EUROPEAN NETWORK FOR SMOKING PREVENTION
RESEAU EUROPEEN POUR LA PREVENTION DU TABAGISME aisbl

ENSP contribution to the refection process for a new EU Health Strategy
Launched by David Byrne on the 15 July 2004

ENSP wants to congratulate and thank Commissioner Byrne for his support and insight in tobacco issues during his mandate. We are convinced, as he put it, that history will look back on all his initiatives and his proactive attitude towards tobacco control in an extremely favourable way.

The ENSP a network of 630 Member organisations and some 1000 supporters in all Member States in the EU and beyond, welcomes the views and vision of the Refection Process on EU Health Policy launched on 15 July 2004 by the European Commissioner for Health and Consumer Protection, David Byrne.

ENSP agrees that tobacco clearly calls for continued concerted action. Tobacco related diseases and deaths are high and growing, it has been estimated that tobacco kills 650.000 Europeans every year, one in seven of all deaths across the EU, over 13 million more are suffering from a serious, chronic disease as a result of their smoking (Aspect consortium). This fact is especially painful as tobacco is one of the leading preventable causes of death and disability among adults (source WHO).

ENSP strongly agrees with the general strategy of the paper, the key is not to use the action-reaction strategy against ill-health or outburst of health hazards (SARS, contaminated blood), but to proactively promote health and provide the educational background to guide people towards healthy choices. Correcting life style related diseases is about making informed choices.

At time when the legitimacy of the EU is of growing concern, the new Strategy in the hands of the new commissioner would contribute to narrowing the gap between the European Union and the European citizens if it showed greater commitment to transparency and civil society input. We agree that achieving good health for all is a shared responsibility that requires cooperation between the EU, its Members and its citizens, but this should be an EFFECTIVE and TRANSPARENT cooperation. Let's create TRULY effective partnerships for health!

In this message, the ENSP indicates its general comments and answers to the open questions of the Reflection Process notably in what it touches Tobacco control.

1. Enabling Good Health for all

Gradients in health associated with the unequal distribution of social, economic and cultural opportunities exist within and between all European countries. Lower socio-economic groups have been reported to suffer 2 or 3 times more often from disease, disability or premature death. The past two decades have seen the increasing association of smoking (and the corresponding tobacco related diseases and deaths)

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with markers of social disadvantages. This fact is especially painful as tobacco is one of the leading preventable causes of death and disability among adults in Europe.

ENSP agrees that there is a strong needs to minimise the economic and social consequences of ill health, and to reduce health inequalities. This is a step forward, but inequalities in health and their underlying determinants, particularly tobacco consumption, need to be given priority across all levels of government.

A recent ENSP publication (October 2004) 'Socio-economic Inequalities in Smoking in the European Union: Applying an equity lens to tobacco control policies' by the Erasmus MC Rotterdam[1] provides an overview of patterns, trends and causes of socio-economic inequalities in smoking in the European union and outlines ways to make tobacco control and related polices more oriented towards disadvantaged social groups.

The principal findings are as follows

By the year 2000, among men, smoking was more common among lower socio-economic groups in all EU member states. Among women, the same applies for northern Europe, whereas in southern Europe inequalities in smoking were beginning to emerge, especially among young women. In most EU member states, smoking followed the tobacco epidemic model, according to which large inequalities appear in the latest phases of the epidemic. In many of the countries with mature smoking epidemics, smoking was probably the largest single cause of socio-economic inequalities in morbidity and premature mortality.

Poor socio-economic conditions influence smoking across the individual's lifetime through a wide array of factors. During adolescence, individuals with lower levels of education have a higher chance to initiate smoking and become addicted. During adulthood, men and women with low education, low income or living on social welfare have a higher chance of continuing smoking or of relapsing. Poor socio-economic conditions in youth and adolescence influence smoking uptake through a range of mechanisms, including decreased refusal skills and increased psychosocial stress. Less success with smoking cessation attempts is due to higher levels of nicotine addition, but also to other factors such as increased psychosocial stress and lack of social and instrumental support.

