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## Young People: For a Life without Tobacco - A European Youth Manifesto

### **Preamble**

We, the youth of Europe, are deeply concerned by the impact that smoking and passive smoking have on the individual. Keeping in mind the fundamental right to healthcare and a healthy environment and the fact that every individual has the right to a standard of living adequate to their health and well being should be in position to make healthy choices, we issue this manifesto

### **Introduction**

As the biggest avoidable cause of death in the EU, tobacco is of tremendous significance to health, social, economic and environmental policies. Over 10.000 young people throughout the EU have been involved in the European Youth Forum (YFJ) project “Young People: For a Life without Tobacco?” This extensive youth consultation produced a large number of demands and recommendations for more effective policies at the local, national and EU level. This European Manifesto includes the outcomes of the national consultation processes in the EU Member States, as adopted by close to 200 national representatives in Brussels, on 21 May 2006.

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2 **Youth Empowerment**  
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4 Youth organisations should be consulted on, and involved - as active  
5 participants - in important policy decisions that affect the lives of young  
6 people. This is why the involvement of youth organisations in the formulation  
7 of tobacco related policy decisions is vital.

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9 We believe that the positive and negative effects of policy decisions,  
10 particularly in the case of tobacco policy, are mostly visible over the long  
11 term and thus, young people are those who will bear the consequences, as  
12 the policy will affect their quality of life and health.

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14 In this regard we recommend that:

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- 16 ■ Long-term strategies on tobacco are devised and that young people are  
17 involved at all stages (i.e. in the formation, monitoring, and evaluation of  
18 the policy);
  - 19 ■ Youth organisations should be actively involved in the policy-making  
20 process as a connecting link between decision makers and young people.  
21 Furthermore, the latter should be consulted and educated on tobacco -  
22 related issues through both formal and non-formal education;
  - 23 ■ There should be more long-term support measures (political, logistical,  
24 financial, etc) for youth organisations working on tobacco prevention and  
25 harm reduction;
  - 26 ■ Short-term objectives need to be devised in order to tackle immediate  
27 issues;
  - 28 ■ Decision makers engage and promote dialogue between all stakeholders  
29 involved in all tobacco-related issues
  - 30 ■ The European Commission, DG Research and DG Health and Consumer  
31 Protection promote and fund research on gender and age-specific tobacco  
32 cessation programs involving youth organisations on the local, national,  
33 and European level;
  - 34 ■ Respective funding opportunities should be introduced to the framework  
35 program 7 and public health grant. The results should be actively  
36 divulged to the public, including to youth organisations and the mass  
37 media.
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40 **Education and prevention!**  
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42 Youth organisations, as the main providers of non-formal education, are key  
43 actors in promoting active citizenship and participation amongst young  
44 people, and they play an important role in helping to shape opinions and  
45 behaviours. Moreover, non-formal and formal education are of great  
46 importance in terms of smoking prevention and in helping young people to  
47 make informed choices; this is of particular significance to smokers starting  
48 at an early age, who are often subject to peer pressure.

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2 In this regard we recommend that:

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- 4 ■ Initiatives to support non-formal education linked to health should receive  
5 stronger support and involve youth organisations;
  - 6 ■ Campaigns should focus on the positive aspects of non-smoking.
  - 7 ■ Health education should start at as early an age as possible and continue  
8 through all stages of education;
    - 9 ■ young people themselves (e.g. students councils) and other  
10 stakeholders like NGOs, Health departments, and the media, should  
11 assist with this;
  - 12 ■ An integrated holistic healthy living programme should be developed for  
13 formal education and be compulsory. This should be a positive approach  
14 to education focusing on alternatives in tobacco prevention and cessation.  
15 It should also be flexible and adaptable for specific groups e.g. age,  
16 gender, smokers, non-smokers, socio-economic group. This educational  
17 process should focus on the development of the individual mind toward a  
18 self-guided change of behaviour;
  - 19 ■ EU institutions implement awareness campaigns on passive smoking:
    - 20 - A) for young people;
    - 21 - B) for smokers in general;
    - 22 - C) for parents who expose their children to environmental tobacco  
23 smoke (ETS);
  - 24 ■ Interactive and targeted campaigns on tobacco be initiated - the message  
25 should be where the youth are;
  - 26 ■ Parents should be encouraged and offered support to play a part in health  
27 education. Parents who smoke should be encouraged and helped to give  
28 up;
  - 29 ■ Evidence-based training and education be implemented for all paid and  
30 unpaid personnel involved in youth education, and youth social and  
31 healthcare, enabling them to provide accurate and up to date information  
32 directly to young people.

