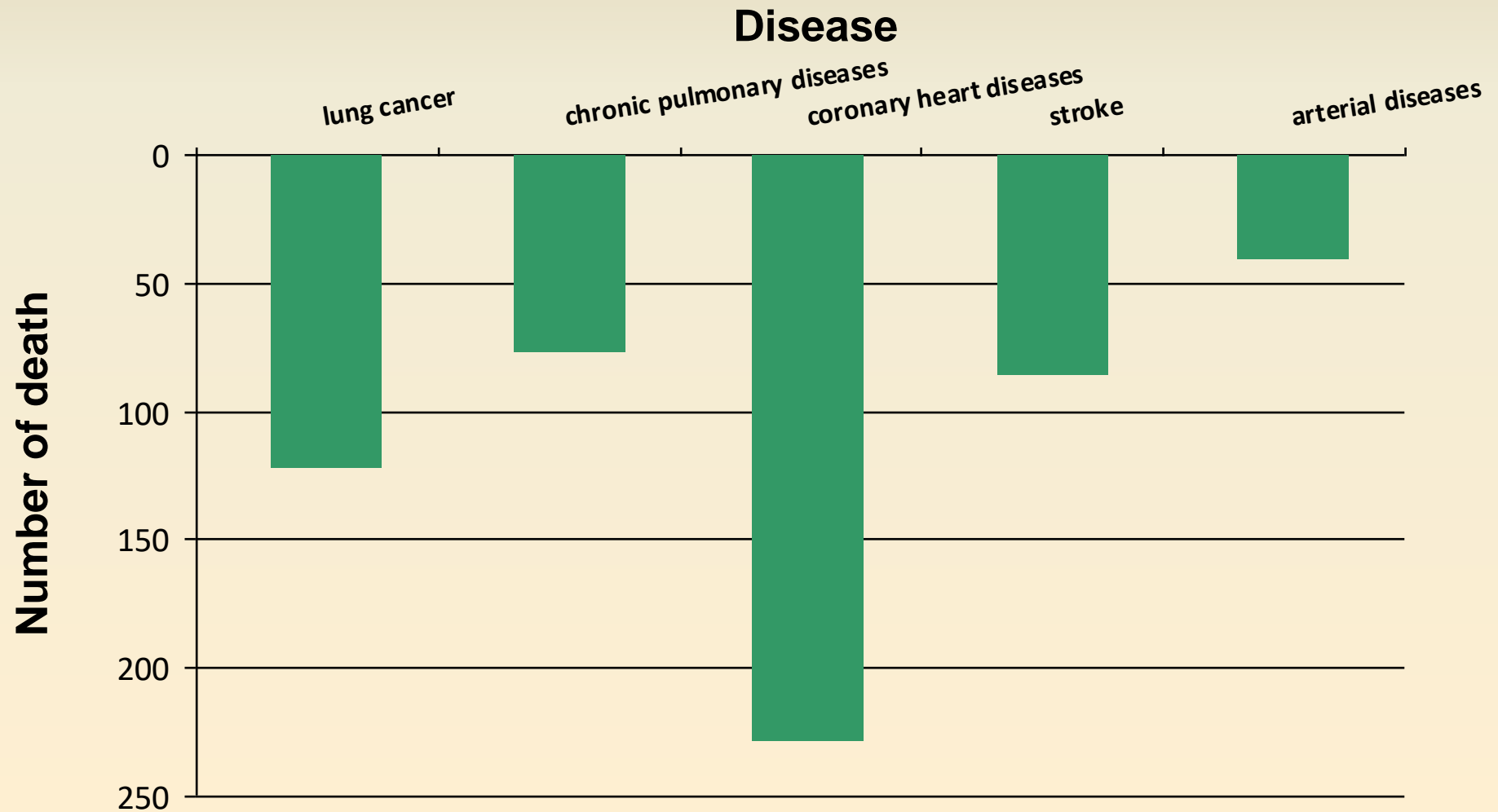




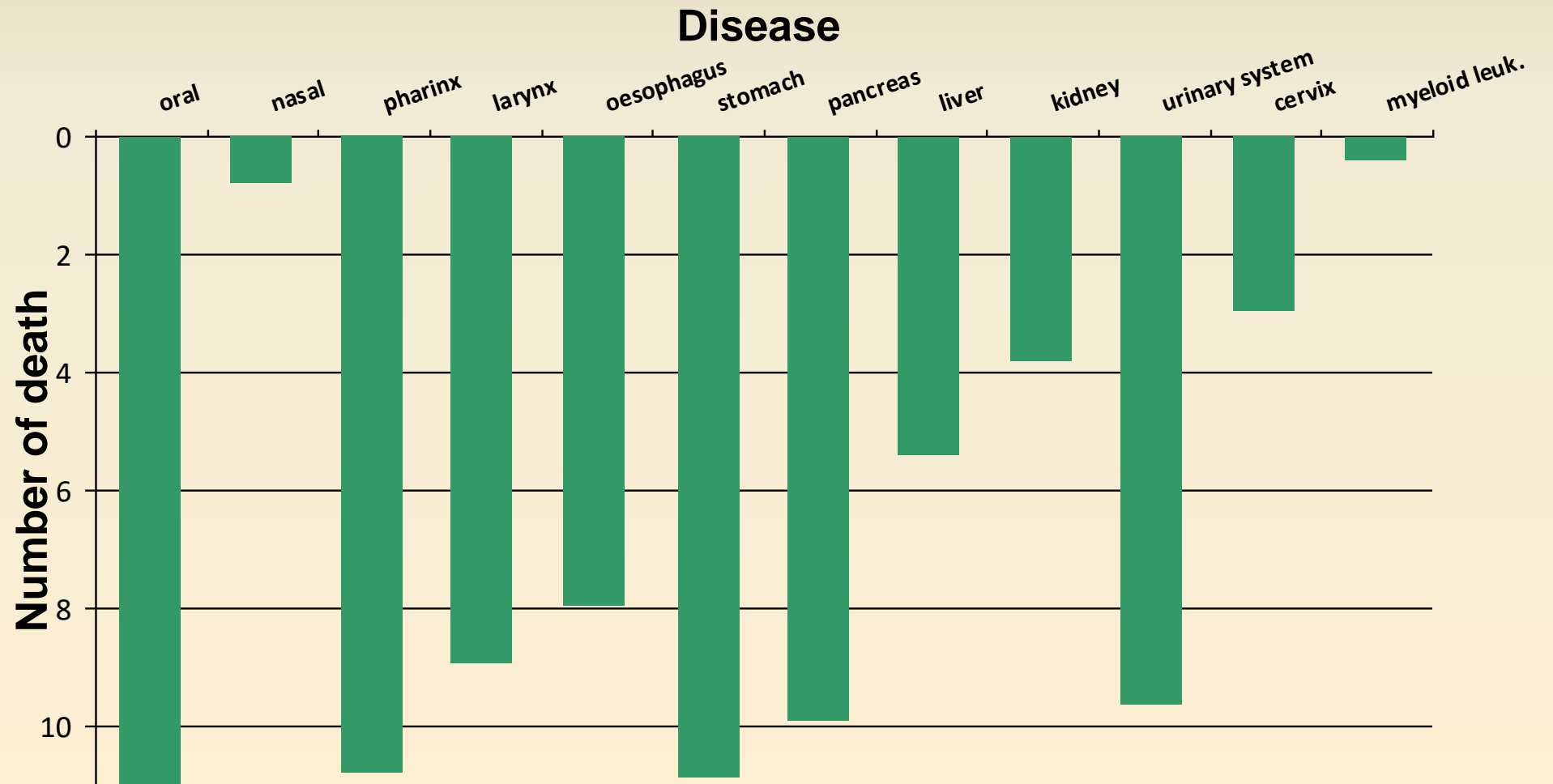
# Disability adjusted life years attributable to active smoking (2)