The application of an equity focus could enrich and modify tobacco control policies in several ways. Many tobacco control measures have the potential to reduce overall smoking prevalence, and at the same time achieve the largest reductions among lower socio-economic groups. These include banning of advertisements, rising tobacco prices, work place interventions, free supply of cessation aids, and telephone help lines. Unfortunately, in each European country, some of these tobacco control measures have not been fully implemented. In addition, past measures have often been implemented in such a way as to benefit upper social groups more than lower groups. Thus, there is yet considerable potential to further develop comprehensive strategies aimed at reducing tobacco consumption among disadvantaged social groups.

When implementing specific tobacco control measures, there are several opportunities to target or to tailor these measures according to the needs of lower groups. Examples include strict enforcement of laws and agreements in all settings, removal of financial and other

[1] Kunst, Giskes and Mackenbach. Socio-economic Inequalities in Smoking in the European Union. Applying an equity lens to tobacco control policies. September 2004. Pages3-9

barriers to cessation aids, geographic or social targeting of cessation services, and tailoring of communication approaches towards the needs and experiences of lower social groups.

The effects of traditional tobacco control policies may be enhanced by linking up to policies that aim to improve the living conditions and resources of lower social groups. At local level, tobacco control can be integrated in community-based actions such as support groups and interventions aimed at fostering a safe and healthy living environment. At national and international levels, socio-economic policies such as income support for the poor can be integrated with tobacco control measures such as rising tobacco taxes.

While the available evidence makes a strong case for the development of equity-oriented tobacco control, there are important gaps in the current knowledge that call for further research and development. Trends in different social groups should be monitored as a routine part of tobacco surveillance. The specific situation of lower socio-economic groups should be taken into account when developing, implementing and evaluating tobacco control measures. Finally, international collaboration and exchange is required to optimally learn from the experiences with tobacco control in different parts of Europe.

Conclusion

Up until the present time, large inequalities in smoking were emerging and widening in Europe. Tobacco control policies should take up the challenge to reverse these unfavourable trends. As smoking is increasingly more concentrated in lower socio-economic groups, reaching these groups is essential to achieve significant reductions in tobacco consumption across Europe. It is primarily among men and women living in socio-economic disadvantage where the fight against tobacco will finally have to be won. To achieve this, comprehensive tobacco control policies should fully implement a broad series of measures, and target or tailor these measures according to the needs of lower socio-economic groups. In addition, these measures should be strengthened by broader policies, at local, national and international levels, aimed at creating supportive environments for lower socio-economic groups.

We invite you to consult the full report of this study at www.ensp.org

2. Good Health as a shared responsibility

As stated above at time when the legitimacy of the EU is of growing concern, the new Strategy in the hands of the new commissioner would contribute to narrowing the gap between itself and the European citizens if it showed greater commitment to transparency and civil society input we agree that achieving good health for all is a shared responsibility that requires cooperation between the EU, its Members and its citizens, but we need greater commitment to translate this into effective terms.

We welcome the views expressed by Marcos Kyprianou on the 13th October parliament hearing concerning empowering NGO's. Empowering NGO's / EU-Wide networks for the delivery of best solutions or effective information is a step forward in the right direction. But this effective/ user-friendly information needs to be supported by a solid scientific base. Innovative, valuable and cost effective

RESEARCH that will adhere to best practices and quality results will support reliable public information and evidence-based policy and actions.

While much needs to be done at national level, the European Commission can show leadership and assistance and fostering partnerships, mainstreaming health into all EU policies and informing stakeholders with reliable INFORMATION, are essential steps for a new public health strategy that wants to lead the way, truly serving citizens and with a creative vision.
ENSP agrees that protection is not enough; achieving good health requires positive action. To this end, commitment to clear and ambitious objectives followed by effective measures and regular, transparent reporting on actions taken and the results, is key.

In the first place this means an unambiguous confirmation that this new strategy will do its utmost to:

- **Take concrete steps towards the implementation of current legislation in tobacco control**
- **Take the protection of public health seriously by supporting/fighting for the necessary legislation (i.e Smoke free public/workplaces)**
- **Commit to further develop comprehensive strategies aimed at reducing tobacco consumption specifically among disadvantaged social groups, youth and woman.**
- **Finance research on health issues, including the introduction of a budgetary line in the 7th Framework Programme that deals with health, health threats and lifestyle diseases.**
- **Increase the resources of the Public Health Programme so that strategies can be translated into concrete outputs and actions.**

A seven-year experience has shown the ENSP that sharing knowledge between stakeholders is of key importance. There is a strong need of sustaining a high level of coordination between actions and initiatives thus enhancing the effectiveness of individual associating and specific networks in order to contribute positively to protect and promote health.

