



Smoke Free Partnership

Response to the Discussion Document for a Health Strategy

The **Smoke Free Partnership** is a new strategic, independent and flexible partnership between the **European Respiratory Society**, **Cancer Research UK** and the **Institut National du Cancer**. It aims to promote tobacco control advocacy and policy research at EU and national levels in collaboration with other EU health organisations and EU tobacco control networks.



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1. Introduction

The Smoke Free Partnership is a new strategic, independent and flexible partnership between the European Respiratory Society, Cancer Research UK and the Institut National du Cancer. It aims to promote tobacco control advocacy and policy research at EU and national levels in collaboration with other EU health organisations and EU tobacco control networks.

The Smoke Free Partnership understands the Commission's need to seek ways of adding value to the Programme of Community Action in the Field of Health for 2007-13, following the significant budget cut (by approximately one third) from that initially projected in the April 2005 Commission proposal. The Smoke Free Partnership welcomes the opportunity to contribute to the development of the Strategy, in particular on practical issues about the definition of objectives, priorities and implementation mechanisms. However, given the resource constraints, we hope that the **overarching strategic framework** will be instrumental in convincing the Commission's other DGs and Member states to work closer and in cooperation, in order to improve health in Europe in the decade to come.

We hope that a good balance will be reached between improving health in its own right and valuing health as a key part of the solution to address other challenges facing Europe today (population ageing, social inequalities etc). We fully understand that health has a role to play in achieving Europe's full potential for prosperity, solidarity and security. It is in this spirit that we are responding to the consultation.

Response to Question 1: Part 1

How should we prioritise between and within all these areas to focus on those which add real value at the EU level?

Preparing for and responding to the tobacco epidemic adds real value at the EU level. It should therefore remain a core issue, but also needs to be tackled in partnership with other sectors as well as at global level. Indeed, the EC has signed the WHO Framework Convention on Tobacco Control (FCTC) and already acted effectively against tobacco smuggling in some Member States.

Even if much of the Community's policy on tobacco control has, so far, been initiated and developed by the Health and Consumer Protection Directorate-General of the European Commission, tobacco control policies can benefit from a broader focus, as has happened in the past. Indeed, since 1987, tobacco control strategies have fallen into four broad areas:

1. public health
2. taxation
3. health and safety in the workplace

Tobacco control policies can have a cross-sectoral impact and the SFP would urge the Commission to seek ways to develop partnerships and influence other policies in the following additional areas:



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1. research policy & tobacco control
2. pharmaceutical policy & tobacco control
3. enterprise, internal market and economic policy
4. environment
5. social policy/inequalities
6. cross border advertising and audiovisual policy

Action necessary in the Member States:

- In order to implement the FCTC, all Member States will need to develop and implement comprehensive tobacco-control strategies encompassing prevention, protection, cessation and harm reduction. Implementation of the FCTC should be according to the strictest standards possible within national constitutional limitations.
- Implementing comprehensive tobacco-control strategies will require much greater levels of investment in tobacco control across the EC. Evidence indicates that tobacco-control interventions are the second most cost-effective way to spend health funds, after childhood immunization¹. Recommendation: In recognition of the current low levels of funding for smoking prevention in Member States, it is recommended that Member States immediately increase per capita spending by €1-3²
- Implementing comprehensive tobacco-control strategies will also require much greater regulatory capacity and expertise. Recommendation: A preferred option is for Member States to create national dedicated agencies to coordinate the tobacco-control strategy. Such organizations could be situated within the ministry responsible for smoking prevention policy, a public health institute or be set up as an independent body³. An appropriate mix of regulatory skills would be necessary to reflect the diverse nature of tobacco regulation.

It is essential that all regulatory, scientific and advisory capacity at Member State level be demonstrably independent of tobacco industry influence

Actions which have real value at EU level:

General comment:

The European Commission has a clear role to play in coordinating and supporting strategies at national level and facilitating cooperation between Member State governments. This is critically important because of the transnational nature of the tobacco industry and the need to

¹ The ASPECT report. 'Tobacco or Health in the European Union - Past, Present and Future', European Commission 2004 - Page 19

² The CDC in the USA have set recommended levels at between €4.8-12.73 per capita for spending in the USA and these levels should be adopted in the EU. The ASPECT report. 'Tobacco or Health in the European Union - Past, Present and Future', European Commission 2004 - Page 18

³ The ASPECT report. 'Tobacco or Health in the European Union - Past, Present and Future', European Commission 2004 - Page 18



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facilitate an **exchange of information and the dissemination of best practice**. There are a number of cost-effective actions that can be taken at supranational level:

