

TOBACCO OR HEALTH IN THE EUROPEAN UNION PAST, PRESENT AND FUTURE



THE ASPECT CONSORTIUM

Executive Summary



European Commission

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The effects of tobacco use on individual and population health across Europe are described in Chapter 1 of this report. Smoking continues to be the largest single cause of death and disease in the European Union (EU), despite the progress that has been made in tobacco control. Over 650,000 Europeans are killed every year because they smoke, one in seven of all deaths across the EU, and over 13 million more are suffering from a serious, chronic disease as a result of their smoking. It is also now established, beyond doubt, that tobacco smoke is a serious environmental health hazard, killing around an additional 100,000 non-smoking Europeans, with many millions more having illnesses exacerbated by inhaling other people's smoke.

Smoking harms nearly every organ of the human body, causing a broad range of diseases, but the full extent of the damage is still unknown, as even today, over 50 years after the first links between smoking and lung cancer were established, more diseases are being found to be caused by smoking. However, it is known that about half of all continuing regular smokers will be killed by their smoking and those that die in middle age as a result of their smoking lose on average 22 years of life, with a larger proportion of that shortened life span being spent in ill health.

Although the tobacco epidemic is at different stages in different countries across Europe, it is clear that millions more Europeans will die and suffer ill health as a result of their smoking over the decades to come. Smoking attributable deaths among females are still increasing and the full extent of the epidemic among females has not yet been realised. Even among males, lung cancer mortality rates are still rising in four countries within the EU. Smoking is also becoming increasingly associated with poverty, making a significant contribution to the widening gap in health inequalities across the EU. To illustrate the impact of tobacco use in the EU, brief descriptions of mortality patterns are given for five European countries.

Given that all of these deaths and diseases are completely preventable, Chapter 1 also explores the important role that nicotine plays in keeping people smoking and the dramatic benefits to health that result when people stop.

Chapter 2 describes how all Member States in the EU are also touched by the production, manufacturing, distribution and sale of tobacco products. Tobacco growing represents only a small portion of EU agricultural activity with only 1.3% of EU farms producing tobacco, using 0.1% of the agricultural land. In addition, Europe's share of world tobacco growing has been declining since the mid-1980s.

Nevertheless, tobacco is the most heavily subsidised crop per hectare in Europe. The EU spends nearly €1,000 million annually on these subsidies: 2.3% of the Common Agricultural Policy budget, and 1.1% of the total Commission budget. The EU has wisely determined to phase out these subsidies by 2010.

Tobacco manufacturing in the EU/European Free Trade Association region keeps steady at an estimated 25% of global cigarette production. The EU is a net importer of raw tobacco and a net exporter of manufactured tobacco products, providing 20% of the world's supply. Tobacco farming and manufacturing jobs represent a mere 0.13% of EU employment, and this figure is declining. The impact of tobacco-control efforts on employment would be

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negligible, because money currently spent on tobacco and related medical care will be spent on other goods and services, or saved for investment in other activities.

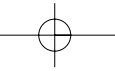
The EU bears a substantial economic burden due to smoking. A conservative estimate of these costs falls between €98-130 billion a year, or between 1.04-1.39% of the region's Gross Domestic Product for 2000. The true costs are undoubtedly higher, and will continue to escalate if appropriate measures are not taken. This increase in costs will result from higher smoking rates in the new EU10 Member States, healthcare improvements and increasing demand for healthcare services. Smokers, but also non-smokers, governments and employees have to cover these costs. Empirical evidence shows that tobacco consumption represents 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.

EU Member States impose both *ad valorem* and specific excise taxes on tobacco products, in addition to Value Added Tax. The choice of the type of excise tax has profound implications for the amount of tax paid per cigarette pack, and is one of the reasons why cigarette prices vary substantially among Member States. Specific excise taxes are more efficient; they are easier to administer and better support the EU's public health goals because they discourage the smoking of all cigarette brands equally, rather than encouraging substitution of less expensive brands.

Chapter 2 describes how the current level of tobacco taxation in EU Member States is below the optimal level with respect to potential revenue generation. Higher tobacco taxes are by far the most cost-effective tobacco-control measure, and will generate increased tax revenue, even in the presence of smuggling. They will also increase the costs of cigarettes, which are still quite affordable for the majority of the EU population. Non-price-based tobacco-control policies are most effective as part of a comprehensive tobacco-control program. Even though cigarette smuggling will not prevent the desired impact of higher cigarette taxes on tobacco consumption and government revenue, it can diminish the effect of this measure.