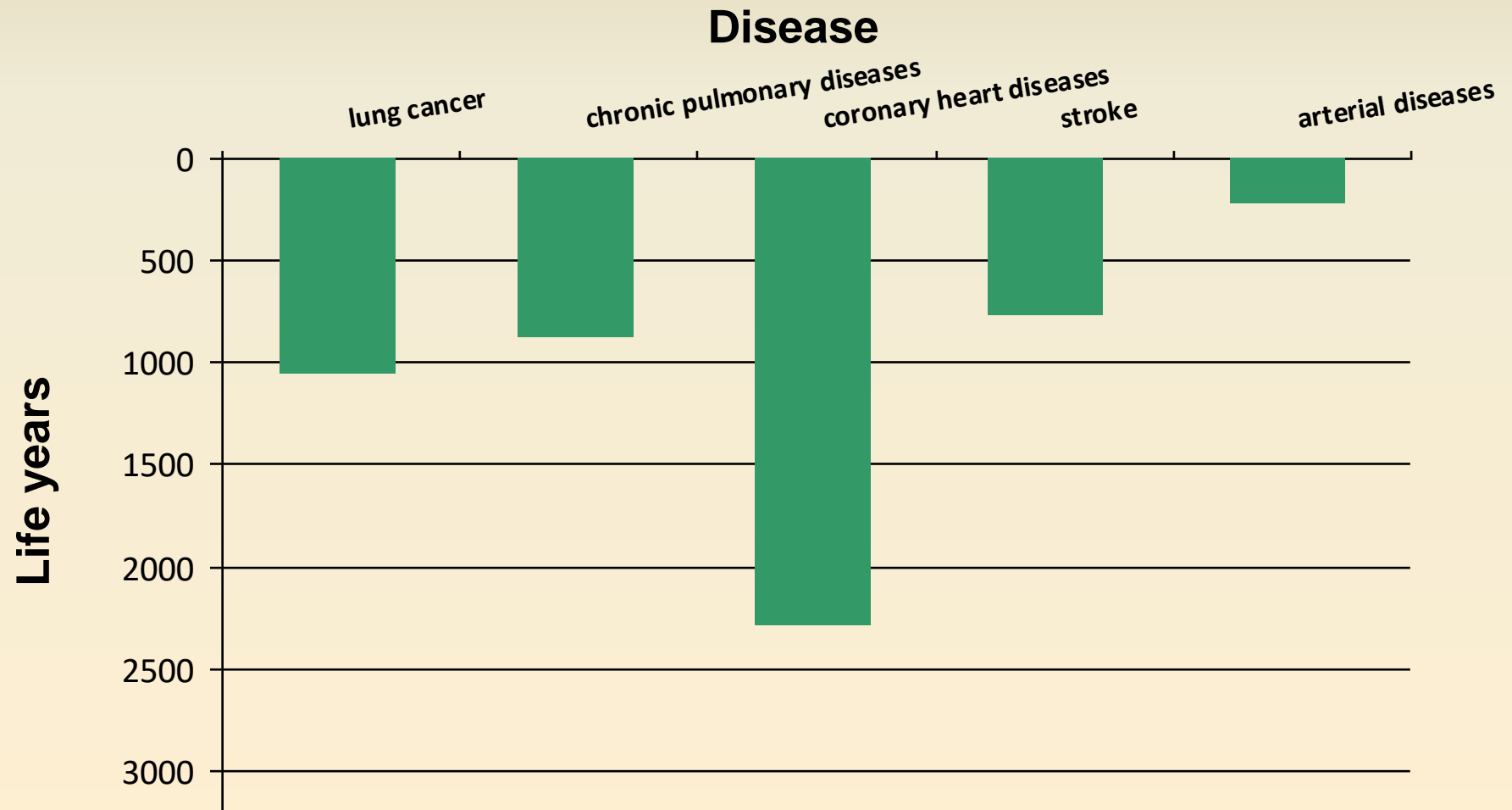
# Reduction in death attributable to active smoking (1)



