



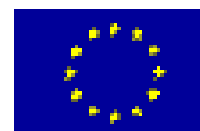
EUROPEAN NETWORK FOR SMOKING PREVENTION  
RESEAU EUROPEEN POUR LA PREVENTION DU TABAGISME aisbl

**ENSP**  
**Operation of the European Network for Smoking Prevention**

**Grant Agreement 2004323**

**Final report ENSP**

**Activity period 01.03.2005 – 31.05.2006**



# European Network for Smoking Prevention

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Neither ENSP nor the European Commission nor any person acting in their name can be held responsible for any use that may be made of the information contained in this document.

## **1 Introduction**

### Mission statement:

The European Network for Smoking Prevention (ENSP) is an international non-profit making organisation (aisbl), which was established under Belgium law (no. 16377/97) in 1997.

ENSP's mission is to develop a strategy for co-ordinated action among organisations active in tobacco control in Europe by sharing information and experience and through co-ordinated activities and research. The aim of ENSP is to create greater coherence among smoking-control activities and to promote comprehensive tobacco-control policies at regional, national and EU level. As well as ensuring the effective intervention and contribution of tobacco-control advocates in European/national policies, strategies and measures.

ENSP brings together 648 member organisations active in the field of tobacco control, represented by two national coalition representatives from 22 EU Member States as well as Norway, Iceland, Switzerland, Romania and Bulgaria, and one representative from several networks active in tobacco control in the EU (EFA, ENYPAT, NSFH, INWAT, EUNS).

ENSP is governed by a General Assembly comprising two representatives from each of the national coalitions against tobacco in Europe and of one representative from each of the international networks active in tobacco control in Europe. ENSP is administered by a regularly elected Executive Board, which delegates the daily management and co-ordination of the network to a Secretariat in Brussels.

ENSP is funded in part by the annual membership fees and in part by the European Commission via annual applications for funding within the scope of the EC Public Health Programmes.

ENSP evolves and adapts ensuring the continued development of networking on a pan-European scale among non-profit organisations, in order to increase the cost-effectiveness and efficiency of smoking-prevention activities on a non-governmental level. This action is complementary to governmental tobacco-control policy development at EU and at national/regional levels. We aim to benefit from mutual learning based on the coalitions' comparative advantages, the sharing of resources and experience and also aim to form a consensus surrounding tobacco-control issues.

Based on more than eight years of experience, we know that collaboration, co-ordinated activity, alliance-building and capacity-building are vital components of any successful tobacco-control initiative, be it at purely NGO level, or between governmental and non-governmental organisations, to encourage NGO participation, stakeholder dialogue and input in areas of expertise.

The general objective of the project is to develop, encourage and support tobacco control and prevention measures, actions and information exchange with the aim of:

- ensuring effective intervention and contribution of tobacco control advocates at European/national policies, strategies and measures;
- reducing the prevalence and uptake of tobacco and the tobacco related deaths in the European Union.

### ... Executive Board

(as elected at the General Assembly in Cracow on 08.05.2004)

#### ... *President*

Mrs Trudy Prins (Netherlands)  
GGD Nederland  
Adriaen van Ostadelaan 140  
Postbus 85300  
NL-3508 AH Utrecht  
Netherlands  
Tel.: +31 30 252 3004  
Fax: +31 30 251 1869  
E-mail: [tprins@ggd.nl](mailto:tprins@ggd.nl)

#### ... *Vice-President*

Dr Thorsteinn Njálsson (Iceland)  
Tobacco Control Task Force of Iceland  
Lambafell  
IS-861 Rangarthing Eystra  
Iceland  
Tel.: +354 897 8811  
Fax: +354 487 8011  
E-mail: [thorn@islandia.is](mailto:thorn@islandia.is)

#### ... *Treasurer*

Mr Michel Pettiaux (Belgium)  
F.A.R.E.S.  
Rue de la Concorde, 56  
B-1050 Brussels  
Belgium  
Tel.: +32 2 514 6653  
Fax: +32 2 512 3273  
E-mail: [michel.pettiaux@fares.be](mailto:michel.pettiaux@fares.be)

Dr Maria Pilali (Greece)  
Hellenic Cancer Society  
18-20 Tsoha Street  
GR-11521 Athens  
Greece  
Tel.: +30 210 645 6713  
Fax: +30 210 641 0011  
E-mail: [mpilali@cancer-society.gr](mailto:mpilali@cancer-society.gr)

Professor Witold Zatoński (Poland)  
Health Promotion Foundation  
ul. Sobiego 110/7  
PL-00764 Warsaw  
Poland  
Tel.: +48 22 643 9234  
Fax: +48 22 643 9234  
E-mail: [zatonskiw@coi.waw.pl](mailto:zatonskiw@coi.waw.pl)

Dr Elizabeth Tamang (Italy)  
Centro Regionale di Riferimento per la Prevenzione  
Azienda ULSS 12 Veneziana  
Rio Tre Ponti, Dorsoduro 3494/A  
I-30123 Venezia  
Italy  
Tel.: +39 041 279 1661  
Fax: +39 041 279 1667  
E-mail: [ulss12.etamang@regione.veneto.it](mailto:ulss12.etamang@regione.veneto.it)

Professor Bertrand Dautzenberg (France)  
Office Français de Prévention du Tabagisme (OFT)  
66 Bd. Saint Michel  
F-75006 Paris  
France  
Tel.: +33 1 4217 6770  
Fax: +33 1 4423 9255  
E-mail: [bertrand.dautzenberg@psl.ap-hop-paris.fr](mailto:bertrand.dautzenberg@psl.ap-hop-paris.fr)

... **Executive Board**

(as elected at the General Assembly in Brussels on 21.04.2006)

... *President*

Dr Elizabeth Tamang (Italy)  
Centro Regionale di Riferimento per la Prevenzione  
Azienda ULSS 12 Veneziana  
Rio Tre Ponti, Dorsoduro 3494/A  
I-30123 Venezia  
Italy  
Tel.: +39 041 279 1661  
Fax: +39 041 279 1667  
E-mail: [ulss12.etamang@regione.veneto.it](mailto:ulss12.etamang@regione.veneto.it)

... *Vice-President*

Professor Luke Clancy (Ireland)  
Research Institute for a Tobacco-free Society  
The Digital Depot  
The Digital Hub  
Thomas St.  
Dublin 8  
Ireland  
Tel.: +353 1 4893638  
Fax: +353 1 4893640  
E-mail: [lclancy@tri.ie](mailto:lclancy@tri.ie)

... *Treasurer*

Dr Tibor Szilágyi (Hungary)  
Health 21 Hungarian Foundation  
Áfonya utca 65  
H-2030 Érd  
Hungary  
Tel.: +36 2 3371299  
Fax: +36 2 3371299  
E-mail: [h21hf@axelero.hu](mailto:h21hf@axelero.hu)

Dr Amanda Amos (UK)  
Medical School  
Teviot Place  
Edinburgh EH8 9AG  
Scotland  
Tel.: +44 31 6503236  
Fax: +44 31 6506909  
E-mail: [amanda.amos@ed.ac.uk](mailto:amanda.amos@ed.ac.uk)

Dr Maria Pilali (Greece)  
Hellenic Cancer Society  
18-20 Tsoha Street  
GR-11521 Athens  
Greece  
Tel.: +30 210 645 6713  
Fax: +30 210 641 0011  
E-mail: [mpilali@cancer-society.gr](mailto:mpilali@cancer-society.gr)

Mr Luis Reis Lopes (Portugal)  
Conselho Prevenção do Tabagismo  
Av. Estados-Unidos da América 77-6ºdto  
P-1700 Lisboa  
Portugal  
Tel.: +351 21 8464219  
Fax: +351 91 7898091  
E-mail: [luis.reis.lopes@portugalmail.com](mailto:luis.reis.lopes@portugalmail.com)

Dr Luminița Sanda (Romania)  
Romanian Network for Smoking Prevention  
13 Preston Road  
Tonbridge  
Kent, TN9 1UH  
UK  
Tel.: +44 1732 773933  
Fax: +44 1732 773944  
E-mail: [luminitasanda@yahoo.com](mailto:luminitasanda@yahoo.com)



### ... ENSP Secretariat

The ENSP Secretariat is located at: 144 Chaussée d'Ixelles, B-1050 Brussels, Belgium.

In 2005 the ENSP Secretariat comprised the following members of staff:

**Francis Grogna (B)**

Director  
*(full-time)*

**Sophie Van Damme (B)**

Liaison Officer  
*(part-time)*

**Paloma Martin (E)**

Manager, Research & Strategy  
*(full-time)*

**Ana Camões (P)**

Administration and Finance Assistant  
*(full-time)*

**Michael Forrest (IRL)**

Information Officer  
*(full-time)*

**Javier Fábregas (E)**

Communications Specialist  
*(part-time, as of 01.11.2005)*

### --- ENSP Membership

From 2005 to 2006 ENSP membership grew from 25 to 28 national coalitions comprising 666 member organisations. The membership breakdown for each country is detailed below:

#### **National Coalitions – number of member organisations:**

Austria	5	Lithuania	5
Belgium	9	Luxembourg	2
Bulgaria	8	Netherlands	8
Cyprus	13	Norway	11
Czech Republic	38	Poland	11
Denmark	11	Portugal	23
Finland	20	Romania	3
France	35	Slovakia	11
Germany	97	Slovenia	18
Greece	14	Spain	37
Hungary	13	Sweden	15
Iceland	5	Switzerland	64
Ireland	8	UK	145
Italy	15		
Latvia	22		
		<b>TOTAL:</b>	<b>666</b>

#### **Network Members – number of members or member organisations:**

EFA	34 member organisations
ENYPAT	30 member organisations
ENSFH	20 member organisations
EUNS	22 member organisations
INWAT	184 members
TCRC	20 member organisations

In the course of 2005 ENSP received formal applications for membership from national coalitions in Bulgaria, Hungary and Slovenia, and also an application from the specialised network European Federation of Allergy and Airways Diseases Patients' Associations (EFA), which were approved by the ENSP Board and finally by ENSP members.

### --- Specific Objectives and Priorities 2005-2006

The specific objectives for 2005-2006 were defined as being:

- To create effective co-operation and actively support tobacco control advocates in the Member States of the new enlarged Europe and to facilitate the transfer of technology and know-how based on European benchmarking, while at the same time learning from their experiences.
- To ensure better understanding of the effects of Community/national policies and actions on health and to support and encourage the legal instruments in the field of tobacco control:
  1. Implementation of the Framework Convention for Tobacco Control
  2. Implementation of the Tobacco Products Directive
  3. Implementation of the Tobacco Advertising Directive
  4. Support and promote a ban on smoking in workplaces

#### To build upon the previous funding round under the Public Health Programme 2003/2008

1. To address the socio-economic factors of smoking (as an important factor for variations in health status across Europe);
2. To focus on smoking cessation issues mainly by addressing health education and building upon existing cessation programmes;
3. To promote understanding on the issue of passive smoking with the aim of informing public society and policy makers;
4. To raise awareness of the importance of the role that healthcare professionals have in smoking control.

#### To initiate and co-ordinate large scale, innovative, priority-driven and cost-effective projects in support of policy development in order to build on know-how and scientifically sound information

1. Better understanding of the effects of Community/national policies and actions on health, including the smoking ban in Ireland, research into the Environmental Tobacco Smoke Indicators as to contribute to the objectives of the Environmental and Health Strategy.
2. Update of the Effective Tobacco Control Policies Report (ENSP/Luk Joossens) last published in October 2004.
3. Definition, collection and exchange of data including reports and analyses, focusing on specific population groups or health concerns.
4. Promoting an integrated and intersectoral approach to smoking cessation and addressing important issues as socio-economic inequalities.

### --- Operational Priorities

#### **Membership**

- Develop collaboration and build alliances;
  - Draw together expertise and experience from associations, promote better knowledge and communication flow, in order to increase tobacco control capacity and expertise across Europe.
- ENSP organised its network meeting in Limassol (Cyprus) on 13-14 April 2005. As detailed in another chapter of this report, this conference is an essential event where the ENSP members, partners and invited speakers can exchange the latest scientific information on tobacco control, discuss their views and opinions, elaborate a consensus on the priorities of the year, and build strategies for the future.

During the Limassol session, two applications for membership were submitted to vote: one from the recently established Bulgarian Tobacco Control Coalition, and the other one from the European Federation of Allergy and Airways Diseases Patients' Associations (EFA). The Board endorsed the applications. There were no objections from the General Assembly. Both applicants were admitted as full members.

These admissions were very important for ENSP. Indeed, formalising and reinforcing the already existing connections with EFA strengthen EFA and its members' capacities and role in tobacco control, primary and secondary prevention of allergy, asthma and chronic obstructive pulmonary diseases (COPD). In parallel, the young Bulgarian coalition would benefit from the ENSP members' direct support and best-practice exchanges, and thus would increase its capacity to accomplish its mission: to limit the use of tobacco and tobacco products by the population of the Republic of Bulgaria.

In addition to the EFA and Bulgarian membership conclusions in Limassol, ENSP received applications for membership from Hungary and Slovenia.

The Hungarian Coalition on Tobacco Control (HCTC) was established on 30 August 2005. Its membership of ENSP aims at not only facilitating, through the ENSP expertise and lobbying capacities, the introduction of effective tobacco-control programmes in Hungary, but also at strengthening local capacities committed to influence the process of Hungarian tobacco-control development. In order to save time and gain efficiency, the ENSP remote voting system (the principle of which had previously been approved by the general assembly) was implemented as of end of September, and the Hungarian coalition was admitted as ENSP member in mid-November 2005.

The Slovenian Coalition for Tobacco Control (SCTC) was founded in June 2002 in order to reduce the use of tobacco to the lowest possible rate, to inform the public about the danger of tobacco and to provide quit lines for those who decide to quit. The SCTC expects from the ENSP membership the advantages of international networking, professional support, improved access to information, and especially experience from coalitions that have already reached the implementation of a total ban of smoking in public and workplaces. The remote voting system was launched mid November and is currently still in process.

- On 18th-19th August 2005 ENSP visited the Polish coalition. Different issues were discussed, i.a.: the administration heaviness imposed within the EC funded projects, the need to put even more energy in the network and involve even more directly the coalitions in tobacco-control actions, the procedure for next board and president applications, the need to adopt a stronger position in order to better represent and defend the civil society views, the importance of the ENSP scientific and financial independence.

The ENSP secretariat took advantage of its presence in Warsaw to attend a session of the Summer school on tobacco control and public health, organised by the Polish Health Promotion Foundation, the Framework Convention Alliance and the Open Society Institute.

ENSP made a presentation on tobacco control in the Public Health Programme of the European Community and the involvement of a network like ENSP.

- On 16th-18th November 2005, ENSP was invited to attend the "Seminar on new legislative orientations for smoking prevention and control" in Lisbon, which was organised within the framework of the national non-smoking day. This was a very good opportunity to present ENSP, its roles and its objectives to the participants.

The future development and reinforcement of the Portuguese ENSP coalition was also discussed with the representatives of the CPT (Council of Smoking Prevention) and COPPT (Portuguese Confederation for Smoking Prevention). During the meetings, the interest shown by the representatives of the government and of the NGOs for their activities to be strengthened within ENSP was very encouraging for the future.

- On 24th November 2005, on the invitation of the ENSP Polish coalition representative, ENSP made a presentation on building effective coalitions for tobacco control in the enlarged Europe, during the 7<sup>th</sup> Polish conference on tobacco or health held in Radom (Poland).
- On 19<sup>th</sup> January 2006, ENSP was invited to attend a meeting of the Belgian coalition and presented its roles and its objectives to the participants, together with the synergies developed with other European activities like the HELP! Campaign.
- On 21<sup>st</sup> April 2006, ENSP organised a General Assembly meeting. This one was very important for the organisation's future since a new Executive Board had to be elected and the basis for future strategy and partnerships had to be discussed. The basis of the discussions was provided with the presentations of the first results of "The Tobacco Control Scale: a new scale to measure country activity", the Framework Programme FP7, and the first guidelines of the research seminar on tobacco to be organized in Sofia in November 2006.
- Whilst the ENSP Secretariat has often co-ordinated with coalitions and networks for their input of information and experience as a group, in 2005-2006 we developed the more personal contact already experienced in 2004, which uses not only specific geographical expertise, but also the tobacco-control expertise of individual coalition or network representatives, and which is extremely high-quality, rewarding, motivating and complementary to the ENSP Secretariat's own, EU-level experience.

### ***Information Dissemination***

During the first half of 2005 ENSP continued to develop and improve the dissemination of information through various information releases, a weekly news bulletin and by regularly updating the ENSP website with relevant and up-to-the-minute information.

This took the form of the weekly European News Bulletins outlining the latest specific developments in the field of tobacco control, and also through several information releases specifically targeted at national coalitions and network members. These releases were centred around the core tobacco-control issues outlined previously (i.e. FCTC, second-hand tobacco smoke and smoke-free legislation, tobacco subsidies etc.) with all relevant references, web links etc. provided by ENSP's Information Officer and Assistant, who were available at all times to assist with queries and to clarify and provide additional information, as required.

A need to restructure the existing web site was identified in the course of 2005 in order to achieve the following targets: increase the added value to maximise interaction among ENSP members; create a more effective platform for providing news and information; grouping and focusing existing materials more relevantly and in a streamlined way; making certain structural changes with the aim of removing out-of-date and no longer relevant information. It was decided that a total overhaul of the ENSP website was required.

To this end the ENSP requested a quotation from a communication agency in order to streamline a new web site which will be more user-friendly and more in line with new

technologies and expectations (see annexes). The new structure of the website is based on the main objectives of the core grant under an informative and dissemination scope: the European News Bulletin will adopt a newsletter form (PDF format), being delivered by e-mail distribution (also renewed and empowered). Some internal management tools were also developed in order to simplify members' contributions and actions with confidentiality to face as securely as possible any intrusions.

In this first phase of web development, the ENSP secretariat established a new structure for the future website, on which the accent is placed on the most valuable elements that have been evaluated by ENSP members and other external experts. The main structure is divided into two different main parts: one for the general public and a restricted area for members.

The first part offers the visitor information and accurate data under a lively news format that is anchored by a range of dissemination products on tobacco control like daily flashes, a newsletter and deeper reports. Old and static information is presented in an easy-understandable manner.

The second part is dedicated to ENSP members in order to give them an improved tool to achieve networking at European level and the possibility to exchange all data that they need for it. In this respect, some tools on internal procedures of General Assembly, Board and Secretariat like voting modules, subscriptions, fee follow-up, reporting and minutes are put in place.

The creation of the new website also gives the secretariat more capacity to work with larger and heavier documentation and programs. This technical contribution of the project has to be understood as office and human resource good practice, because it was necessary to adapt methods and processes at any level.

The new website proposal was developed keeping in mind future possible synergies to integrate particular results or mini-sites concerning projects EU co-funded or other funded and proposed through the ENSP's structure. The main idea is to be able to develop specific sections that can be renovated, or to develop a side-site in the same structure and server in order to allow perfect connectivity and intelligent database solutions.

One of the synergies between the new ENSP project and other projects was established with the Health Professionals on Smoking Cessation project. In September 2005 a meeting among ENSP secretariat and project co-ordinators took place in Brussels to talk about the possibilities and synergies that technically and operationally could be created. The conclusion was that a database was needed under a web section approach: through it, experts, health actors, media and many other persons will have access to a real European database on health professionals and projects developed, with a power consultation tool to obtain different results. To develop the project, synergies can be created at any level: contents, development, technical development, managing and budgetary, and this practice can lead to achieve future similar projects.

In future greater attention will be paid to ensuring that the information disseminated by the ENSP Secretariat reaches all the members and that members' input likewise reaches the ENSP secretariat and is distributed consistently throughout the network.

The European News Bulletin appeared 38 times from March 2005 until December 2005 and 18 times from January 2006 to end May 2006. The ENB is a weekly review of tobacco-related news, EU and WHO issues and other relevant activities and developments.

## **ENSP Core grant Reports and Projects**

### *Why People Smoke*

It is now recognised that cigarette smoking is primarily a manifestation of nicotine addiction. However, the obvious link with nicotine addiction does not imply that pharmacological factors drive smoking behaviour in a simple way and to the exclusion of other influences. Social, economic, personal and political influences all play an important part in determining patterns of smoking prevalence and cessation. Although drug effects underpin the behaviour, family and wider social influences are often critical in determining who starts smoking, who gives up, and who continues.

Since many people start smoking in their youth, a large part of the question was 'why do people start smoking?' and therefore a proportion of this study concerned adolescents also. Following on from that, the question becomes 'why do people continue to smoke?' or 'why do people not quit?' as we look at the adult and senior population.

The communication strategy that follows the study consists largely in applying the analysis of cultural, socio-economic and gender influences on smoking behaviour to the results of research that already exists in tobacco control and anti-smoking communication campaigns at global, European, national and regional levels. The aim is to understand more clearly why the message may not be getting through effectively.

### Description of the working process/methodology

The methodology that applied to the project was the following:

- During the interim period ENSP researched the area of 'why people smoke' to find out the current status of research or the state-of-the-art. Pre-research conducted by ENSP has shown that few quantitative analyses exist on the wider influences that determine the uptake and quitting of smoking in Europe. Very limited analysis had been conducted in the USA.
- Following a call for tender a consultancy was selected to conduct the survey: they began work after signature of the contract in 5 EU countries.
- We also contributed to the compilation of a draft questionnaire for discussion based on initial findings. The questionnaire is designed to be a tool for the consultancy survey.
- The final results of the quantitative and qualitative survey were provided in March 2006.
- A workshop with interdisciplinary experts discussed these initial findings and developed an initial analysis for a set of recommendations.
- The final stage of the project was the drafting of the final reports. The validation by the wider tobacco control community. The dissemination to the targeted audience is planned for a later date (September 2006) due to a major problem with one chapter of the report (Socio-economic Inequalities).

### Findings

#### **Prevalence of Smokers:**

- Similar proportions of adults, around a quarter in each country, currently smoke;
- Britain and Poland have higher proportions who have ever smoked (half or more), and therefore have more ex-smokers.

**Table 2 – Ipsos MORI/ENSP Smoking Prevalence - Europe**

	A	GB	H	PL	E
	(%)	(%)	(%)	(%)	(%)
<b>Current smokers</b>	26	24	23	23	24
<b>Ex-smokers</b>	17	29	15	26	20
<b>Ever smoked</b>	43	53	38	50	44
<b>Non-smokers</b>	54	46	60	50	56

**Reasons why people start smoking:**

- The three main reasons why people started smoking, according to all respondents as a whole (smokers and non-smokers) are: they have friends/young friends who smoke/feel pressure/want to fit in; they get to an age when they want to try things/see what smoking feels, tastes or smells like; and that smoking can make young people feel like an adult.
- There are noticeable differences among those who have ever smoked, compared with those who have not, in perceptions about why people start smoking. Smokers (i.e. current or former smokers) are more likely than those who have never smoked to say people start smoking because they get to an age when they want to try things. They want to see what smoking tastes, feels, or smells like. Hungarians and Austrians who have ever smoked are particularly likely to mention this, compared with their counterparts who have never smoked. Peer pressure as a reason for starting to smoke is cited almost as often on average by the 'ever smoked' as the 'never smoked group', but the group most inclined to give this reason is Britons who have never smoked. As many as three-quarters of them cite peer pressure or wanting to fit in as a reason why people start to smoke.

**Feelings about smoking:**

The most commonly held feelings about smoking (among those who have ever smoked<sup>1</sup>, and looking at mean scores) are: 'I crave cigarettes at certain times of the day'; 'I often smoke without thinking about it'; and 'Most of the people I spend time with are smokers'. Some of the other reasons that have a high overall mean score are: 'It's hard to ignore an urge to smoke' and 'Smoking helps me deal with stress'. These reasons were also mentioned as important reasons in the qualitative research study held last year. Polish and Spanish adults are more likely to say 'It's hard to ignore an urge to smoke', and also to say that 'A lot of my friends or family smoke'. The results of this question give a good indication of overall feelings about smoking, by country.

Conclusions

This study explored the full range of underlying reasons why people smoke (apart from the obvious physical addiction to nicotine), and influences on uptake. It is clear that a desire to try new things, a sensation or confirmation of entry into adulthood, and peer pressure all act to stimulate young people to start smoking. This is compounded by the fact that many smokers spend time with other smokers (making it harder for them to give up). They get cravings or urges to smoke (cue exposure), and find that smoking helps them deal with stress. We advise that any communications activity focussing on preventing young people from starting to smoke should therefore take into account the 'starting triggers'.

**Recommendations**

Please note that these recommendations were set to contribute to the calls for the 7<sup>th</sup> FWP.

<sup>1</sup> If the respondent was no longer a smoker they were asked to think back to when they were a smoker.



## Alcohol, substances and tobacco

More research on the association between different substances is required especially in Europe, as the majority of corresponding data derives from US studies.

Drug abuse treatments should include the possibility of smoking cessation. Practitioners have to be convinced of the fact that this does not negatively influence abstinence from other substances.

Much effort should be put on the prevention of substance use especially in adolescents and considering associations between different substances and tailoring programmes to the needs of drug-dependent persons.

## Physical activity and tobacco

Regular physical activity should be recommended as an aid to managing tobacco withdrawal, cravings and weight gain during attempts to quit smoking. Ideally, the physical activity programme should commence several weeks or more before the smoker quits. Bouts of exercise as brief as five minutes can help to reduce cravings and withdrawal.

At present, there is insufficient evidence to demonstrate that exercise is effective for increasing long-term rates of smoking abstinence. Studies not showing a benefit for exercise on smoking abstinence are limited by small sample sizes or insufficiently intense exercise interventions. Further trials are needed with large samples and intense interventions involving supervised exercise.