Chapter 3 describes how, since the 1980s, tobacco-control policy in the EU has developed and evolved against a background of continuous development of the EU itself, including community enlargement from six countries in 1957, to nine in 1973, 10 in 1981, 12 in 1986, 15 in 1995 and 25 in 2004. It is also a story of dynamic interactions, between community institutions, between these institutions and Member States, between Member States, and between the European Community (EC) and external countries and organisations, such as the World Health Organization (WHO).

Every piece of legislation enacted by the EU, whether in the form of directives, regulations, resolutions or recommendations, requires a legal basis in the treaties that created the EU. To date, all of the legislation on labelling, advertising and product regulation has been based on the internal market legislation, Article 95 EC (previously Article 100a EC), rather than the public health legal base (Article 152), which does not permit this type of legislation. Partly as a result, four out of the six pieces of legislation on labelling, marketing and regulation of tobacco products enacted since 1989, have been the subject of legal challenges, and other actions have been brought against the Commission by the tobacco industry challenging other aspects of the legislative process. Considerable progress has been made in spite of this, although European tobacco control would have been even more advanced had a dedicated public health legal base been available.



Since 1987, tobacco control has been at the heart of the Public Health policy of the EC and has fallen into four broad areas: public health, taxation, health and safety in the workplace, and agriculture. Much of the Community's policy on tobacco control has been initiated and developed by the Health and Consumer Protection Directorate-General of the European Commission (formerly DGV, the Directorate for Employment and Social Affairs). To date, the policy has produced, *inter alia*, directives on tobacco advertising, labelling and tar yields, a tobacco products directive, tobacco taxation legislation, health and safety at work directives restricting smoking in the workplace, two conferences organised jointly with the WHO, three EU Presidency conferences and support for other European tobacco-control conferences. The EC has also signed the WHO Framework Convention on Tobacco Control (FCTC) and acted effectively against tobacco smuggling in some Member States.

Chapter 3 goes on to describe how the Europe Against Cancer (EAC) programme provided the basis for this successful EC policy on smoking prevention. Key factors driving its success were: high level political support, the committee of cancer experts, a dedicated team within the European Commission, partnership with key stakeholders, a high profile media strategy, a pro-active legislative approach and the provision of policy-oriented research from an expert office to support legislative initiatives.

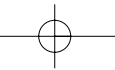
The Council was very active on health from 1985 onwards and tobacco control has been one of its top priorities. From 1988-2003, the Health Council met 35 times with tobacco control on the agenda 31 times.

The debate on tobacco advertising in the EU has so far lasted for 15 years and is ongoing, although at the moment a tobacco advertising ban in 18 EU countries is in force. The EC's first directive on tobacco labelling had an enormous impact. As directives are binding on Member States, even countries with almost no tobacco-control legislation had to strengthen their health warnings, and EC legislation was becoming an example for many countries who wanted to join the EU.

EC policy on tobacco also had an impact outside the EU. In Sweden, for instance, tobacco-control policy had reached a plateau in the 1980s. The EAC programme (in which Sweden participated) contained several proposals which, from a Swedish perspective, appeared radical and controversial at the time. EAC reinvigorated tobacco control in Sweden during the 1990s. EC legislation also strengthened the WHO Framework Convention.

Hence, Chapter 3 shows that in spite of its reliance on the internal market legal base for public health legislation, the EC has undertaken an extensive range of tobacco-control measures in the last 20 years that have had an enormous influence within and outside the EU. Ratification of the FCTC by all 25 EU Member States will ensure that comprehensive tobacco advertising bans are enacted nationally within 5 years of ratification, making up for the annulment of the 1998 Tobacco Advertising Directive. This will leave tobacco product regulation and workplace smoking restrictions as the two most urgent tobacco-control tasks facing the EC and the Member States over the next decade.

Chapter 4 of this report shows how funding for tobacco-control programmes is related to tobacco use. In general, the more that is spent on tobacco control, the greater the reduction in smoking prevalence. Analysis of data from the USA indicates a consistent pattern that tobacco-control expenditure reduces cigarette sales. The effectiveness of mass media



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campaigns depends on their scale and duration. Expenditures have to be high enough to reach smokers a sufficient number of times with sufficient duration. Largely as a result of such expenditure, smoking prevalence in Massachusetts fell from 23.5% in 1990 to 19% in 1999, a decline about four times greater than in other states in the USA. By contrast, although the fall in smoking prevalence in the UK between 1970 and the 1990s was the largest in the world over that period, it has now slowed considerably and, on current trends, will not reach Massachusetts levels for another 20 years.