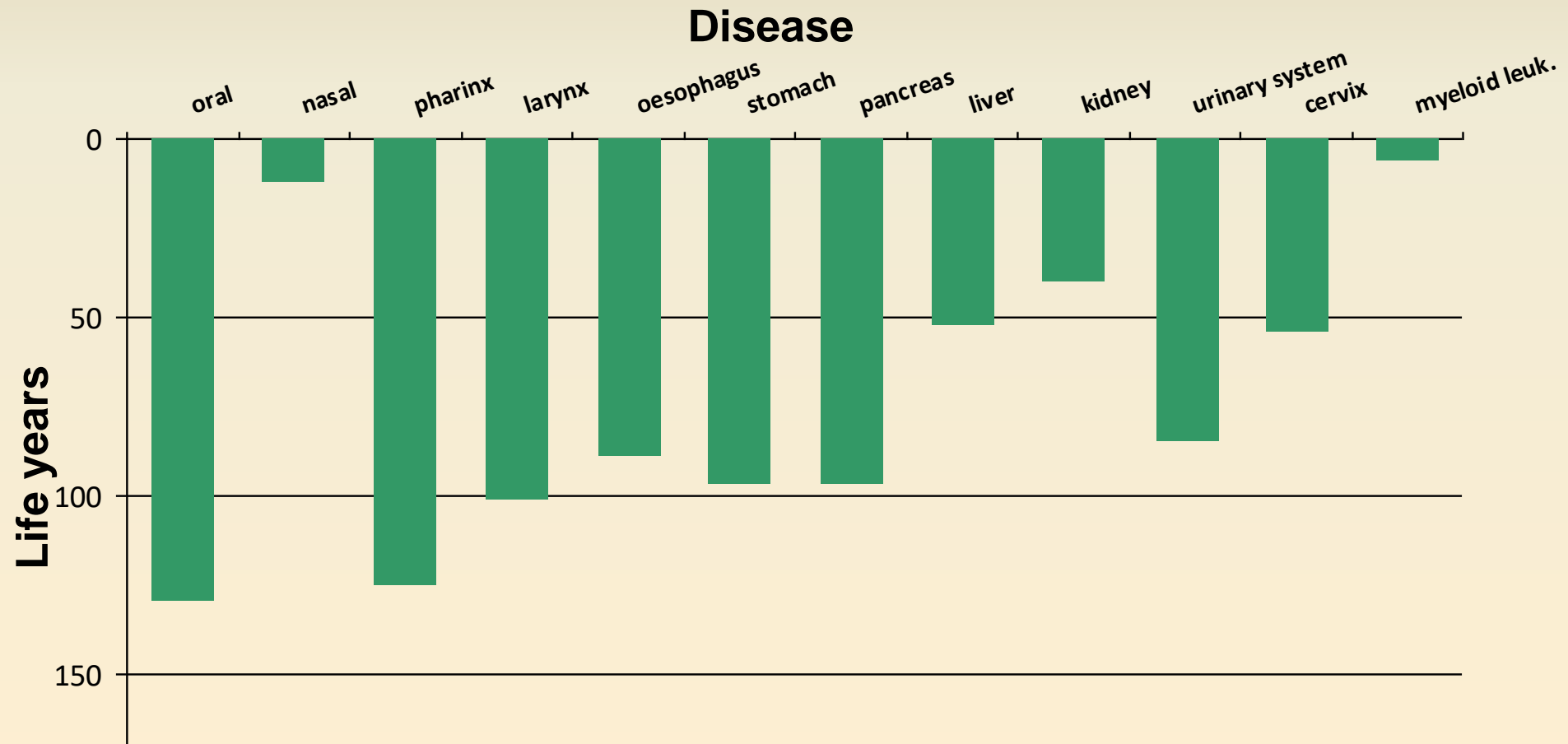
# Reduction in death attributable to active smoking (2)