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### 34 **Accessibility, Visibility and Cessation**

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36 To avoid more health problems and a greater cost to society, it is of the  
37 utmost importance to reduce the number of young people smoking. However,  
38 there is currently not enough support for people willing to quit. An example  
39 of this is that nicotine replacements are often even more expensive than  
40 cigarettes themselves. Smoking Cessation tools and support, including  
41 nicotine replacement therapy, should be provided free of charge to young  
42 people when appropriate support is available. As smokers often start when  
43 they are young, it is also crucial to properly enforce existing legislation  
44 prohibiting minors from accessing tobacco; sadly, this is currently often not  
45 the case. Lastly, young people are also the main targets of tobacco  
46 advertisement; consequently, we believe that it is of crucial importance that  
47 this better regulation is put into place that takes into consideration the  
48 vulnerability of children and young people.

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2 In this regard we recommend that:

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- 5 ▪ Access to cessation clinics and psychological support should be easily
  - 6 accessible and provided free of charge and financed by tobacco taxation;
  - 7 ▪ Nicotine replacements and other methods to help stop smoking be sold at
  - 8 a lower price than cigarettes. These should also be made more accessible;
  - 9 ▪ Legislation on the legal minimum purchasing age is enforced properly;
  - 10 ▪ All forms of tobacco advertising should be prohibited;
  - 11 ▪ Taxation on nicotine replacement treatments should not exceed the
  - 12 medical tax rate;
  - 13 ▪ We call for the implementation of unified cigarette packaging, namely
  - 14 white with black Arial font text, in order to prevent the use of colour
  - 15 designs as subtle, indirect advertising for tobacco products;
  - 16 ▪ There should be a variety of health warnings featured on packaging, and
  - 17 which should comprise at least 75% of the size of the package;
  - 18 ▪ Pictures of people or organs who/which have suffered the ill-effects
  - 19 caused by smoking should be featured on the back side of the package;
  - 20 ▪ A percentage of the tax revenue from tobacco consumption should directly
  - 21 fund cessation, prevention, and substitution programs;
  - 22 ▪ A retailer licensing system be implemented and a ban on tobacco product
  - 23 vending machines, and internet sales be introduced, to ensure
  - 24 inaccessibility of tobacco products to anyone below the legal age.
  - 25 Furthermore, no tobacco products should be visible in shop windows;
  - 26 ▪ Anti tobacco campaigns should be focused on the harm caused by smoking,
  - 27 while pro-abstinence campaigns should promote the positive attributes of
  - 28 non-smoking;
  - 29 ▪ The legal age for purchasing tobacco should be set, and enforced, at 18
  - 30 years throughout the European Union;
  - 31 ▪ A ban be introduced on addiction-increasing additives, carcinogens and
  - 32 other toxic products, in tobacco products, posing health risks to both
  - 33 active and passive smokers;
  - 34 ▪ Images depicting the effects of smoking must be featured on tobacco
  - 35 products and a leaflet must be provided inside packaging, informing the
  - 36 smoker of the effects of their habit and of the support available for
  - 37 quitting;
  - 38 ▪ Protection of less developed countries from the tobacco industry is
  - 39 important and should be ensured by applying European standards to all
  - 40 activities of Europe-based companies, indifferent to the final destination
  - 41 of goods.

## 42 **Protection from Environmental Tobacco Smoke**

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44 People should have a right to a smoke-free environment in indoor and  
45 enclosed public spaces. Consequently, the guiding principle of smoking bans  
46 should be the prevention of exposure to Environmental Tobacco Smoke (ETS)  
47 in public places and facilities, workplaces and at home, paying special  
48 attention to the weaker members of our society - especially unborn children.

1 This can be achieved by a comprehensive smoking ban including public  
2 spaces, public transport, schools, hospitals, kindergartens and workplaces, as  
3 well as leisure facilities (especially hotels, pubs and restaurants).