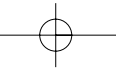
The Centers for Disease Control and Prevention (CDC) in the USA estimate that states need to spend between \$1-3 per capita per year on tobacco-control programmes, over a sufficient period of time to be fully effective. They also recommended high and low desirable spending levels. For California they recommended a high expenditure of \$17 per capita per year and a low of \$6. The actual spend is \$4 per capita. For Massachusetts the actual spend was \$7. The current figure in the UK is just under \$2 per year, still three times less than the recommended California minimum, yet within the EU the UK is the top spender. In the EU, the actual Massachusetts figure would mean €5.7 per capita or €2,600 million a year, and even the UK actual figure would translate at EU level to €740 million being spent per year on tobacco control. Thus, EU Member States are seriously underspending on tobacco control.

There is some evidence from European countries of the impact of various specific policy elements, including emerging evidence from Belgium, the Netherlands, Poland and the UK that larger more prominent health warnings have measurably, and considerably greater impact. On advertising bans, the World Bank concluded that the most comprehensive restrictions would reduce consumption by >6% in high income countries. This estimate suggests that the EU's (annulled) ban on advertising would reduce cigarette consumption by nearly 7%. EU action against smuggling has reduced smuggling at Member State level, as has been shown dramatically in Spain, one of the few countries in the world to have tackled smuggling successfully. From 1995-2002 the proportion of smuggled cigarettes in the market fell from 16% to 2%. Finally, evidence is reviewed of the impact of the new treatment services in the UK, which shows that they are successfully reaching smokers in deprived areas, and thus have the potential to help reduce health inequalities.

Spending on research to underpin EU tobacco-control policy needs to be increased. In particular, Europe-wide measurement of smoking prevalence, using standard methodology is needed as a matter of the greatest urgency. These surveys should be done annually if possible and their results should be published so that European citizens can see the effect of tobacco-control policies.

As smoking is increasingly concentrated among lower socioeconomic groups, reaching these groups is essential if tobacco consumption is to be reduced across Europe. To meet this challenge, comprehensive tobacco-control policies should fully implement measures tailored to the needs of lower socioeconomic groups and smoking prevalence surveys should include data broken down by socioeconomic status.

Chapter 4 identifies the following interventions as core tobacco-control policies that should be prioritised in all tobacco-control programmes: price increases through higher taxation; comprehensive advertising and promotion bans of all tobacco products, logos and brand names; bans/restrictions on smoking in workplaces; 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; and lastly treatment to help dependent smokers stop, including increased access to medications.

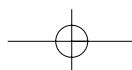
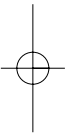
Chapter 5 identifies that government regulation is also needed for tobacco products themselves, although it is critically important that this does not detract attention from the other essential components of tobacco control outlined above. The focus of regulations to date has been mainly on machine-based measurements of tar, nicotine and carbon monoxide (CO) yields, and ingredients. However, the complexity of cigarettes and other tobacco products requires a new, more comprehensive, regulatory framework that aims to reduce their harmfulness by focusing on a number of dimensions, including product characteristics and emissions, exposure, injury, disease risk, claims and research, and surveillance. In addition, recognising both that tobacco products are highly engineered sophisticated nicotine delivery devices, and the potential proliferation of novel tobacco and nicotine products in the near future, it will be important for regulations to take into account the fundamental role that nicotine plays in tobacco use, and provide a framework within which different products can be meaningfully assessed.

The comprehensive regulatory framework set out in Chapter 5 will require a much wider range of technical skills and expertise than is currently the case. Increased regulatory capacity is therefore required.

Chapter 6 describes how tobacco industry efforts to influence tobacco-control policy in Europe have been extensive, wide-ranging and systematic. It is clear that there has been a coherent marketing strategy to target stakeholders, which mirrors the one targeting consumers. In both cases the objective is the same, *i.e.* to influence behaviour: in the case of consumers their smoking behaviour; in the case of stakeholders their regulatory, lobbying and professional behaviours. The combined aim of these activities is the greater profitability and longevity of the corporation. In the process, this inflicts unprecedented harm on Europe's public health.