## Nutrition and tobacco

Tobacco smoking and unhealthy dietary patterns are the leading preventable causes of premature morbidity and mortality. Their interaction is a subject of extensive research; though healthy diet could prevent some of the tobacco-related damage, supplementation of the deficient substances could even result to worse health effects. Thus, further double-blind prospective investigations are necessary to see which foods or nutrients could promote the health of current or former smokers.

## Genetics and tobacco

There is a need to establish a timescale for possible implementation of pharmacogenetically guided therapy via utilisation of knowledge, technological developments, and educational strategies to aid cultural assimilation of genetic testing for smoking cessation.

Large-scale clinical trials of emerging or new therapeutic agents that incorporate a pharmacogenetic component are necessary. These should have sufficient statistical power for reliable identification of genetic sub-groups that might benefit more or less from the treatments under test.

Validation of candidate genes in multiple population cohorts is necessary before near patient testing can be considered appropriate.

Stratification of pharmacogenetic analysis by gender is recommended to identify whether males or females are more or less likely to exhibit a genetic component to their variation in response to treatment. Population stratification ("ethnicity") may best be addressed by conducting such studies separately in different countries, for replication.

A European consortium approach to determine variation in frequency of smoking-related genetic variants across European Member States with different smoking prevalence would aid identification of different sub-groups (e.g. by ethnicity or dependence score) for whom genetic testing might be more appropriate.

Prospective clinical trials that provide a better understanding of the ways in which genetic feed-back to the smoker can influence a quit attempt are required before implementation of genetic testing is advocated.

#### Mental health and tobacco

Smoking is used as a coping strategy to relieve stress but - as far as we know today - is in itself a direct cause of stress mainly through development of the withdrawal syndrome. The widespread false beliefs among both smokers and non-smokers, health professionals and the public that tobacco use relieves stress (e.g "Smoking makes me feel more relaxed") and that quitting may lead to exacerbation of stress, anxiety and other psychiatric problems may greatly contribute to initiation, maintenance, and relapse (USDHHS 1988, Kassel et al 2003, Pilnick & Coleman 2005).

As part of a comprehensive tobacco control programme there is a need to inform and educate both patients, their families and healthcare professionals about the risks of smoking and physiological and psychological benefits of quitting. Information campaigns which include messages that smoking creates more stress and that quitting leads to lower levels of stress could help combat those attitudes and decrease both the smoking prevalence and the stress-related problems simultaneously.

In the U.S. there has been almost no tobacco control effort directed at psychiatric patients although they consume nearly half of all cigarettes smoked (Williams & Ziedonis 2004). The needs of these groups have been neglected due to a common belief that mentally ill patients are not interested in quitting or do not have the ability to quit, and the patients themselves may more than others misunderstand and overestimate the benefits of smoking. The view among professionals is one of "there exist bigger problems" or "the patients feel best to be still smoking." Those attitudes encourage the continuation of smoking. Each country needs national guidelines providing a framework for smoking prevention including policies for different arenas like schools, maternal care, primary care and psychiatric care. A central part in the policy should be cessation services for different patient groups including psychiatric patients.

#### Nicotine Replacement Products

The ENSP welcomes independent and public funded research in smoking cessation methods comparison between cognitive approaches (facilitated cessation) compared to pharmacological (without cognitive methods) cost-effectiveness studies. Studies should be set up to monitor long-term effects - i.e. some proper cohort studies running at least ten years.

We also wish to see studies set up monitoring long-term health effects of NRT products, and other pharmacological products in cessation including the effect on vulnerable groups like adolescents and pregnant women.

#### Capacity-building and co-ordinated action for research on tobacco

Despite the work achieved, at the moment, there is little European research that provides EU and Member State policy-makers with scientific information (most of the work has been on the policy area) and we continue to rely primarily on North American research to provide the scientific basis for tobacco control legislation in Europe.

Importantly, we lack some basic Europe-specific evidence that is needed to regulate and enable regulators to assess the effect of policy. This includes:

- Harmonised methodologies for collecting data;
- Regular surveillance and data on smoking prevalence in the EU member States;
- The impact of interventions on smokers' behaviour and populations including different gender and socio-economic groups;
- Economic evidence on the costs of tobacco use and cost/benefit analyses of interventions.

The establishment of a central database of tobacco-related research being carried out at national and EU level would enable researchers and Member States to keep track of new research and to ensure that scarce resources and researchers are being used to optimum effect. We can perhaps propose setting up a "tobacco control research clearing house" that can be in charge of the database, co-ordinate research activities, manage/organise technical assistance, guarantee quality of research through independent review processes.

#### *National Coalition Reports – Past, Present and Future*

This report was prepared by the national coalitions against tobacco in Europe, and members of the ENSP, and provides an overview of tobacco control legislation in their countries, the main objectives/current activities/recent achievements and priorities for the future for each of the national coalitions. It also outlines the state-of-the-art on smoke-free public and workplace policy, perceived obstacles, specific actions undertaken with a view to promote smoke-free public/workplaces, the emergence of new initiatives and (draft) laws since the ENSP Cracow meeting, information from opinion polls on public acceptance and desires for smoke-free public and workplaces, economic evidence, industry tactics general trends etc.

#### *Second-hand Smoke (SHS) Markers – Review of methods for monitoring exposure levels Giuseppe Gorini, Antonio Gasparirini, Maria Cristina Fondelli and Giovanni Invernizzi*

The aim of the study was to review the ETS markers in order to better understand the available methods for measuring ETS exposure, and to choose which marker (or which combination of markers) is the most suitable for monitoring ETS exposure in different settings.

The aim of this report, therefore, is to discuss the specific characteristics of different methods to measure the presence of ETS and to compare their practicability, friendly-user characteristics, rapidity of response, reproducibility of results, capacity to impact with people understanding and economic burden.

Articles about ETS markers have been found in Pubmed, using the following search terms, in different combinations: "marker", "biomarker", "environmental tobacco smoke", "second-hand smoke", "exposure assessment". Specific terms have been added for definite markers, and further clues have been carried out by references of topic papers. The review is updated to July 2005.

#### **Conclusions**

The properties of ETS markers, and the results of the studies they are used in, could be useful in choosing suitable methods in specific situations. As demonstrated above, every marker owns different features, and the choice depends on multiple factors, as outcomes of interest, degree of precision needed, time-span of exposure, size and characteristics of populations studied and economic resources.

An evaluation of the markers discussed in this paper that provide useful results about ETS exposure is summarized in Table 2.

The type of exposure assessment needed for public health studies aiming at description of distributions of exposure in populations over time, differs from that required for health-effect studies focusing on specific relations between ETS exposure and different health outcomes. For the latter, exposure assessment also differ depending on whether the aim is qualitative testing for an association between exposure and a health outcome, or quantitative estimation of effects of given exposure levels. Large study samples with less precise exposure estimates are usually preferable for qualitative studies, whereas accuracy and precision of exposure estimates are more relevant in quantitative studies (Jaakkola and Jaakkola, 1997).

Questionnaires are always recommended in order to collect information about characteristics of the population sample that could affect the exposure to ETS. Moreover, this is the only feasible method that allows tracing past exposures. Questionnaires provide useful information in studies of health outcomes with a long latency period and for studies of rare diseases requiring large study populations. However, memory-based reports should be linked with more specific markers, usually biomarkers, in order to verify the real exposure and avoid misclassification. These questionnaires should be built according to the characteristics of the marker used as validation, like the time span that it covers and the specific setting interested by exposure.

Personal monitoring of environmental markers gives good information on cumulative exposure over relatively short periods. Moreover, they provide information about individual exposure, and personal characteristics can be taken into account. In spite of these advantages, these methods require a heavy expense of resources, they are expensive and time-consuming. However, it is the best approach for assessment of personal exposures in studies of short-term health effects with small study samples, especially if quantitative assessment of exposure-response relation is desired.

In recent years, several biochemical methods used to measure ETS exposure have been developed. Thus, the use of biomarkers, even in exposure assessment field studies, is on the increase. Notwithstanding, a great part of these new essays shows large variability in individual exposure, and our knowledge about the complex mechanism that link exposure to health effects, as uptake, metabolism and genetic susceptibility, should be improved. Biomarkers can add new and interesting information, in spite of high cost and sampling difficulties. Their use, depending on the study's resources, is recommended in association with complementary markers that assure validity and reliability of measurements.

Stationary monitoring of pollutant concentrations characterises reasonably well exposure levels in different micro-environments over time, and is suitable for overall monitoring of the presence and amount of ETS in different indoor environments. Such an approach is often suitable for the purposes of risk assessment, development of preventive strategies, and follow-up of effectiveness of risk management measures, taking into account the relative low cost and relative ease of sampling. When combined with time-activity data, stationary monitoring can also be used to assess an individual's exposure in studies of relatively short-term health effects.

As already said, the great part of markers used in ETS exposure assessment derives from previous studies on active smoke. Consequently, their levels due to ETS exposure and the related health effects are dramatically lower. Therefore, the use of specific markers is strictly recommended. Many aspecific markers, like several carcinogenic biomarkers, should be employed only in combination with more specific methods, in order to define the link between degree of exposure and specific health effects. It is important to make a special effort to enhance the correlation between the methods, like decreasing non-ETS sources and choosing suitable markers to be measured together.

In this regard, a combination of different assessment methods is often the best alternative, if the resources are available. It is important to choose a set of markers that provides an exhaustive scenario, covering every relevant aspect of the exposure to ETS: one should be able to fill in the gap of the others, and their results should be comparable.

*Analysis of the Effects of the Smoking Ban in Ireland*  
*Professor Clancy, Professor Goodman*

In response to the call for ENSP Framework Project Applications 2004–2005, the Research Institute for a Tobacco Free Society (RIFTFS) submitted a proposal to undertake a comprehensive health impact assessment of the workplace tobacco ban in Ireland.

Studies were proposed in the following areas:

- Changes in exposure from ETS in a number of locations pre and post the introduction of the ban including bars, homes and hospitals.
- Assessment of the characteristics and influence of the media campaign which accompanied the proposed introduction of the ban.
- Pharmacoeconomics of the ban in terms of cardiovascular and respiratory drug usage changes.

The project was planned over two phases. Phase 1 extended from March 2004 – March 2005 and Phase 2 from March 2005 - March 2006.

The research proposal was successful and work commenced on the project in March 2004.

### **General objectives**

In response to the call for ENSP Framework Project Applications 2004–2005, the Research Institute for a Tobacco-Free Society (RIFTFS) submitted a proposal to undertake a comprehensive health impact assessment of the workplace tobacco ban in Ireland.

The overall objectives of the project were to study the effects of the workplace smoking ban in Ireland. This was done this in terms of analysis of

- change in particle exposure resulting from the workplace ban;
- change in health effects determined by analysis of cardiovascular and respiratory drug usage pre and post ban;
- analysis of the media coverage prior to the introduction of the ban.

### **Project timescale/phases**

The project took place in two phases: Phase 1 extending to March 2005 with Phase 2 continuing to March 2006.

In Phase 1, studies focused on exposure measurements in bars pre and post the workplace ban, as well as an assessment on the health effects of bar workers. These studies were finalised in Phase 2 and there was further monitoring and analysis of exposure in homes and exempted hospitals.

The media analysis and pharmacoeconomic study was conducted in Phase 2.

Research objectives for Phases 1 and 2 of the exposure project are detailed below.

### **Research Objectives**

Research objectives for the Phases 1 and 2 of the exposure project are detailed below.

- 1 To measure a range of parameters which are associated with ETS in the following locations:
  - (i) Pubs in the Irish Republic pre and post the smoking ban
  - (ii) In a selection of homes of smokers and non-smokers as a pilot study to investigate if the workplace smoking ban has altered smoking habits, and thus exposure to ETS
  - (iii) In special hospitals in the Republic of Ireland where there is an exemption to the smoking ban
  - (iv) In other exempted areas, in particular prisons and nursing homes
- 2 To analyse the exposure measurements to address the following questions:
  - (i) Are exposure levels in pubs in the Republic of Ireland lower after the introduction of the ban?
  - (ii) Is the level of change in exposure similar for all the measured parameters?
  - (iii) Evaluate the exposure levels in the homes of a selection of workers.

- (iv) How do exposure levels in locations where a ban is in operation, compare to hospitals and other areas which are exempted from the ban?
  - (v) Further how do these exposure levels compare with levels in a selection of homes?
- 3 In respect of all the venues where exposure measurements have been made we hope to address the following questions:
- (i) Which of the measured parameters is the most appropriate indicator of ETS exposure?
  - (ii) How do the various measured exposure parameters track each other?
  - (iii) How do the measured exposure parameters correlate with the health effect measurements?
- 4 We propose to submit the work for presentation at appropriate scientific conferences and for publication in peer-reviewed research journals as well as making data available to decision-makers and opinion-leaders throughout the EU.

It was planned to study the particle exposure changes resulting from the ban and to endeavour to correlate these with nicotine measurements made in other European laboratories within the consortium, in particular the "Environmental Tobacco Smoke Exposure in a sample of European Cities (Project leader: Manel Nebot, PHI, Barcelona, Spain).

### **Health Effects/Pharmacoeconomics (Phase 2)**

As a surrogate for health effects it was proposed to study the pharmacoeconomics surrounding the ban in terms of cardiovascular and respiratory drug usage changes as indicators of early changes in health. The objective of this component of the research project is to determine the implications of the workplace smoking ban, which commenced on the 29 March 2004, on cardiovascular and respiratory drug utilisation and expenditure which should help other countries contemplating a ban to predict the effects of such a ban on drug usage.

### **Media Campaign (Phase 2.)**

It was planned to study the media campaign which accompanied the proposed introduction of the ban and assess its characteristics and influence. This project would analyse Irish media coverage of the smoking ban in workplaces from November 2003 to April 2004 and assess the effectiveness of the media strategies adopted by all concerned bodies.

## **Results**

### **Exposure Phase 1 and Phase 2**

In Phase 1 the focus of the study was in measuring exposure from ETS in a number of bars. The project aim was to measure particulate matter and benzene levels in pubs. Particulate pollution levels (PM<sub>2.5</sub> and PM<sub>10</sub>) and smoking prevalence of customers outside pubs were measured in 42 bars. Benzene was measured in 26 of these pubs. Ultra-fine airborne particles were measured in 12 of these pubs. Studies also assessed the pulmonary function of bar workers following the introduction of the ban. Some initial work was conducted in measuring particulate levels in non-smoking households.

In Phase 1 a preliminary analysis of all available findings was conducted. In Phase 2 of the project, measurements were completed in the 42 bars and on the health of bar workers. A full analysis of all findings was conducted, and initial findings were confirmed.

Analysis showed that the smoking ban has successfully reduced the particulate exposure levels in Dublin pubs. Levels of benzene have been significantly reduced in pubs with the introduction of the ban. There has been a dramatic decrease in numbers of customers smoking outside pubs after the ban compared to inside pubs before the ban. The ban has significantly reduced exhaled breath carbon monoxide levels in non-smoking and ex-smoking bar workers.

Work commenced in 2005 in measuring exposure levels in psychiatric hospitals which were exempt from the workplace ban.

Six individual hospitals exempt from the workplace ban were studied. Findings from these studies showed that the average ultra-fine particle concentration in an exempted hospital is over 50% higher than the concentration found in a Dublin pub in the pre-ban period and 650% higher than a Dublin pub in the post-ban period.

The mass of the airborne particulate matter (PM 2.5) within hospitals exempt from the smoking ban compare extremely closely (within 2%) to a selection of pubs before the introduction of the ban, and is 8-fold higher than the pubs after the implementation of the ban. For PM 10.0 the exempt hospitals are over 50% lower than the pre ban pubs and are over 30% lower than the post ban pubs.

A study of exposure in 33 selected dwellings was conducted. Dwellings with smokers present and dwellings with only non-smokers were studied. The results showed that the average ultra-fine particle concentration in an exempted hospital is over 3 times higher than the particle concentration found in selected Irish dwellings where smokers were resident and approximately 8 times that of dwellings with only non-smokers resident.

### **Media campaign**

A study of the media coverage of the Irish workplace smoking ban was conducted with the aims of analysing the themes and trends of the coverage generally as well as evaluating the effectiveness of the pro-ban advocates' communication campaign. The study provides potential lessons for public health advocates seeking to engage in the policy process more effectively through the news media. The findings can be used to increase awareness of the strategies used by the hospitality and tobacco industries to counteract any campaign for a workplace smoking ban.

The study showed that the pro-ban strategy to consistently and repeatedly frame the ban as a worker safety and public health issue proved effective. The anti-ban lobby almost entirely avoided health and scientific arguments. They did succeed temporarily in diverting the focus of the ban away from health using economic, political and legislative arguments. In addition the anti-ban lobby used tactics similar to those used fighting other international bans. Emphasis of negative economic impact, erosion of cultural or national identity and freedom of choice were arguments frequently used against the ban.

### **Pharmacoeconomics**

An analysis of the usage of cardiovascular, respiratory drugs and nicotine replacement therapies pre and post the introduction of the workplace ban was conducted. Results show no significant change in prescribing rates in all three categories before and after the smoking ban. There was a small but insignificant increase in the use of NRT post ban despite a definite increase in smoking cessation.

*The Tobacco Control Scale: a new scale to measure country activity  
(Update of Effective Tobacco Control Policies in 28 European Countries, October 2004)*

**Objectives:** To quantify the implementation of tobacco control policies at country level using a new Tobacco Control Scale and to report initial results using the scale.

**Method:** A questionnaire sent to correspondents in 30 European countries, using a scoring system designed with the help of a panel of international tobacco control experts.

**Results:** The 30 countries are ranked by their total score on the scale out of a maximum possible score of 100. Only four countries (Ireland, United Kingdom, Norway, Iceland) scored 70 or more, with an eight-point gap (most differences in scores are small) to the fifth country, Malta, on 62. Only 13 countries scored above 50, 11 of them from the European Union (EU),

and the second largest points gap occurs between Denmark on 45 and Portugal on 39, splitting the table into three groups: 70 and above, 45 to 62, 39 and below. Ireland had the highest overall score, 74 out of 100, and Luxembourg was bottom with 26 points. However even Ireland, much praised for their ban on smoking in public places, did not increase tobacco taxes in 2005, for the first time since 1995.

**Conclusions:** Although the Tobacco Control Scale has limitations, this is the first time such a scale has been developed and applied to so many countries. We hope it will be useful in encouraging countries to strengthen currently weak areas of their tobacco control policy.

There is evidence that comprehensive tobacco control programmes reduce smoking prevalence. However, there have been relatively few attempts so far to measure the implementation of tobacco control policies systematically at country level. This paper has two main aims: to quantify the implementation of tobacco control policies at country level using the new Tobacco Control Scale (TCS); to report initial results using the scale. The scale is based on six policies which, according to the evidence, should be prioritised in comprehensive tobacco control programmes. They are described by the World Bank and listed below. We describe how a questionnaire was designed to quantify the implementation of these interventions at country level, and how a scoring system was designed to create the scale. Finally we present initial results, showing countries ranked by their TCS score, and discuss the merits and limitations of the scale.

### **The World Bank list of effective tobacco control interventions**

The June 2003 World Bank fact sheet, Tobacco control at a glance, described six cost effective tobacco control interventions:

- price increases through higher taxes on cigarettes and other tobacco products
- bans/restrictions on smoking in public and work places
- better consumer information, including public information campaigns, media coverage, and publicising research findings
- comprehensive bans on the advertising and promotion of all tobacco products, logos and brand names
- large, direct health warning labels on cigarette boxes and other tobacco products
- treatment to help dependent smokers stop, including increased access to medications.

The evidence suggests that the best results are achieved when a comprehensive set of measures are implemented together.

### **Methods**

In 2004 the European Network for Smoking Prevention (ENSP), with financial support from the European Commission, provided a grant to one of the authors (LJ) to measure tobacco control activity at country level in Europe. A questionnaire was drafted then finalised with feedback from a panel of experts. In 2004 the questionnaire was sent to the ENSP correspondents in 28 countries who had agreed to fill in their country data. They were nominated by ENSP because they were the official country representatives to ENSP, members of their national coalition and thus knowledgeable about tobacco control. The questionnaire was sent to the 25 countries of the European Union (EU) plus Iceland, Norway and Switzerland.

In summer 2005 the questionnaire survey was repeated with 30 European countries: the previous 28 plus two accession countries, Bulgaria and Romania. Data were collected using the 2004 questionnaire, but stricter definitions were applied in the scale to smoke-free places and smoking treatment systems.

### **The scale**

The questionnaire and raw data are available on the Tobacco Control website — <http://www.tobaccocontrol.com/supplemental>. The questionnaire asked about legislation in force on the 1 July 2005, price data on 1 January 2005, and the 2004 tobacco control budget.



Thus any legislation, price increases or funding introduced after those dates, as has happened or will happen for example in Spain, Scotland, Estonia, Belgium and England, are not included.

The following data sources (apart from the questionnaire) were used to score the scale:

- the price of a pack of Marlboro (20 pieces) on 1 January 2005 was based on a Citigroup Smith Barney report
- the price of a pack of 20 cigarettes in the most popular price category on 1 January 2005 was based on the 2005 European Commission report "Excise duty tables"
- gross domestic product (GDP) expressed in purchasing power standards (PPS) per capita and GDP in 2004, and country population data on 1 January 2004 were collected from the statistical office of the European Union
- information on legislation obtained from the correspondents via the questionnaire was discussed and verified at the WHO tobacco legislation database during a visit to the European regional office in July 2005; provisional scores were sent in July 2005 to the 30 country correspondents for comment.

## **Results**

Countries are ranked by score, with the maximum possible score for each policy shown in brackets at the top. Only four countries score 70 or more (Ireland, UK, Norway, Iceland) with an eight-point gap (differences in scores are mostly very small) to the fifth country, Malta, on 62. Only 13 countries score above 50, 11 of them from the EU, and the second largest gap occurs between Denmark on 45 and Portugal on 39, splitting the table into three groups: 70 and above, 45 to 62, 39 and below.

## **What this paper adds**

There are published studies describing scoring systems for tobacco control programmes but none has developed a systematic scoring system that can be used in many different countries with different languages, legal systems, etc. The Tobacco Control Scale uses a systematic scoring system that permits comparison in 30 European countries, and this study presents preliminary results using the new scale.

## **The need for more funding on tobacco control and research**

In the EU, only the UK spent more than €2 per capita per year on tobacco control. The 2004 ASPECT report recommended that EU members immediately increase per capita spending by €1–3. The best system is illustrated by Iceland, where the law obliges the government to spend at least 0.9% of total consumer spending on tobacco, on tobacco control: per capita spending is €2.27 per annum. However, tobacco control spending by the tobacco industry appears to be extremely bad for tobacco control and tobacco control budgets. Tobacco control funding by the German government was only €0.01 per capita in 2004 – an incredible 1 cent. Spending appears to be low because the tobacco industry provides funding, as the result of a five year €11.8 million contract between the German Ministry of Health and the industry. Belgium has a similar problem. The Rodin Foundation is a non-profit organisation founded in 2000, partly at the initiative of the finance minister, funded by the tobacco industry, with a budget of €1 850 000 per year for six years.

Finally, we acknowledge that this scale is work in progress. We would like to examine how the scale relates to smoking prevalence, and develop better measures of implementation. However, this will require standardised survey data based on large, representative samples, and accurate estimates of cross border shopping and illegal tobacco trade in the 30 countries. At the moment different countries use different prevalence measures, making it extremely difficult to compare the impact of policies between countries. Such research will cost money, but in the EU spending on research and evaluation is extremely low generally. The 2004 EU funded ASPECT report concluded: "A strong science base for tobacco control policy and interventions is... essential to improve societal understanding of the effects of tobacco on health and to best direct resources towards its control".

## Recommendations

- 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 spent more than € 2 per capita on tobacco control. In recognition of the current low levels of funding for smoking prevention in the Member States of the European Union, the Aspect consortium report recommended in 2004 that EU Member States immediately increase per capita spending by €1-3. But even for the UK, there is a word of caution, as there is no guarantee that the government will maintain its level of spending on tobacco control in coming years. The best system is provided by Iceland, € 2.27 per capita spending in 2004, where the law obliges to spend at least 0,9% of the tobacco sales to tobacco prevention. The worst system is when the tobacco industry is able to contribute to tobacco prevention activities of a country. German funding of tobacco control activities by the government was only €0.01 per capita in 2004. German spending is kept low as the industry provides funding as the result of a contract € 11.8 million over five years between German of Ministry of Health and the tobacco industry, which has been heavily criticized by health campaigners during the 2003 World Conference on Tobacco or Health in Helsinki. Similar problems occur in Belgium with the Rodin Foundation (<http://www.rodin-foundation.org>), which is a non-profit organization (according to Belgian law) founded in 2000, partly at the initiative of Belgium's finance minister, with funds from the tobacco industry, at € 1,850,000 per year for six years. Its stated objectives are to inform, prevent and conduct research in the field of addictions, including smoking, and which has led to low tobacco control budgets in Belgium.
- On 1 January 2004, no European country had implemented smoke-free legislation in bars and restaurants. On 1 July 2005, five countries (Ireland, Norway, Italy, Malta and Sweden) had introduced smoke-free legislation in bars and restaurants and more countries are planning to do so. The most comprehensive smoke-free legislation (a complete ban at the workplace - including bars and restaurants - with no smoking rooms) has been introduced in Ireland. An Irish-type ban is due to be introduced in Scotland in 2006. The Norwegian smoke-free legislation provides the same protection in bars and restaurants as in Ireland (no smoking rooms), but is less strict at the other workplaces (designated smoking rooms are allowed) than in Ireland. Italian, Maltese and Swedish legislation provides smoke-free legislation at the workplace, bars and restaurants included, but maintain the possibility of designated, closed and ventilated smoking rooms. Comprehensive smoke-free legislation includes a total ban of smoking at the workplace, bars and restaurants, public places (including health and educational facilities) and public transport and should be a priority for every European country in the coming five years.
- Price policy remains the most effective tobacco control measure. It has to be noted that the price of tobacco products varies greatly in European Union. For instance, the price of 1 pack of Marlboro cigarettes on 1 January 2005 ranges from € 1 in Latvia to € 6.82 in the UK. Within the 30 European countries, the price range for a pack of Marlboro is even wider: € 0.86 in Romania and € 7.65 in Norway. Some European countries (France, Germany and the Netherlands) had increased their taxes in 2004 on tobacco products with an effect on prevalence. Nevertheless, the effect has been weakened as result of cross-border shopping in neighbouring countries with lower taxes. There should be more restrictions on the number of cigarettes that can be imported for personal consumption between EU countries (now at least 800 cigarettes). In order to protect public health objectives a maximum level of 200 cigarettes should be set that individuals can import for personal use into another country (even within the countries of the EU).

