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## Kazakhstan

### “For Smoke-free Kazakhstan” national coalition

Dzhamilya Sadykova, of the national coalition “For Smoke-free Kazakhstan,” is infectiously optimistic about her group’s tobacco control efforts. She has no choice, she said, because she is determined to avenge the killer that took her father’s life.<sup>1</sup> He was only 52 when he died of liver cancer in 1997—fighting to the end but ultimately unable to hang on for a few more weeks to see his daughter graduate from medical school. He knew how much becoming a doctor meant to her—and to him—because he, too, was a doctor.

As Sadykova watched her father suffer during his final years, she suffered alongside him, as do many family members and friends of people with cancer. Her medical degree in hand, she vowed to do whatever she could to reduce the need for other people to experience such pain and suffering in the future. She decided to devote her passion and energy to fighting tobacco use—the most direct cause of many types of cancer and of millions of deaths around the world each year.

She and her allies have not had an easy road to reform and healthy behavior. Smoking is entrenched among much of the population: an estimated two-thirds of all adult men are regular smokers, according to the 2006 edition of *The Tobacco Atlas*,

and smoking prevalence is increasing (albeit from the much lower level of 10 to 20 percent). Throughout the country, health care professionals, including government ministers, have done a poor job of raising awareness of the risks of smoking. Due to growing oil wealth and a decentralized taxation regime, the national government has little financial incentive to raise revenues by increasing cigarette taxes.

The tobacco lobby is strong and influential in Kazakhstan. Transnational cigarette companies have moved into the country in recent years, raising their profiles and seeking to garner support for blocking restrictions on their business. For example, Philip Morris in 2003 opened a US\$14 million tobacco processing factory in Almaty that can process eight tons of tobacco a day. This facility provides jobs and other economic benefits that can be quite seductive to both authorities and the public alike.

Kazakhstan has lagged behind many other nations in tobacco-related legislation as well. The government signed the FCTC in June 2004, but for more than two years after that there was little urgency to ratify it. As this report was being completed, Sadykova reported that the president had signed the FCTC ratification law on November 25, 2006.<sup>3</sup> An existing national law, “About Tobacco Preventive Measures and Restrictions,” which came into force in 2002, needs significant modifications and revisions if it is to be effective, according to Sadykova. She said that although the law has good elements (it bans smoking in health facilities, schools, and government offices), they are outweighed by its weaknesses (lack of enforcement and insufficiently extensive advertising restrictions).

In the midst of this seemingly unreceptive climate, however, members of the “For Smoke-free Kazakhstan” coalition have recorded some notable achievements. The creation of the coalition, in 2005, was in itself an important development. The coalition consists of governmental and nongovernmental entities with different strengths, interests, and resource levels; among the groups are the National Center of Healthy Lifestyle, the Public Health Institute, and the Kazakhstan Press Club. Members agreed that given the relative newness of tobacco control in the country, coordinating efforts and creating joint strategies would increase their reach and effectiveness.

The coalition is moving forward with a combination of media-savvy advocacy and health awareness campaigns. Its overall goals are similar to the goals of tobacco control NGOs in most other countries: to put the appropriate laws and standards in place, and enforce them; to remove obstacles that limit individuals’ ability to obtain smoking-cessation assistance; and to reduce young people’s inclination to begin smoking.

### **Smoke-free Almaty: Local solution for a national problem**

Tobacco control advocates' most notable achievement over the past couple of years occurred at the local level in Almaty, the country's commercial and media capital and its most populous municipality. Advocates are using the new local government initiative, called "Smoke-free Almaty," as a model for other cities and regions throughout the country to adapt.

The initiative resulted from a successful grassroots campaign showcasing the determination of coalition members to collect irrefutable evidence for their advocacy efforts. Armed with video cameras, teams of parliamentarians, police officers, health inspectors, and advocates invited journalists to accompany them on a series of walking tours of Almaty to document violations of the national antitobacco law. They visited restaurants, tobacco vendors, food shops, health care and educational facilities, and public transport stations and vehicles. Among the violations caught on tape were the selling of single cigarettes instead of by the pack, sellers neglecting to ask for age verification, and people smoking in public places where it is against the law. Clearly the law was not being enforced, yet it was also not apparent whether those violating the law even knew of its existence.

