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Public Consultation on the European Commission's GREEN PAPER:
Towards a Europe free from tobacco smoke: policy options at EU level

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Views of Pfizer
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Pfizer welcomes the opportunity to comment on the Commission's Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level".

Improving health and well-being of European citizens is important for the European Union and achieving the strategic social and economic objectives of prosperity, solidarity and security requires a population in health.

Pfizer is dedicated to better health and greater access to healthcare. Our purpose is helping people live longer, healthier, more productive lives. Our route to that purpose is through discovering and developing innovative medicines; providing information on prevention, wellness, and treatment; consistent high-quality manufacturing of medicines, and global leadership in corporate responsibility. Every day we help 38 million patients, employ more than 100,000 colleagues, utilize the skills of more than 12,000 medical researchers, and work in partnership with governments, individuals, and other payers for healthcare to treat and prevent illnesses—adding both years to life, and life to years.

Background & summary

Tobacco is the single largest cause of avoidable death in the European Union accounting for over half a million deaths each year and over a million deaths in Europe as a whole[1]. It is estimated that 15% of all deaths, 25% of all cancer deaths[1], and 16% of all deaths from cardiovascular diseases (CVD) in men[2] in the Union can be attributed to smoking.

Smoking, however, does not only kill, it costs money to EU citizens and governments: looking at CVD only, this disease is estimated to cost EU Member States €463 millions a day in healthcare cost and productivity lossesi[2].

This reinforces the urgency for EU Member States to introduce a comprehensive and holistic set of policies aimed at protecting their citizens by reducing tobacco use and preventing tobacco related diseases in Europe. The urgency of these policies are recognised worldwide and the Framework Convention on Tobacco Control clearly supports the implementation of smoke free areas (Article 8) and the provision of support for smokers seeking to quit (Article 14). The treaty was ratified by the European Community in June 2005 [3]

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[1] European Commission (http://ec.europa.eu/health/ph_determinants/life_style/Tobacco/tobacco_en.htm)
[2,] British Heart Foundation, European Heart Network, "European Cardiovascular Diseases Statistics", February 2005
- http://www.ehnheart.org/files/statistics%202005-092711A.pdf last accessed April 2007

As a leading global company producing pharmacotherapy for smoking cessation, Pfizer welcomes the Commission's Green Paper on Smoke Free Environments and the leading role of the European Commission in the fight against tobacco is to be strongly applauded. In this respect, Pfizer believes that, in order to achieve a Europe Free from Tobacco Smoke, decision-makers should endorse the following measures:

- A total ban on smoking in public places as the most effective way to encourage quitting and discourage taking up smoking;

- The introduction of binding EU legislation to implement such bans, as the most appropriate way to ensure compliance of smoke free bans across the EU - if the speed of action in introducing such bans is not jeopardised by the scale of action. This could be achieved by amending of existing legislation such as the Framework Directive on Workplace Safety and Health 89/391/EEC and Directive 67/548 on Dangerous Substances;

- The implementation of supportive measures, such as awareness raising campaigns and increased access to cessation therapies, including funding of therapies, to maximise the impact of smoking bans.

We believe that if Europe wants to succeed in being truly smoke free, positive incentives such as smoking bans must be complemented by effective smoking cessation policies such as those outlined in Article 14 of the Framework Convention on Tobacco Control (FCTC) including support for effective treatments.

Our view, is that in the field of smoking cessation, measures based on compromise are destined to fail. The EU should show the political courage to endorse the most comprehensive and all-inclusive policy options.

1.   Should the Commission propose a total ban or a ban with exemptions?

Pfizer endorses a total ban on smoking in all enclosed or substantially enclosed workplaces and public places.

The overarching objective of any Commission initiative in the field of anti-tobacco policies aims ultimately at de-normalising smoking. According to a recently published report[3], research evidence demonstrates that smoke free policies reduce tobacco consumption because if smoking ceases to be seen as an acceptable activity in social and work environments, less people will be likely to take up smoking, and smokers themselves will smoke less in social or work situations. A study in the US, quoted in the same report, found that adopting a 100% smoke-free policy leads to declines in smoking prevalence that are twice as great as banning smoking in all work areas but allowing smoking in some common areas[4].