4  
5 Many countries already have restrictions on smoking in working environments  
6 and some have introduced wide-ranging smoking bans. In all countries  
7 enforcement of those regulations must be ensured. The common lesson after  
8 the introduction of smoking bans is that after a short period of transition, the  
9 majority of citizens and consumers support and understand the importance of  
10 such legal regulations.

11  
12 Smoking bans are one of the key measures concerning tobacco which is why  
13 we believe that:

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- 15 ■ All working environments and indoor public spaces should be smoke-free;
- 16 ■ A total ban on smoking is the best option. Only when a designated smoking  
17 area cannot be provided outside the place of work, should there be  
18 provision of an indoor smoking room - this should have an efficient and  
19 effective air conditioning and filtration system direct to the outside. No  
20 food and beverages should be consumed in this room;
- 21 ■ An attempt should be made by the public authorities in all remaining  
22 Member States to introduce similar smoking bans related to public  
23 institutions and other public spaces. Both Member States that have and  
24 that don't have smoking bans can learn from each other on how to  
25 introduce restrictions most effectively;
- 26 ■ Proper monitoring and evaluation of the implementation of the law on  
27 smoking bans has to be undertaken;
- 28 ■ The sale of packages with 10 or less cigarettes be banned;
- 29 ■ Both smokers and non-smokers, should be respected;
- 30 ■ Smoking bans should be more stringently enforced with random spot-check  
31 inspections in public spaces;
- 32 ■ Countries that rely heavily on the tobacco industry should be supported  
33 and encouraged to develop other industries.

#### 34 35 **Passive smoking and children**

36 It is necessary to create awareness on the special protection of minors,  
37 babies and fetuses.

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39 This shall be done by special campaigns and education. The target groups  
40 should be, primarily, society in general, and secondly, pregnant women and  
41 their households.

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43 The aim is to inform people about the damage caused by smoking to the  
44 uterus, and the potential harm to children caused by their parents smoking.

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## Conclusion

‘Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family’, Art. 25, Universal Declaration of Human Rights.

Affirming the strong evidence that tobacco is the single largest preventable cause of disease and premature death in developed countries, the conference participants conclude that all efforts must be taken to protect young people from the health risks and harm caused by tobacco use and environmental tobacco smoke. Prevention and cessation measures must be implemented and made accessible free of charge for all groups of society, independent of gender, age, religion or social status. To attain a considerable increase in disability-adjusted life years, non-smokers and smokers must be actively involved in the process. The aim is to achieve a society in which neither non-smokers nor smokers feel unnecessarily isolated, discriminated against or infringed in their personal freedoms and rights. To ensure the rights laid down in the Universal Declaration of Human Rights, especially Articles 3 and 25, all persons (especially children) must not be involuntarily exposed to environmental tobacco smoke. To enable young people to make an informed choice not to smoke and support existing smokers in their decision to stop smoking information about smoking and its consequences is essential and should be easily accessible to everyone.

Finally, we would like to conclude that good health is still a major desire of men and women when asked to rank their aspirations, and of all rights cherished by human beings and enshrined in international law, none is more fundamental than the right to health.



1 **Appendix:**

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3 **Formal education:** it is the hierarchically structured, chronologically graded, educational  
4 system running from primary through to tertiary institutions.

5 **Informal education:** it is the process whereby every individual acquires attitudes, values,  
6 skills and knowledge from daily experience, such as from family, friends, peer groups, the  
7 media and other influences and factors in the person's environment.

8 **Non-formal education:** it is organised education outside the established formal system that  
9 is intended to serve an identifiable learning clientele with identifiable learning objectives.

10 **Medical tax rate:** Tax applied to all medical products. It is usually very low, as considered as  
11 basic products.

12 **Framework program 7** The Framework Programme (FP) is the European Union's main  
13 instrument for funding research and development. The FP is proposed by the European  
14 Commission and adopted by Council and the European Parliament following a co-decision  
15 procedure. FPs have been implemented since 1984 and cover a period of five years with the  
16 last year of one FP and the first year of the following FP overlapping. The current FP is FP6,  
17 which will be running up to the end of 2006. It has been proposed for FP7, however, to run  
18 for seven years. It will be fully operational as of 1 January 2007 and will expire in 2013. It is  
19 designed to build on the achievements of its predecessor towards the creation of the  
20 [European Research Area](#), and carry it further towards the development of the knowledge  
21 economy and society in Europe. (Definition provided by the Community Research &  
22 Development Information Service)  
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