- There is a need for more standardisation and harmonisation of smoking prevalence and tobacco use data in Europe in order to make comparisons on the effectiveness of tobacco control policies between countries. More money should spend on the evaluation of tobacco control policies in Europe. The Aspect consortium report, which was commissioned and financed by the European Commission, uncovered in 2004 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.

### European countries ranked by total TCS score

COUNTRY	Price (30)	Public place bans (22)	Public info. campaign spending (15)	Advertisi ng bans (13)	Health warnings (10)	Treatme nt (10)	T O T A L  (100)
<b>Ireland</b>	23	21	3	12	6	9	74
<b>UK</b>	30	1	15	11	6	10	73
Norway	26	17	5	13	6	4	71
Iceland	25	11	13	13	6	2	70
<b>Malta</b>	19	17	3	9	7	7	62
<b>Sweden</b>	19	15	2	13	6	5	60
<b>Finland</b>	18	12	1	13	7	7	58
<b>Italy</b>	16	17	2	10	6	6	57
<b>France</b>	23	6	4	11	6	6	56
<b>Netherlands</b>	16	9	4	12	6	5	52
<b>Cyprus</b>	21	6	1	12	6	5	51
<b>Poland</b>	16	10	0	12	6	6	50
<b>Belgium</b>	16	8	2	12	7	5	50
<b>Slovakia</b>	18	8	0	11	6	6	49
<b>Hungary</b>	17	6	1	10	6	7	47
Bulgaria *	19	6	0	9	6	6	46
<b>Estonia</b>	14	9	2	11	1	8	45
<b>Denmark</b>	17	3	2	10	6	7	45
<b>Portugal</b>	17	5	-	10	6	1	39
<b>Greece</b>	17	7	0	4	6	4	38
<b>Czech Rep.</b>	12	6	0	9	6	5	38
<b>Germany</b>	20	2	0	4	6	4	36
<b>Slovenia</b>	13	6	0	7	6	4	36
Switzerland	15	5	4	4	3	4	35

<b>Lithuania</b>	11	6	1	9	6	1	34
<b>Spain</b>	12	3	3	3	6	4	31
<b>Austria</b>	14	4	0	4	6	3	31
<b>Latvia</b>	9	6	1	6	6	1	29
Romania *	13	6	0	0	3	5	27
<b>Luxembourg</b>	7	4	0	5	7	3	26

*Bold countries are EU members; \* accepted to join EU; other, non-EU; - no data. The 10 countries which joined the EU in 2004 are: Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia, Slovenia.*

### *Synergies European Regions/ENSP*

#### **History**

In September 2004 following a meeting between the Veneto region and the ENSP, an initial outline for a joint project was put forward.

The project aimed at:

- update on the initiatives promoted by ENSP and relevant for European regions;
- to create an exchange of best practices and to gather ideas and projects among European regions for the realisation of news proposals with ENSP.

A "sub-network" would be established by the following networks – of which we are members - and European partners:

- 1) WHO Regions for Health Network, made up of 33 regions in 18 European states;
- 2) ENSA, European Network of Social Authorities, made up of 15 Regions in 8 European states;
- 3) database of the Veneto region's contacts in the field of public health: nearly 100 European regions.

For the first phase of the pilot action, the Veneto region suggested the following activities:

- 1) sending out a letter to all their partners in order to check their availability and interest in taking part in this "sub network";
- 2) drawing up a mailing list;
- 3) sending out a monthly newsletter.

Unfortunately, and given the limited resources in both sides, the project had to be put on hold.

At the end of 2004 the Regional Tobacco Policy Department of the Government Offices for the North-West proposed to the ENSP to create a joint EU action on tobacco control. They contacted the responsible person from Smoke-free Liverpool that paid a consultancy to compile an application for funding. The ENSP was involved in the discussions that lead to the submission of the project proposal.

Unfortunately the application was not successful.

Therefore, the ENSP proposed to the Liverpool region to work towards a joint venture in order to recuperate the regional dimension on tobacco control. The proposal was as follows:

## Smoke-free Liverpool initiative

### Working with communities to achieve tobacco control

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To be decided: the number of regions/cities (could be about 50) and the definition of community setting.

The project will have a series of inter-related aims including:

- developing an EU network for smoke-free community settings at regional/city level;
- contributing to the reduction of the EU population exposed to indoor tobacco smoke;
- contributing to the reduction of smoking prevalence rates among the partner areas and of target groups within them - special attention will be paid to vulnerable groups including children and low income households;
- establishing how specific EU tobacco control policies are implemented in the partner regions and cities.

In order to achieve the above we will:

- map practises and existing interventions and initiatives in the partner regions/cities;
- identify best practice in community settings;
- develop local partnerships, assess and produce effective strategies recommendations and action plans that takes into account the European National and regional policy contexts.

The project will disseminate widely experience, good practice and recommendations that flow from its activities and contribute to informing national and European tobacco control agendas.

The project will develop in six distinct but interrelated steps:

#### **STEP 1**

State-of-the-art

- > Creation of the network and identification of relevant contacts
- > Development of relevant questionnaire as a method for the mapping exercise
- > Mapping of practises and existing interventions in the partner areas

#### **STEP 2**

Steering committee

- > Launch of the project and network at ENSP network meeting
- > Analysis of the mapping exercise
- > Initiation of the 'case studies' based on the most advanced interventions (i.e. agreed framework and guidelines for drafting of "case studies" by partners).

#### **STEP 3**

Project Seminar – Establishing Good Practice - Liverpool

- > Presentation of Liverpool/North-West England approach to working with communities
- > Report of partners' case studies and structured discussions
- > Assessment of interventions
- > Initial set of recommendations (including guidelines for developing local partnerships)

#### **STEP 4**

Steering Committee 2

> Discussion of the outcome of the Liverpool event and way forward

## **STEP 5**

Study of the impact of EU policies at regional/city level

> Analysis and grass-roots information on how EU policies are implemented at regional level

## **STEP 6**

> Promotion and visibility at European level

Consultancy intervention

> In this scheme, consultancy and advising will be required as follows:

- Permanent relation between actors in the whole process
- Specific report
- Advising and involvement on the steering committee
- Project management supervision
- Recommendations follow up

## **Development and methodology**

On 23<sup>rd</sup> May 2006, the programme management group (PMG) met in Brussels to finalise the methodology and time schedule of the pilot phase:

This action aims to build a network of European partners who will work together to address priority tobacco control issues. The initial stages of the project will focus on young people aged 16 to 21 years of age and children aged up to 5 years of age. The aim will be to reduce the exposure of both groups to second-hand smoke and reduce smoking prevalence – and the take up of smoking – amongst 16 to 21-year-olds.

A series of themes will shape the project's agenda and activities. These will relate to:

- Adopting a "settings" approach to tobacco control – key settings will include homes, community centres, youth clubs, post-school education and training environments and prisons.
- Developing local partnerships and working with communities to achieve tobacco control.
- Identifying innovative approaches and good practice – this will include methods of analysis, types of actions, evaluation tools.
- Disseminating the project's knowledge and influencing local, national and EU tobacco control agendas and policies.

The next stages are:

June 2006     A mapping exercise that will be carried out by ENSP to develop an understanding of the scope and range of current activities taking place across Europe relevant to this project. This will involve identifying and engaging with programme and project leaders of potential partners.

Oct 2006     The development of "case study guidelines" for participants and the circulation of invitations to attend and contribute to the main project event - a seminar in Liverpool.

Dec 2006     A two-day Project Seminar "Establishing Good Practice" will be held in Jan 2007 Liverpool. It will provide a forum for sharing experience of tobacco control approaches that impact on young people aged 16 to 21 year olds and children up to 5 years old. A key outcome

from the seminar will be a "tool-kit" for comprehensively addressing exposure to second-hand smoke and smoking prevalence amongst children and young people.

Dissemination of partners' experience and the outcomes of the project will be an integral part of the project's activities. In this context, promoting the project and its findings at European level will be a priority and it is intended that existing and new partners will work together to develop the network and secure EU funding for future activities.

#### *Ensure future ENSP activities under the new EU public health programme*

An ENSP application for funding was successfully submitted by the 8 April 2005, well before the deadline from the Commission.

The new EC procedures required the abolition of Framework Project applications: the ENSP submitted a proposal for a 'core grant' only, which is extremely cost-effective as we are using existing tools to present concrete outcomes.

The new proposal was based on the General Assembly discussions as approved for the year 2005-2006, the Public Health Programme article 3 point e) and the specific priorities for the year, as stated in the 2005 work plan for the specific section on tobacco control.

The specific objectives of the ENSP 2006 are, as initially proposed to the EC and evaluated (please note that each objective corresponds to a work package in the application):

- 1) Continue the development of a EU 25 Network for tobacco control, working towards best practice regarding tobacco prevention activities, and cessation strategies (including web based approaches).
- 2) ENSP expects to develop, facilitate and support a fully dynamic and interactive network of tobacco control advocates working in collaboration with other informed stakeholder organisations towards progressive tobacco control policies.
- 3) ENSP will evaluate the project and the former sub-projects 2005-2006
- 4) Supporting and contributing to the development of Community strategy on tobacco control, mapping, assessing and evaluating measures and actions on:
  - preventing sales to children and adolescents,
  - pricing and taxation,
  - prohibiting advertisement and
  - second-hand smoke
- 5) ENSP will continue to contribute to greater research co-ordination and capacity by creating a European tobacco research strategy.

To create an observatory (web-based and pilot) on research options and interventions at regional, national and EU level in full collaboration with the regional network for tobacco control, stakeholders at national level and GLOBALink.

- 6) Investigating the impact of health warnings and colour photographs on tobacco research packages on consumer habits in particular on young people, including recommendations for improvement and adaptation of the warnings.

Ensuring better understanding of the effects of international/EU/national and regional policies and actions on health and to support and encourage the legal and other instruments in the field of tobacco control. Outlined priorities by all Members in previous network meetings (Cracow/Limassol) including:

- the Framework Convention for Tobacco Control,
- article 11 of the 37/2001/EC directive,
- support for the tobacco advertisement directive,



- support and promote a ban on smoking in work places, fully involving trade unions and enlarging the EU network of trade unions for tobacco control created under previous EC funding (2001/2002 ENSP FWP),
- input to the 'Green Paper on Smoke-free environments 2006'

Implementation of these activities will start on 1<sup>st</sup> June 2006 in the frame of the EC/ENSP grant agreement 2005326.

A new ENSP application for funding was submitted on 18<sup>th</sup> May 2006, to cover a 12-month activity period starting on 1<sup>st</sup> June 2007.

This application closely follows the priorities stated in the Work Plan 2006 of the Commission.

The specific objectives of the ENSP application are:

1. Continue the development of a EU 25 Network for tobacco control, working towards best practice regarding tobacco prevention activities, and cessation strategies.
2. Develop, facilitate and support a fully dynamic and interactive network of tobacco control advocates working in collaboration with other informed stakeholder organisations towards progressive tobacco control policies.
3. Evaluate the current project and the former project 2006-2007.

4. Support & contribute to the development of Community's Strategy on Tobacco control, mapping, assessing and evaluating measures and actions on:

- Smoke-free environments
- FCTC implementation and illegal trade
- Women's & adolescents exposure to second-hand smoke

Ensure better understanding of the effects of international/EU/national & regional policies & actions on health & to support & encourage the legal & other instruments in the field of tobacco control.

5. Develop practical steps and tools to promote smoke-free work places at European and national levels, integrating the best practices gained in this area by the ENWHP, and also involving the trade unions and the employers.

6. Create and train national "teams" in every EU Member State, candidate countries, and EFTA countries to follow-up or assist the monitoring of the implementation of FCTC in their particular countries. The project will include the formulation of a set of recommendations on the best ways to monitor the implementation of particular articles of the FCTC & also how to promote stronger legislation at national level.

The project will also aim to strengthen research capacity on tobacco control policy monitoring & evaluation at national level. Special attention will be given to those areas of the FCTC on which the development of protocols can be expected.

7. We know little about women's and young people's exposure across Europe and how this can be addressed. Therefore, we will analyse the current situation in Europe as to second-hand smoke exposure from a gender and young people's perspective and bring together experiences from countries which have implemented comprehensive smoking bans in public places to (i) help other countries do the same & (ii) explore their impact on women & young people.

The project will also identify next actions for tobacco control and research needs in this area.

#### *Involvement in tenders*

- Involvement in EC Tender SANCO/2004/FT/2004/01 "Organising anti-smoking communication measures in all the Member States of the European Union" (HELP)

### *The Community Tobacco Fund*

The "Community Tobacco Fund" is derived directly from the aid granted for the production of raw tobacco within the framework of the common agricultural policy (CAP). While continuing to give support to the production of raw tobacco, the Council decided to introduce a levy on this subsidy to finance a Community fund for research and information. The percentage of the levy required for the fund has been increased in stages, and its scope was extended.

The fund finances projects mainly to help tobacco growers to switch to other crops, but also to improve public awareness of the harmful effects of tobacco consumption through education and information. These last projects not directly related to the agriculture are run under the responsibility of the Directorate General for Health and Consumer Protection (DG SANCO).

In 2004, the budget heading relating to the Community Tobacco Fund has been allotted an appropriation of € 14.4 m. to cover communication actions taken by DG SANCO. The conditions under which the fund finances information programmes and measures to promote a switch of production are laid down in Commission Regulation (EC) no. 2182/2002 of 6 December 2002. One of the actions proposed is to organise media campaigns.

### *The Help! Campaign*

EC wanted to organise an anti-tobacco campaign covering 25 the Member States of the European Union. This was built around three different themes, using four integrated media approaches. The campaign was to develop in 4 years, 2005 being the first one. The themes to be covered are:

#### **Theme 1:** Prevention

Preventing young people (15-18 years of age) and young adults (18-30 years of age) from taking up smoking;

#### **Theme 2:** Cessation

Giving up smoking;

#### **Theme 3:** Passive smoking

Dangers of passive smoking and 'Towards a tobacco-free Europe'.

In order to achieve the best results on these three general themes, the campaign should have to include four general axes of actions, described on the DG SANCO call for tender and the official website of the General Directorate.

**Action 1:** the aim of this action is to design and produce, under the supervision of a senior expert in public health and communication, information clips for television; to adapt these clips to the culture and languages of each European Union Member State, calling on the expertise of national or regional organisations where applicable; to broadcast these clips on regional, national and pan-European television; to propose and supply specific performance indicators from which the campaign can be assessed and adapted on a continuous basis.

**Action 2:** the aim of this action is to plan and write, under the supervision of a senior expert in public health and communication, articles for publication in the printed press which give information on the themes chosen; to translate and adapt these articles to the culture and languages of each European Union Member State, calling on the expertise of national or regional organisations where applicable; to circulate these articles among the printed press; to

propose and supply specific performance indicators from which the campaign can be assessed and adapted on a continuous basis.

**Action 3:**the aim of this action is to organise public relations events for the general public or for a target public; to organise press conferences, and conferences and seminars for the general public or a specific audience; to organise at least one major European event and actively participate in at least one national event per Member State each year, calling on the expertise of national or regional organisations where applicable; to design, produce and disseminate publicity materials such as logos, messages, posters, brochures, questionnaires, small promotional items to be given away, etc.

**Action 4:**the aim of this action is to design, create and maintain an Internet site to provide information on smoking prevention and help for those trying to give up, as well as information on the communication measures underway, to adapt the site to the culture and language of each European Union Member State, calling on the expertise of national or regional organisations where applicable; to propose and supply specific performance indicators so that site can be assessed on a continuous basis and developed'.

#### ENSP partnership

The European Network for Smoking Prevention was presented as a key partner in the proposal introduced by the LBC consortium that won call for tender. During 2005 (corresponding to year 1 of the campaign), the proposal was developed according to the contractual requirements, involving NGOs on tobacco control, government representatives and the EU institutions. Following the Rome recommendations, three general themes and actions as proposed by DG SANCO, ENSP proposed a bottom-up approach from national counterparts to grant tobacco control expertise during the campaign, which will be also helped by a pan-European expertise of networks.

To achieve the high expectations of this particular approach, best practices have been applied to create both a Tobacco Control Communications Network to grant national adaptation and actors involvement at national level (NGOS, experts and governments), and an Advisory Board on which European networks are represented to consolidate European dimension. One project co-ordinator was hired at the ENSP secretariat to assume co-ordination of TCCN and all ENSP contributions.

After the first year of the campaign, ENSP contribution as main partner has shown that co-operation between actors is possible and that tobacco expertise is still a key-factor on the correct exercise of these kind of campaigns by keeping away the tobacco industry. ENSP national representatives have achieved a national adaptation that can be improved in order to make this campaign more effective, but the structure for forthcoming years has been put in place properly and should be a good platform to achieve these goals. For year two (2006), TCCN co-ordination will be done by the responsible contractor (Ligaris) to empower national and regional adaptation.

The activities led and executed by ENSP in year 1 of the Help campaign are explained in detail in the terms fixed for this specific contract in all activity reports submitted by the LBC consortium as contractor legally responsible for the execution of the campaign, which have been approved to date by the EC. Please refer to these reports to examine more closely the details of ENSP's expertise contributions.

## **2 Activity Report**

### **--- Policy Developments**

To ensure a better understanding of the effects of Community/national policies and actions on health and to support and encourage the legal instruments in the field of tobacco control ENSP is working on policies in the following areas:

- 1) implementation of the Framework Convention for Tobacco Control,
- 2) implementation of the tobacco products directive,
- 3) implementation of the tobacco advertising directive,
- 4) support for and promotion of a ban on smoking in workplaces.

#### *Support for the Framework Convention on Tobacco Control:*

Tobacco remains the single largest cause of preventable mortality around the world. The WHO Framework Convention on Tobacco Control (FCTC) is the global response that provides the basic tools for countries to implement effective measures in order to curb the tobacco epidemic. The FCTC must therefore be considered by all governments as an utmost and urgent priority.

To summarise its content: the provisions of the Convention, which are binding for ratifying countries, include a comprehensive ban on tobacco advertising and promotion within five years, health-warning labels covering at least 30% of the surface of tobacco packages within three years, protection from second-hand tobacco smoke in all indoor public places and workplaces, and guidance to use price and tax increases to reduce tobacco use, among other tobacco control strategies. Countries that have ratified the Convention are called contracting parties and are bound by these and other provisions.

#### *FCTC ratification*

The Conference of the Parties (COP) is the supreme body of the Convention, which will oversee implementation of the WHO FCTC. Its first session took place in Geneva, Switzerland from 6-17 February 2006. A country becomes a contracting party to the WHO FCTC 90 days after deposit of a valid instrument of ratification or equivalent at the UN headquarters in New York. Therefore, for a Member State to participate as full Party during the entire Conference it was vital for deposit of the instrument to be made before 8 November 2005.

Throughout the entire ratification process, and with greater intensity as of September 2005, the ENSP, as well as the entire tobacco control community, with the Framework Convention Alliance and the World Health Organization (WHO) combined efforts and called upon all countries not yet parties to the WHO Framework Convention on Tobacco Control (WHO FCTC) to act swiftly, otherwise they would not be able to participate as full Parties in the governing body for the WHO FCTC.

During the first COP, Parties took decisions on technical, procedural and financial matters relating to the implementation of the Treaty, such as establishment of the permanent Secretariat, funding and financial support, monitoring and reporting on implementation progress i.a. COP1 was also concerned with initiating protocol negotiations.

The progress made throughout the whole ratification process was followed up closely with ENSP members in collaboration the counterparts in the national coalitions. An updated ratification status table was regularly circulated among ENSP counterparts for continuous update.

During the Annual Network Meeting in Cyprus (13-16 April 2005), ENSP also invited Laurent Huber, Director of the Framework Convention Alliance to give a presentation on the FCTC, as an encouragement to try to speed up the ratification process in certain Member States that had not already done so at that time.

At the time of compilation of this report (June 2006) the treaty was signed by 168 parties and ratified by 131 countries around the world; in the WHO European Region 43 countries are Signatories and 38 countries are Parties to the treaty.

(See Annexe: Ratification overview status 28 June 2005)

ENSP gave its support to certain countries like the Czech Republic, by sending a letter to the Minister of Health and the Foreign Minister endorsed by the ENSP members, urging the government to ratify without delay in the interest of the public health of all Czech citizens.

### Protocols

Article 33 of the FCTC states that any party may propose protocols. Such protocols will be considered by the Conference of the Parties. The COP may adopt protocols to this Convention. In adopting these protocols every effort shall be made to reach consensus. If all efforts at consensus have been exhausted, and no agreement is reached, the protocol shall as a last resort be adopted by a three-quarter majority vote of the Parties present and voting at the session. Any protocol to the Convention shall be binding only on the parties to the protocol in question.

Illegal tobacco trade is a major health and economic concern. This is why governments had quickly agreed to include into the convention an article on smuggling, i.e. Article 15. Although this article contains obligations for the countries to reduce the illegal tobacco trade, it is neither detailed nor specific enough to be fully effective. A protocol is thus needed to control the illegal trade of tobacco products.

ENSP sent to all EU Health Ministers some questions and answers providing detailed background to the recommendation to support a smuggling protocol for the FCTC, which was due to be put to EU Health Ministers at the Health Council on 9 December 2005. The same document was also sent to the Members of the Health Group for their meeting on 14 December 2005.

The recommendations arose from the Policy Development Group held during the UK Presidency of the EU summit on Health Inequalities in London in October 2005. This document was endorsed by the ENSP, the European Cancer Leagues, ASH UK, the European Heart Network, Cancer Research UK and Health 21 Hungarian Foundation, representing the leading and most active health organisations campaigning in the field of tobacco control at both EU and Member State level.

### *Support for implementation of the EU Tobacco Products Directive 2001/37/EC*

ENSP has been following up Article 11 of Directive 2001/37/EC. Article 11 of the Product Regulation Directive states that the Commission has to submit a report on the application of the Directive by end of 2004. The Commission informed that some delays had occurred due to the fact the EC had not received a very clear message from the expert community on how to proceed with tobacco ingredients.

On 27 July 2005 the Commission published and submitted its first report on the application of the Tobacco Products Directive to the European Parliament, the Council, and the Economic and Social Committee.

The report outlines the first assessment of the application of the Directive based on the feedback from Member States, and in response to a questionnaire sent to all of them in June 2004. The report takes into account recent developments and new scientific knowledge and incorporates views of stakeholders in the area of tobacco control.

- Transposition: As of 31.10.04 the Directive had been transposed in all Member States with the exception of Estonia.
- Application of maximum yields: Maximum yields laid down in Article 3(1): all EU-15 countries respected the deadline in Article 3 that by 01.01.2004 cigarettes released for free circulation, marketed or manufactured in the Member States should comply with the maximum tar, nicotine and carbon monoxide yields. In Greece, the maximum tar yield is set to apply with effect as of 01.01.2007. The EU-10 did not request transitional periods for this provision.
- Application of measurement methods: The Commission is to consult with Member States on questions related to laboratories, in particular on sharing of the laboratory capacity and is to publish the list of approved laboratories.
- Measurement of tar, nicotine and carbon monoxide: The health community has put the use of the ISO standards into question, because it is based on smoking simulated by a machine, however there is no international agreement on alternatives. The Commission will not propose a revision of the current standards set out in the Directive until solid evidence shows that better methods exist to replace them. The Commission will encourage scientific and technological developments in this area. The FCTC provides in Article 9 that the COP shall propose guidelines for testing, measuring and regulating the contents and emissions of tobacco products. As soon as more realistic methodologies are internationally agreed the Commission will consider how to adapt the Directive.
- Labelling (Article 5): While implementation of Article 5 is generally satisfactory, there have been some difficulties. In addition, some of the EU-10 countries applied a transitional period.
- Impact of labelling on smoking: Studies show that smokers have been more motivated to stop or to reduce smoking, especially young people.

#### Colour images

Commission Decision 2003/641/EC of 5 September 2003 on the use of colour photographs or other illustrations as health warnings on tobacco packages [Official Journal L226 dated 10 September 2003].

This Decision establishes rules for the use, on cigarette packets, of colour photographs or other illustrations to depict the health consequences of smoking. It is a follow-up to Directive 2001/37/EC on tobacco products, which required an increase in the size of health warnings on packaging. However, the use of shocking images in addition to warning messages is not mandatory.

On 26 May 2005 the Commission published its decision on the library of selected source documents containing colour photographs. This enabling legislation means that Member States that so wish can take up the option to illustrate the standard EU health warnings on tobacco products using images from the database developed by the Commission.