3. Health generates Wealth

ENSP agrees that investing in health brings substantial benefits for the economy and that health expenditure is too often viewed as a short-term cost, not as a long-term investment.

This is especially true at national level and the EU has another opportunity to show leadership and a creative attitude.

In general terms, the EU bears a huge economic load due to smoking. An estimate of this cost falls between € 98 billion to € 130 billion a year, or between 1.04% to 1.39% of the region's 2000GDP. According to the ASPECT report it has been estimated that the true cost are undoubtedly higher, and will continue to escalate if appropriate measures are not taken. Smokers, but also non-smokers governments and employers have to cover these costs. Also the ASPECT report indicates that empirical evidence shows that tobacco consumption represent a net burden for state budgets even after accounting for collected tobacco tax and savings in social security payments due to premature mortality among smokers. **Promoting**

tobacco control is not only an important heath promoting strategy but also one that will lead to a substantial benefit for the economy!

For instance, using smoke free workplaces, as a particular case study, huge savings could be promoted if the EU could foster a voluntary code for companies and trade associations that will implement a smoke free workplace.

Professor Dautzenberg (France) recently put together a study indicating that the cost of tobacco at workplace is indeed very high. **Best estimates are between 300 € and 3000 € of over cost per smoker worker per year**. The cost of fire, deterioration of building and engine and compensation for disease related to work had to be added.

In France for example the cost of a lung cancer related to a carcinogen, if exposure continues after the date of publication of the compensation table, is 1 million euros for the company. Most of workplace related cancer had an incidence increased by 10 by the tobacco smoke exposure.

Cost of tobacco at workplace

Cost to tobacco at work place.

Employees number	No carcinogen at work place	High risk carcinogen at workplace and 0,1% of lung cancer related to work exposure
100	33 000 €	133 000 €
1000	330 000 €	1 330 000 €
10 000	3 300 000 €	13 300 000 €

€ Cost to tobacco cessation at work place
Figure for workplace with 33% smokers
Cost of a smoker 1000 € / year if non carcinogen
If a high risk carcinogen 1 millions/1000 workers

Benefit to a better tobacco control

We can imagine a scenario where a proposed action will decrease the smoking rate in factories by 1% the first year, 2% the second year then 3 % then 5% for coming years with a light implementation at local level.

With a high implementation strategy the decrease of tobacco consumption can reach 3% the first year and 5% each for coming years.

Benefit in Euro of 1% decrease of smoking rate in factories

Employees number	No carcinogen at work place	High risk carcinogen at workplace and 0,1% of lung cancer related to work exposure
100	330 €	1 330 €
1000	3 300 €	13 300 €
10 000	33 000 €	133 000 €

Benefit in Euro of 5% decrease of smoking rate in factories

Employees number	No carcinogen at work place	High risk carcinogen at workplace and 0,1% of lung cancer related to work exposure
100	1 650 €	6 650 €

1000	16 500 €	66 500 €
10 000	165 000 €	665 000 €

So to decrease dramatically the cost of smoking at work place it is recommended to implement a European initiative for smoking cessation at workplace.

This initiative provides a win- win situation:

- Win for industry/ company that implements it as there will be a clear wealth generation
- Win for the health and well-being of smoker and non-smoker workers who will be protected from second hand smoke.
- Win for social relationship at work place
- Win for the European Union who participates in the improving the well being of workforce and thus contribute towards fulfilling its treaty obligations.

The loss will be obviously for the tobacco industry that will be forced to restrain the market and loss for fire services that will decrease the number of fire intervention!