However, it is clear that smoking bans tend to be consistently more effective and achieve a larger impact if they are more comprehensive. According to the data gathered in the report mentioned above[5] in the US smoking prevalence among indoor workers decreased by 2.6 percentage points and smoking intensity decreased by 1.5 cigarettes among those who still

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[3] See WHO Framework Convention on Tobacco control on WHO Website,
http://www.who.int/tobacco/framework/en/
[3,] Smoke Free Partnership, "Lifting the smokescreen: 10 reasons for a smoke free Europe", February 2006, pp. 14, 46
[5] Mathew C Farrelly et al. The impact of workplace smoking bans: results from a national survey. Tob Control, 1999; **8**: 272 - 277

continued to smoke after the policies partially restricting smoking came into force. On the other hand, places banning smoking completely recorded 5.7 percentage points decline in smoking prevalence.

Furthermore, evidence shows that in the EU there is public support for smoking bans and that this support considerably increases after bans have been implemented. According to a Eurobarometer survey carried out by the EU in autumn 2005[5], the majority of Europeans approve of smoking bans. 86 percent would like to see smoking banned in offices and other enclosed workplaces. The percentage of those who support similar measures in public buildings such as airports, train stations, and shops is almost as high with only 9% of those interviewed who were somewhat opposed and 6% who were totally opposed. It is true that when it comes to restaurants, bars, and pubs, the approval ratings for smoking bans fall. However, certain distinctions must be drawn. In countries where smoking bans were already in force at the time of the survey, support for laws banning smoking in restaurants was particularly strong. In Ireland, 93 percent of respondents were in favour of such a measure.

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2. Which policy instrument should the Commission propose?

Pfizer endorses the option of introducing binding legislation to regulate the implementation of smoke free areas in Europe as the only effective way to ensure compliance of smoke free bans across the EU.

Voluntary measures are indeed not very effective when it comes to ensure that "laggard" states in the field of smoking cessation implement smoking cessation policies. All EU citizens, however, have a right to be protected from passive smoking and EU harmonised legislation in this field would ensure equal protection for all EU citizens. Binding legislation, furthermore, guarantees sanctions for non-compliance and would impose a comparable, transparent and enforceable level of protection against environmental tobacco smoke across the EU. A 2006 study[6] shows that there is huge discrepancy in the implementation of tobacco control policies throughout Europe and that many Member States may need more than being only 'encouraged' in strengthening currently weak areas of their tobacco control policy.

In this respect, Pfizer strongly recommends the classification of tobacco smoke as a carcinogen. This should be ensured by amending Directive 67/548/EEc on Dangerous Substances.

Secondly, a total ban in public and work places should be ensured by amending existing Directives based on the Framework Directive on Workplace Safety and Health 89/391/EEC.

Importantly, the Directive 89/391/EEC should include also the requirement for employers to consider how best they can encourage their employees to quit. Pfizer is indeed acutely aware that currently less than 7 out of every 100 smokers who attempt to quit actually succeed. Yet, most smokers would like to. If employers endorsed smoking cessation programmes in the workplace, more employees would be likely to quit. This may be profitable for both the health of

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[5] The 2005 Eurobarometer on the attitudes of European towards smoking can be read at this web address http://ec.europa.eu/health/ph_information/documents/ebs_239_en.pdf

[6] L. Jossens, M. Raw, "The Tobacco Control Scale: a New Scale to Measure Country Activity", http://press.psprings.co.uk/tc/june/247_tc15347.pdf .

the employees as well as for the employers themselves.[7] In the long run, smoking cessation generates financial returns to employers[8] by reducing employers' healthcare costs, reducing absenteeism and by increasing productivity. The role which could be played by employers would be key to ensure that employees, prevented from smoking in the workplace, were also given appropriate support when they wish to stop smoking.

An amendment to the Framework Directive on Workplace Safety and Health 89/391/EEC should be introduced to the provisions regarding employers' obligations within the Directive. A possible text could be as follows:

New Article 3a
i)   All employers shall be required to ensure that the work place is free from tobacco smoke
ii) All employers shall be require to ensure that workers have access to comprehensive information and advice on how to stop smoking
iii) All employers are encouraged to endorse smoking cessation programmes

The Directive revision should ensure the protection of the health of all employees, with particular reference to pregnant women. Restrictions to smoking should be extended to outdoor areas around entrances to buildings and possibly to other outdoor public places where people sit or stand in immediate proximity to each other.