ENSP closely tracked the latest developments in the preparation of the database with the responsible persons at the Commission and informed its members when the database was available, where they could obtain all technical specifications for effective implementation.

#### Picture warnings (legal document)

Commission decision of 26 May 2005 on the library of selected source documents containing colour photographs or other illustrations for each of the additional warnings listed in annex 1 to Directive 2001/37/EC of the European Parliament and of the Council.

In Belgium picture warnings are due to be printed on all cigarette packs by World No Tobacco Day 2007 (31 May 2007). The Royal Decree imposing combined health warnings (text and colour photographs) was published in the Belgian Official Journal (*Moniteur Belge*) dated 30 November 2005. Belgium is the first Member State to implement Commission Decision 2003/641/EC.

### Ingredients

- There have been difficulties associated to the submission of ingredient information to Member States by the industry. Only 13 Member States have submitted Article 6 information to the Commission. The data sent to the Member States do not fully comply with the Directive (2001/37/EC).
- There is a lack of capacity to analyse the data received at Member State and EU level.
- A harmonised reporting system and the definition of ingredients need further discussion to facilitate full compliance.
- Experts have expressed concerns that the current definition of ingredients is too limited.
- Article 6 needs to be developed.
- The Commission will develop harmonised data collection methods based on a common EU format and improved definitions. The Commission intends to launch a consultation involving Member States and stakeholders on this matter.

### Common list of ingredients

- The Commission is unable to develop a proposal for a common list of ingredients.
- The Commission has drawn a number of important conclusions relating to the relevance and utility of a list of ingredients. A rationale behind an authorised list of ingredients is i.a. to be able to regulate additives that are known not to increase the toxicity or addictiveness, or to ban those that are only used to attract children.
- The successful establishment of a common list depends firstly on ingredient information received from the industry in a relevant and timely way. It is necessary to determine those ingredients that increase toxicity or addictiveness of the product. Scientifically sound criteria are needed for approval or prohibition of ingredients.
- The Commission is convinced that the testing should be left in the public sphere.
- There have been many calls in many countries and at European level for a regulatory body for tobacco products. Given the global nature of tobacco products, the WHO should coordinate regulatory efforts through the FCTC. Article 9 of the FCTC calls for the development of internationally accepted guidelines for testing, measuring and regulating the contents and emissions.

Unfortunately, the report presented by the Commission has no real value for policy or evaluation purposes. Since no real data were presented, it is hard to see what is happening other than a number of Member States are following some parts of the Directive in some ways, but not all. Without a checklist of countries and what they are doing, it is hard to conclude anything. Without lists of emissions, ingredients, etc. we cannot even say if the information is good, valid or a waste of time and effort.

1) In the introduction, the report states that there was no information on oral use or roll-your-own tobacco products as there was no new information. ENSP knows that roll-your-own tobacco use is growing in Germany and other Member States. Surely there should have been some comments about labelling, testing and ingredients.

2) Measurement Section (3.2):

A) The report states that 13 countries have notified approved laboratories. We would have liked to know which countries and where are the laboratories.

B) Even knowing that the emission nicotine yields have no relationship to exposure and health impact, the report still concludes that it is not necessary to revise the standards until better methods are available. This is wrong since the standard is misleading and, as the industry will tell you, the industry's ability to meet the standard has been based upon slight modifications to the ventilation without changing the cigarette's ability to deliver nicotine to the smoker. This is referred to as "cigarette elasticity".

C) The report states that the Directive will be adapted once more realistic methods have been developed. This probably means that the Commission will continue to set a performance standard based upon some test method that more adequately reflects a smokers' normal smoking behaviour but that will have no bearing on individual smoking behaviour, exposure and risk. Any smoking standard will only provide information on how a cigarette performs at a specific set of conditions and in no way reflects individual smoking behaviour.

D) The report also calls for measured yields to remain on the packs. This decision will lead to some debate.

### 3) Labelling Section (3.3):

A) The report would have been very useful if this section had contained a list of each country and their current labels.

B) The data presented in this section seem to indicate that the labels are leading to some behavioural change. This is good. For instance in Canada, however, they have continuously stated that the primary purpose of the labels is to inform and that behavioural change is a secondary effect. It is subtle, but, as we cannot attribute cessation of reduction directly to the labels but we can attribute knowledge growth to the labels, we are confident that our approach is the more defensible one.

### 4) Ingredients Section (3.4):

A) ENSP thinks that this is the most problematic area. The report quite rightly states that there is a lack of capacity to analyse the data. We would also add that there is a lack of capacity to collect and store the data in a usable format. There is a problem that Canada for instance has been wrestling with for five years and they are finally ready to begin testing of their system.

B) We must be wary of industry "help" on this issue. The Americans have experience with industry lists. They dealt with large lists of ingredients that were used in all brands and that were so highly secret that only a few people were allowed to look at the lists and were subjected to heavy penalties if they ever disclosed anything.

### 5) Common list of ingredients section (3.5):

A) This may be an issue that will cause trouble in the future. While a common list is a good idea, one should be very careful as to its purpose. From what we read, this will be either a list of ingredients that are found in all products (a good idea) or a list of "approved" products (a bad idea). Any "approved" ingredients puts the regulatory agency at a disadvantage as the industry can say, "it was not my fault". In our opinion, the only use for a common list is to give the industry a break from full reporting. So, instead of giving all of the details on toxicity, etc, all the industry reports is the name and amount of the chemical used.

B) For how the industry will use the common list, see item B, above.

C) We would be concerned that the report is concentrating on the toxicology data. The product is toxic and, while some additives may add to the overall toxicity, in some world countries where few, if any, additives are used, the toxicity of the product is high. In addition, all toxicity testing really tells you is that the product is toxic.



### *Support for implementation of the EU Tobacco Advertising Directive 2003/33/EC*

The EU Health Commissioner Markos Kyprianou has stated on various occasions that a tobacco advertising directive was one of the most effective ways to reduce smoking. The ban would save lives and reduce smoking-related illnesses. The views of the Commissioner were backed by a recent World Bank study, which suggests advertising bans can reduce smoking by up to 7%.

The 2003/33/EC Directive covers an advertising ban on tobacco products on the radio, in the print media, sponsorship of international events and on the internet. Its implementation date was 31 July 2005. So far (8 December 2005), 6 out of the 25 EU Member States (CZ, D, H, I, L, E) have not yet fully implemented the 2003/33/EC Directive.

The Commissioner also identified implementation of the EC Directive on tobacco advertising as a top priority. In order to support the Commission in the monitoring of the implementation of the ban, ENSP prepared a comprehensive overview of the implementation of Directives 2003/33/EC and 97/36/EC, which ban indirect advertising, point-of-sale advertising, cinema, outdoor and sponsorship of national events in the 25 EU Member States.

A working document (in the form of a table) was updated regularly with input from the ENSP Members and circulated for information to the Commission and to all FCA members. ENSP continues to update this working document on a regular basis.

### *Research strategy*

There has been considerable progress in Europe towards understanding what constitutes effective tobacco control strategies and we could say that there is strong evidence about the health effects of active and passive smoking. Moreover, many evidence-based strategies have been incorporated in European tobacco control policies. However, diminishing returns, complacency, lack of funding and the problems to translate evidence into practice threaten to undermine much of the tobacco control work undertaken to date.

There are various perceived key weaknesses in implementing effective and resource-efficient tobacco control research. First, while relevant research is being produced at European, national and regional levels, mechanisms are not in place for synthesis and dissemination to ensure that important findings inform national (and international) policy development. Secondly, there is no clear central clearing house that provides contact information for tobacco control researchers or brief descriptions of current tobacco control research efforts. The ENSP has been partially fulfilling this role with the limitations that are discussed later.

In response to these needs a EU seminar has been planned to enhance European tobacco control research. This initiative will include broad consultation with European tobacco control experts to map out the current extent of tobacco control activity. We are hoping that the outcome will be an integrated model in tobacco control that could lead to a better alignment of tobacco control activities at European, national and local levels.

The seminar aims, on the one hand, to create a coherent European research plan and agree on a common strategy; on the other hand, it aims to identify gaps and priorities and contribute to the technical calls from the major EU research programmes as the FP7. Additionally, we hope to connect individuals and organisations, collaborating to conduct a policy-relevant research agenda in order to foster future consolidation of researchers and institutions involved in the wide range of research that is addressing the determinants, consequences and control of tobacco production, promotion and consumption and exposure to tobacco smoke. These researchers have both the knowledge and the skills to build and sustain future global tobacco control research efforts.

There is an extensive and diverse tobacco research community comprising individuals and institutions with a broad range of expertise. Mechanisms are needed for enhancing the ability of this group to work with each other and to influence one another and the larger policy and social environment. New approaches are also needed for linking and consolidating the increasingly global and multidisciplinary nature of the tobacco control evidence base. The lack of a well-defined overarching infrastructure means that tobacco research efforts often overlap and fail to fill existing knowledge gaps.

ENSP is currently undertaking the initiative to better understand how Member States are working, what resources they possess, and what they want and need to improve the conduct and the impact of their work (by means of a questionnaire). The information is being collected from tobacco control researchers and in November 2006 ENSP plans to hold a meeting to discuss the findings and identify gaps, research priorities, perceived needs etc.

### **Background to the ENSP research seminar**

The aim of this seminar is to build an EU agenda for research on tobacco control: where do we want to be in five years' time in the field of tobacco control? In order to get there, what research is needed? How can the EU and the funding schemes at EU level contribute?

Themes could include e.g.:

1. Best practices (cessation, prevention, protection etc.)
2. Population-based work including surveillance, prevalence, evaluation
3. Policy research including impact of policy changes or need for policy/analysis of policy
4. Evaluation interventions
5. Benchmarking studies (medical, toxicological, chemical etc.) could include both regulatory and investigator-driven research
6. Capacity-building
7. Dissemination
8. Non population-based surveillance, i.e. relating to sales, industry reporting, industry monitoring business, intelligence
9. Sharing of research information (national, regional etc. tobacco control information, networks etc. including duplication of efforts)

Other issues like gaps and obstacles are to be discussed, i.e. funding, lack of available infrastructure (i.e. human resources), lack of dialogue research that does not connect to policy, different needs and priorities across national authorities etc.

We have prepared a questionnaire to conduct a small pre-meeting survey that was sent to each participant: the aim is to obtain a clear picture of the state-of-the-art on tobacco research in the different countries and to assess the needs. The themes will be defined on the basis of this questionnaire.

The sessions will be divided into: state-of-the-art, brainstorming, and developing priorities and recommendations.

We have managed to obtain good representation from the NGO community, as well as experts at national, regional and EU levels.

ENSP has also written a position paper on what could be done in the meantime that regulatory framework is achieved. A solution would be to move towards a total ban on smoking in workplaces and public places at EU level. ENSP compiled a letter on 10.10.2005 entitled 'Indoor tobacco smoke is carcinogenic' addressed to the EU Health Commissioner M. Kyprianou, highlighting the important issue of smoke-free environments. ENSP referred to the fact that indoor tobacco smoke is a mixture of the smoke given off by the burning end of a tobacco product and the smoke exhaled by smokers, which affects air quality, particularly in enclosed spaces, as this mixture contains more than 4000 substances, more than 50 of which are known human carcinogens.

The Joint Research Centre, an EU Agency commissioned by DG SANCO, in its recent INDEX report established a list of compounds that need to be regulated immediately in all indoor environments. The following were classified as 'high-priority chemicals' – group I compounds: formaldehyde, carbon monoxide, nitrogen dioxide, naphthalene and benzene. The INDEX report proposes that 'indoor air concentrations should be kept as low as reasonably achievable, in particular in the hospitality sector'.

The report recommendations on effective management options are 'to ban benzene sources indoors'. The EU recognizes in Directive 2000/69/EC that benzene is a human genotoxic carcinogen and that no identifiable threshold exists below which there is no risk to human health. Under this directive, limit values for benzene in outdoor air have been set to progressively decrease until 2010 in all Member States towards outdoor limit values of 5 µg/m<sup>3</sup>. Knowing that second-hand smoke contains an average level of benzene of 30 µg/m<sup>3</sup>, benzene levels in outdoor air (5 µg/m<sup>3</sup>) would be lower than levels in indoor air, a situation which is incoherent, as EU citizens spend 90% of their time indoors – either at work or in their homes.

A recent ENSP research project conducted by Professor Clancy and Professor Goodman (see above pages), which aimed to assess the effectiveness of the smoking ban in Ireland demonstrated that concentrations of benzene prior to the smoking ban were 17.9 µg/m<sup>3</sup>, while post-ban measurements showed benzene levels of 4.1 µg/m<sup>3</sup>, which represents an overall decrease of 73.1%.

The results of both scientific projects should be fully taken into account in decision-making. Banning smoking in the workplace is one of the most effective strategies to reduce concentrations of indoor benzene.

### *Seventh Framework Programme*

The Framework Programme (FP) is the European Union's main instrument for funding research and development. The FP is proposed by the European Commission and adopted by Council and the European Parliament following a co-decision procedure.

FPs have been implemented since 1984 and cover a period of five years with the last year of one FP and the first year of the following FP overlapping. The current FP is FP6, which is set to run to the end of 2006. It has been proposed for FP7, however, to run for seven years. It will be fully operational as of 1 January 2007 and will expire in 2013. It is designed to build on the achievements of its predecessor.

Concerning the budget breakdown of the Seventh Framework Programme of the European Community (EC) (2007-2013) and Euratom (2007-2011) please note that the budget for health is € 8317 m.

Within the collaborative research programme there are nine thematic priorities, the first of which is health. Besides, health will be a component of the eight other priorities. In each theme, the dissemination of knowledge and transfer of results will be supported through collaborative projects networks of excellence and joint technology initiatives.

The objectives of European health research are to improve the health of EU citizens, including transversal issues such as ageing and child health increase the competitiveness of EU health related industries and businesses; and address global health issues including emerging epidemics. It is essential to have a strong EU-based biomedical research because of the importance of transnational co-operation and developing new norms and standards. Policy-makers will therefore be able to develop health policies based on scientific evidence.

Compared to FP6 there is a continuity in the research activities, a shift away from genomics, an emphasis on transnational research, the re-introduction of biomedical technology and a reinforcement of health policy-driven research.

FP7, which is about to start in 2007, will broaden its approach to public health research both technically as well as financially. A new "third pillar" will be introduced that will centre on enhancing health promotion and disease prevention by focusing on the wider determinants of health.

We are pleased that our work lead to 'tobacco' is specifically mentioned as such a determinant.

Further work consisted in contributing with preliminary research options in the field (cf. section Why People Smoke above) until the full range of options are examined at the research seminar (cf. section Research Strategy above).

#### *Support for establishment of smoke-free public places, including workplace legislation on both EU and national levels*

On 2 March 2004 the European Commission DG Employment and Social Affairs launched a consultation with the social partners on the protection of workers from risk, related to exposure to carcinogens, mutagens and substances that are toxic for human reproduction. In its consultation document, the Commission argues that a high percentage of the working population is exposed to carcinogens at the workplace. The consultation document states that the most common exposures at the workplace include solar radiation, second-hand smoke, crystalline silica, diesel exhaust, radon decay products and wood dust. Moreover, it highlights that workers are also exposed to repro-toxic substances. The Commission therefore consulted the social partners on the possibility to revise the Carcinogens Directive and extend its scope.

The Commission invited the social partners to examine this issue, particularly the possibility of taking an initiative in this area. The European Trade Union Confederation (ETUC) stood out from other major social partners (Union des Industries de la Communauté Européenne – UNICE, European Centre of Enterprises with Public Participation and of Enterprises of General Economic Interest – CEEP) in that ETUC recognised that passive smoking is classified by the IARC as a human carcinogen and that it therefore constitutes a risk to the health of both workers and the general public.

In the light of this stance, ENSP proposed collaborating with ETUC to promote smoke-free workplaces and public places. ENSP sought to create a 'core group' or a 'smoke-free workplace network' together with ETUC and welcomed the participation of the European Network of Health Promotion at Work.

#### Trade union questionnaire

ENSP realises that trade unions are in a unique position to assess and respond to the health and safety needs of their members. Therefore, ENSP compiled a brief questionnaire containing ten questions on smoke-free workplaces designed specifically to sound out the opinions of trade union representatives on smoke-free workplaces.

In 2001 ENSP had already conducted a project on smoke-free workplaces. The aim of this project was to establish contact with various trade unions throughout Europe in order to assess the importance of smoke-free workplaces for them and, having done so, to try to define ways in which ENSP could assist trade unions in highlighting the issue of smoke-free workplaces within their organisations. Ultimately, the objective was to facilitate for trade unions the task of effectively implementing smoke-free workplaces in their own countries and in their own contexts.

ENSP continues to liaise with trade unions to assess the various achievements made in the light of more recent smoke-free national legislation and to form an opinion about both the status quo and what still needs to be done in this area.

#### Enterprise questionnaire and partnership with the ENHPW

Following the strategy outlined above, ENSP decided to work closely with the ENWHP in order to develop a joint project. A meeting took place in Düsseldorf on 27 June 2005 to outline a common action plan. The meeting in a sense was the kick-off for a whole new project that is being developed following this group brainstorming.

ENWHP had prepared a database of contacts (employers and SMEs) in seven EU Member States (CZ, D, DK, FIN, F, L, A), which ENSP used to send out its questionnaire.

The rationale used in this questionnaire was as follows: Employers in Europe are becoming increasingly aware of the need to maximise the productivity of their workforce. The effective management of sickness absence is growing in importance. Additional costs per smoking employee (sickness absence, increased cost of cleaning, costs associated with fires caused by cigarettes and matches) have been estimated in Europe at about € 1250 per year. The economic savings of smoke-free regulations have caused many large enterprises in Europe to adopt voluntary smoke-free policies. To assess the views of small and medium enterprises in Europe, ENSP wished to learn the views of employers and also their needs with regard to establishing smoke-free policies at work.

#### Brief presentation of a pilot project on smoke-free workplaces: Joint initiative ENWHP-ENSP

BKK organised a joint meeting with the representatives of the European Network for Smoking Prevention, European Network for Workplace Health Promotion and independent consultants working in the tobacco control field in Düsseldorf on 27 June 2005.

This meeting followed a number of discussions between BKK and ENSP to explore possibilities for collaboration between the two European networks.

The initial idea, which was based on a previous idea dating back several years, was to compile elaborate a European report focusing on the current implementation status of legislative requirements regarding smoke-free workplaces. ENSP was interested in this approach and ENWHP has the expertise necessary for working with workplaces and to assess their policies, tools etc.

The Düsseldorf meeting pursued as the main objective further development of the initial idea trying to evaluate to what extent the two networks should/could be involved.

#### Why a joint project between ENWHP and ENSP?

- Both ENWHP and ENSP have experience in working with and within networks;
- In the near future all European workplaces will be smoke-free, so there is a need to see what is needed to fulfil this objective and how it could be supported;
- The two networks have complementary expertise regarding smoking and workplaces;
- Assessment of the existing tobacco control legislation at European level has already been done and it is necessary to shift the emphasis towards implementation of such legislation;
- Because only powerful partnerships are able to sustain integrated approaches, such as the one of creating smoke-free workplaces;

This project proposal is for a pilot project in which the members of ENWHP could be involved, according to their needs.

After one day of discussions, some ideas were presented and explored.

The general conclusion was that the project should focus on *how to translate policy into practice*. This was seen as a tool for both employers and employees to be used in encourage European governments to enact and implement specific smoke-free policies, strategies and programmes addressing the workplace environment.

One of the ideas agreed by the participants in Düsseldorf was that smoke-free workplaces not only protect non-smokers, but also create a supportive environment for those already trying to quit that encourages other smokers to quit.

The proposals circulated within the group were the following:

- To create a website accessible to people who want to find out information about successful stories of tools and methods for creating smoke-free workplaces;
- To create a call centre accessible to those who want to promote/create smoke-free workplaces;
- To set up a business case for smoke-free workplaces (SMEs);
- To develop communication tools;
- To build a software application/multimedia presentation, which could demonstrate to employers how to assess financial advantages if they were to create smoke-free workplaces within their companies;
- To organize a series of workshops by displaying success stories of enterprises implementing smoke-free policies and addressing those who want to learn from this experience;
- To initiate an advocacy campaign focusing on different target groups seen as multipliers: employers' associations, unions, OSH stakeholders, public health environment etc.

The general consensus between the participants was that it is not enough to implement smoke-free policies, but rather the general framework needs to be developed (identifying policies, strategies etc. that would support a smoke-free environment for workplaces).

The pilot project could comprise the following stages:

1. Developing a European survey of 300 workplaces, based on a short questionnaire to determine the percentage of smoke-free workplaces versus smoking workplaces and to see the availability of European workplaces to become smoke-free. Another specific objective of the survey is to identify ways to encourage workplaces to become smoke-free;
2. On the basis of the results obtained National Standards for Smoke-free Workplaces can be developed, based on the already existing International Standards;
3. Create a database with tools for managers providing them with support to establish smoke-free workplaces (tools, business case etc).

The added value and emphasis of such a report would rely on the various national means employed to enforce legislation.

The idea to work with best practice was shared by the participants in the Düsseldorf meeting based on the experience of ENWHP, as this easily demonstrates to both employers and employees the benefits of smoke-free workplaces. It supports the development of national practices based on various implementation guidelines (using best practice examples) and it also offers tools to those companies wanting to implement policies themselves without going through an external consultancy procedure.

*Green Paper*

Introduction

Approach to smoke-free workplaces in the European Union

In order to contribute to this objective, a report was prepared for the European Network for Smoking Prevention (ENSP) in the framework of the EB-ETSPV project (no 2003307) "Evidence-based policy development for the prevention of exposure to passive smoking in European and accession countries".

The report focuses on the role of scientific evidence on the health hazards of passive smoking in approaching comprehensive legislation on smoke-free workplaces in the European Union. This will be explored with respect to the use of the scientific knowledge base in promoting smoke-free workplace laws at the level of European Union Member States as well the European Community.

The author gratefully acknowledges the information provided by Mervi Hara on the establishment of smoke-free workplaces in Finland and by Dr. Fenton Howell and Valerie Coghlan on the development of a smoke-free environment in Ireland. The author bears full responsibility for the accuracy of the report.

Much of the background information on smoke-free workplace policy used in this paper is taken from the reports by Karola Grodzki (1) and John Griffiths (2) for ENSP as well as a report by Carin Håkansta for the International Labour Organisation (3).

### Conclusions and prospects

Over the past two decades, the great majority of EU Member States has adopted voluntary codes of practice and/or statutory regulations, which restrict or ban smoking in the workplace. However, these codes and regulations have rarely been comprehensive. Furthermore, compliance with the smoking restrictions in the workplace has been – and is – rather poor in many Member States. As a consequence of this, millions of employees throughout the EU are still exposed to tobacco smoke at work.

In recent years, considerable efforts have been made to strengthen smoke-free workplace legislation in the EU. These efforts have been successful in a number of Member States, such as Germany, Finland, Ireland, Italy and Sweden. Other Member States such as Spain, UK and France are in the process of establishing, or substantially improving, comprehensive smoking bans in the workplace.

As delineated above, official recognition of ETS as a cause of disease and death has been an essential element for strengthening legislation on the protection of non-smokers at work in Germany, Finland and Ireland. This recognition effectively advanced smoke-free workplace legislation not only under conditions where virtually no such regulation existed at the time, as for instance in Germany, but also under conditions where far-reaching regulations on smoke-free workplaces had already been firmly established, as in Finland.

The way by which the official recognition of the health danger of ETS was achieved differed considerably between Germany, Finland and Ireland. In Germany, the scientific assessment of ETS was made by a non-governmental commission (MAK Commission), in Finland by an advisory body to the government (KATA), and in Ireland by an ad-hoc expert committee. Similarly, the incentive and mandate for assessing the toxicity of ETS came from different institutions. In Germany, it came from within the MAK Commission, in Finland from parliament, in Ireland from the government. Irrespective of their mandate, the scientific expert bodies in the three countries basically reached the same conclusions regarding the health hazards of ETS. Tobacco smoke in ambient air was assessed to be hazardous, in particular, carcinogenic to humans. This assessment placed ETS in the domain of hazardous air pollutants in the workplace. It ruled out that ETS could be considered a mere "nuisance" or "discomfort" any longer and eliminated a source for previous weak and ambiguous regulations of smoking in the workplace.

The classification of ETS as a human carcinogen was transposed differently into national legislation in Finland, Germany and Ireland. In Finland, ETS was included into the list of occupational carcinogenic substances and regulated as such. In Germany and Ireland provisions for protection from ETS were incorporated into the Workplace Ordinance and Public Health Act, respectively. The effectiveness of the statutory measures taken by the three

countries was less a consequence of the national legal framework than of each country's determination to implement and enforce these measures.

Taken together, the official recognition of ETS as a serious occupational health hazard proved to be instrumental in promoting smoking restrictions or smoke-free workplaces independently of the manner by which this recognition was obtained and transposed into national law and independently of the initial extent of smoking restrictions in the workplace.

Contrary to its progress in several EU Member States, smoke-free workplace legislation at the EC level has been stagnant for the past fifteen years. When the EC directives on occupational safety and health were conceived in the late 1980s, passive smoking was widely considered to cause not more than "discomfort". Thus, the EC workplace legislation did not contain any specific provisions for the protection from exposure to ETS except for a smoking ban in rest areas. As pointed out above, once ETS was recognised as a serious health threat, EU Member States reacted by amending their workplace regulations, which are largely based on EC directives on occupational safety and health.