# Reduction in disability adjusted life years attributable to active smoking (1)

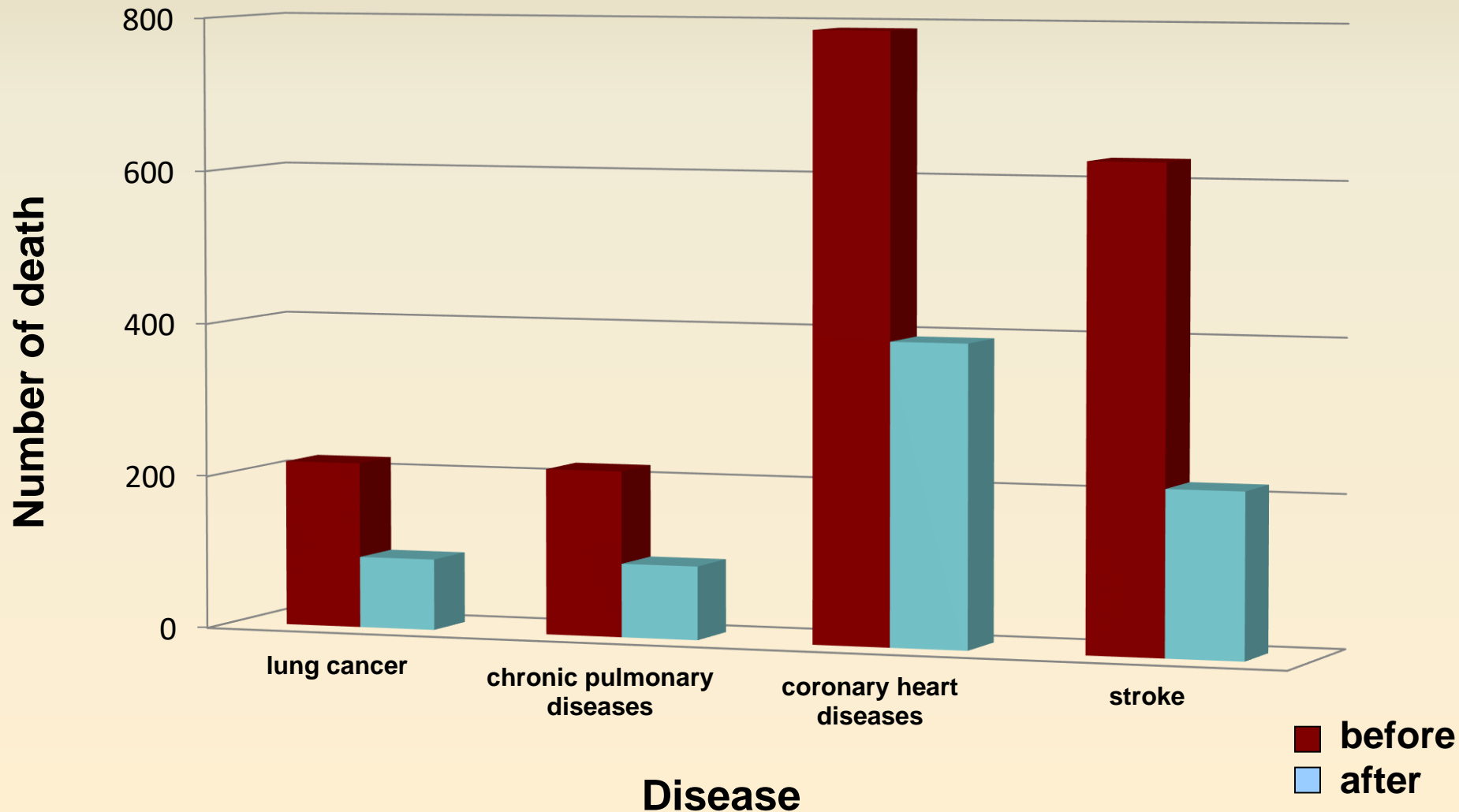


# Reduction in disability adjusted life years