4.1 Putting health as the centre of the EU policy making.

We agree that with an enlarged EU of 25 Member States there are even clearer health and economic inequalities that must be urgently addressed. The Commission needs to step up its efforts considerably in order to reduce the inequalities gap. To this end ENSP proposes the Commission cost effective interventions evidence based as stated above**. These include banning of advertisements, rising tobacco prices, work place interventions, free supply of cessation aids, and telephone help lines**. Unfortunately, in each European country, some of these tobacco control measures have not been fully implemented. **The new European Health Strategy should make a convincing change and speed up the process leading to implementation.**
In addition, past measures have often been implemented in such a way as to benefit upper social groups more than lower groups. **Thus, there is yet considerable potential to further develop comprehensive strategies aimed at reducing tobacco consumption among disadvantaged social groups.**

The EU can disseminate evidence on health's impact on economic growth and on the financial burden of ill health and support Member States in improving the cost efficiency of health care systems through exchange of good practice, but isn't it this the current approach? It is clear that the Commission has a clear role to play in coordinating and supporting strategies at national level and facilitating cooperation between Member State governments but we hope to see an EFFECTIVE and PROACTVE approach. The Commission should work towards implementing the recommendations advanced at the ASPECT report so that they are effectively taken in.
For instance, the Commission should provide incentives to Member States to work towards the creation of national dedicated agencies to co-ordinate the tobacco control strategy. Such organizations could be situated within the ministry responsible for smoking prevention policy, a public health institute or be set up as an independent body.

ENSP strongly agrees as stated above that the focus should be on prevention and the long-term investment in prevention save on future treatment cost.

Considerable progress has been made at EU level in this area, including banning of tobacco advertising and introducing health warnings on cigarette packs, which are known to be cost-effective measures. Similarly, the money invested in anti-smoking campaigns can produce a net payback in the long term. But the EU needs to set a more ambitious programme; for example, it should consider on whether to ban smoking in the workplace, has been done in Ireland, Malta and Sweden.

The World Bank published in June 2003 the fact sheet 'Tobacco control at a glance", which describes six cost-effective interventions to reduce death and disease caused by tobacco use: Higher taxes; Bans/restrictions on smoking in public and work places; bans on advertising and promotion; better consumer information; warning labels and help for smokers who wish to quit.

A recent ENSP report (Effective *tobacco control policies in 28 European countries*) gives an overview of effective tobacco control policies and quantifies the tobacco control efforts of European countries according to a scale.

In preparation of this report, the European Network for Smoking Prevention (ENSP) convened a panel of international researchers and tobacco control experts to agree on the allocation of points on proven effective tobacco control policies.

- Price/taxation policy (30 points)
- Workplace/public place smoking bans (22 points),
- Overall tobacco control budget (15 points),
- Advertising ban (13 points),
- Labelling/health warning (10 points),
- Tobacco dependence treatment (10 points).

This report describes the impact of tobacco control policies on smoking prevalence in Europe as well as the interventions, which should be prioritised in comprehensive tobacco control policies:

- More money should be spent on the evaluation of tobacco control policies in Europe.
- There is a need for more standardisation and harmonisation of smoking prevalence and tobacco use data in Europe, in order to make comparisons of the effectiveness of tobacco control policies between countries.
- Tobacco control programmes should be comprehensive and at least include the following components:
    - Price increases through higher taxation;
    - Comprehensive advertising and promotion bans of all tobacco products;
    - Bans/restrictions on smoking in work places;
    - Better consumer information, including counter advertising (public information campaigns), media coverage, and publicising research findings;
    - Large, direct health warning labels on cigarette boxes and other tobacco products;
    - Treatment to help dependent smokers stop, including increased access to medications.

- There is an urgent need for more investment in tobacco control programmes. In the European Union, only the UK spend more than €1 per capita on tobacco control, while the Centre for

Disease Control and Prevention (CDC) in the US estimate that states need to spend between $1 and $3 per capita per year over a sufficient period of time (e.g., 3 years) to be fully effective.

The European Commission could use the score system developed in this research to benchmark EU countries by their tobacco control policy and encourage/ make proposals to improve the weaker components.

Implementing current legislation is relatively cost-effective and a tool to establishing health as an investment!

As indicated in the introduction ENSP wants to congratulate and thank Commissioner Byrne for his support and insight in tobacco issues during his mandate including actions and legislation to regulate advertising and publicity across the EU. All initiatives undertaken are of key importance for the promotion of health; the potential benefits on a decreased prevalence can be indeed very high. We are delighted that the new Constitution specifically provides for EU measures to address tobacco smoking. We put our hopes in this important step forward.