- **Regulation of nicotine and tobacco products:** There is a need for greater capacity to assess and regulate nicotine and tobacco products. At European level this could be provided by an increase to existing resources within the European Commission and/or **the establishment of a European tobacco and nicotine products regulatory agency**. **The expert consensus is that establishment of a European agency would be a proportionate and useful development. An agency of this type could use examples of pharmaceutical, cosmetic and food regulation to consider the effective regulation of tobacco products.** The remit of such an agency would include all aspects of tobacco and nicotine product design and marketing, as well as risk analysis and risk assessment. Ultimately, it could have powers to commission and carry out research into all aspects of tobacco and nicotine products, tobacco-control policy and interventions, and approve market authorisations for products. Until resources to establish an agency of this nature are in place, a multidisciplinary tobacco product regulation advisory committee should be set up urgently at European level to advise on tobacco regulation.
- It is essential that all regulatory, scientific and advisory capacity at European level be fully independent of all tobacco industry influence.
- **Research:** There is still a lack of EU level 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. A good current example is international tobacco project (www.itc.org) which is assessing key tobacco control interventions on smokers' behaviour. A research seminar should be convened at European level to assess EU and international tobacco research capacity, coordination and funding, and develop a **coordinated EU tobacco research strategy**. In the short term, until such a strategy can be developed and implemented, a number of immediate research priorities have been identified to clarify the true scale of the tobacco epidemic⁴:
 - improved surveillance data
 - harmonised methodologies for research, e.g. collection of prevalence and mortality data using standardised methodology
 - regular measurement of individual smoke exposure across populations
 - measuring the impact of tobacco-control policies, and interventions, including on gender and inequalities
 - patterns of quit attempts in order to assess treatment service needs

⁴ Lopez AD, Collishaw NE, Piha T. A descriptive model of the cigarette epidemic in developed countries. *Tobacco Control* 1994; 3: 242-247 www.who.int/tobacco/statistics/country_profiles/en/Introduction.pdf



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Response to Question 1: Part 2

Is there a means to use the Healthy Life Years indicator or other outcome measurements to give weight to areas on which the EU should concentrate?

The Commission does not explain the reason why the HLY indicators are chosen as opposed to **Disability Adjusted Life Years (DALYS)**. DALYS are still used by the WHO in order to calculate the sum of the years of life lost due to premature mortality in the population and the years lost due to disability for incident cases of the health condition (DALYS are used, for instance, in the WHO report on the global burden of disease⁵ and in the Green Paper “Towards a Europe free from tobacco smoke: policy options at EU level”).

The HLYs indicator is perhaps being examined in light of the Lisbon Strategy; in 2005, the Commission presented a new approach to the Lisbon strategy focusing on growth and employment. The set of Structural Indicators, developed to provide an instrument for the objective assessment of progress made towards the Lisbon objectives, includes **Healthy Life Years (HLY)**⁶. It would seem that the HLY indicator is mainly used in relation to healthy ageing.

The SFP agrees that the need to focus on increasing Healthy Life Years in the context of the Lisbon strategy is important, but we are not convinced that this indicator should be favoured above other health expectancy indicators such as DALYS or HALE (another indicator used by the WHO⁷). Although healthy ageing is important, particularly in the context of demographic changes and the potential impact this may have on the economic prosperity of the EU, the HLYs indicator should not be the sole instrument promoted at EU level in the future. This is especially important to ensure that comparisons can continue to be made between the EU and the rest of the world. We would refer the Commission to the *WHO Critical Examination of Summary Measures of Population Health* paper⁸ which examined this question in detail. For instance, the paper explains that summary measures relate to a range of potential applications. Eight uses are highlighted below:

- 1) *Comparing the health of one population to the health of another population.*
- 2) *Comparing the health of the same population at different points in time.*
- 3) *Identifying and quantifying overall health inequalities within populations.*
- 4) *Providing appropriate and balanced attention to the effects of non-fatal health.*
- 5) *Informing debates on priorities for health service delivery and planning.*
- 6) *Informing debates on priorities for research and development in the health sector.*
- 7) *Improving professional training curricula in public health.*
- 8) *Analyzing the benefits of health interventions for use in cost-effectiveness analyses.*

⁵ <http://www.who.int/healthinfo/bod/en/index.html>

⁶ HLY indicator is based on length of life (measured with mortality tables) weighted by quality of life (measured by self-perceived disability assessed by health surveys)

⁷ Global Burden of Disease and Risk Factors, see <http://www.dcp2.org/pubs/GBD>

⁸ [Discussion Paper 02: A Critical Examination of Summary Measures of Population Health \[pdf 105kb\]](#)
A Critical Examination of Summary Measures of Population Health



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The emphasis given to the HLY seems to be a major departure from agreed, widely used indicators.

Recommendation: The SFP recommends that a wider consultation process involving Member States, the WHO, the European Centre for Disease Prevention and Control (ECDC) the organisations responsible for the EHEMU database⁹, scientists and epidemiologists be organised by DG SANCO, so that a wider discussion can take place on the coordination, relevance, application and value of different indicators both at European and at global level.

Response to Question 2:

What should we realistically aim to achieve in practice in these areas of work? What broad objectives should we set for the short term and long term – 5 years and 10 years?