There are two EU directives which might offer a suitable template for the incorporation of smoke-free workplace provisions, Directive 90/394/EEC and Directive 89/654/EEC. The equivalent of both EU directives in national legislation has been used for introducing appropriate amendments (see above). Directive 90/394/EEC on carcinogens at the workplace is not a realistic option, since according to EC specifications only substances arising from work qualify as occupational carcinogens. However, Directive 89/654/EEC appears to be a perfect choice. It requires that workers have to be protected against hazards in every aspect related to work. In addition, the Directive already contains some provisions on smoking in the workplace.

There is no doubt that ETS constitutes a severe health hazard. Thus, the Commission, the Council as well as the Parliament have based their recent queries and recommendations in respect to smoke-free workplaces on the assumption that passive smoking involves a serious health hazard. Yet, to date this hazard has been recognised by the governing institutions of the Community only in an indirect way. What is urgently needed, now, is the official recognition by the Community that ETS is a cause of severe disease and death in order to enable the inclusion of ETS in the "hazards" under regulation by Directive 89/654/EEC.

A new incentive for the EC to strengthen its smoke-free workplace legislation stems from the ratification of the FCTC by the Community. A core component of the Convention consists of the requirement to promote the protection from exposure to ETS. Both the Guiding Principles (Article 4) and the General Obligations (Article 5) of the Convention require effective legislation for the prevention of exposure to ETS. The Guiding Principles explicitly state that a strong political commitment is necessary at an international level for protecting all persons from exposure to tobacco smoke. Article 8 further delineates the specific requirements for this protection. It calls for an active promotion of legislative measures at the appropriate jurisdictional level to provide for the protection from exposure to tobacco smoke, among others, in indoor workplaces.

Taken together, the prospects for achieving EU-wide protection of workers from tobacco smoke in the foreseeable future are promising. The Commission has a general mandate to assure a high level of safety and health in the workplace and a specific mandate to regulate smoking at work. In addition, by ratifying FCTC, the Commission has made a firm commitment for the protection from tobacco smoke in indoor workplaces. Under these conditions, the two major steps forward to approach smoke-free workplace legislation in the EU, i.e. the official recognition of ETS as serious health hazard and the appropriate amendment of a Directive on occupational safety and health, have a good chance to succeed.

It is timely for the Community to strengthen and harmonise the regulation of smoke-free workplaces and to once again take a lead in occupational safety and health legislation in the EU.

### Recommendations



Millions of employees are exposed to ETS at work and thousands of employees die prematurely due to passive smoking during working hours in the EU. To protect employees from this grave health risk,

1. EU Member States should take immediate action to
  - a. recognise ETS as carcinogenic to humans and a serious health hazard in the workplace,
  - b. adopt legislation banning smoking in all workplaces, where this has not yet been done.
2. The EC should fulfil its commitment to the FCTC and the obligation to base its legislation on the state of scientific knowledge, to take action analogous to the EU Member States and
  - a. recognise ETS as a carcinogenic agent in the workplace,
  - b. legislate smoke-free workplaces, e.g by amending a directive on safety and health requirements in the workplace such as Directive 89/654/EEC.

### *Environment and Health Strategy*

The Sixth Environmental Action Programme set up by the EU established the aim of assessing and avoiding adverse health effects due to environmental pollution by political means. In the course of policy development the European Commission had identified deficits with information on health impacts of a complex environment and combined exposure to different pollutants. In order to create a better understanding and derive political conclusions, a European Environment and Health Strategy was found necessary.

In June 2003 the Commission launched an Environment and Health Strategy (referred to as the SCALE initiative) proposing an integrated approach involving closer co-operation between the health, environment and research areas. The strategy was welcomed by the Council, the European Parliament and the European Economic and Social Committee, who stressed the need for an action plan built on existing policies and programmes, and for close co-operation with relevant international organisations.

An essential part for the construction of the action plan was the consultation that was launched in 2004. Input to the consultation was organised following the scheme below:

Stakeholders' information and consultation meetings: ad-hoc meetings, organised when required and where representatives from states and organisations participated together with individuals. The first meeting took place in Brussels on 11 July 2003. A second stakeholder meeting was organised in Brussels on 19 March 2004.

Consultative group and technical working groups: a number of groups, each of them with a specific role and mandate were created. Those groups were operational in 2004. Members of those groups were representatives from Member States, accession countries, as well as from a broad range of European stakeholder organisations and also environment and health experts.

Three different working groups were created:

1. Technical Working Group on indicators and priority diseases with the following sub-groups:
  - Environment and health indicators
  - Childhood respiratory diseases, asthma, allergies
  - Neuro-developmental disorders
  - Childhood cancer
2. Technical Working Group on integrated monitoring with the following sub-groups:

- Integrated monitoring of dioxins & PCBs
- Integrated monitoring of heavy metals
- Integrated monitoring of endocrine disrupters
- Bio-monitoring of children

### 3. Technical Working Group on Research Needs

ENSP proposed its participation on indicators and priority diseases to both the Consultative Group and the Technical Working Group. Both candidacies were accepted and during 2004 ENSP worked at integrating tobacco issues in the action plan.

Our efforts were rewarded in the Communication from the Commission to the Council, the EU Parliament, and the European Economic and Social Committee 'The European Environment and Health Action Plan 2004/2005' COM (2004)416 Final, which included the following:

*'...The proposals in the action plan on indoor air pollution is a case in point, as the scientific evidence shows that the health impacts of, for instance, Environmental Tobacco Smoke (ETS) are particularly evident for children...'*

A follow-up international conference 'European Environment and Health Action Plan 2004-2010, Implementation' was held in Egmond aan Zee, the Netherlands from 2-3 December 2004.

The conference aimed at bringing the implementation of the action plan further ahead. To this end, a first step was to select and prioritise the themes and actions among those that are considered as most important by the Member States, including environment and health information, human bio-monitoring, research, indoor air, training and education, communication, traffic pollution and impact on health.

Naturally, indoor air quality was of particular relevance for ENSP's area of activity. The action plan stresses the importance of good-quality indoor air depending on outdoor air quality, indoor sources, and personal behaviour. The conclusion of the conference was that a European initiative should be launched to address indoor air pollution from the various indoor sources. This includes:

*"Across Europe smoking bans and other policies should be put in place to protect the general public from any exposure to tobacco smoke in public places, also protect employees at workplaces and particularly the unborn and children".*

The conference reflected a spirit of co-operation and a willingness to take the actions towards implementation. The Dutch Presidency and European Commission aimed to take this constructive contribution further and put in place the actions which fall in the scope of the action plan. Furthermore, they encouraged the organisations and bodies involved as well as future presidencies to keep the issue high on the agenda.

The consultative group (of which ENSP is a member) met again on 19 October 2005 with the aim of discussing the following subjects:

- Results of the implementation group related to the BIPRO report (human biomonitoring);
- Provisional issues for drinking water and bathing water (integrated information);
- Provisional issues for food (integrated information);
- Brief presentation of the state-of-play on nanotechnologies;
- Provisional issues for air quality.

For ENSP the most important issue is the paper on the provisional issues on air quality, as ENSP is trying to devise a strategy that outlines the main concerns related to the discrepancies between different pollutant levels in ambient air and indoor air (point 12 of the action plan).

For the human health impacts of ambient air, the information objectives of the ambient air policy and the environment and health policy are in principle identical. There are differences in the wider responsibilities of the respective policies: environment and health policy is also concerned with other exposure routes, and ambient air policy with the impact of ambient air on the environment (as opposed to human health); but there is this a significant area of overlap. The aim is for the policies to develop a common objective for an ambient air information system, and then work out an implementation plan for this. The result would then be used as a template for the other exposure routes.

ENSP's work in this area and until the end of the action consists of contributing to the paper on indoor air released on 16 December 2005 and informing the SCHER committee of the new ENSP strategy, the aim being to co-ordinate policy options between ambient and indoor air.

### Indoor air quality argument

The European Commission proposed an ambitious strategy for achieving further significant improvements in air quality across Europe. The thematic strategy on air pollution aims by 2020 to cut the annual number of premature deaths from air pollution-related diseases by almost 40% from the 2000 level. It also aims to substantially reduce the area of forests and other ecosystems suffering damage from airborne pollutants. While covering all major air pollutants, the strategy pays special attention to fine dust, also known as particulates, and ground-level ozone pollution because these pose the greatest danger to human health. Under the strategy the Commission is proposing to start regulating fine airborne particulates, known as PM<sub>2.5</sub>, which penetrate human lungs. The Commission also proposes to streamline air quality legislation by merging existing legal instruments into a single ambient air quality directive, a move that will contribute to better regulation.

In line with the new strategy, ENSP developed an indoor air argument based on the discrepancies between ambient and indoor air.

The new strategy and supporting information was submitted to the European Commission SANCO, Environment and Employment, as well as the Council and the Parliament.

The argument was also used by French and Spanish ministries to sustain tobacco control policies.

### Particulate Matter 2.5

The new Thematic Strategy on Air Pollution recommends to focus on the most serious pollutants in ambient air. Ground-level ozone and particulate matter (PM<sub>10</sub> and PM<sub>2.5</sub>) are the pollutants of most concern for human health. The strategy recognises that there is no known safe level of exposure for some pollutants such as PM, and estimates that due only to PM<sub>2.5</sub> life expectancy in the EU has decreased by more than 8 months.

However, there is strong evidence that measures to reduce these pollutants will have extremely beneficial effects. For this reason, and in order to protect EU citizens from PM, the strategy aims at a reducing PM<sub>2.5</sub> in ambient air by 75%, and to achieve this target a cap of 25 µg/m<sup>3</sup> is proposed.

This means that the PM<sub>2.5</sub> levels in ambient air (25 µg/m<sup>3</sup>) would be lower than levels in indoor air which have been measured to account for a maximum average of 142 µg/m<sup>3</sup> in indoor places. And this is a profoundly incoherent as EU citizens spend 90% of their time indoors.

An ENSP study showed that the smoking ban in Ireland had lead to an overall decrease of 92.8% of ultra-fine particle indoors. Banning smoking in public/workplaces is thus one of the most cost-effective strategies to reduce concentrations of indoor PM<sub>2.5</sub>. and should be considered as an excellent argument to regulate indoor air quality.

## Benzene

Additionally, the EU Joint Research Centre (JRC) in the INDEX report established a list of compounds that need to be regulated in indoor environments with urgency. The following were classified as 'high-priority chemicals – group I compounds': formaldehyde, carbon monoxide, nitrogen dioxide, naphthalene and benzene. The INDEX report proposes that 'indoor air concentration should be kept as low as reasonably achievable, and not exceed outdoor concentrations. The report recommendations on effective management options are 'to ban benzene sources indoors.'

The EU recognises in Directive 2000/69/EC that benzene is 'a human genotoxic carcinogen' and that no identifiable threshold exists below which there is no risk to human health. Under this Directive, limit values for benzene in outdoor air have been set to progressively decrease until 2010 in all EU Member States towards outdoor limit values of 5 µg/m<sup>3</sup>.

The results of this project demonstrated that concentrations of benzene prior to the smoking ban were 17.9 µg/m<sup>3</sup>, while post-ban measurements showed benzene levels of 4.1 µg/m<sup>3</sup>, representing an overall decrease of 73.1%.

### *REACH and Tobacco Additives*

On 28 April 2005, the Chairman of the Leading Committee for Environment and Public Health at the EU Parliament Mr Karl-Heinz Florenz, MEPs Françoise Grossetête, Avril Doyle, Peter Liese, Ria Oomen-Ruijten, Eija Tiita Korkola and Anders Wijkman, signed a proposal for an amendment addressed to the Member of the Commission Guido Sacconi aimed at introducing additives in tobacco products into the REACH Regulation.

ENSP did not support these amendments, as ENSP believes that this is not the appropriate forum to deal with the issue. A paper from the Greens at the European Parliament supported our position: *The problem with tobacco additives - flaw in tobacco Directive or flawed implementation?*

The Board decided to write a position paper to be distributed to the European Parliament before the vote for the purpose of informing MEPs.

The ENSP put together a paper that was distributed to the Members of the European Parliament for their consideration at the same time as the National Coalitions Report. The aim of the paper was to clearly state that tobacco smoke is a carcinogen and this should be the focus of attention, especially after the recent INDEX report from the EC, REACH becomes here a means to an end. All 'comments' received have brought us to the same conclusion: REACH is not the best environment to deal with additives.

Banning smoking in workplaces and in public places is the most effective strategy to reduce concentrations of carcinogenic substances in indoor air protecting the health of the European citizens. Limit values for carcinogens in tobacco smoke cannot be established. There is no way to create a safe cigarette. A 'safe' cigarette will never exist.

Indoor tobacco smoke is a mixture of the smoke given off by the burning end of a tobacco product (side-stream) and the smoke exhaled by smokers (main-stream). It detracts seriously of the air quality, particularly in enclosed spaces (indoor air pollution), as this mixture contains more than 4000 chemicals, more than 50 of which are known to cause cancer in humans and many of which are severe irritants.

Exposure of non-smokers to indoor tobacco smoke results in increased risk for cancer and other diseases elicited for instance by potent lung carcinogens like (methylnitrosamino)-1-(3-pyridyl)-1-butanone (NNK) and many other chemicals.

The Joint Research Centre, a EU Agency commissioned by DG SANCO, in its recent INDEX report established a list of compounds that need to be regulated immediately in indoor environments. The following were classified as 'high-priority chemicals – group I compounds': formaldehyde, carbon monoxide, nitrogen dioxide, naphthalene and benzene.

All of the above compounds are present in both cigarette mainstream and side-stream smoke and are present in large concentrations in indoor environments, particularly in the hospitality sector.

The INDEX report, in its recommendations and management options, proposes that 'indoor air concentration should be kept as low as reasonably achievable, and not exceed outdoor concentrations. The report recommendations on effective management options are to ban benzene sources indoors'.

The EU recognises in Directive 2000/69/EC that benzene is 'a human genotoxic carcinogen' and that no identifiable threshold exists below which there is no risk to human health. Under this directive, limit values for benzene in outdoor air have been set to progressively decrease until 2010 in all EU Member States towards outdoor limit values of 5 µg/m<sup>3</sup>.

Knowing that second-hand smoke contains an average level of benzene of 30 µg/m<sup>3</sup>, benzene levels in outdoor air (5 µg/m<sup>3</sup>) would be lower than levels in indoor air, a situation that is profoundly incoherent, as EU citizens spend 90% of their time indoors.

A recent ENSP research project which aimed to assess the effectiveness of the smoking ban in Ireland, demonstrated that concentrations of benzene prior to the smoking ban were 17.9 µg/m<sup>3</sup>, while post-ban measurements showed benzene levels of 4.1 µg/m<sup>3</sup>, which represents an overall decrease of 73.1%.

Indoor tobacco smoke is carcinogenic per se. Some EU countries already recognise this in their legal systems: in Germany, tobacco smoke has been classified as Class I carcinogen by the IARC and MAK; in Finland the carcinogenicity of second-hand smoke is established into national legislation and this was endorsed by parliament in 2000.

Tobacco products themselves are dangerous to health. It is the exposure to the entity that determines its harmfulness, not only qualities or quantities of individual components. Evaluating safety of tobacco products based on their additives in the REACH regulation is not meaningful. The request to have a complete evaluation of additives creates confusion and covers over the evidence that tobacco smoke is a carcinogen and a toxic product in itself.

ENSP will continue to advocate along the lines of the logic described above.

### **--- ENSP Framework Project 2005-2006 (grant agreement 2004323)**

One of the main tasks of ENSP since 1998 has been to initiate and co-ordinate large-scale, innovate, priority-driven and cost-effective European smoking prevention projects in support of policy development in order to increase know-how and scientifically sound information.

ENSP published the summary of project results 2003-2005 (in the form of fact sheets), which was widely disseminated via the ENSP mailing list – this comprises over 700 stakeholders, including ENSP national coalitions, members of the European Commission, WHO and other national and international decision-makers with an interest in tobacco control, the ENSP website and GLOBALink. A full set of the fact sheets were likewise at the General Assembly in Limassol 2005.

The Commission decision adopting the work plan for 2004 for the implementation of the programme of Community action in the field of public health was published on 25 February 2004. The new call for proposals was published around the first of March 2004 with a deadline for submitting applications on 26.04.2004. In order to co-ordinate the research proposals on the tobacco field at European scale, the ENSP launched prior to the publication of the work plan 2004 an Expression of Interest (EOI); a project building procedure to create a large-scale co-ordinated framework grant application in the area of tobacco control for the period 2005-2006, which was widely disseminated throughout the ENSP membership and associated organisations (via GLOBALink). The EOI contained the key research priorities 2005-2006 were based on:

- the Public Health Programme (2003-2008);
- the previous work plan from the Commission (2003);
- the Council recommendations and
- specific ENSP priorities for the period 2003-2006.

ENSP invited tobacco control experts/organisations from EU Member States, associated and candidate countries, to express their interest to participate in one or more of the priority actions. We encouraged them to explore any expertise that they may possess through their coalitions or alliances in order to broaden the reach of their work, ensure the highest possible quality and perhaps also create valuable opportunities for collaboration/capacity building. The priority areas are defined hereafter:

- Assess legislative (ongoing and future) measures on tobacco control , particularly those aimed at tobacco control in other policies (i.e. environmental, social etc).
- Proactive use of other non-health Community policies.
- Develop criteria and methodologies for evaluation of policy proposals and their implementation.
- Determine appropriate message to be conveyed to the public, health professionals, policy makers and improving the effective communication of those messages.
- Strengthen the monitoring on the impact of tobacco as a health determinant (all monitoring broken down and analysed by gender) and produce reliable data on a comparable basis.
- Work with frontline health interventionist, patients representatives, the educational and the leisure sector and communication specialist.
- Apply the experience gained in Tobacco control to other health determinants
- Points 2.1.1, 2.1.2, 2.1.3, 2.1.5 of the cross-cutting themes; Point 2.2.5 of the Health Information, Point 2.3.6 of the Previous Work plan 2003.

Additional suggestions were:

- Activities related to the ratification and implementation of the FCTC
- Investigating the issue of the harmful effects caused by tobacco

- Data collection, scientific and technical advice for tobacco
- Products Directive 2001/37/EC (including measurement methods for ingredients)
- Creating a supportive environment for quitting smoking in different settings
- Health education (information to non-smokers) and training
- Promote strategies for 'de-normalise' smoking, including strategies and measures to reduce the prevalence of smoking in different settings
- Co-ordination activities with the 'European Network of Health Promoting Schools' to develop best practice in tobacco prevention.

Unfortunately the response rate was quite low (all in all 16 responses) and a large number of proposals did not include the European aspect and aimed at conducting research at national level.

The proposals were sent to a panel of experts which evaluated the scientific content and the quality of the proposed management plan. Their comments did not aim to disregard any project, but at looking at ways of co-ordinating the proposals to create large scale European projects. In total 11 projects were put together and reflected the highest scientific quality, European coverage, innovation, cost effectiveness and continuity with previous actions.

### **Managing the Framework Application**

In accordance with the new EC administrative and financial procedures, the projects, which had been prepared for a duration of three years in 2003, now have to be restructured on an annual basis due to the EC's increasingly limited annual budgets. Grant 2004323 is the second phase. Such restructuring entails a great deal of administrative work. It also means that ENSP and the project co-ordinators work on the basis of a partnership agreement.

As explained earlier, the Commission decision adopting the work plan 2004 for implementation of the Community action programme in the field of public health was published on 25 February 2004. The new call for proposals was published around 1 March 2004 with a deadline for submitting applications on 26 April 2004.

The new application form of the Commission caused a major administrative burden, as the whole set of forms were not adapted to a network structure. Despite this, the Framework Application was successfully completed and submitted to DG Health and Consumer Affairs by 23 April 2004.

Special attention and guidance on administration were provided to new Member States. Based on the feed-back that we received after introducing the application, we realised that ENSP was instrumental in co-ordination and that most co-ordinators would never have managed to put together the application on time without ENSP's contribution.

After the submission of the projects on 23 April 2004 and for diverse reasons, we waited until August 2005 (one year and four months) for the contract to be signed.

Due to this delay and the financial difficulties incurred, the associated beneficiaries involved in the PAGES project (WP14) decided to back down from the proposal.

The ENSP asked the EC to start reporting actions from March 2005. Some of the Framework Project co-ordinators refused to start working until signature of the contract by the EC, as it is well indicated in all correspondence that the Commission is under no obligation to finance projects until signature of the contract.

This means that officially some of the projects could not start until August 2005.

Fortunately the EC accepted to postpone the deadline for submission of the interim report until 15 December 2005. This has allowed some of the projects to undertake the initial activities. However, at the date of writing this final report (6<sup>th</sup> July 2006), the second payment, linked to

the submission of the interim report 7 months ago, had still not been received. This clearly created difficulties in the implementation of the activities.

One consequence of the initial delays was the necessity to have the activity period extended by 3 months, till the end of May 2006, in order to increase the possibilities to reach the objectives. The request for the corresponding addendum was sent to DG SANCO on 6<sup>th</sup> December 2005, together with a new budget, which had had to be redrafted accordingly but not increased.



No.	Associations	Addresses	Coordinator	Project leader	Title & qualification	Telephone	Fax	E-mail	Project Title
1	<b>ENSP Core Grant/ Why People Smoke/ Environmental Tobacco Smoke Indicators/ Environmental Tobacco Smoke Health Impact Assessment</b>	144, Chaussée d'Ixelles B - 1050 Brussels BELGIUM	<b>Francis Grogna, Paloma Martin/ Prof. Invernizzi/ Prof Clancy</b>	<b>Trudy Prins</b>	Director Operations/ Project Coordinator/ Director/ Director	+32 2 230 65 15	+32 2 230 75 07	francis.grogna@ensp.org/ p.martin@ensp.org	ENSP : European Coordinated Action for Smoking Prevention and Cessation
2	<b>QUIT</b>	Ground Floor, Old Street 211 EC1V 9NR London UNITED KINGDOM	<b>Steve Crone Hannah Byrne</b>	<b>idem</b>	Director	+44 20 7251 1551	+44 20 7251 1661	S.Crone@quit.org.uk	European Network of Quitlines - Building on Achievement
2	KTL Finland		Kristina Patja	idem		+358947448956	+358947448980	kristina.patja@ktl.fi	Smoking Cessation on the Internet: Implementing tailored smoking cessation
2	Stivoro	P.O.Box 16070 NL 2500 BB The Hague, THE NETHERLANDS	M.C.Willemsen	idem	Dr	+31 703 120 413	+31 703 120 493	m.willemsen@defacto-rookvrij.nl	Evaluation of the effect of consultation, knowledge and information about smoking cessation provided by the European Quit lines
2	Subcontract: International Union Against Cancer (UICC)		Ruben J. Israel	idem	Head	+41 22 809 1811	+41 22 809 1810	israel@globalink.org	Globalink-Communications for European Smoking Prevention "Promotion and facilitation of smoking prevention activities through sharing of information, experience, activities and projects"
3	<b>Tobacco Control Resource Centre</b>	50 Thistle Street Lane North East, Edinburgh EH2 1DA UNITED KINGDOM	<b>Sinéad Jones</b>	<b>idem</b>	Dr PhD MPH	+44 131 247 3070	+44 131 247 3071	ttc@bma.org.uk	European Medical Associations - development and dissemination high-quality medical and scientific resources to inform on public health policy
4	<b>Università del Terzo Settore</b>	Via F. Turati 6 I - 56125 Pisa ITALY	<b>Antonella Cardone</b>		Director	+39 050 46171	+39 050 506393	units@uniterzosettore.it	Health professionals and smoking cessation
4	Stivoro	PO.BOX 16070 NL - 2500 BB The Hague THE NETHERLANDS		Peter Anderson	Dr, Public Health Consultant	+31 24 344 5130	+31 24 344 3137	PDAnderson@compuserve.com	
5	<b>Servicio de Promoción de la Salud Instituto de Medicina y Salud</b>	Pl. Lesseps 1 Barcelona 08023	<b>Manel NEBOT</b>	<b>idem</b>		+34 93.238.4562	+34 93.217.3197	mnebot@imsb.bcn.es	Evidence Based policy development and enforcement for the prevention of exposure to passive smoking in European and accession countries
6	<b>Assistance-Publique Hôpitaux de Paris - AP-HP</b>	3, avenue Victoria F-75100 Paris	<b>François CHIEZE</b>	<b>Bertrand DAUTZENBERG</b>	Professor	+ 33 142 17 67 70	+ 33 144 23 92 55	Bertrand.dautzenberg@psl.ap-hop-paris.fr	Réseau Européen Hôpital et Maternité sans Tabac (REHMST)
7	<b>Bremer Institut für präventionsforschung und sozialmedizin (Bips)</b>	Linzer Stabe 8/ 28359 Bremen	<b>Klaus Giersiepen</b>	<b>W. Banasiewicz</b>	Dr.	+0421/59596	+0421/59596-65	Klaus Giersiepen [Giersiep@bips.uni-bremen.de]	Euroscip III Motivational Interviewing for Health Professionals
8	<b>University Of Erasmus Medical Center Rotterdam</b>	PO Box 1738 3000 Rotterdam Netherlands	<b>Johan Mackenbach</b>	<b>idem</b>	Professor	+ 31 10 408 7719	31104089449	J.Mackenbach@erasmusmc.nl	Improved Monitoring in support of policies to tackle inequalities in smoking in the European Union
9	<b>University of Greifswald, Institute of Epidemiology and Social Medicine,</b>	W-Rahenau-Str, 48/ D-17487 Greifswald	<b>Ulrich Jhon</b>	<b>idem</b>	Director	+ 3834/867700	+3834/867701	ujohn@uni-greifswald.de	Measuring Tobacco control from the general population perspective- European Surevey on Tobacco Control attitudes and knowledge (ESTA)
10	<b>Health Promotion Foundation</b>	110/7 Sobieskiego Ave. 00-764 Warsaw, Poland	<b>Krzysztof Przewozniak</b>	<b>idem</b>	Research Director	+48226444806	+48226439234	kp@promocjazdrowia.pl	The partnership Action for the Great European Smoke-out (PAGES)

### --- Collaboration and Co-ordinated Actions

#### *World No Tobacco Day 2005 – ENSP co-ordinated action*

On the occasion of World No Tobacco Day 2005 ENSP had proposed in 2004 to undertake a co-ordinated campaign of synchronised action at EU level via its network under the banner: *Health professionals in 25 European countries mobilise their governments for tobacco control.*

#### Objective:

- In each of the 25 European countries at the request of the national tobacco-control alliances, all health professional organisations were asked to sign an appeal addressed to their heads of state and/or government for improved tobacco control in their country and in Europe.
- The spokesperson for each tobacco control alliance personally handed over a brief letter (with more or less identical basic content) containing three clear statements to his/her head of state and/or government during the week leading up to World No Tobacco Day (i.e. 25-31 May 2005).