The strategies used in the tobacco industry's "stakeholder marketing" include the identification of threats and opportunities so as to minimise the former and exploit the latter. For example, the 1998 tobacco advertising ban was a threat, but it could be attacked using sympathetic Member States, the principle of subsidiarity and the EU's relatively weak public health provisions. The industry also went to great lengths to identify potential allies, recruit them to the cause and provide them with suitable *quid pro quos*. These allies ranged from grassroots smokers' rights groups right up to Heads of State. Conversely, adversaries were also identified and then attacked rather than courted. The industry's systematic attempts to undermine the WHO are the most high profile example here, but smaller organisations, including the International Agency for Research on Cancer (IARC) and the European Bureau for Action on Smoking Prevention have also been the focus of their efforts.

The report illustrates that the tobacco industry's stakeholder marketing has been effective, and the implications of this success could not be more serious. In one vital policy area for example, *i.e.* the control of marketing communications, the industry succeeded in delaying and overturning a key European directive. When a similar advertising ban was introduced in the UK in 2003, the Government calculated it would save some 3,000 lives a year. By this logic, the tobacco industry's success in fighting the European advertising ban cost tens of thousands of lives.



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In one sense, this stakeholder marketing is to be expected; it is standard business practice to try and influence the regulatory environment. However, tobacco is not a standard business. Cigarettes are uniquely harmful, and the sheer scale of illness and premature death caused by tobacco is unprecedented. It is this public health threat that has led to increasingly severe limitations on tobacco's consumer marketing. By contrast, however, its stakeholder marketing remains entirely unfettered and, arguably, from the tobacco industry's perspective, all the more important.

There is, therefore, an urgent need to stop the industry's attempts to influence tobacco-control policy in Europe. One option for doing this is full regulation of the tobacco market; a method that removes all forms of stakeholder and consumer marketing.

Chapter 7 of this report makes a number of recommendations for the future of tobacco control in the EU as follows.

I. ORGANISATIONAL AND STRUCTURAL RECOMMENDATIONS: INVESTMENT AND REGULATORY CAPACITY

- Member States and the EC need to affirm their commitment to tobacco control and to reducing tobacco-related morbidity and mortality by ratifying and implementing the FCTC at the earliest possible opportunity. In order to implement the FCTC, all Member States will need to develop and implement comprehensive tobacco-control strategies encompassing prevention, protection, cessation and harm reduction. Implementation of the FCTC should be according to the most stringent standards possible within national constitutional limitations.
- Implementing comprehensive tobacco-control strategies will require much greater levels of investment in tobacco control across the EC. Economic evidence indicates that tobacco-control interventions are the second most cost-effective way to spend health funds, after childhood immunisation. The CDC in the USA have set recommended levels at between €4.8-12.73 per capita for spending in the USA and these levels should be adopted in the EU. In recognition of the current low levels of funding for smoking prevention in the Member States, it is recommended that Member States immediately increase per capita spending by €1-3.
- Implementing comprehensive tobacco-control strategies will also require much greater regulatory capacity and expertise. A preferred option is for Member States to create national dedicated agencies to coordinate the tobacco-control strategy. Such organisations could be situated within the ministry responsible for smoking prevention policy, a public health institute, or be set up as an independent body. An appropriate mix of regulatory skills would be necessary to reflect the diverse nature of tobacco regulation.
- The EC has a clear role to play in coordinating and supporting strategies at national level and facilitating cooperation between Member State governments. Resources available for tobacco-control actions at European level fall far short of the levels available in other jurisdictions, such as the USA and Canada. Activity at the European level is critically important because of the transnational nature of the tobacco industry and the need to facilitate an exchange of information and dissemination of best

practice. There are a number of cost-effective actions that can be taken at supranational level. Therefore, the report recommends that resources at European level are secured and sustained in the future. Existing European sources of funding, such as those available from the Tobacco Fund, should be targeted at the most effective smoking prevention measures and used to complement Member State actions. Levels of resources set for tobacco control should continue at the level foreseen for the Tobacco Fund between 2006 and 2008.