Given the increasing public demand:

- Results of a survey, commissioned by the Department of Health and Children (Ireland), show continuing strong public support for the smoke-free at work measure introduced on the 29th of March 2004. The survey of 1.000 people was carried out recently by Lansdowne Market Research. The figures, released show that of those surveyed (1000 individuals):

  82% support the smoke-Free at Work
  90% agreed that going smoke-free is of benefit to workers
  82% agreed that it benefits everyone in public places
  95% agreed that the legislation is a positive health measure

  The survey reported a positive response in relation to socialising in smoke-free hospitality venues with a majority of people confirming that the new smoke-free legislation improved their experience in pubs (70%) and restaurants (78%).

  Over half of respondents (53%) indicated that they would be more incline to eat in a pub since March 29th.

  Evidence shown from the Irish experience indicates that 39% of the 7.000 smokers who called the Irish Quitline and quitted said that smoke free at work had a significant or important bearing on their decision and that 55% reported that it was an important aspect in terms of 'staying off'. Quoting Norma Croning from the Irish Cancer Society " this campaing has demonstrated that increased awareness and ongoing support for smokers play a major role in the fight against tobacco. It is clear that both the Quitline service and the introduction of Smoke-Free at Work have had a strong bearing on these positive findings, which highlights the **great desire and will that exists amongst smokers to give up."**

  (Source www.smokefreeatwork.ie)

- The Belgium Federation Against Cancer, recently published a survey indicating that 49 % of the population are in favour of a total ban in cafés, 36 % against and 15% are not concerned, and that concerning a ban in restaurants 58 % of the Belgium population is in favour, 28% against and14% not concerned.

- A recent survey conducted in France indicates that 64% of the population is in favour of a total ban of smoking in cafés, 72% in restaurants, 60% in discos and 74% at work.

We strongly recommend all governments to follow the Irish example and ban smoking in public/workplaces. The ban will afford protection not only to the workers but also to the customers that are exposed to the harmful carcinogens of toxic environmental tobacco smoke. Consensus among the international scientific community indicates that ETS in the workplace increases the incidence of lung cancer between 20% and 30% and the risk of heart disease in non-smokers between 25% and 30%. This is especially painful as it could be completely prevented!

If the Commission aims at focusing on prevention as indicated in the Reflection Paper, supporting smoke free public/ workplaces presents a great opportunity to make a convincing, visionary and effective change!

We hope to see more good practise based on this principle promoted by the Commission using the outstanding evidenced based arguments against simplistic calls from traditional industry lobbies for less tobacco legislation.

Recently ENSP put together the different arguments in favour of a ban of smoking in the workplace; we are proud to share them with you.

SECOND HAND TOBACCO SMOKE KILLS

Second-hand smoke is one of the main contributing and preventable factors of work-related cancers and cardiovascular diseases, according to the International Labour Office (ILO)2 and it has been classified as 'carcinogenic to humans' by the International Agency for Research on Cancer (IARC)3, as well as by the German and Finnish governments.
Second-hand tobacco smoke increases both smokers' and non-smokers' risks of lung cancer, heart disease and stroke. Second-hand smoke can also lead to a variety of other illnesses such as decreased pulmonary function and respiratory diseases, exacerbation of allergic symptoms, the development of middle ear disease, cataract, Crohn's disease, gastric ulcer and osteoporosis. In the short term, tobacco smoke and smoking can cause: shortness of breath; nausea; airway irritation, coughing and eye

[2] Introductory Report: Decent Work – Safe Work, International Labour Office, Geneva, 2002.
http://www.ilo.org/public/english/protection/safework/wdcongrs/ilo_rep.pdf
Workplace Smoking. Working Paper: A Review of National and Local Practical and Regulatory Measures, by Carin Hakansta, March 2004, ILO.
http://www.ilo.org/public/english/protection/safework/tobacco/tobacco_report.pdf
[3] IARC international review on tobacco smoking and tobacco smoke 2002, http://monographs.iarc.fr/htdocs/monographs/vol83/01-smoking.html

irritation4.
Additionally babies born to smokers are more likely to be born premature and with a low birth weight. Infants and children exposed to tobacco smoke have an increased risk of cot death (sudden infant death syndrome – SIDS), middle-ear disease, and respiratory infections and of developing asthma.