#### Outcome of campaign:

- For health professionals: The campaign demonstrated to all health professionals, even those not in the front line, that they are affected by tobacco control.
- For public authorities: The considerable involvement of public authorities could not be ignored and public authorities are obliged to respond to this appeal.
- For the general public: The appeal by health professionals was a credible action.
- For national alliances and Europe: The simultaneous demonstration of an identical operation conducted entirely on national level, yet fully co-ordinated on European level, was a strong signal for tobacco control.
- For the media: The simultaneous demonstration of an identical operation, conducted entirely on national level yet co-ordinated on European level, involving a meeting between health professionals and state players, presented a strong image and produced relevant articles.
- For Europe: The action facilitated development of a significant European added value for actions firmly founded on the national level and also highlighted the national and European dimensions of the action.

#### Results:

Mobilising its network of national coalitions throughout Europe, ENSP achieved a widespread response to the letter-writing campaign throughout Europe. The petition action was adopted and enacted in Cyprus, the Czech Republic, France (where signatories exceeded some 12,000 health professionals!), Latvia, Luxembourg, the Netherlands, Slovakia, Slovenia, Spain (likewise in excess of 10,000 health professionals) and Sweden. In Austria and Belgium, activities concentrated on improving tobacco legislation already in force or in the process of being implemented i.a. Press conferences involving members of health professional associations and representatives of the government took place either on or around World No Tobacco Day in Cyprus, the Czech Republic, Germany, Greece, Latvia, Slovakia, Slovenia, Spain, Sweden. This concerted action in all countries demonstrated that there is a general recognition of the importance of involving health professionals in the efforts to counteract the smoking epidemic in Europe.

#### *World No Tobacco Day 2006*

In accordance with the WHO's rationale for World No Tobacco Day 2006, *Tobacco: Deadly in any form or disguise*, the aim was to encourage countries and governments to work towards strict regulation of tobacco products. This can be done by raising awareness about the existence of the wide variety of deadly tobacco products. Regulation should also help people get accurate information, remove the disguise and unveil the truth behind tobacco products –

traditional, new, and future. World No Tobacco Day 2006's specific objectives were both to raise awareness about all forms of tobacco and to raise awareness about the need for strict regulation and encourage its implementation.

To coincide with the need to raise awareness about the need for strict regulation and the need to encourage implementation of such regulations, ENSP released its report *The Tobacco Control Scale: A new scale to measure country activity*, compiled by Luk Joossens and Martin Raw, which was published in the June 2006 edition of *Tobacco Control* (BMJ Group).

The authors quantified the implementation of tobacco control policies in 2005 in 30 European countries using a new tobacco control scale. They ranked 30 European countries by their total score on the scale out of a maximum possible score of 100. Only four countries (Ireland, UK, Norway, Iceland) scored 70 or more, with an eight point gap (most differences in scores are small) to the fifth country, Malta, on 62. Only 13 countries scored above 50, eleven of them from the EU, and the second largest points gap occurs between Denmark on 45 and Portugal on 39, splitting the table into three groups: 70 and above, 45 to 62, 39 and below. Ireland had the highest overall score, 74 out of 100, and Luxembourg were bottom with 26 points. However even Ireland, much praised for their ban on smoking in public places, did not increase tobacco taxes in 2005, for the first time since 1995.

### *FIFA*

On 14.11.2005 ENSP wrote to FIFA and the German Steering Committee for the 2006 World Cup to encourage these bodies to renew and build on the Memorandum of Co-operation between the WHO and FIFA, which had already been established for the 2002 World Cup. This Memorandum of Co-operation was a courageous precedent. In the letter to FIFA and the German Steering Committee, ENSP highlighted how the Memorandum had been instrumental in protecting players, referees, security staff, fans, media and all other visitors from the health hazards of passive smoking. The Memorandum of Co-operation also sent out a clear message that tobacco and sports do not mix at all. This letter was endorsed by 23 heads of organisations within the ENSP network and was thus a truly European action. Prior to this, on 23.09.2005, ENSP had also taken up contact with ministers with a portfolio for sport throughout Europe encouraging them to support the WHO Memorandum of Co-operation and to bring their influence to bear on FIFA.

Regrettably, ENSP was informed in a letter from FIFA that the Memorandum of Co-operation would not be renewed for the 2006 World Cup in Germany. Instead, FIFA planned to display during the games in the stadiums requests urging fans not to smoke, although no official smoking ban would apply. ENSP responded to FIFA in a second letter underlining again that tobacco and sports do not mix at all and that FIFA's decision was highly regrettable, particularly in view of the fact that the next World Cup (in 2010 in South Africa) will again be a non-smoking event. The ENSP campaign was likewise taken up and supported by other NGOs, including ASH UK and UICC.

### *7<sup>th</sup> Framework Programme*

Preparations for the 7<sup>th</sup> Research Framework Programme, which is to be the main tool of the European Union's research policy from 2007, are well under way. On 16 June 2004 the European Commission had presented its ambitious ideas in a communication ("Science and Technology, the key to Europe's future"), thereby launching the discussion on the EU's future research policy.

A general consultation on research themes had been launched with a deadline of 31 December 2004. On the basis of a consultation, the ENSP formulated a statement on the EC's ideas and proposals (see below). ENSP members had also been invited to submit their views independently. The Commission analysed the contributions received as part of its preparations for the proposal for the 7th Framework Programme.

On 6 April 2005 the European Commission adopted its Proposal for the 7<sup>th</sup> Research Framework Programme which set out a duration of seven years (2007 to 2013), a budget of € 73 billion and a structure based on four specific programmes: co-operation, ideas, people and capacities. The Commission will enumerate and add to the research subjects in its proposal and is expected to finalise the specific programmes before the end of the year.

The Commission recently launched a new consultation on simplification of the 7<sup>th</sup> Framework Programme. The aim of this consultation is to provide an opportunity for all researchers, especially those within the EU (and associated countries) to offer their views on the 10 proposed measures for simplification contained in the staff working document on simplification that accompanied the Commission proposal on the 7<sup>th</sup> Framework Programme (FP7).

In relation to participation in the 7<sup>th</sup> Research Framework Programme, it has been important for the ENSP to submit to the Commission its statement on the simplification in the 7<sup>th</sup> Framework Programme. Why? Because despite some progress made on the FP6, participation in the research programmes remains extremely complex and resource-consuming, in particular for smaller actors like NGOs. If approved by the EU Parliament, the € 73 billion could provide an interesting source of financing for future tobacco research in Europe.

As part of this broadly based consultation process, all those ENSP members involved in tobacco research were invited to express their views on the formulation of the simplification measures of the 7<sup>th</sup> Research Framework Programme. The deadline for this consultation process was 31 August 2005.

### **What we are calling for in FP7**

ENSP considers that, given the scale of the harm caused to public health and the European economy by tobacco use, ***there is an urgent need to increase funding and to give tobacco control research a dedicated budget line in Framework Programme 7.*** This should include funding for all types of research, including basic research, as well as greatly increased funding for policy-oriented research. The goal should be to attract young and experienced researchers into the field, encourage collaboration and networking in the tobacco control research community and to enable all types of research to be carried out to produce European policy oriented research which supports the public health, legislative, political and economic objectives of the European Research Area countries.

To set funding needs in their international context, it is recalled that the US National Institutes of Health (NIH) allocated \$ 552 m. in fiscal year 2004 for research into tobacco-related harm and smoking prevention interventions. If applied to the EU on a per capita basis this would amount to € 680 million per year.

### **Why we need more European research into tobacco control**

Research into tobacco-related harm, economic loss and effective smoking prevention measures is severely lacking at EU and Member State level. European and national funding streams are difficult to identify, uncoordinated and significantly under-funded. There is a scarcity of European research and researchers in tobacco control and researchers will only be attracted to the field if research money is available. Government and EU funding is of particular importance in tobacco control because of the need for **independent** research. Unlike some other disciplines, "public private partnerships" are not the answer to the gaps in research funding in European tobacco control because of the tobacco industry's long history of subverting and manipulating the tobacco research agenda in Europe and beyond.

Although tobacco and cigarettes have been used by Europeans for many decades, tobacco control research is in its infancy. In recent years there have been important strides forward in terms of identifying policies that can reduce smoking, giving us a better understanding of tobacco use and recognising the important role that nicotine dependence plays in much tobacco use. However, there is still a lot to learn about the best policies to encourage smokers to stop, improving the treatments for smokers and making the product less harmful for those

who cannot or will not stop, as well as investigating the role nicotine plays in mental health problems to name just a few areas in which research gaps exist.

Much of the research evidence on tobacco control comes from outside the European Union. This is of concern because, although we think we know in general which interventions work best to reduce smoking prevalence and consumption, the research to date is in its early stages and does not clarify which combinations of which interventions work best in particular countries and regions. It is extremely important to acquire this knowledge if limited money is to be spent effectively and efficiently. At the moment, there is little European research that provides EU and Member State policy-makers with good quality specific information and we continue to rely on primarily North American research to provide the scientific basis of tobacco control legislation in Europe.

Furthermore, cost-effectiveness research, which is increasingly important as governments seek to spend tax-payers' money effectively and getting the best value, needs to be done at country level. There is remarkably little of it anywhere in the EU. One example would be the lack of evidence of the cost-effectiveness of smoking cessation interventions in pregnancy, where economists suspect there would actually be cost savings.

### **Research to support regulation of tobacco products**

We also lack some basic Europe-specific evidence needed to regulate tobacco products and to enable regulators to assess the effect of policy. We lack knowledge about the composition of tobacco products, including new tobacco products and their likely impact on health. So far, EU regulation of tobacco products has concentrated on a narrow strategy of regulating just "tar", nicotine and carbon monoxide levels. In order to properly regulate tobacco products and to bring them within the standard framework used for other consumer products such as pharmaceuticals and cosmetics, we need much more information on a range of aspects, including:

- product characteristics and emissions;
- exposure;
- injury;
- disease risk.

### **Conclusions**

- Current research capacity at national and European Community level is inadequate, fragmented and under-resourced.
- Regulators at national and EU level do not have the evidence they need to adequately assess the health and other effects of existing and new tobacco products. In many cases the evidence will not be available for many years to come.
- There is a need for a more strategic approach to research, from the limited funds available.
- More EU and nationally-funded research is needed to support policy initiatives and product regulation.
- Research is needed to provide a better understanding of the socio-economic impact of tobacco use and how best to reduce it.

### **Recommendations of the ASPECT report on research into tobacco**

1. A strong science base for tobacco-control policy should be developed.
2. This will require the creation of national bodies to develop tobacco-control research strategies and oversee implementation. Research should be co-ordinated in conjunction with national tobacco task forces and existing national research bodies.
3. The European Commission should convene an international research seminar to assess EU and international tobacco research capacity, co-ordination, funding and development of a coordinated EU tobacco research strategy.
4. A significant increase in tobacco-control research funding will be required.
5. At EU level tobacco research should be given a dedicated budget line in the next Research Framework Programme (FP7: 2006-2010); funding should match that given by the NIH in

- the USA (currently € 450 m. per annum); this should be in addition to increased funding at Member State level.
6. Tobacco-control research networks and research training networks should be developed across Europe.
  7. A tobacco-control research strategy should conduct research designed to provide the answers to questions which policy-makers need, and an EU strategy might support research needed at national as well as pan European level
  8. Some immediate research priorities were identified by ASPECT:
    - harmonized methodologies for collecting data;
    - regular surveillance and data on smoking prevalence in the EU Member States;
    - the impact of interventions on smokers behaviour and populations including different gender and socio-economic groups;
    - economic evidence on the costs of tobacco use and cost/benefit analyses of interventions.

## **Comments on the communication**

### **1. Support for the 'Lisbon process'**

The ENSP agrees with the outlines set in the Lisbon European Council of 23-24 March 2000 and supports the Commission proposal for the financial perspectives on the period 2007-2013 where an increased budget for research is proposed.

Furthermore, given the human and economic losses caused by tobacco we would like to remind the Commission, Member States and Parliament that "health is wealth" and that continued inaction and inadequate tobacco control research funding will undermine the EU's progress towards the Lisbon objectives. There are currently an **estimated 200 million smokers in the European Union**. As we state above, a quarter of these will die in middle age (35-69 years) losing approximately 22 years of life. The people dying from tobacco-related diseases are workers in the most productive phases of their lives. The EU economy is losing skills and know-how as a result of these deaths. **Additionally, 13 million other EU citizens are suffering from long term tobacco-related illness**. This places an enormous burden on health care and social security systems as, very often, their diseases are long term and expensive to treat. Others members of the workforce are leaving to care for sufferers of smoking-related disease.

### **2. Comments on the six major objectives in the Communication**

#### **Objective 1: Creating European centres of excellence through collaboration between laboratories**

As identified above, research into tobacco across the EU is fragmented and poorly resourced with very few existing organisations involved in tobacco research. There is an urgent need to promote better collaboration between these institutions and ASPECT identified that the best way to do this would be by convening a European seminar to assess capacity, co-ordination and funding in this area.

Whilst the authors of this position paper agree that collaboration between laboratories on tobacco products research may enhance excellence, this presupposes that such a network exists. In the EU Member States there is a shortage of independent laboratories with the requisite skills and facilities to test tobacco products.

Existing testing methodologies for tobacco products are inappropriate and new ones need to be created. Accordingly, there is an urgent need for the EU to be provided with an independent network of tobacco laboratories which can develop accurate testing methodologies and carry out the testing necessary to properly regulate tobacco products. In its most recent set of guidelines, the Tobacco Products Regulatory Committee of the WHO has recommended that each WHO region establish an independent network of laboratories. We would propose that the EU take the lead in this respect for the WHO European region and that such an independent

laboratory could be created using existing facilities at the Joint Research Centre in Ispra. The necessary budget lines should be made available for this in FP7.

### *2.5- Developing research infrastructures of European interest*

At the moment, infrastructures for independent tobacco control research are almost non-existent. Ireland is the only EU country with a dedicated and independent tobacco research institute. Only four EU countries even have a tobacco research strategy of any kind. Accordingly, FP7 needs to make available European research structures and funding methods that attract new researchers to the field and are easily accessible. In particular, attention must be paid to the difficulties faced by researchers in those Member States where little or no independent tobacco research is being carried out at present and who are unlikely to be able to find the levels of co-funding necessary to take part in European projects.

It is also important that EU research funding and mechanisms take into account the multi-disciplinary nature of tobacco control research. A typical tobacco control research project may often require the expertise of respiratory, oncological and cardiovascular epidemiologists, toxicologists, pharmacologists, psychologists, social scientists and economists, to name but a few.

The administrative burdens placed on applicants for EU funding also need to be reduced. Given the scarcity of high quality, independent EU tobacco researchers, ASPECT is concerned about the need for researchers to spend much of their time struggling with the complexities of the application system which takes them away from their research work. This is of particular concern for researchers in the new Member States.

We would also highlight the fact that big is not necessarily best in any area of research, not least in tobacco control. Excellent research can be carried out by small teams of researchers working in a small number of participating countries. Such collaboration should be encouraged and made possible under FP7. A current example of this is the research being carried out by the International Tobacco Control Policy Evaluation Project (ITC). This project involving researchers from 4 countries (US, Canada, Australia and the UK) is assessing the impact of new warning labels on cigarette packs introduced in the UK as a result of an EU directive and new advertising legislation in the UK. It is a small four-centre project but is already providing policy-makers with sound scientific analysis of the impact of EU policies on smokers behaviour and smoking prevalence.

Where research structures exist, they should be supported. For example, the GLOBALink network provides a communication network for researchers in the field with access to the latest research in tobacco control and online discussion forums where researchers can find partners and discuss research findings. It also provides policy-makers and regulators with state-of-the-art evidence on which to base and greatly enhance communication and dissemination of research. *Treatobacco.net* is a similar existing network which provides the EU with evidence based research into tobacco dependence.

We also need to train more young researchers in tobacco control and tobacco regulatory science. Existing research training mechanisms in the Marie Curie programmes should be made available and utilised for tobacco researchers. They also need to be responsive to the existing lack of tobacco control researchers and financial resources in the ERA.

Finally, since so much tobacco control research is carried out in the United States, efforts should be made to ensure that adequate mechanisms for knowledge-transfer exist between US researchers and their European counterparts.

### *Objective 6: Improving the co-ordination of national research programmes*

As highlighted above, very few Member States have formal, centrally co-ordinated research programmes for tobacco research with their own budget lines, even though some research is undoubtedly being carried out. The establishment of a central database of tobacco-related research being carried out at national and EU level would help researchers and Member States to keep track of new research and help Member States to develop their own national research strategies and to ensure that scarce resources and researchers are being optimally used.

Co-ordinating national research programmes would also help EU researchers to develop the harmonised methodologies and data-collection mechanisms and surveillance of smoking prevalence rates identified as a priority for EU research in the ASPECT report.

#### **4. Focusing the European Union's efforts on key topics**

##### *4.1- Economic impact, mortality and morbidity levels from tobacco-related disease*

The need to take action to combat tobacco-related death and disease is given in the background to this paper. The scale of mortality and morbidity, as well as the economic losses warrant special attention in Framework Programme 7. As stated above, our economic competitors, such as the United States, are investing significantly higher sums in tobacco control research than the EU. This investment has paid off as smoking prevalence rates are now approximately 22% in the US as compared to an average of 27% in the EFTA region.

##### *4.2. Supporting the Union's political objectives*

Article 152 EC calls for a high level of health protection to be incorporated into all Community policies. Europe's citizens are increasingly calling for better health protection from the EU and their own governments. And increasingly, they support tougher tobacco control policies, including workplace smoking and tobacco advertising bans. Former Health Commissioner David Byrne identified smoking related mortality and disease as a major obstacle to the development of an effective European public health policy and made tobacco control a key priority. In order to meet citizens' expectations and show that the Community is serious about investing in their future, the EU must take tobacco control more seriously and doing so requires investment in research. Furthermore, the human and economic cost of tobacco use is capable of affecting the Community's ability to meet the Lisbon objectives and the EU is falling behind its economic competitors, especially the United States, in its understanding of tobacco addiction, and how best to reduce tobacco-related death and disease.

As stated earlier, in the fiscal year 2004 the National Institutes for Health (NIH) in the US made \$ 552 m. available for research funding into tobacco. These sums are supplemented by spending from the Centers for Disease Control and several private foundations such as the Rockefeller Foundation and the Robert Wood Johnson Foundation. If applied on a per capita basis to the European Union, this would amount to € 680 m. Clearly, this scale of funding is simply not available in the European Union and FP7 should attempt to rectify this situation as a matter of urgency.

##### *Television without Frontiers*

The Commission Communication "i 2010 – A European information society for growth and jobs", adopted on 1 June 2005, recognises the necessity of an "integrated approach to information society and audiovisual media policies in the EU" as "communication networks, media, content, services and devices are undergoing digital convergence". It stressed that increased legal and economic certainty would encourage new services and more content and announced that the Commission would propose by the end of 2005 a "revision of the Television Without Frontiers Directive (TWF) to modernise the rules on audiovisual media services."

#### **Why this revision is important for us**

The TWF Directive currently contains bans or restrictions on advertising, which have public health considerations, including tobacco.



The question that the Commission is asking is whether such rules should be part of the common set of rules applicable to all audiovisual commercial communications, subject to specific implementing arrangements which take account of the increased freedom of the user who, in the non-linear environment (Internet, mobile phones, radio, etc.), has access to audiovisual content "on demand".

### **What do stakeholders think?**

The organisations, which represent advertisers and advertising agencies, private broadcasters and telecommunications operators believe that audiovisual commercial communications on demand require **LESS** consumer protection.

Consumer organisations and public service broadcasters are **IN FAVOUR** of the application of the same rules to non-linear services, and in particular argue that there is a link between public health rules and the protection of minors, also taking into account the time spent by young people on the Internet.

There is a broad consensus that the current rules on tobacco products are justified and should be fully applied in an identical manner to all audiovisual services, whether or not linear.

#### *The European Court of Justice (ECJ) and the Mediakabel judgment*

In this recent Mediakabel judgment the Court indicates that the concept of broadcasting "is defined independently by" the concerned television without frontiers directive and not "by opposition to the concept of 'information society service' within the meaning of Article 1(2) of Directive 98/34/EC".

Therefore the ECJ holds that there is no exclusiveness between television under the TWD and services of the information society<sup>3</sup>.

#### *Tobacco advertising directive versus Television without Frontiers Directive (TWF).*

The tobacco advertising directive aims at radio (Art. 1 Sec. 1 b) ), the current TWF directive addresses television. Art. 13 TWF states the same for television as Art. 4 tobacco advertising directive does for radio.

Broadening the scope of the TWF, as the Commission intends (and in the light of the above Mediakabel judgment) might result in an overlapping regulation since non-linear services under the new TWF might as well be services of the information society (like on-line shopping).

### **Conclusion**

However, and in view of the situation of convergence that we are reaching now, the current TWF directive would need to be adapted in order to remain technology-neutral.

Hence, the Commission with this revision is considering the proposal for a new directive that would intend to cover not only broadcasting services but all commercial audiovisual services transmitted by electronic services and intended to the general public. Part of these audiovisual services, i.e. video on demand, is presently covered by the E-commerce Directive, but not by the Television without Frontiers Directive.

Therefore, for these services already covered by the tobacco advertising, the new directive would strengthen the ban on tobacco advertising.

### **ENSP Action**

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<http://curia.eu.int/jurisp/cgi-bin/form.pl?lang=en&Submit=Submit&alldocs=alldocs&docj=docj&docop=docop&docor=docor&docjo=docjo&numaff=&datefs=&datefe=&nomusuel=Mediakabel&domaine=&mots=&resmax=100>

ENSP strongly encouraged its Members to support the European Commission by responding to its open consultation that the current rules governing tobacco products are justified and should be fully applied in an identical manner to all audiovisual services, whether or non-linear, while at the same time noting that a certain overlap with the tobacco advertising directive might in fact result.

### *Lisbon Strategy*

The Lisbon Strategy is a commitment taken by EU governments in March 2000 to achieve the goal of making the EU the most competitive and dynamic knowledge-based economy in the world by 2010 on the basis of ecologically, economically and socially sustainable growth.

The 2005 European Spring Council laid out the methods to implement the revised Lisbon Strategy, that is to focus on growth and jobs. The strategy will be implemented at the EU and national levels through national reform programmes drawn up on the basis of the Commission's integrated guidelines adopted in April 2005 ([http://europa.eu.int/growthandjobs/pdf/COM2005\\_141\\_en.pdf](http://europa.eu.int/growthandjobs/pdf/COM2005_141_en.pdf)) and the Lisbon Community Programme published on July 20, 2005 ([http://europa.eu.int/growthandjobs/pdf/COM2005\\_330\\_en.pdf](http://europa.eu.int/growthandjobs/pdf/COM2005_330_en.pdf)).

The National Reform Programmes offer an opportunity for stakeholders to get involved in the Lisbon process.

The ENSP mobilised its members to get involved in the process by contacting national members and making it known that their organisations are interested and intend to get involved in the national reform process. Identify the priority actions and their policy responses that are being suggested by your country and analyse them in terms of their integration of the health dimension and tobacco control.

The National Reform Programmes were to be finalised by mid-October and are to run for three years from 2006 through 2008. Development of these programmes offers a unique opportunity for stakeholders including national NGOs to be consulted and get involved in the Lisbon process. The Lisbon strategy focus on competitiveness and growth could put health priorities under pressure. Which side National Reform Programmes will go partly depends on the interest and involvement of NGOs at the national level the ENSP will continue to follow the issue.

### *Structural funds*

On 5 July the Commission adopted a proposal for Community Strategic Guidelines on Cohesion, setting priorities on the use of the Structural and Cohesion Funds, which includes investment in health. The draft guidelines present a "healthy workforce" as one of the objectives of cohesion policy and stress health's role in boosting productivity and competitiveness. The guidelines also emphasise the link between health, ageing and workforce participation and underline the impact of prevention and health promotion on competitiveness.

These draft guidelines, to be adopted by the Council by unanimity, will be instrumental in encouraging Member States and regions to use the Structural Funds to invest in health. They will also contribute to raising awareness of the health gap and the need to invest in health prevention and promotion.

In this context, the Commission launched an open consultation – until 30 September - asking all stakeholders to reflect on what are the priority areas (as well as the less important areas) of cohesion policy that should be emphasised in the guidelines. On the basis of its results, the Commission's Directorate General for Regional Policy will prepare a "final" guidelines proposal to the Council in the autumn.