Pfizer looks forward to such ambitious legislation. However, this should not result in diluted legislation or slow action. We regard ambition in the field of smoking cessation to be necessary. However, should it appear that the speed of action is being reduced by the scale of action proposed (i.e. 27 member states), then national routes continue to be preferable.

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3. Are there any quantitative or qualitative data on the health, social or economic impact of smoke-free policies which should be taken into account?

According to a new British study[9], based on the actual risks posed to society, alcohol and tobacco are among the worst 10 drugs and are more dangerous than illegal drugs like marijuana or ecstasy. The ranking also suggested the need for better regulation of the more harmful drugs that are currently legal, i.e. tobacco and alcohol.

The issue which Member States have to tackle goes beyond the implementation of smoke-free areas. The key question is, rather, how member states can maximise the beneficial effects of smoking bans with appropriate smoking cessation policies, including access to effective treatments.

Pfizer's belief is that most benefit for society, and the economy will be best achieved when smoke-free areas are complemented with effective smoking cessation policies. Such policies, as agreed in Article 14 of the FCTC, should take a global approach to treating tobacco dependence and should facilitate accessibility and affordability.

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[7] Lightwood James: "The Economics of Smoking and Cardiovascular Disease, Progress in Cardiovascular Diseases", Vol. 46, No. 1, (July/August) 2003: pp 39-78.

[8] Warner KE, Smith RJ, Smith DG, Fries BE. "Health and economic implications of a work-site smoking-cessation program: a simulation analysis. Journal of Occupational and Environmental Medicine"1996;38 (10):981–92.

[9] Nutt D, King LA, Sausbury W, Blakemore C. "Development of a rational scale to assess the harm of drugs of potential misuse" Lancet 2007; 369: 1047–53.

Currently too many healthcare policies in Europe focus on the short-term costs of treating tobacco related diseases, rather than investing in healthcare programmes that promote innovative smoking cessation therapies as a way of disease prevention and wellness. **It is the belief of Pfizer that without sustained support, through service provision and funding for treatments, for smokers wanting to quit the impact of any smoking ban may reduced and short-lived.**

Effective policies leading to smoking cessation, such as the one suggested above, can significantly reduce many of the increased health risks that smokers incur and related costs. The average benefits of quitting include a 50 % reduction in the risk of coronary heart disease and a decrease in respiratory symptoms and infections[10].

Smoking-cessation, as mentioned by the World Bank[11], remains one of the most cost-effective methods of improving health. Eliminating smoking not only extends life and results in an increase in the number of years lived without disability, but also compresses the number of years lived with disability into a shorter period. This implies that the trade off commonly observed between longer life and a longer period with disability does not apply in the case of smoking.[12]

4. Further comments and suggestions

Pfizer stresses that in order to ensure the maximum impact of smoking bans, reflected by a decrease in tobacco related morbidity, mortality and costs, complementary "flanking policies" should be introduced by decision-makers. These supporting measures such as awareness raising campaigns and increased access to cessation therapies, including funding of therapies, for persons who wish to stop smoking are key to ensure that Europe truly become smoke free.

Nonetheless, we are concerned that the Commission's forthcoming Green Paper will largely fail to address the full policy framework necessarily underlying a "Europe free from tobacco smoke" unless it also includes some significant consideration of smoking cessation policies, access and affordability of tobacco cessation treatments, and the promotion of smoking cessation.

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[10] Doll R, Peto R, Boreham J, et al. "Mortality in relation to smoking: 50 years' observations on male British doctors" BMJ 2004;328.

[11] World Bank, "Tobacco at a glance", Washington DC, 2003.

[12] Nusselder WJ, Looman CW, Marang-van de Mheen PJ, van de Mheen H, Mackenbach JP., "Smoking and the compression of morbidity" J Epidemiol Community Health. 2000 Aug;54(8):566-74.