The resulting video presentation was shown at a public hearing attended by media and several key officials in the local government. In response to this highly effective monitoring and advocacy activity, the officials acknowledged shortcomings in enforcing the national law and vowed to improve. They allocated 41 million tenge (US\$315,000) for 2006–2007 to create "Smoke-free Almaty," and they promised to increase the budget in future years. This marked the first such specific allocation for a tobacco control initiative by any government entity in the entire Commonwealth of Independent States. The Almaty city council also issued a public rebuke to Philip Morris for its proposal to be involved in all tobacco-related initiatives as part of a "social partnership."

Smoke-free Almaty, specifically geared to reduce smoking among Almaty residents, has five action priorities:

- ▶ Rolling out education campaigns about the risks of smoking
- ▶ Providing smoking-cessation assistance, including the establishment of a quit-line and other support services
- ▶ Mobilizing key elements of society against tobacco, including youth groups
- ▶ Launching and sustaining a media information campaign
- ▶ Monitoring and evaluating the effectiveness of the overall initiative as well as enforcement of existing tobacco laws

The education campaigns are the core of the initiative because education and awareness-raising are necessary elements of all the other priorities as well. Initiative organizers are working closely with coalition members to develop strategies and programs to meet the priorities. For a start, they are focusing on antitobacco messages on TV and radio; training programs for health professionals, teachers, and youth leaders; and innovative outreach efforts such as encouraging theaters to present antitobacco messages before performances.

Because “Smoke-free Almaty” is so new—it was officially launched only in April 2006—its impact on smoking rates and awareness could not be measured at the time this report was prepared. But to the coalition’s advocates, the highly publicized initiative has already had a vital, positive effect. Local authorities from other municipalities have begun inquiring about the program. This will greatly improve coalition members’ ability to spread their message throughout the country.

### **Engagement at the national level**

Sadykova acknowledged that promising steps at the local level have been counterbalanced by glacial change at the national level. Members of “For Smoke-free Kazakhstan” have redoubled their efforts over the past year to gain traction with national government officials and lawmakers, but frequently they have found that far too few understand the issues involved or consider tobacco control a priority.

Sadykova emphasized that a useful way to effect change in these areas is to maximize the use of personal contacts, both within government agencies and among parliamentarians. It helps, she added, that a former health minister and member of parliament, Talapkali Izmukhambetov, is the leading force in tobacco control nationally and regularly lobbies government officials and lawmakers himself.

The big question is how to make tobacco control a priority among them. Unlike the situation in many other countries, she said, national officials in Kazakhstan are less likely to be influenced by economic arguments. Tobacco revenues are essentially insignificant at the national level, especially when compared with revenues from oil production and other natural resource–extraction activities. Indeed, nearly all tax revenues from the production and sale of tobacco go to regional governments, including in areas where tobacco is manufactured. Tobacco companies wield extensive power in many of those areas, especially when they remind authorities of the jobs their factories have created.

For these reasons, according to coalition advocates, their primary advocacy argument with national policymakers must be the health burden of tobacco use. Coalition organizations have sponsored and conducted extensive research in this area among patients, caregivers, economists, and health administrators. The results are grim.

Lung cancer incidence and deaths are rising, especially among men. Furthermore, according to a recently completed coalition research survey, the financial costs of treating tobacco-related illnesses are increasing as well.

Projected deaths and economic costs will rise inexorably if current trends continue. This will place a growing strain on the national health care system, most likely reducing economic growth, productivity, and social satisfaction.

Sadykova noted that she and her colleagues also have pointed to international trends, especially in the developed countries of Europe that Kazakhstan government officials are keen to emulate. Many of those nations have implemented strict tobacco control policies and laws, and are allocating an increasing amount of resources to reduce smoking. Researchers have compiled data from abroad and are distributing it throughout the government through key contact persons.