- There is a need for greater capacity dedicated to tobacco control at EC level to support this work. In particular, capacity to assess and regulate nicotine and tobacco products in the Commission and Member States needs to be greatly increased and include the range of technical skills needed. At Member States level such staff could be housed in the dedicated tobacco-control agencies described above. At European level this could be provided by an extension of existing capacity within the European Commission and/or the establishment of a European tobacco and nicotine products regulatory agency. The consensus of the expert contributors to this report is that a European agency would be the best and most proportionate response within the framework of existing EU regulation of other products such as pharmaceuticals, food and cosmetics.
- The remit of such an agency would include all aspects of tobacco and nicotine product design and marketing, as well as risk analysis and risk assessment. Ultimately, it could have powers to commission and carry out research into all aspects of tobacco and nicotine products, tobacco-control policy and interventions and approve market authorisations for products.
- Until regulatory capacity can be increased, a multidisciplinary tobacco product regulation advisory committee needs to be set up urgently at European level to advise on tobacco regulation.
- It is essential that all regulatory, scientific and advisory capacity at Member State and European level be independent of all tobacco industry influence.
- Increased capacity is needed at civil society level for tobacco control. Partnerships are needed with a wider range of stakeholders in society to ensure the success of smoking prevention strategies. Non-governmental organisations, professional organisations and other stakeholders working in fields affected by the tobacco epidemic should endeavour to ensure that their response is appropriate to the scale of the problem, to the extent that financial resources permit.

1.1. THE NEED FOR GREATER RESEARCH CAPACITY

- Whilst historical experiences of the European region, and activities in countries around the world provide considerable material to analyse what works in relation to tobacco-control policy at population level, the report uncovers a major lack of European research on which to base tobacco-control policies and test interventions. A strong science base for tobacco-control policy and interventions is, therefore, essential to improve societal understanding of the effects of tobacco on health and to best direct resources towards its control.

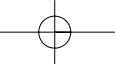
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- A research seminar should be convened at European level to assess EU and international tobacco research capacity, coordination and funding, and develop a coordinated EU tobacco research strategy.
- In the short term, until such a strategy can be developed and implemented, a number of immediate research priorities have been identified to clarify the true scale of the tobacco epidemic: improved surveillance data, harmonised methodologies for research (e.g. on the collection of prevalence and mortality data), regular measurement of individual smoke exposure across populations, and measurement of the impact of tobacco-control policies and interventions (including on gender and inequalities). In order to finance these research priorities, funding needs to be identified within the EC or remaining sums of the Tobacco Fund should be used.
- An increase in tobacco research funding will be required. At EU level tobacco research should be given its own budget line in the next Research Framework Programme (2006-2010). Funding should match that given by the National Institutes of Health in the USA (currently €450 million per year or, pro rata per capita, €680 million). European budget lines, such as the sixth framework programme, should be applied to tobacco research.
- A better organisational structure for research targeted at tobacco use would comprise the following: the creation of tobacco-control research networks and research training networks across Europe. Strengthened national capacity is needed to develop tobacco-control research strategies, coordinate national programmes and oversee implementation, in coordination with national tobacco-control bodies (see above) and national research organisations. This will require increased funding at Member State level.

2. RECOMMENDATIONS ON SPECIFIC SMOKING PREVENTION INTERVENTIONS

2.1. TAXATION

- Regular increases in tobacco taxes should be an implicit part of government efforts at EU and Member State level as these underpin other tobacco-control measures.
- Differences in tax rates should be harmonised on the basis of specific rates as opposed to *ad valorem*.
- The tax on “roll your own” tobacco should be raised to prevent substitution towards this form of tobacco products.
- Tobacco should be removed from the Consumer Price Index.
- Increased international cooperation to coordinate taxation policies and combat smuggling is needed. The EC should develop European legislation building on the agreement between the European Commission, ten Member States and Philip Morris International (PMI) to combat smuggling and counterfeiting.
- Early negotiation of an FCTC protocol on illicit trade, taking as a minimum the



provisions of the EU-PMI agreement and any subsequent directive based upon it, should be a priority for the EU to stem the huge losses to the Member States and Community from international tobacco smuggling.

2.2. ADVERTISING AND SALES PROMOTIONS

- All Member States that have not done so should enact comprehensive tobacco advertising bans, including bans on point of sale displays, in line with the conditions of FCTC ratification.
- All types of tobacco sales promotions should be banned. The proposed EU Regulation on Sales Promotions currently under discussion in the European Parliament and the Council provides a suitable mechanism for doing so.

2.3. TOBACCO OUTLETS

- Internet sales of tobacco products should be prohibited as well as the sale of tobacco products in vending machines.