attributable to active smoking (2)

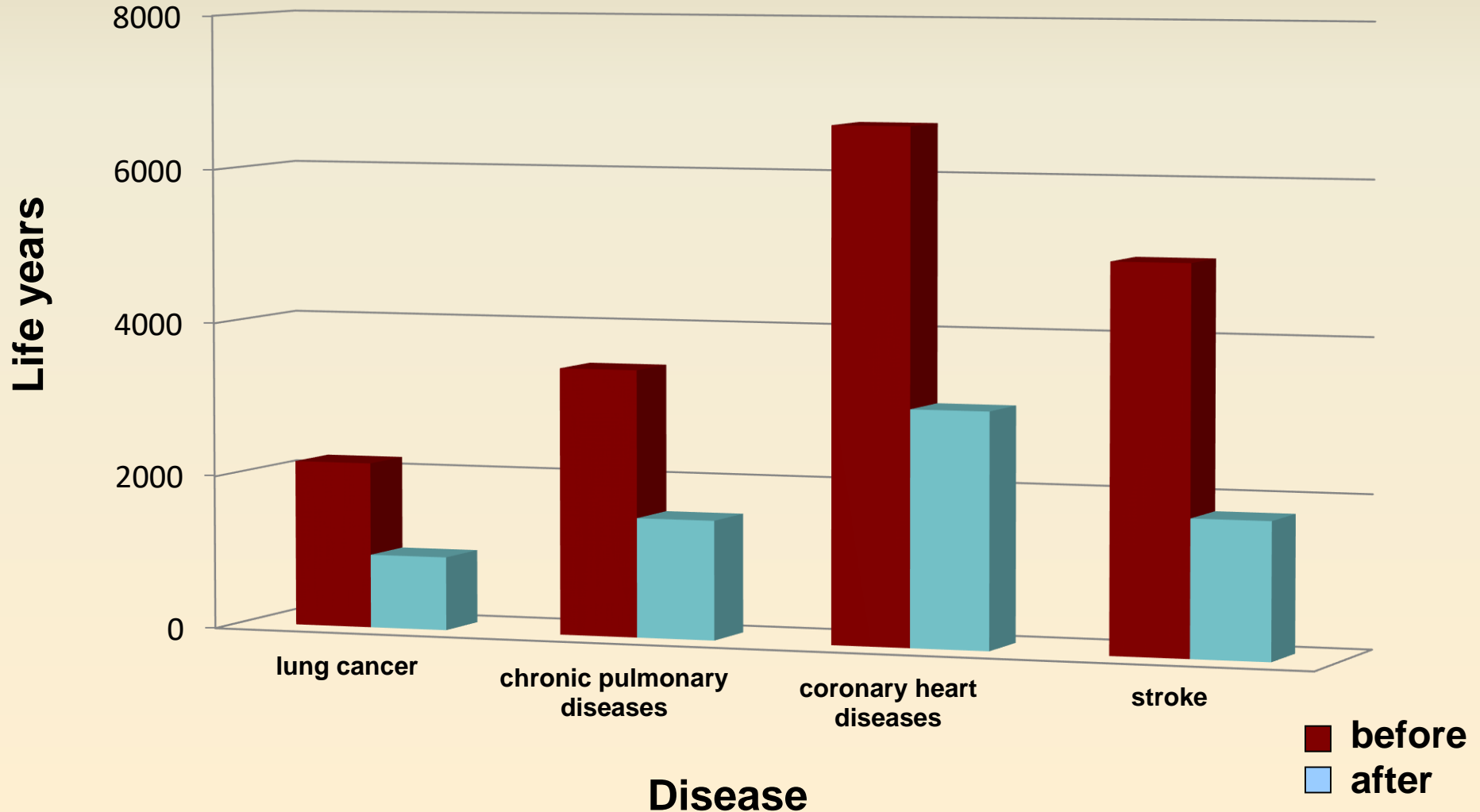




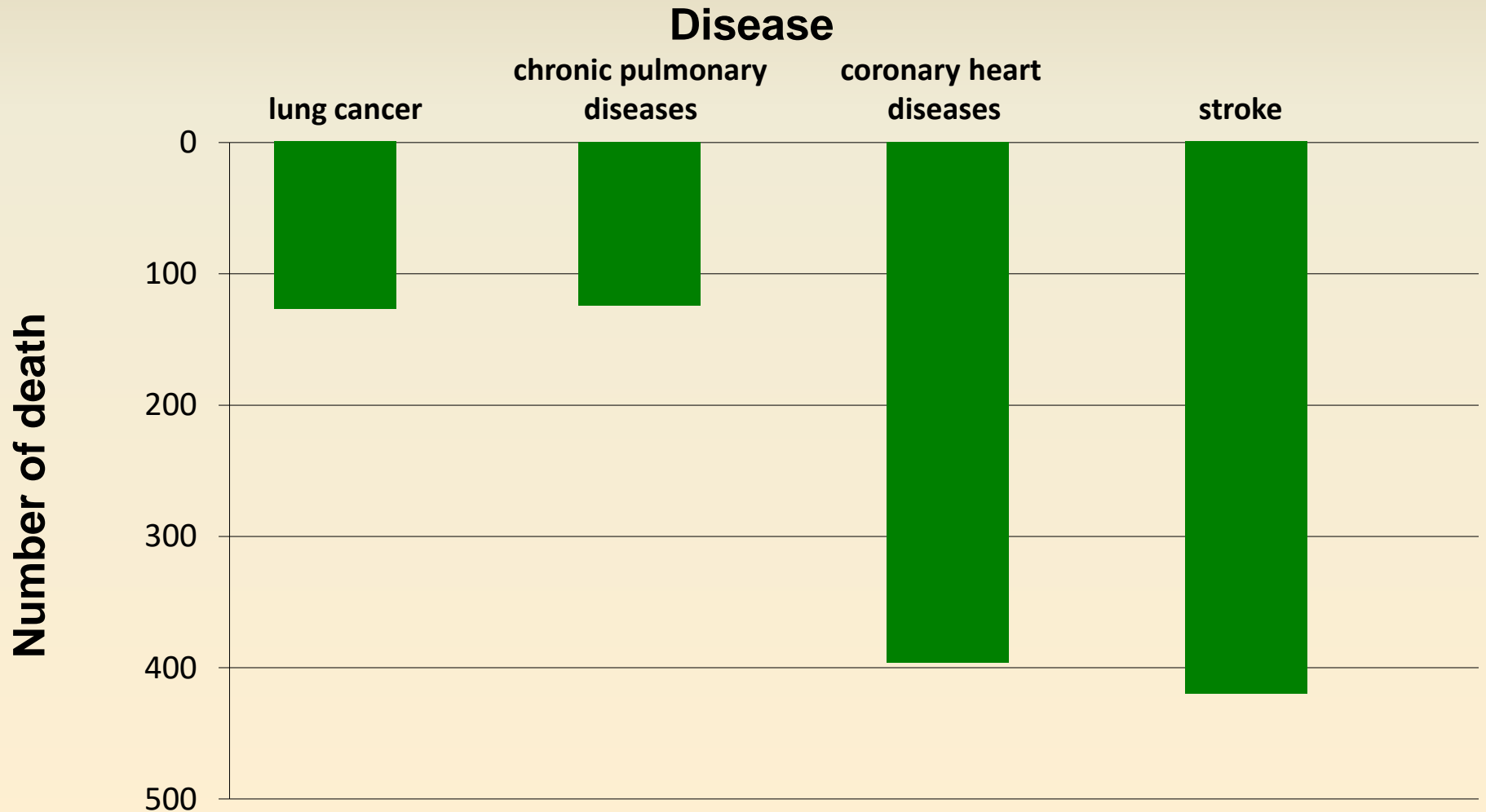
# Death attributable to second-hand smoke exposure