ONLY A COMPLETE BAN IS EFFECTIVE

Separate smoking areas not only ineffective in protecting people who do not smoke, they also do nothing to protect the health of smokers, who are also at risk from passive smoke. The only solution is a complete ban on smoking in the workplace. Second-hand smoke contains over 4000 compounds and more than 40 are known carcinogens, some of which are pharmacologically active, mutagenic or toxic5 and many of which cannot be smelt.
[We will keep you updated with current research into the number of deaths linked to passive smoking]

VENTILATION IS NOT THE ANSWER

A study by the European Commission's Joint Research Centre (JRC) 6 on indoor air pollution confirms that attempts to reduce indoor air pollution, such as tobacco smoke, through higher ventilation rates in buildings and homes, fail to improve of indoor air quality.

NO NEGATIVE ECONOMIC IMPACT ON BAR/RESTAURANT BUSINESS

The bars and restaurants will experience no negative economic impact – no loss of income – from taking preventative measures against second-hand smoke7. We see this from the example of New York; we are beginning to see this in Ireland and we can illustrate this using the results of a survey carried out among bar and restaurant owners in five European countries (Belgium, Finland, France, Germany and Spain)8.
A review of 21 studies using objective outcome measures, which were peer reviewed and not financed by the tobacco industry, all concluded that smoke-free restaurant and bar laws had no negative impact on revenues or jobs9. It is up to the policy makers to protect workers and customers and reject industry claims that there will be an adverse economic impact.

CITIZENS OF THE EUROPEAN UNION SPEND A MAJORITY OF THEIR TIME AT WORK

Workers in Europe are exposed to passive smoke for at least 75% of their working time10. It is also important to see workers in a social, family context: illness or death caused by workplace exposure to tobacco smoke can have a devastating effect on the family unit, socially and economically.

[4] Towards smoke-free public places, British Medical Association, London, 2002.
[5] Reducing the Health Consequences of Smoking: 25 years in Progress. A report of the Surgeon General, US Department of Health and Human Services, Maryland, 1989
[6] Human exposure to indoor air pollution: Do you really know what you are breathing when sitting at home? September 2003, Joint Research Centre, http://www.jrc.cec.eu.int/default.asp@sidsz=more_information&sidstsz=press_releases&sanchor=434.htm
[7] Report says weight of evidence is that smoking bans have little or no effect in aggregate on hospitality sales, Press release of the Irish Office of Tobacco Control, 23 March 2004. http://www.otc.ie/article.asp?article=192
[8] Non-Smokers Protection in Restaurants and Bars in Europe, a survey in five European countries, ENSP Framework Project 2001-2002, funded under European Commission Grant Agreement no.S12.324433 (2001CVG2-008) http://www.ensp.org/files/Ch2_Bars_and_Restaurants.pdf
[9] Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry, Scollo M, Lal A, A Hyland A,Glantz S, Tobacco Control, 2003;12:13-20
[10] Carex Study on Occupational Exposure to Carcinogens in the European Union: http://www.ensp.org/files/Carex_study.pdf

EVERYONE HAS THE RIGHT TO LIVE IN AN ENVIRONMENT THAT WILL NOT DAMAGE THEIR HEALTH OR THAT OF THEIR UNBORN CHILD.

Studies have shown that women exposed to second-hand smoke during pregnancy give birth to lower weight babies have a higher risk of premature birth11. The Pregnant Women Directive is not adequately enforced and is not used as a tool to protect pregnant workers from the effects of second-hand smoke. Additionally, this Directive does nothing to protect non-pregnant and non-female workers from passive smoke. Shouldn't they have a right to work in a healthy environment too?
Employers have a responsibility to provide a safe and healthy workplace for their employees and therefore a ban on smoking in the workplace can help employers act responsibly, reduce their liability, boost the business' corporate image, increase its profits and morale.

CHILDREN ARE PARTICULARLY AT RISK

While children's health is not the prime concern of employers and businesses, they should be aware that children spend up to 80% of their time in indoor environments, many of which are workplaces: these include not only the home, but also nursery and day-care centres, schools, leisure facilities – and also shops, cafés and restaurants.

ENCOURAGES QUITTING

Banning smoking in workplaces would encourage smokers to cut down or quit and employers should be encouraged to support workplace-smoking bans with cessation support programmes in the workplace.