Tobacco control advocates in Kazakhstan set as their initial goal the achievement of two key, interlinked objectives at the national level: FCTC ratification and strengthening compliance with the national antitobacco law. With FCTC ratification now completed, the focus is on the national law. Among their desired changes to the law, advocates want a complete ban on tobacco advertising and sponsorship (including promotions), and would like 50 percent of the design of all tobacco packs to be made up of explicit health warnings, including graphic images.

### **Major obstacles and next steps**

The first obstacle to tobacco control work, Sadykova said, is that the majority of people in Kazakhstan do not recognize smoking and tobacco as a problem. Smokers regularly underestimate the risk, assuming “it won’t happen to me.” Changing such attitudes and behaviors requires persistent education campaigns that not only stress the health issues, but also reduce the lingering belief among many people—especially the young—that smoking is fashionable.

The second obstacle is that few people in Kazakhstan understand tobacco control or advocacy work. They lack training in how to seek policy change effectively. The dedicated, core group of individuals involved in the work has remained small in number, which understandably limits their scope and reach. The coalition hopes to allocate an increasing percentage of its resources over the next few years to training new advocates in both local and international tobacco control. Through its regional development initiative, Poland’s Health Promotion Foundation is also helping train advocates and increase awareness among Kazakh parliamentarians as to the serious health effects of tobacco use.

Sadykova listed several other major goals for the coalition in Kazakhstan. They include the following, some of which are closely associated with initiatives already under way in Almaty:

- ▶ **Raise awareness among medical doctors.** Not only do many oncologists in the country smoke, Sadykova observed, but a large number still do not believe that nearly all cases of lung cancer are caused by smoking. Strategies to remedy this lack of knowledge include holding workshops and seminars for medical doctors and improving training in medical universities. A core group of trained MDs is necessary to ensure that teaching will be based on documented international and national evidence.
- ▶ **Increase tobacco taxes.** Efforts to achieve this goal will be based on research proving that in Kazakhstan (as elsewhere), price sensitivity makes a big difference in cigarette sales and, subsequently, smoking rates. Sadykova said the coalition is wrapping up research that she hopes will, with the assistance of the media, influence policymakers to seriously consider raising taxes. “My dream,” she said, “would be a 100 percent or more rise” in current taxes “with an earmark for tobacco control efforts” from the revenue collected.
- ▶ **Launch nationwide information campaigns.** The campaigns would expand on the ones launched with “Smoke-free Almaty,” including their strong focus on young people. The coalition has enlisted popular television entertainers, Sadykova said, to assist in role-playing exercises that highlight the negative health and social impact of smoking. The coalition is also hoping to emulate Australia by introducing national TV ads showing stark images of and testimonials from people affected by cancer and other tobacco-related diseases.
- ▶ **Develop a strategy to reduce female smoking.** As the country gets richer and more urbanized, young women are more inclined to smoke. Identifying useful strategies for blunting the “cool” and “modern” associations with smoking will require extensive research among young women and other important target groups.
- ▶ **Redouble efforts to enforce tobacco control laws.** It is difficult to expect police officers to issue citations and levy fines without firm commitments from local and national authorities to enforce the laws’ provisions. The coalition believes that using media to pressure authorities and establishments, including restaurant and shop owners, is a useful strategy to ensure greater commitment and follow-through.

# Notes

1. Sadykova's comments throughout this case study are based on an interview conducted in July 2006.

2. The president's action, according to Sadykova, was prompted at least in part by a month-long national campaign in support of FCTC ratification that was initiated by the coalition. She said the campaign included extensive media coverage and direct contacts with government officials. (According to the World Health Organization's Tobacco Free Initiative website, Kazakhstan ratified the FCTC on January 22, 2007. See [www.who.int/tobacco/framework/countrylist/en/index.html](http://www.who.int/tobacco/framework/countrylist/en/index.html), accessed March 29, 2007.)