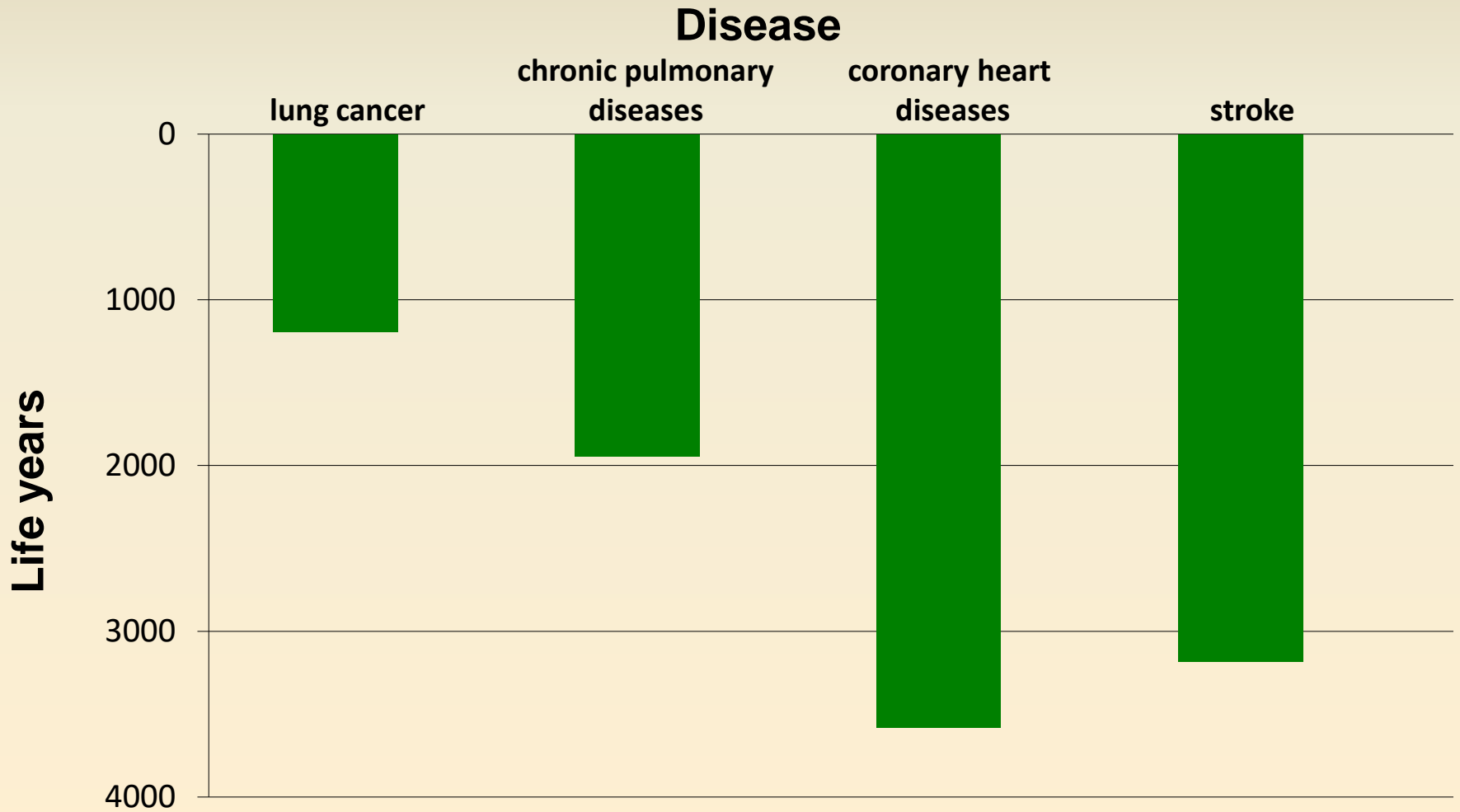
# Disability adjusted life years attributable to second-hand smoke exposure