2.4. SMOKE-FREE WORK AND PUBLIC PLACES

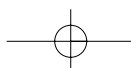
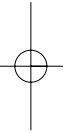
- The EU and Member States should follow the Environmental Protection Agency, IARC and the Finnish and German governments and classify secondhand smoke as an occupational carcinogen.
- Legislation prohibiting smoking in all workplaces would have most impact if enacted at European level. The legislation developed in Ireland and Norway should serve as the model for a European directive.
- EC legislation should be supplemented by Member State legislation to include public places that are not workplaces.

2.5. CESSATION STRATEGIES

- All Member States that have not done so should develop national smoking cessation and treatment strategies. These should include training of health professionals, development of a national network of smoking cessation treatment services, increasing the accessibility of nicotine replacement therapies and removing inequalities in the provision of these services.

2.6. TOBACCO PRODUCT REGULATION

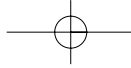
- A new comprehensive regulatory framework for all tobacco and nicotine products needs to be implemented.
- Comprehensive disclosure of the physical, chemical and design characteristics of all tobacco products should be required and made public. This should include, *inter alia*, the type of tobacco used, the way the tobacco is processed, ingredients added, product engineering, physical and chemical characteristics of the emissions of all



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tobacco products, the availability of nicotine and other psychoactive constituents, the mode of use and the behaviour of the user.

- Directive 2001/37/EC should be improved by adopting the WHO's Study Group on Tobacco Product Regulation definition for ingredients.
- The tobacco industry is required to fully disclose additives used in their products according to the letter and spirit of the directive. In view of the high risk potential of tobacco products, such detailed information should take precedence over trade secrecy.
- Member States and the EC should agree a harmonised system for receiving the required information on ingredients and emissions from tobacco. This system should specify the exact form and content of the information to be transmitted, which methods for measurement should be used, and that the data should also take into account synergistic effects of the ingredients. The information provided should allow comparability between different tobacco companies. A harmonised system should also be established for Member States to analyse, verify and then report this information to the European Commission.
- A common list of ingredients cannot be produced until scientifically agreed criteria have been drawn up to assess the toxicity and addictiveness of ingredients and their public health impact.
- Any future regulation of ingredients should be based on the principles that the substance is not toxic, does not enhance the addictive properties of tobacco products and does not make the product more attractive. Further research and analysis is needed to create scientifically sound criteria for any approval or prohibition of ingredients.
- In view of the fact that it is technologically and economically feasible for cigarettes to meet fire safety standards, tobacco manufacturers should be required to produce and market only "fire-safe" (or "reduced-ignition propensity") cigarettes in the EU.
- Harmful constituents of tobacco and tobacco smoke should be reduced and ultimately removed where feasible. As a first step the immediate reduction of tobacco-specific nitrosamines (TSNAs) in tobacco products, without increasing the overall harm caused by these products, should be made mandatory.
- Member States and the European Commission need to begin to assess injury risk from tobacco products. A stepwise procedure should be used, starting with established tests e.g. for cytotoxicity and genotoxicity, and then continuing with tests for other adverse effects, including enhancement of addiction.
- Communication relating to health aspects of different tobacco and nicotine products and any changes in their characteristics should be strictly regulated. The mandatory phasing out of toxic constituents recommended in this chapter should not be accompanied by any health claims.



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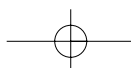
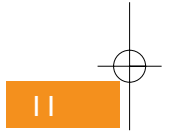
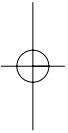
- Any new tobacco product of any kind, including new brands of cigarettes, must be given prior approval by regulators before entry to the market.

2.7. LABELLING AND PACKAGING

- Effective pictorial health warnings should be made mandatory on both sides of all tobacco products. These warnings should cover at least 50% of each of the two largest surfaces. New warnings should be introduced on a regular basis. In the long term (within 10 years) the whole cigarette pack should become a platform for mandatory health promotion messages.
- The requirement for tobacco manufacturers and importers to print tar, nicotine and CO yields on packs should be rescinded. The remaining space on packs should be reserved for health and consumer information messages to be agreed upon by the European Commission and Member States.

2.8. TOBACCO INDUSTRY SURVEILLANCE

- There is a need for ongoing, comprehensive surveillance of tobacco industry activity across the European region.
- Member States and the Community must ensure the fullest possible levels of transparency in all dealings with the tobacco industry.



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