European and national stakeholders active in the field of health can play an important role in securing that health as a driver of growth and competitiveness is maintained as a key objective of cohesion policy and the Structural Funds in the final version of the guidelines.

ENSP encouraged all its members to respond to this consultation, which will be particularly important in setting out the future framework for health investment in the EU.

#### *World Tobacco or Health conference*

ENSP worked on the creation of a seminar for the European region that could have positively contributed to 13<sup>th</sup> World Tobacco or Health conference that will be held in Washington in July 2006.

We had been requested to write up an electronic abstract that would be evaluated by the OC. One of the possibilities that the OC proposed was a 90 min. presentation that could have been divided between a maximum of four different speakers.

Because the 13<sup>th</sup> Conference seems to be rather dominated by the USA and the UK, a holistic approach that brings balance to the European regions and institutions could have been of interest to the audience. We suggested:

1. EU policy on tobacco control: Evaluation of the effectiveness and state-of-the-art implementation  
Proposed speaker: Michael Hübel
2. EU NGO capacity building and transfer of technology between European Regions  
Proposed speaker: Vesna Petrič
3. Member States' efforts: rising from scrap – the Spanish case study  
Proposed speaker: Juan Ramon Villalbi
4. Research and science for policy-making  
Proposed speaker: Ann McNeill

Unfortunately, our initiative was not successful and we were not offered the possibility to organise the workshop.

#### *Consultation EC: Smoke-free environments*

Commissioner Kyprianou had announced in the course of 2005 the publication of a consultation on smoke-free environments. The ENSP has been actively contributing to the information support for the consultation, which was published on 30 May 2006.

This informal consultation was intended to serve as the basis of an informal consultation with EU Member States' authorities, environment and health stakeholders as well as the industry in the run-up to the adoption of a Commission Green Paper on Smoke-Free Environments.

The document:

1. described the issue at stake and why it should be addressed;
2. described the regulatory environment, at national, EU and international levels;
3. presented various policy options and discussed their likely impacts;
4. presented and analysed the different tools that could be used.

Questions on which the Commission invited contributions:

1. Is the description of the problem and its consequences adequate? If not, what would be a more satisfactory description?
2. Are policy options adequately identified and analysed? Are there any other options and/or impacts that should be taken into account?
3. Are the available tools adequately identified and analysed? Are there any other EU actions that should be considered?
4. Is there any supplementary scientific data which should be taken into account?

The ENSP contribution to the consultation is annexed to this report.

### *Relations with the media*

ENSP relations with the media have been stepped up considerably throughout this period. At European level, this was mainly due to latest developments relating to both national and EU legislation as well as regulations on tobacco control. At national level, ENSP has supported actions of national coalitions sending messages to media of the specific country from Brussels headquarters.

This was the case for Ireland, Italy and Spain in the national context. In 2004 Ireland made a huge step towards a healthier Europe by enforcing legislation completely banning smoking in bars, cafeterias, restaurants and also in public places. In 2005 expectations for results were running high, and the excellent impact on decreasing prevalence in Ireland and the direct connection to the fact of the ban itself encouraged other countries to make similar steps.

ENSP has supported smoking bans from the very beginning, and is doing so with reinforced effort today. Based on Irish, Maltese, Swedish and Italian best practices, ENSP has been sending clear messages – mainly in the form of open letters – to European actors (EU Commissioners, national ministries, Members of the European Parliament and other decision-making bodies) on the benefits of adopting such policies. Some of these open letters were also distributed among the most active media represented in Brussels, as well as among national coalitions and information networks.

### New legislation in Spain – smoking ban

Helping the Spanish national coalition (CNPT) by supporting the new law on tobacco promotion and regulation, the ENSP secretariat sent specific press releases both to journalists specialised in health reporting of European and Spanish media and to key actors of European health policy-making. In particular, a strategic alliance was made giving accurate data on an independent basis to the Spanish newspaper *El Mundo*, one of most prestigious Spanish newspapers including a web for health issues, which is a reference for health professionals and also for the general public. On the political side, an information note was also sent to Spanish members of the European Parliament dealing with health issues and to members of the Spanish parliament who are represented in the health delegations.

The strategy aimed to create a favourable political climate for the Spanish ban, showing a European follow-up of the Spanish situation, talking about European trends to accept smoking bans. To reinforce this view, ENSP published an opinion on the issue in the international sections of several influential Spanish media, including *Aquí Europa*, the European reference on EU affairs for Spanish speakers among policy-makers. Several mentions and a permanent follow-up were made in the ENSP European News Bulletins.

The results of this communications strategy in terms of impact on the final text approved by the Spanish government should be very little compared to the efforts made by the Spanish CNPT. But synergies created were welcomed by Spanish MEPs, who reacted directly and quickly to the information notes, giving ENSP more visibility due to its efficient networking. The whole strategy has effectively contributed to creating a favourable climate to the ban through ENSP messages delivered to the Spanish press, specifically to *El Mundo* and to *Aquí Europa*, including a European dimension on health issues, smoking as a common and general concern, and the achievements of legal acts such smoking bans assessed by the tobacco control community.

The HELP campaign also allowed the ENSP national coalitions to be somewhat more visible at national level, as ENSP is involved as a key partner for tobacco control and ENSP members participated in launch press conferences of the campaign in the 25 countries. ENSP members also contributed in different ways to the articles on subjects determined by the EC finally released to the national press, also increasing the contacts at national level.

### Scientific arguments for developing policies

As a means of informing policy-makers from an independent position, ENSP has made a commitment to find scientific arguments that can be used by any actor to improve current legislation or create new tobacco control legislation both at European and national levels. This was the case with 'Tobacco smoke is a carcinogen', an open letter sent to Commissioner Kyprianou in October 2005, in which scientific arguments based on conclusions of research bodies of the European Union, such as the Joint Research Centre (JRC), were argued defending clear and simplified European legislation on tobacco control.

Similar arguments were also used to make a recent open letter sent to EU-25 Environment Ministries and to both Environment Commissioner Stavros Dimas and Health and Consumer Protection Commissioner Markos Kyprianou. This letter was sent to ministers prior to the open debate on the directive on ambient air pollution in the Environment Council meeting on 2 December 2005 in Brussels.

This ENSP letter aimed to provide evidence that tobacco smoke is highly toxic and increases indoor pollution to levels that seriously affect human health, recommending to balance levels of pollution required for ambient air with indoor air pollution by developing smoking bans in work and public places, thus improving indoor air quality, as has been demonstrated for countries mentioned above where a ban has come in force.

#### Tobacco industry announcements

ENSP also responded to several announcements that were made by the tobacco industry.

British American Tobacco (BAT) announced that a new 'safer' cigarette will be launched onto the European market in 2006: a fact that unsurprisingly was perfectly co-ordinated with some strategic movements at the EP to introduce some toxic substances in the REACH regulation. The press release 'A safe cigarette will never exist' addressed the subject underlining clearly and simply the reasons why a safe cigarette will never exist for human health.

A communication strategy is to be put in place when BAT launches these products during 2006, after interpreting their messages and their actions. It is sure that other tobacco industry competitors, such as Philip Morris, will launch similar operations, and ENSP must be ready for this kind of action, always in the context of its limited resources.

ENSP has also offered support to national coalitions to contribute with communications actions to face similar tobacco industry actions taking place at individual/local/regional/national levels.

#### European media specials- WNTD

During World No Tobacco Day and during the same week, some of the European media present in Brussels published special features and articles on the regulation situation for tobacco in Europe. For this purpose, the editors of *Aquí Europa* and *The European Voice* were in contact with the ENSP secretariat, which provided accurate information to both media. Just prior to publication, *The European Voice* asked ENSP to input paid publicity, but ENSP declined because it was out of its budget, but most importantly because *The European Voice* did not offer any assurance to ENSP that the tobacco industry was not publishing material in the same special issue.

In fact, the 8 pages published in *The European Voice* were in favour or defending tobacco industry arguments, and data that ENSP delivered was even ignored or was not quoted accurately. *Aquí Europa* finally decided not to publish a special report, but thanked the secretariat several times, as demonstrated later by publishing certain opinion articles on tobacco control from ENSP.

#### *Meeting with Commissioner Kyprianou*

On 26.05.2005 a representative from the ENSP together with a group of leading tobacco experts, met Commissioner Kyprianou. The meeting was very fruitful and fostered different actions for the short to medium term.

#### Summary of the meeting:

The Commissioner was very concerned about the magnitude that the industry lobby is taking up in the EU Parliament. He recommended that EU health associations should organise themselves to conduct effective lobby work.

His priority is mainly the consolidation of directives, and in particular the advertising directive, which is the top priority. He aims for national governments to take a more active role, particularly ratification of the FCTC by Member States.

The Commissioner also aims to encourage Member States to implement smoke-free legislation of their own.

Regarding taxation, the Commissioner aims at increasing the price of cigarettes in all Member States, but he nevertheless expressed concern about the subsequent smuggling that would result from increased prices.

The main conclusion is that the Commission cannot be expected to legislate in any specific area, but the Commissioner aims mainly to work together with Member States; if there is a consensus, using the Open Method of Co-ordination or Green Papers and, if there is no consensus, using bilateral negotiations. Work will be concentrated on the implementation of existing legislation, i.e. for the most part advertising.

It was clear from the meeting that the EC is seeking the support of the health community to provide independent and solid scientific information, to support their actions in the Parliament and to support their demands for an increased health budget.

This meeting fostered various ENSP actions:

- developing relations with the Parliament, mainly the Greens, which up to now have been the most receptive group;
- compiling the publication 'ENSP National Coalition Report' to inform interested parties (e.g. MEPs) of what ENSP is, what ENSP does and whom to contact in case tobacco-related information is needed, to be widely disseminated at the institutions;
- supporting and encouraging the EPHA campaign '1 Euro for Health';
- publishing the update on the advertising directive (hand-out), to be distributed mainly to various departments at the European Commission.

#### *Health and Consumer Intergroup at the EU Parliament*

The Health and Consumer Intergroup provides a forum where MEPs will have the opportunity to regularly meet with consumer and public health experts from across the EU. It organises discussions on consumer and health issues that touch upon the agenda of several Committees.

More than 110 MEPs from a range of political groups supported the creation of the Health and Consumer Intergroup in November 2004. The Intergroup was officially registered in April 2005, which was made possible thanks to the backing of the PPE, PSE and Green groups at the European Parliament.

A launch meeting took place at the European Parliament on 22 June 2005, with ENSP present. This first discussion centred around the Health and Consumer programme.

It was important for ENSP to be involved in this forum, as it is the most suitable forum to present tobacco-related issues, such as indoor air quality, following previous discussions between ENSP and MEP David Hammerstein (Green party), who personally raised the issue in the first meeting. He offered to flag up issues related to tobacco control.

On 6 April 2005 the Commission adopted the proposed new Health and Consumer Programme 2007-2013, which is going through the co-decision procedure.

The issues highlighted in the Health and Consumer Programme include: enforcement of consumer law, the integration of consumer policy into other policy areas, the improvement of redress mechanisms, services of general interest and nutrition. This programme is also responsible for monitoring health threats, tackling key health determinants, delivering an efficient response to health threats, helping to prevent diseases and fostering co-operation between health systems. Bridging health inequalities and addressing elderly persons' and children's health are also priority themes.

It is important for ENSP to follow up this issue, as the Health and Consumer Programme aims to increase health and consumer policies substantially. It also presents an opportunity to fund EU secretariats (which was not previously allowed by the PHP).

## ... Events

### *ENSP Network Conference and Technical Stakeholders Meeting*

The Annual ENSP Network Meeting in 2005 took place in Limassol, Cyprus from 14 to 16 April 2005. It was attended by 87 persons from 26 countries.

It was preceded by a one-day European Strategy Meeting on the implementation of smoke-free policies in Europe, organised jointly by the European Respiratory Society, Cancer Research UK, the French League against Cancer, the European Heart Network and ENSP.

The strategy meeting aimed to assess the situation one year since introduction of the Irish smoke-free workplace legislation. Speakers and discussions focussed on the successes and failures of national campaigns and legislation, identified which countries were likely to be next to introduce smoke-free legislation and identified tipping points for action in other EU countries. At the end of the sessions the 'Limassol recommendations on smoke-free workplaces' were adopted by the assembly.

On 14 April 2005 the ENSP Network Meeting kicked off with a welcome address by the Andreas Gavrielides, Minister of Health of Cyprus, and by Mr Matti Rajala, Head of Unit, DG SANCO, European Commission speaking on the new EU health strategy. After this introduction, Laurent Huber, Director of the Framework Convention Alliance provided an extensive overview of the FCTC implementation.

Previous network meetings focused primarily on the aspect of physical dependence. However, it is known that tobacco use is a complex bio-psychosocial problem and combating it could benefit from the combined contributions of many disciplines. This approach may even provide a new way forward by tailoring tobacco control at personal level.

In this context, a plenary session was devoted to the important theme of Healthy Lifestyles – a multidisciplinary approach to tackle the tobacco epidemic on Friday, 15 April from 08:30 to 12:00 hrs. During this session, a reflection on the possible interaction of various health determinants took place, and how looking at the wider picture can contribute to tobacco control and smoking cessation.

In order to provide a complete picture, it was explored how nutrition, mental health, exercise, genetics, and the underlying reasons of why people smoke interfere/interact in the uptake and quitting of smoking.

The ENSP Network Meeting also provided the grounds for discussion of two main areas of topical interest, the strategy and implementation of the work plan for the new HELP media campaign, and networking networks – how all can be pulled together.

### *Seminar for new Member States*

During the second half of the activity period ENSP was planning an international conference "Perspectives of tobacco control policy in the Baltic states (Lithuania, Latvia, Estonia)", to be organised in co-operation with the Lithuanian coalition against tobacco.

Baltic states from the former Soviet Union that have been independent for more than ten years are now facing a market economy and have more and more challenges resolving problems related to public health. Baltic states have demonstrated quite strongly a common tobacco control position in the INB process for FCTC. Most of them have quite strong tobacco control legislation. The problem is that legislation is not well implemented. There is a strong tobacco industry, which plans to boost its markets in the Baltic states. The tobacco industry still has a huge potential for lobbying in governments, at least in Lithuania. Politicians are not highly motivated for strong tobacco control policy and the NGO movement in this field is still weak. Studies show that smoking among young people is still on the rise in the region. There is only a study in Estonia on tobacco economics. Many other measures recommended by WHO and



WB (e.g. tobacco taxes, smoking cessation, social advertisement and others) are not fully implemented.

This situation demonstrates a huge need for strong common political steps in the region. There is a need for a strong position in FCTC implementation. There is evidence on smoking prevalence and tobacco-related illnesses and deaths in the region that should be shown to politicians and mass media. There is a need for capacity-building in the NGO movement.

An international conference could be good opportunity to bring together politicians, NGOs and media for discussion on tobacco control policy in the region. It could help motivate politicians for a strong FCTC.

Unfortunately, the time-schedule and financial constraints obliged to postpone the organisation of the conference to 2007.

### *ENSP General Assembly 2006*

In accordance with the ENSP statutes, the ENSP General Assembly took place in Brussels on 21 April 2006. The day was dedicated to the presentation of some activities of the year as well as of future possibilities, to a brainstorming on future strategy, and to legal requirements, mainly the election of a new ENSP Executive Board. The main points of the agenda for the General Assembly were as follows:

- HELP Campaign – State-of-the-art at national level
- Presentation of new ENSP website
- Funding Opportunities: Framework Programme FP7 – Viviane Willis, European Commission
- Research seminar on tobacco
- The Tobacco Control Scale: a new scale to measure country activity in 30 European countries
- Election of the ENSP Executive Board and President
- ENSP Strategy

### *Events attended*

#### General

ENSP took an active part in phone conferences and meetings organized to develop and co-ordinate strategies for key tobacco control activities across Europe. These conference calls gathered representatives of different organisations active in European health protection: European Respiratory Society (ERS), European Heart Network (EHN), European Cancer League (ECL), Health 21 Hungarian Foundation, Action on Smoking & Health (ASH), Cancer Research UK (CRUK). Meetings were held on:

18 January 2005  
16 February 2005  
8 March 2005  
24 March 2005  
13 April 2005 (Limassol)  
25 July 2005  
9 September 2005  
24 October 2005  
21 December 2005  
19 January 2006  
23 February 2006

ENSP attended European Public Health Alliance (EPHA) policy co-ordination meetings, where the participants exchanged information on their own activities and on various health issues such as the Health and Consumer Programme, the Health and Consumer Intergroup, the Open Forum, the Green Paper on Mental Health etc.

These meetings comprise representatives of different organisations involved in health policy development, i.a. : EHN, ECL, ERS, EuroHealthNet etc.

Policy co-ordination meetings were held on:

19 January 2005  
2 March 2005  
13 April 2005  
25 May 2005  
13 July 2005  
7 September 2005  
26 October 2005  
23 November 2005  
25 January 2006  
8 March 2006  
3 May 2006

### *Specific events*

**20-23.03.2005 - Society for Research on nicotine and tobacco: 11<sup>th</sup> annual meeting. Prague, Czech Republic**

**19-23.03.2005 – ENSH Network Meeting: Network perspectives and development. Prague, Czech Republic**

The meeting presented cutting-edge nicotine and tobacco science, the links between smoking and cancer among women, issues in conducting smoking cessation research among adolescents and genetic studies of nicotine dependence. Also topics across 12 oral paper sessions covered biological genetic and psychosocial influences on tobacco/nicotine use, as well as smoking cessation, tobacco risk reduction and tobacco research around the globe. In addition, three poster sessions were held that offered a more personal and interactive format in which to learn about the latest developments in tobacco science. Several workshops sessions were held across a variety of topics including career development issues for young investigators, as well as workshops on publishing in nicotine and tobacco research, the use of nicotine replacement among pregnant women an evaluation of the English smoking cessation treatment services and global networking and policy issue. The ENSP attended the workshop on 'financing research by the tobacco industry'.

In conclusion the conference was a very interesting opportunity to build contacts and obtain ideas for the preparation of the ENSP research seminar, which will normally be held in the course of 2006.

**30.03.2005 – Negotiation of the 2004323 grant agreement with the EC:** Presentation of the call for tender and the technical annexe, Luxembourg

**03.05.2005 – EFA “Fighting for Breath: a European patient perspective”, Brussels**

A major European survey investigating the impact and burden on people living with severe asthma. It was pointed that, despite the obvious role of smoking and second-hand smoke in increasing the risk of asthma and in triggering asthma crisis, a too high percentage of asthmatic people were still exposed to SHS, also at home. The discussions between ENSP, Ms Liz Lynne (MEP), Mr Dockrell (Assistant Director of Policy & Public Affairs, UK), and Mr Svein-Erik Myrseth (EFA President) highlighted that indoor air quality was an absolute necessity especially for people suffering from asthma.

**12-14.05.2005 – Meeting of national counterparts for the European Strategy for Tobacco Control, Paris, France**

The Regional Office for Europe of the WHO in co-operation with the Ministère des Solidarités de la Santé et de la Famille, organised a meeting of national counterparts for the European

Strategy for Tobacco Control. The main aim of the meeting was to review and promote the implementation of the WHO European Strategy for Tobacco Control and the further process for the WHO Framework Convention on Tobacco Control. The participants were also asked to revise and agree on the process and outline for the next European tobacco control report to be prepared by summer 2006. The agenda will also include some other issues of collaboration between WHO and the Member States in the field of tobacco control.

**17.05.2005 – European Economic and Social Committee meeting with Head of Unit Mr Fritz, Brussels**

The ENSP met Mr Fritz from the EESC to explore ways how this institution could help supporting action on smoke-free workplaces. Mr Fritz explained the structure and function of the Committee and proposed different options, including 'exploratory advice' from the Committee. Following this meeting and on the basis of Mr Fritz's recommendations, the ENSP put together a letter that was sent to Commissioner Kyprianou on 26 May 2005 (see annexe).

**26.05.2005 – Meeting with Commissioner Kyprianou, Brussels (see section above)**

**02.06.2005 – Smoke-free Europe 2005 conference**

The conference took place in Luxembourg on 02.06.2005 and was organised by European Cancer Leagues, European Heart Network, European Respiratory Society, French League against Cancer, with the endorsement of ENSP.

Speakers at the conference explored several themes, such as:

- how the Irish Minister of Health managed to successfully introduce a smoking ban in public places;
- the position of the hospitality sector;
- the position of trade unions;
- the impact of smoke-free workplace legislation on workers;
- how ventilation as a means of controlling tobacco pollution exposure of workers is not enough;
- the economic impact of a smoking ban in bars and restaurants.

One strong message was that tobacco-control advocates should avoid becoming trapped in discussions about the economic implications of legislation, as it is a public health issue. ENSP members found the conference to be a good source of information and arguments for their own campaigns.

**23.06.2005 – EPHA General Assembly, Brussels**

**24.06.2005 – Meeting with BEUC in order to discuss a joint strategy for indoor air pollution, Brussels (see section above)**

**26.06.2005 – Meeting with the European Network for Workplace Health Promotion, Düsseldorf, Germany (see section above)**

**08.09.2005 – Meeting with the co-ordinators of the project HPs and smoking cessation** co-ordinated by Antonella Cardone and Peter Anderson to discuss the possibility of an inter-project website, Brussels (see section above)

**09.09.2005 – Second ENSH Network Meeting:** the ENSP was invited to present about the state-of-the-art of smoke-free policies at EU level and progress to date. The presentation also explained the complicated EU legislative system when it comes to tobacco control as Art. 152 excludes any harmonisation of legislation. Paris, France.

**12.09.2005 – Kick-off meeting of the Why People Smoke project, co-ordinated by MORI, London, UK (see section above)**

**16.09.2005 – Participation at the hearing for Health and Consumer Protection,** organised by the European Economic and Social Committee, Brussels

### **19-21.09.2005 - ENSP attended the second international French-speaking conference on tobacco control (CIFCOT 2) in Paris.**

The aim of the conference was to:

- reveal the strategies of the tobacco industry;
- share experiences and knowledge on efficient actions and means in tobacco control;
- promote tobacco control in treaties, programmes and development policies;
- establish plans for future tobacco control.

It gathered representatives of French speaking governments, tobacco control professionals, representatives of research organisations, universities, and of local, national and international NGOs involved in tobacco control.

The event was an important opportunity for ENSP to share experience with French, Canadian and African tobacco control advocates, and to tighten relationship with FCA and WHO representatives, among others.

During a workshop dedicated to the WHO Framework Convention on Tobacco Control, ENSP made a presentation on the importance of the NGO activities and on working in networks. ENSP also monitored another session dedicated to the alliances and coalitions.

The conference ended with publication of the "Paris Declaration".

### **17.10.2005 – Meeting with Smoke-free Liverpool to discuss the 2006 regional proposal, Liverpool UK (see section above)**

### **17-18.10.2005 – UK presidency summit on "Tackling Health Inequalities: Governing for Health"**

The aim of the conference was to set out the scale of the health gap within countries across Europe – and explore the scope for action on social and economic determinants of health, such as poverty, education and social welfare, as well as key health determinants including nutrition, smoking and alcohol.

The summit brought together European and international expertise to inspire European countries to develop effective strategies and policies to help reduce the health gap. A special focus was on the contribution of different sectors, across government and other agencies, to improving health for all.

The summit was an inspirational event, with keynote addresses from Ministers and leading international experts, specific workshops to share experience and develop policy, and opportunities to debate, discuss current issues and network with colleagues.

ENSP paid particular attention to develop contacts and knowledge within the Policy Development Group on illicit tobacco, counterfeit, smuggling and FCTC (Article 15).

On 22 November 2005 in Brussels, ENSP took part in the panel discussion "Health and Social Policy Issues" on the second day of an EHMA (European Health Management Association) training seminar for UK National Health Service (NHS) Directors. The purpose of this round table was to make a brief introduction about ENSP, fitting it into the wider social picture of the EU. The participants were expected to have already heard a lot about the EU institutions and policy-making (both for health and in general terms). Therefore the idea was to give them, through this panel discussion, the opportunity to fit specific issues into the wider context (the social model, enlargement, the EU and its neighbours/the EU in the world etc.) in a more practical way, like hearing how our network works: interactions with members, other NGOs, MEPs, institutions, within platforms, etc.

### **19.10.2005 – Consultative group on Environment and Health, Brussels, Belgium**

ENSP's work in this area and until the end of the action will consist in contributing to the paper on indoor air that will come out in this context on 16 December 2005 and informing the SCHER committee on the new ENSP strategy. The aim is to co-ordinate policy options between ambient and indoor air. The meeting provided a great opportunity to liaise with parallel

organisations and to discuss with the Commission, particularly DG Environment, about the new strategy.

### **26.10.2005- Health Impact Assessment Event, DG SANCO**

In a completely different activity, ENSP has shown once again this year determination not to be involved in meetings or discussions on health policies where participants are directly or indirectly involved with the tobacco industry.

ENSP received an invitation to participate in the Health Impact Assessment Event organised by DG SANCO on 26 October 2005. The event aims to develop guidelines for the EU health policies development in the future and it could have been a good opportunity for ENSP in order to propose some arguments to push tobacco control further on the EU agenda. But unfortunately, the panel discussion for the Scoping Paper on guidelines included participants in direct partnership with tobacco industry (in particular the European Policy Forum EPC chairman was invited).

For this reason ENSP president Trudy Prins addressed a position letter to General Director Mr. Robert Madelin (see annexes) in which she explained that, in order to be consistent with the ENSP main activities of smoking prevention and tobacco control, the network cannot take part in an event that assumes tobacco industry positions as determinants for structuring the future of health policies in any way whatsoever. In the letter, the ENSP President assures co-operation with the Directorate as had been the case until now, by contributing expertise and providing scientific arguments to create a foundation for establishing coherent policy guidelines.