MANY SMOKERS SUPPORT A BAN!

According to surveys conducted by the Irish Office of Tobacco control, prior to the implementation of the Irish smoking ban on 29 March 2004: In relation to compliance in pubs and bars, research conducted for the Office in late January shows that 73% of the public who visited pubs in the previous two weeks were non-smokers, whereas 27% were smokers - so only in the region of one quarter of pub customers are smokers. Further research we conducted late last year shows that 81% of the public state that publicans should comply with the law, including 61% of smokers. 12

NO COST! FREE TO IMPLEMENT! SAVES LIVES AND €€€!

Potentially important cost savings for health care budgets, savings for employers on cleaning and ventilation systems, as well as reduced employer contributions for health care in private schemes and increased productivity from a healthier workforce.

[11] Smoking and reproductive life – The impact of smoking on sexual, reproductive and child health, British Medical Association, 2004. http://www.tobacco-control.org/tcrc_Web_Site/Pages_tcrc/Resources/tcrc_Publications/Smoking&ReproductiveLife.pdf
[12] Office of Tobacco Control research indicates supportive environment for introduction of smoke-free workplace legislation, Press release of the Irish Office of Tobacco Control, 28 March 2004. http://www.otc.ie/communication_press.asp

As implementing comprehensive tobacco control strategies requires high level of investment in tobacco control the ENSP welcomes the initiative of mainstreaming health and health determinants into research policy and the 7th Framework Programme.

The creation of new health research structures in Europe to assemble the state of the art and best practises is also welcome. Building on previous EU funding is of Key importance. **Successful programmes and networks (i.e European Network of Quitlines, Tobacco Control Resource Center, European Smoke-free Hospitals Network) should be financially assisted and supported as the work of the NGO's at grassroots level is not only a cost-effective intervention but also the means of bringing the EU closer to its citizens.**

4.2 Mobilising different Actors

Based on ENSP experience, we know that collaboration, coordinated activity and building alliances and capacity are vital components of any successful tobacco control initiative, be it at purely NGO level –the creation of coalitions, the putting together of reports, supporting and promoting tobacco control legislation at national and at EU level- or between governmental and non-governmental organisations, to encourage NGO participation, stakeholder dialogue and input in areas of expertise.

The Commission has also recognised on the White Paper on European Governance, 2001 that " …the linear model of dispensing policies from above must be replaced by a virtuous circle, based on feedback, networks and involvement from policy creation to implementation at all levels. "

NGO's and the European Community must engage in an open, transparent, inclusive and constructive debate. The EU can but benefit from civil society input, this will include opening channels of collaboration, facilitating the civil society input (with mechanisms as the present reflection paper) and fostering information sharing on developments. Participation is also about overcoming top-down and bureaucratic policy –making, a coordinated bottom-up approach from grassroots actors will strengthen Commission decisions. Decisions and actions that do not involve civil society from the start, do not comply with general Commission objectives (White Paper on European Governance, 2001) and could finish in a complete fiasco, this type of situations should be avoided in the future.

Frequent open consultations should be the rule and not the exception. For instance ENSP will recommend a practical application of this process on the yearly workplans for the Public Health Programme. Traditional mechanisms for dialogue should be revised; the Commission should avoid the ' decorative effect' of civil society participation and foster a more "directional" approach.

In order to create effective cooperation and actively support tobacco control policy and policy makers with a solid scientific base and in order to facilitate the transfer of technology and know-how based on best-practices, we support the proposal to a more pro-active dissemination of project results co-financed by the Public Health Programme to feed into policy making. We recognise the important role that the beneficiaries of the PHP have in this area and to this end ENSP strives to be as pro-active as we can possibly be in order to speed up efficient, relevant and high quality dissemination of project results, in order to ensure effective interventions and contributions of European and international stakeholders.

Finally the ENSP would like to thank Commissioner Byrne for inviting stakeholders to share their views on the future EU health strategy and we congratulate him for the insight and vision expressed in the paper. We would like also to emphasise that in order to contribute positively to the partnerships for health ENSP is ready to closely co-operate with the European Commission on the road to implement tobacco legislation; we are willing to mobilise our rich and expanding network to enhance the effectiveness of tobacco control actions, the coordination of approaches, the exchange of experiences and best practices.

Yours Sincerely,

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