

*Letter dated:*

8 May 2007

*From:*

Dutch Cigar Industry Association  
Beatrix de Rijkweg 3  
NL-5647 Eindhoven

*To:*

DG SANCO, Unit C6

Dear Sir/Madam,

Please find below the response of the Dutch Cigar Industry Association to the Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level" of 30 January 2007.

Our members produce around 2.5 billion cigars per year, of which more than 2 billion are exported. This export volume, of which 87% remains within the EU, makes the Netherlands the largest exporter of cigars in the world. In 2005, cigar consumption, with a total volume of around 6.8 billion cigars, accounted for just 0.8% of all tobacco consumption in the EU. The "average" cigar smoker – an adult male aged 25 years or over – smokes just one or a few cigars per day. There are also many occasional smokers who light up a cigar now and again.

As the largest exporter, the Dutch cigar industry has a direct stake in the proposals put forward in the Green Paper. Our response to the questions in the Green Paper is as follows:

**1) Which of the two approaches suggested in Section IV would be more desirable?**

We take the view that a Community initiative on smoking in places accessible to the public should be proportional, with account being taken of the interests of both smokers and non-smokers. Such a balanced weighing up of interests can best be achieved by an approach whereby smoking is permitted in specific, well ventilated smoking rooms, and banned in other spaces. In our view a smoke-free regulation with exemptions, as described in Section IV, paragraph 2, would be the most acceptable and feasible solution. The exemptions must include 1) testing rooms for tobacco products, 2) catering outlets with a floor area for the public of less than 100 m<sup>2</sup>, 3) physically separate, ventilated smoking rooms in other catering outlets, 4) private clubs, such as cigar clubs, 5) testing rooms in specialist tobacco outlets and 6) permanent or temporary accommodation such as prisons and housing for the elderly.

**2) Which of the policy options described in Section V would be the most desirable and appropriate?**

We believe that good legislation can take into account the legitimate interests of both smokers and non-smokers. In order to achieve that, a Commission recommendation would appear to be the most appropriate option.

**3) Are there any further quantitative or qualitative data ... which should be taken into account?**

As the catering trade in the Member States will be most directly affected by this legislation, we take the view that the Commission should engage actively with the organisations representing this sector.

The possible economic and social impact on the various sectors of the tobacco industry (cigarettes, smoking tobacco and cigars), their suppliers and customers (retailers, wholesalers) should be investigated in more depth than is the case in chapter II, paragraph 2.3 [of the Green Paper].

According to reference 78, "complete elimination of tobacco smoke using ventilation is not possible". Nevertheless, we believe that the most recent study into the development of efficient ventilation systems, as described in the report on "Decentralised smoke displacement systems using recirculation and filtration" (reference 77), should be properly assessed.

Finally, we take the view that any publications which show that the health risks associated with passive smoking are small, as for example in the Dutch weekly magazine Elsevier (article enclosed), should also be taken on board.

**4) Do you have any other comments or suggestions on the Green Paper?**

We support the creation of a broad discussion process with the interested parties and would very much appreciate the opportunity to participate in it.

Yours faithfully,

[signed]

Mr J.G. Bulk

Secretary

**PASSIVE SMOKING A LOW-RISK ACTIVITY**

**Ab Klink may well ban smoking in cafes and restaurants, but let it be for the right reasons: it is unpleasant, but not dangerous**

**Simon Rozendaal**

There is much to discuss in Health Minister Ab Klink's proposed ban on smoking in catering establishments. But let the health argument be the least of it. Whilst the link between active smoking and health is clear, the link between passive smoking and disease is much more tenuous.

Indeed, there is a difference between smoking and smoking.

The health risks of smoking depend on the concentration of poisonous substances inhaled. Now, the concentrations of dangerous substances in the lungs of an active smoker are thousands or tens of thousands of times higher than in the lungs of an involuntary passive smoker.

Passive smoking does indeed increase the risk of certain diseases – complaints of the respiratory tract, heart disease and lung cancer – apparently by around 20 to 30 percent. To the layman, this may sound impressive, but a seasoned epidemiologist would shrug his shoulders at any increase in risk of less than 100 percent.

Epidemiology, the discipline that generates this kind of risk figure, is not a hard science, and an increase of 20 to 30 percent can easily evaporate with another assumption in another, slightly differently structured study.

To put it another way, a non-smoker has a chance of around 1 percent of getting lung cancer. Passive smoking can increase this risk from 1.0 to 1.2 percent.

To compare, an active smoker, particularly one who inhales tobacco smoke, has a ten times higher risk of developing lung cancer. That really is an increase in risk, in the order of 1000 percent.

On the basis of a 20 to 30 percent increase in risk caused by passive smoking, fanatical opponents of smoking (such as the Dutch Health Council) come up with estimates about passive smoking killing several thousand people in the Netherlands each year.

To be clear – these are not demonstrable deaths, but estimates on paper, based on an increase in risk in the order of 20 to 30 percent. They are as theoretical as the tens of thousands of deaths allegedly caused by fine particles in the Netherlands each year.

To have a better idea of these risks, it helps to compare them with other risks, as cigarette manufacturer Philip Morris did in 1996. Their full-page advertisements referred to scientific studies that had said that the health risks of passive smoking were equivalent to that of drinking two glasses of full milk per day or regularly eating pepper or biscuits.

Of course, all hell broke loose, but many scientists had to grit their teeth and admit that there was an element of truth in the adverts and that the risks associated with passive smoking were much smaller than generally assumed.

According to a theory known as 'hormesis', which is gaining ground, small quantities of toxic substances could even have a protective action, as they sharpen the immune system. According to this theory, dangerous substances do not become dangerous until they exceed a particular threshold, underneath which they are health-giving.

Of course, it goes without saying that many people find passive smoking unpleasant and unhealthy, and many people with asthma or bronchitis suffer discomfort from stinking tobacco smoke. But there is no question of it being a serious health risk in the same league as active smoking.

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