**7-8.11.2005 - Open Forum**, organised by the European Commission and the European Health Policy Forum in Brussels. It consisted of plenary sessions and workshops. ENSP was asked to suggest people to attend. ENSP also had an exhibition stand and disseminated various publications and reports.

**09-10.11.2005 - Future Europeans conference** was held in Brussels and was organised by the European Public Health Alliance, UK West Midlands Region, North-West Region, Hampshire County Council, Southampton City Council, Surrey County Council, West Sussex County Council.

The themes explored during day 1 of the conference included:

- placing children at the centre of policies;
- implementing a new European strategy to protect children's rights;
- tackling health inequalities in early life;
- defining, understanding and measuring children's well-being;
- new WHO strategy on child and adolescent health and development;
- presenting the next steps for a child's policy for Europe;
- youth – as a resource for the future;
- child health inequalities: the added value of European comparisons.

Three workshops took place on day 1:

- Child-focussed local services;
- Overcoming disadvantage: Tackling health inequalities and social exclusion amongst young people;
- Early childhood years: a safe and sure start.

Day 2 examined the following issues:

- Health matters;
- Citizenship education;
- Citizenship video;
- Panel discussion with Claire Bisset, French Ombudswoman for Children.

Three workshops took place on day 2:

- Children's environment and health with a special focus on chemicals;
- Child consumers: the balance between protection and empowerment;

- Teenagers and young people, supporting healthy behaviour patterns.

#### **14-15.11.2005 – Eurohealth Med Forum, Barcelona, Spain**

This conference was organised on the occasion of the 10<sup>th</sup> anniversary of the Euro-Mediterranean Conference in Barcelona. Health was chosen as the first subject to treat and the conference was considered as a starting point for all the activities to commemorate the Barcelona process anniversary and to analyse developments to date.

Juan Ramón Villalbi, former president of the Spanish National Committee on Tobacco Prevention (CNPT), informed about the importance of ENSP's attendance at the meeting since there was a round table on tobacco control as a priority in the public health systems and several ENSP members were participating.

This round table was included in the agenda in one of the four debate topics. The event was developed in a 2-day conference on Health Systems in Europe/Mediterranean area. The 4 debate topics were:

- A. health models;
- B. e-health;
- C. free circulation (patients and professionals);
- D. digital medical imaging.

The most interesting round tables and seminars for ENSP to attempt were the following:

- A5 – Tobacco control: a public health priority
- B1 – e-health strategies and models of application

##### *Tobacco control: a public health priority*

The aim of the round table on tobacco control was to show national experiences on putting tobacco control as a priority in the public health agenda, and the role of health authorities in developing effective legislation. One of the key-speakers, Elif Dagli (Turkey) was unable to attend the meeting. The session centred on southern European practices (Spain, Italy and France).

The speakers were:

1. Juan Ramón Villalbi, Agencia de Salud Pública de Barcelona (E)
2. Julia González-Alonso, Ministerio de Sanidad y Consumo (E)
3. Gérard Dubois, Faculté de Médecine, Amiens (F)
4. Daniela Galeone, Ministero della Salute (I)

Spanish ministry representative Julia González-Alonso was very receptive to establishing new relations between ENSP and her ministry to strength tobacco prevention. ENSP's role was explained to her, as were possibilities to develop specific projects with a European dimension.

J. R. Villalbi mentioned on several occasions in his presentation ENSP's support for their work and capacity-building across Europe due to the platform of co-operation that ENSP is offering. He talked about the extremely important role of having European visibility and lobbying European actors.

He underlined the importance of the NGO sector as a key element for developing tobacco control policies under expert guidance. He said that politicians need an action plan with achievable objectives and organisations should give them possible scenarios to do it. He explained how important is to lobby and to do it well.

Daniela Galeone talked about Italian practices, based on the recent tobacco ban. She explained that diseases and consequence on Italian women were very high before imposition of the ban. She said that the ban is accepted, and the way they measured the impact of the new regulation was via hotlines.

Gérard Dubois highlighted industry manipulations and talked about the latest developments in tobacco regulation in France. He defended high prices and taxation as good ways of decreasing

prevalence, and centred on strong restrictions on publicity and distribution of tobacco products. He encouraged the French government to follow the Irish and Italian governments and similar practices.

Julia González-Alonso explained developments to obtain the current draft law regulating promotion, publicity and distribution of tobacco products in Spain. She explained that the ban will be enforced in every work and public place, and for the hospitality sector they will adopt a special regulation based on a ban in principle, but with certain exceptions allowed under specific circumstances.

### **21.11.2005 – Meeting with NHS (National Health Service, UK) Directors**

Within the framework of the Kind's Fund Training Programme for NHS Directors, ENSP was asked by the EHMA (European Health Management Association) to participate in the panel discussion "Health and Social Policy Issues" on the second day of our training seminar for UK National Health Service Directors.

The purpose was to give a brief introduction to smoking prevention, fitting it into the wider social picture of the EU. The participants had heard a lot about the EU institutions and policy-making (both for health and in general terms). So ENSP's participation intended to give them, through this panel discussion, the opportunity to fit specific issues into the wider context (the social model, enlargement, the EU and its neighbours, the EU in the world etc.) in a more practical way.

Furthermore, given that most of the participants were not familiar with the ways of Brussels, it was also interesting for them to hear how ENSP works: interactions with members, with other NGOs, with MEPs, with the institutions, within platforms, etc.

### **15.12.2005 – Meeting with the French ENSP coalition members, Paris**

The meeting was initiated and organised by the Alliance française contre le tabac. The ENSP secretariat was asked to supply to the French coalition members information on:

- What is a network? What for?
- ENSP and coalitions
- ENSP role & action
- HELP! For a life without tobacco
- European projects and European funding

The ENSP presentation was followed by:

- a presentation on the FCTC, by Laurent Huber (FCA)
- a presentation on the implementation of the FCTC in France and the role of INCA, by Sylviane Ratte (INCA)

Conclusions about ENSP presentation and discussions that followed:

- Those present were happy to receive an overview and learn more about ENSP, HELP!, and EU funding.
- They regretted to usually receive too few information. To this, the representative of the Alliance explained that most of the information they get is indeed generally transferred to the coalition members, but some of it is sent only to the potentially concerned members.
- For their part, the Alliance regretted to receive too limited feedback when asking for ideas, input etc.
- The participants are eager to co-ordinate at the regional level and enlarge their regional co-operation at EU level.
- However, the difficulties linked to the EC administrative procedures are considered as a break to their commitment.

### **6-10.02.2006 – Conference of the parties (FCTC), Geneva, Switzerland**

ENSP took an active part in the co-ordination and dissemination of up-to-date information among its members.

### **22.02.2006 – Public Health programme 2003-2008 Information day, Luxembourg**

The ENSP participated in the information day organised by the Commission in order to inform the candidates for funding of the procedures to apply for funding.

### **03.03.2006 – Euroscip co-ordination meeting, Brussels**

ENSP met the representatives of the organisations involved in the Euroscip III project (WP11) and to this opportunity to exchange information on the implementation of the project and on the administrative requirements linked with the grant agreement.

### **15.03.2006 - Negotiation of the 2005326 grant agreement with the EC, Luxembourg**

Presentation of the call for tender and the technical annexe

### **17.03.2006 - Multiple Motives Approach to Tobacco Dependence at the EU, Brussels**

ENSP staged a workshop in Brussels involving seven interdisciplinary experts. The experts presented their individual contributions to this project: nutrition; drugs and substances; mental health; physical activity; genetics; women and tobacco. The aim of this workshop was to give policy recommendations on treatment, cessation and communication.

### **05.04.06 - EU Health Policy Forum, Brussels**

ENSP participated in the Health Policy Forum. There were two workshops: one on patient safety and one on transparency. The forum was also devoted to a European Commission update on key policies, including social policy, labelling, new Health and Consumer Strategy and Programme and nutrition policy update.

### **16.04.06 – Consultative Group on Environment and Health, Luxembourg**

Under the Action Plan for Environment and Health 2004-2010, the European Commission undertook an extensive review of the current practice in integrating environment and health information in order to support policy development and evaluation. The aim was to identify whether current practice is adequate to identify emerging issues, assess the extent of environmental health problems, and evaluate policy options.

In this framework a consultative forum took place on 16.04.06 to discuss the progress made so far on the implementation plan and to discuss future plans.

The conclusions and discussions at the meeting were as follows:

- Data linkage: positive and negative experiences at Member State level; requirements for co-ordination at EU level; and to what extent guidance on priorities should be provided at EU level.
- Comments on the conclusions with regard to the main exposure routes (Part 2 section 2); cross-cutting issues (part 2 section 3) and prioritisation (part 2 section 5), with supporting evidence if possible.
- The second recommendation on human bio-monitoring, and in particular: which environmental pollutants should be focused on, including motivations; which national institutes would be involved at Member State level; what in principle would be the sources of co-funding at national and regional level; the draft mandate for the expert group on indoor air.

Following the Forum comments on the issues above, the EC is to issue a revised draft of the review.



**... Indicators at a glance**

<b>Deliverables for the activity period</b>	<b>Achieved</b>
Increase membership	In the course of the activity period covered by this report, ENSP membership had grown from 25 to 28 national coalitions comprising 666 member organisations.
12 coordination Meetings including Executive Board Meetings	<p>The ENSP Executive Board met six times during the report period: on 14.04.05, 29.06.05, 28.09.05, 01.03.06, 30.03.06, and 21.04.06.</p> <p>On 08.09.2005, ENSP met the co-ordinators of the project HPs and smoking cessation to discuss the possibility of an inter-project website and exchange information on the implementation of the project.</p> <p>On 09.09.2005, ENSP attended the Second ENSH Network Meeting and presented information on the state-of-the-art of smoke-free policies at EU level and progress to date. The opportunity was also to exchange information on the implementation of the project.</p> <p>On 12.09.2005, ENSP met MORI (London, UK) in order to launch and coordinate the survey 'Multiple Motives Approach to Tobacco Dependence at the EU'.</p> <p>On 03.03.06, ENSP met the representatives of the organisations involved in the Euroscip III project (WP11) and took this opportunity to exchange information on the implementation of the project and on the administrative requirements linked with the grant agreement.</p>

<p>1 ENSP network conference to promote consensus-building among European tobacco control advocates, provide information on scientific research, best practice, policy etc. and to encourage the exchange of information directly.</p>	<p>The ENSP Network Meeting in 2005 took place in Limassol, Cyprus from 14 to 16 April 2005 and was attended by about 90 persons from 26 countries. It was preceded by a one-day European Strategy Meeting on the implementation of smoke-free policies in Europe.</p> <p>A plenary session was devoted to the important theme of Healthy Lifestyles – a Multidisciplinary Approach to Tackle the Tobacco Epidemic on Friday, 15 April from 08:30 to 12:00 hrs. During this session, a reflection on the possible interaction of various health determinants took place, and how looking at the wider picture can contribute to tobacco control and smoking cessation.</p> <p>In the interests of providing a complete picture, it was explored how nutrition, mental health, exercise, genetics, and the underlying reasons of why people smoke interfere/interact in the uptake/quitting of smoking.</p> <p>The ENSP Network Meeting was also used to discuss two ongoing issues: the strategy and implementation of the work plan for the new media campaign and networking – how all can be pulled together.</p> <p>In addition, the budget allowed the organization of an ENSP General Assembly meeting on 21 April 2006. It was attended by 42 persons from 23 countries.</p> <p>The day was dedicated to the presentation of some activities of the year as well as of future possibilities, to a brainstorming on future strategy, and to legal requirements, mainly the election of a new ENSP Executive Board.</p>
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<p>5 visits to a selection of national coalitions and specialised networks and 4 visits to accession countries, in order to investigate further specific country issues and to provide personalised advice and encouragement, promote co-ordination between national and EU level advocacy.</p>	<p>On 18-19 August 2005 ENSP visited the Polish coalition. Different issues were discussed, i.a.: the administrative burden imposed by EC-funded projects, the need to put even more energy in the network and involve even more directly the coalitions in tobacco control actions, the procedure for the next Board and Presidency applications, the need to adopt a stronger position in order to better represent and defend civil society views, the importance of ENSP scientific and financial independence.</p> <p>The secretariat took advantage of its presence in Warsaw to attend a session of the Summer school on tobacco control and public health, organised by the Polish Health Promotion Foundation, the Framework Convention Alliance and the Open Society Institute. ENSP made a presentation on tobacco control in the Public Health Programme of the European Community and the involvement of a network like ENSP.</p> <p>On 16-18 November 2005 ENSP was invited to attend the "Seminar on new legislative orientations for smoking prevention and control" in Lisbon, which was organised in the frame of the national non-smoking day. It was a very good opportunity to present ENSP, its roles and its objectives to the participants.</p> <p>The future development and reinforcement of the Portuguese ENSP coalition was also discussed with the representatives of the CPT (Council of Smoking Prevention) and COPPT (Portuguese Confederation for Smoking Prevention). During the meetings, the interest shown by the representatives of the government and the NGOs for their activities to be strengthened within ENSP was very encouraging for the future.</p> <p>On 24 November 2005, at the invitation of ENSP's Polish coalition representative, ENSP made a presentation on building effective coalitions for tobacco control in the enlarged Europe, during the 7<sup>th</sup> Polish Conference on Tobacco or Health held in Radom, Poland.</p> <p>On 15 December 2005, ENSP met the French coalition members. The Alliance française contre le tabac asked ENSP secretariat to provide the French coalition members with information on:</p> <ul style="list-style-type: none"> <li>○ What is a network? What for?</li> <li>○ ENSP and coalitions</li> <li>○ ENSP role &amp; action</li> <li>○ HELP! For a life without tobacco</li> <li>○ European projects and European funding</li> </ul> <p>On 19 January 2006, ENSP met the Belgian coalition members and presented its roles and its objectives, together with the synergies developed with other European activities like the HELP! Campaign.</p>
<p>EOI co-ordination meeting</p>	<p>Unfortunately and due to the new financial and administrative rules from the Commission, the ENSP does not co-ordinate Framework Project applications any longer. This means that the expression of interest co-ordination meeting is no longer necessary.</p>

<p>Training seminar for new Member States</p>	<p>The ENSP was planning during the second half of the activity period an international conference "Perspectives of tobacco control policy in the Baltic states (Lithuania, Latvia, Estonia)", to be organised in co-operation with the Lithuanian coalition against tobacco.</p> <p>Baltic states from the former Soviet Union that have been independent for more than ten years are now facing a market economy and have more and more challenges solving problems related to public health. Baltic states have demonstrated quite strongly a common tobacco control position in the INB process for FCTC. Most of them have quite strong tobacco control legislation. The problem is that legislation is not well implemented. There is a strong tobacco industry, which plans to boost its markets in the Baltic states. The tobacco industry still has a huge potential for lobbying in governments, at least in Lithuania. Politicians are not highly motivated for strong tobacco control policy and the NGO movement in this field is still weak. Studies show that smoking among young people is still on the rise in the region. There is only a study in Estonia on tobacco economics. Many other measures recommended by WHO and WB (e.g. tobacco taxes, smoking cessation, social advertisement and others) are not fully implemented.</p> <p>This situation demonstrates a huge need for strong common political steps in the region. There is a need for a strong position in FCTC implementation. There is evidence on smoking prevalence and tobacco-related illnesses and deaths in the region that should be shown to politicians and mass media. There is a need for capacity-building in the NGO movement.</p> <p>An international conference could be good opportunity to bring together politicians, NGOs and media for discussion on tobacco control policy in the region. It could help motivate politicians for a strong FCTC.</p>
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<p>Attend 5 conferences and/or fairs, to acquire the necessary input and contacts on tobacco control issues and also to communicate on ENSP activities and results in the tobacco control community</p>	<p>20-23.03.2005 - Society for Research on nicotine and tobacco: 11<sup>th</sup> annual meeting, Prague, Czech Republic  19-23.03.2005 - ENSH Network Meeting: Network perspectives and development, Prague, Czech Republic  30.03.2005 - Negotiation of the 2004-2005 contract with the EC: Presentation of the call for tender and the technical annexe, Luxembourg  03.05.2005 - EFA "Fighting for Breath: a European patient perspective", Brussels  17.05.2005 - European Economic and Social Committee meeting with Head of Unit Mr Fritz, Brussels  12-14.05.2005 - Meeting of national counterparts for the European Strategy for tobacco control, Paris, France  26.05.2005 - Meeting with Commissioner Kyprianou, Brussels  02.06.2005 - Smoke-free Europe 2005 conference, Luxembourg  23.06.2005 - EPHA General Assembly, Brussels  24.06.2005 - Meeting with BEUC in order to discuss a joint strategy for indoor air pollution, Brussels  26.06.2005 - Meeting with the European Network for Workplace Health Promotion, Düsseldorf, Germany  08.09.2005 - Meeting with the co-ordinators of the project HPs and smoking cessation co-ordinated by Antonella Cardone and Peter Anderson to discuss of a possibility of a inter-project website, Brussels  09.09.2005 - Second ENSH Network Meeting, Paris, France  12.09.2005 - Kick-off meeting of the Why People Smoke project co-ordinated by MORI, London, UK  16.09.2005 - Participation at the hearing for Health and Consumer Protection organised by the European Economic and Social Committee. Brussels  19-21.09.2005 - Second International French speaking Conference on Tobacco Control (CIFCOT 2), Paris, France  17.10.2005 - Meeting with Smoke-free Liverpool to discuss the 2006 regional proposal, Liverpool UK  17-18.10.2005 - UK presidency summit "Tackling Health Inequalities: Governing for Health"  19.10.2005 - Consultative group on Environment and Health, Brussels, Belgium  26.10.2005 - Health Impact Assessment Event, DG SANCO  07-08.11.2005 - Open Forum, organised by the European Commission  09-10.11.2005 - Future Europeans conference, Brussels, Belgium  14-15.11.2005 - Eurohealth Med Forum, Barcelona, Spain  21.11.2005 - Meeting with NHS (National Health Service, UK) Directors  6-10.02.2006 - Conference of the parties (FCTC), Geneva, Switzerland</p>
<p>Increase the number of our mailing list</p>	<p>During the activity period covered by this report, the ENSP mailing list has increased by 5%.</p>

<p>Manage and regularly update the ENSP internet site and interactive e-mail conference to provide timely and relevant information and best practice on national, European and International tobacco control. The internet site also supports other ENSP network activities.</p>	<p>During this period, ENSP continued to develop and improve the dissemination of information through various information releases, a weekly news bulletin and by regularly updating the ENSP website with relevant and up-to-the-minute information.</p> <p>We gained statistical intelligence as to what parts of the ENSP internet site were the most visited and produced a strategy for re-organising the website in order to provide as much clarity and useful information as possible. A need to restructure the existing website was identified in order to: increase the added value to maximise interaction among ENSP members; create a more effective platform for providing news and information; group and focus existing materials more relevantly and in a streamlined way; make certain structural changes with the aim of removing out-of-date and no longer relevant information. It was decided that a total overhaul of the ENSP website was required. The new website was finalised in the course of the 2<sup>nd</sup> quarter of 2006.</p> <p>In addition, a report of national coalition activities, aim and objectives was compiled. This document is to help with the best practices and benchmarking of the European tobacco control advocacy efforts. Specifically, the individual activities of the coalitions were posted on the Internet site in the 'members only' sections, so that coalitions looking for support in the same area of work can refer to this section.</p>
<p>Publish a weekly European News Bulletin – review of tobacco related press, EU and WHO issues and relevant activities.</p>	<p>The following weekly European News Bulletins were published during this period: 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164.</p> <p>The format and content were improved, also giving more space to information about the EU institutions when possible.</p>

<p>Information releases, including fact sheets</p>	<p>The following information releases were published during this period:</p> <ol style="list-style-type: none"> <li>1. 17.03.05: EU Health Policy Forum, Brussels</li> <li>2. 11.05.05: 58<sup>th</sup> World Health Assembly (WHA) 16.05.05</li> <li>3. 17.05.05: Proposed Alliance Against Cancer by EU Health Ministers 13-14.05.05</li> <li>4. 18.05.05: New strategy and programme proposal from European Commission</li> <li>5. 26.05.05: Meeting with Commissioner Kyprianou – Debriefing</li> <li>6. 30.05.05: Picture Warnings on Tobacco Packaging</li> <li>7. 31.05.05: Press Release World No Tobacco Day 2005</li> <li>8. 01.06.05: WHO Press Release for World No Tobacco Day 2005</li> <li>9. 02.06.05: Evaluation of Smoke-free Bars and Restaurants in Norway</li> <li>10. 28.07.05: Tobacco Advertising Ban takes effect 31.07.05</li> <li>11. 28.07.05: First report on the application of the Tobacco Products Directive 2001/37/EC</li> <li>12. 31.07.05: Interview from El Mundo Salud (ES)</li> <li>13. 04.08.05: New tobacco fact sheets now available</li> <li>14. 24.08.05: 'España puede situarse...' (ES)</li> <li>15. 25.08.05: 'Señales de humo' - opinion article (ES)</li> <li>16. 06.10.05: Spanish anti-tobacco legislation due to come into force in January 2006</li> <li>17. 31.10.05: Implementation of the EU Directive on Advertising Ban – Status</li> <li>18. 31.10.05: Irish study of particle concentrations in Irish pubs</li> <li>19. 09.11.05: 'A safe cigarette will never exists (EN)</li> <li>20. 10.11.05: DKFZ passes ethical code on non-acceptance of tobacco industry funds for cancer research</li> <li>21. 10.11.05: Publication of new report 'Review of methods for monitoring exposure levels to SHS'</li> <li>22. 29.11.05: Brief for EU health Ministers: How to combat the illegal tobacco trade</li> <li>23. 01.12.05: Input from ENSP to the next Council meeting (Environment) on 02.12.05</li> <li>24. 31.05.06: Press Release World No Tobacco Day 2006 – "Most countries could improve their tobacco control policy score"</li> </ol>
<p>Support &amp; encourage legislation</p>	<p>The progress made throughout the whole FCTC ratification process was followed up with ENSP members in collaboration with ASH UK and the counterparts in the national coalitions. An updated ratification status table was regularly circulated among ENSP counterparts for continuous update.</p> <p>During its Annual Network Meeting in Cyprus (13-16 April 2005), ENSP also invited Laurent Huber, Director of the Framework Convention Alliance to give a presentation on the FCTC, with the aim of speeding up the ratification process in the different Member States.</p> <p>To date (31 May 2006) 169 countries have signed the FCTC and 133 have ratified the Treaty. 21 EU countries have ratified. The EC has also ratified.</p> <p>ENSP supported some countries like the Czech Republic, by sending a letter to the Minister of Health and the Foreign Minister endorsed by the ENSP members, urging the government to ratify without delay in the interest of the public health of all Czech citizens.</p> <p>Tobacco product directive</p> <p>Tobacco advertising directive</p>

	<p>Smoke-free places:</p> <ul style="list-style-type: none"> <li>- An ENSP research project conducted by Professor Clancy and Professor Goodman (see above pages), which aimed to assess the effectiveness of the smoking ban in Ireland demonstrated that concentrations of benzene prior to the smoking ban were 17.9 µg/m<sup>3</sup>, while post-ban measurements showed benzene levels of 4.1 µg/m<sup>3</sup>, which represents an overall decrease of 73.1%.</li> <li>- A review of the literature on markers of SHS exposure was carried out, in order to have a complete scenario of the available methods for measuring SHS exposure. It will contribute to better understanding the available methods for measuring ETS exposure, and which marker (or which combination of markers) is the most suitable for monitoring SHS exposure in public places. It might also constitute a contribution for the authorities which have to prepare the standards in order to assure acceptable SHS exposure levels in view of the introduction of the new European Laws to regulate smoking in public places.</li> </ul>
Summary of final reports	The summary of all projects under the previous ENSP grant agreement 2003307 was produced and widely distributed following the ENSP dissemination plan.
Publish at least 1 report (status reports, policy recommendations or other) in collaboration with experts and/or scientific advisors investigating specific tobacco control issues in depth.	ENSP released its report <i>The Tobacco Control Scale: A new scale to measure country activity</i> , compiled by Luk Joossens and Martin Raw, which was published in the June 2006 edition of <i>Tobacco Control</i> (BMJ Group).
Report German Coalition Professor F. Wiebel	<i>Approach to smoke-free workplaces in the European Union</i> The report focuses on the role of scientific evidence on the health hazards of passive smoking in approaching comprehensive legislation on smoke-free workplaces in the European Union. This is explored with respect to the use of the scientific knowledge base in promoting smoke-free workplace laws at the level of European Union Member States as well the European Community.
Organise seminars and activities for NGOs, in order to promote the work of NGOs and projects and to integrate new ideas and contacts into the	While capacity-building, networking and spreading information regarding events and possibilities of funding etc. is part of ENSP's day-to-day work, this particular objective is to be achieved most prominently through a seminar to be organised in February 2006 (see above). Unfortunately, the absence of one ENSP staff and the subsequent work load for the remaining staff have made this objective unattainable up to now. However, the work of the network and the project results have been largely publicised in different specialist magazines, on the ENSP website, via GLOBALink and the different events fairs and visits that the ENSP managed to achieve during the activity period. An information dissemination plan was strategically devised and serves as a guideline for all information dissemination activities of the ENSP.



contacts into the ENSP networking activities	
Produce final reports and co-ordinate with project partners	All final reports for the previous grant agreement 2003307 were produced and duly submitted to the EC, summary fact-sheets were also produced and widely distributed (see section above).

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