# Reduction in death attributable to second-hand smoke exposure

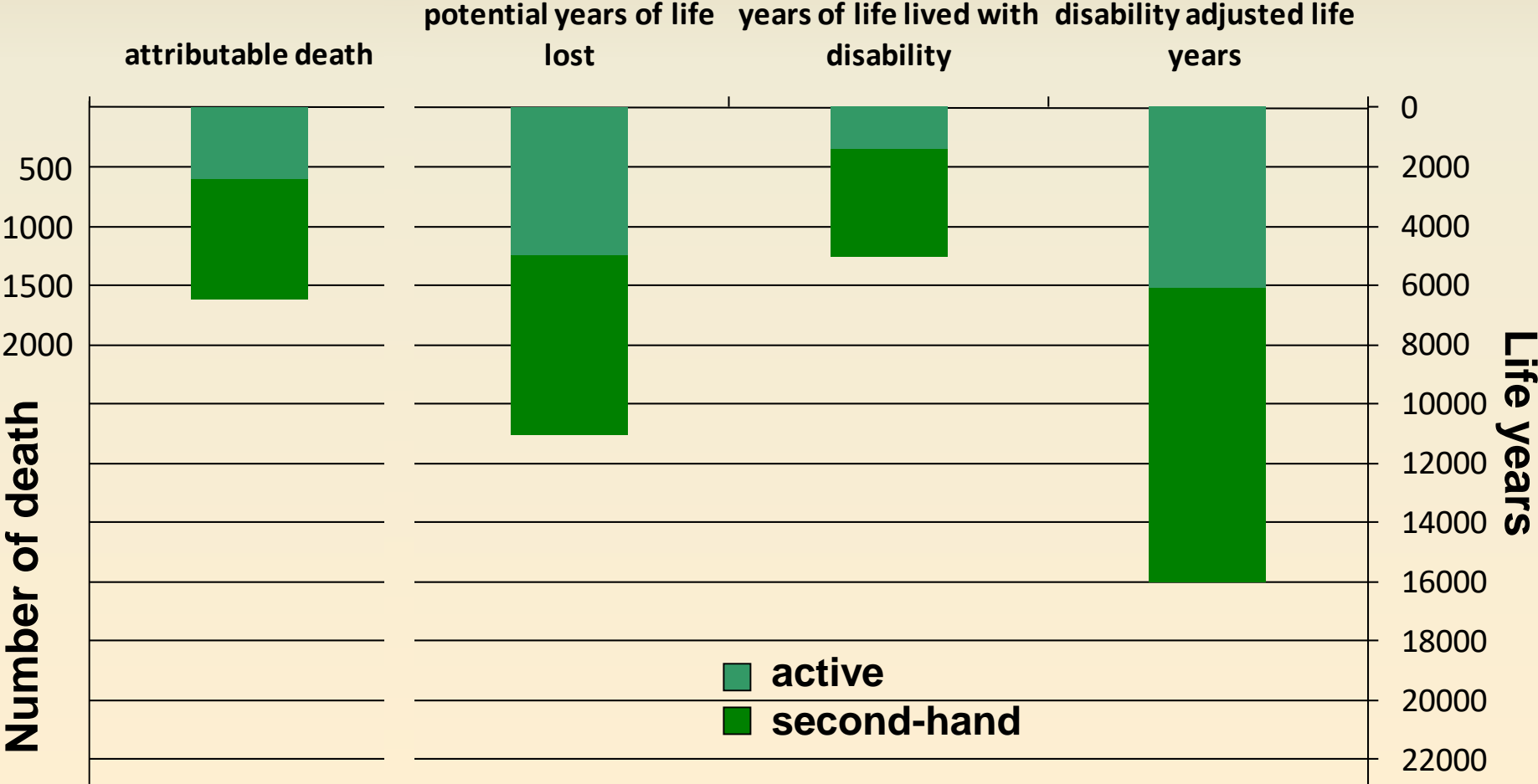


# Reduction in the disability adjusted life years attributable to second-hand smoke exposure



# All quantifiable health benefit of the proposal

## Measure of disease burden





# Discussion

- **The effect of smoking prohibition in closed public places on active smoking and on the exposure to second-hand smoke can be quantified with the use of international experiences.**
- **Effect of changes in the prevalence of active smoking and in the exposure to environmental tobacco smoke can be assessed quantitatively for 16 and 4 diseases, respectively.**
- **Major effect is expected on lung cancer, chronic pulmonary diseases, coronary heart diseases and stroke.**
- **The analysis of causal relationships allowing quantitative assessment can conclude that the proposal may save approximately 1700 lives and 16 000 disability adjusted life years annually in long term.**

# Thank you