Over the next 10 years, relatively modest increases in the EC tobacco control policy budget could have a major impact in reversing the tobacco epidemic, not least by helping to lever additional funds from others. The SFP strongly recommends that, as a minimum, current resources should be secured, sustained for the long-term and targeted at the most effective smoking prevention measures. Resources should also be used to complement Member State actions at European level. The EU has the potential to lead the world both in protecting its own citizens' health against the toll of tobacco death and disease, but also on promoting best practice to the rest of the world.

Internationally, the Framework Convention on Tobacco Control (FCTC) carries the greatest hope yet to speed the demise of tobacco. To date 168 countries have signed the treaty and of these, 143 have ratified it through their parliaments. To ensure effective implementation in the new members states funding is urgently required.

Over the next five years the broad objectives should include the following:

1. Regular increases in tobacco taxes¹⁰
2. Supporting effective implementation of the Framework Convention on Tobacco Control (FCTC)
3. The successful implementation of smokefree legislation throughout Europe
4. Promote tobacco product regulation/harm reduction
5. Promote pictorial warnings and plain packaging
6. Spending on research to underpin EU tobacco-control policy needs to be increased
7. The introduction of reduced-ignition propensity cigarettes (RIP) based on the same standard as introduced in New York and Canada (ASTM International) E2187

⁹ http://ec.europa.eu/health/ph_information/indicators/lifeyears_database_en.htm

¹⁰ World Bank. Tobacco control at a glance. June 2003. www.worldbank.org/tobacco.



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1. Regular increases in tobacco taxes¹¹

- Differences in tax rates should be harmonised on the basis of specific rates as opposed to ad valorem.
- The tax on “roll your own” tobacco should be raised to prevent substitution towards this form of tobacco products.
- Tobacco should be removed from the Consumer Price Index.
- Increased international cooperation to coordinate taxation policies and combat smuggling is needed. The EC should develop European legislation building on the agreement between the European Commission, ten Member States and Philip Morris International (PMI) to combat smuggling and counterfeiting.

2. Supporting effective implementation of the Framework Convention on Tobacco Control (FCTC)

- In order to meet their FCTC obligations, all Member States will need to develop and implement comprehensive tobacco-control strategies encompassing prevention, protection, cessation and harm reduction. Implementation of the FCTC should be according to the strictest standards possible within national constitutional limitations.
- Early negotiation of an FCTC protocol on illicit trade, taking as a minimum the provisions of the EU-PMI agreement and any subsequent Directive based upon it, should be a priority for the EU to stem the huge losses to Member States and the Community from international tobacco smuggling¹².

3. The successful implementation of smokefree legislation throughout Europe:

- Please see response to question 3 regarding our response to the Green Paper: - Towards a Europe free from tobacco smoke: policy options at EU level .
- The CHOICE project managed by WHO identified smoke-free public places as the **second most effective form of intervention** to reduce the mortality and morbidity related to tobacco use, after tax increases¹³.

4. Promote tobacco product regulation/harm reduction:

The EC should seek ways to regulate and make public the comprehensive disclosure of the physical, chemical and design characteristics of all tobacco products¹⁴:

¹¹ World Bank. Tobacco control at a glance. June 2003. www.worldbank.org/tobacco.

¹² For a complete argumentation on this, see Chapter 3 page 106 and Chapter 2 - The ASPECT report. 'Tobacco or Health in the European Union - Past, Present and Future', European Commission 2004

¹³ WHO-CHOICE webpage: http://www.who.int/choice/results/tob_eura/en/index.html

¹⁴ For a complete argumentation on this, see Chapter 5 - The ASPECT report. 'Tobacco or Health in the European Union - Past, Present and Future', European Commission 2004



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- This should include, inter alia, the type of tobacco used, the way the tobacco is processed, ingredients added, product engineering, physical and chemical characteristics of the emissions of all tobacco products, the availability of nicotine and other psychoactive constituents, the mode of use and the behaviour of the user.
- In developing the strategy on tobacco product regulation, the EU should also take account the discussion around Article 9 of the FCTC.
- Directive 2001/37/EC should be improved by adopting the WHO's Study Group on Tobacco Product Regulation definition for ingredients.
- The tobacco industry should fully disclose additives used in their products according to the letter and spirit of the Directive. In view of the high risk associated with the use of tobacco products, such detailed information should take precedence over trade secrecy.
- Member States and the EC should agree a harmonised system for receiving the required information on ingredients and emissions from tobacco. This system should specify the exact form and content of the information to be transmitted, the methods for measurement that should be used, and that the data should also take into account synergistic effects of the ingredients. The information provided should allow comparability between different tobacco companies. A harmonised system should also be established for Member States to analyse, verify and then report this information to the European Commission.
- A common list of ingredients cannot be produced until scientifically agreed criteria have been drawn up to assess the toxicity and addictiveness of ingredients and their public health impact.
- Any future regulation of ingredients should be based on the principle that the substance is not toxic, does not enhance the addictive properties of tobacco products and does not make the product more attractive. Further research and analysis is needed to create scientifically sound criteria for any approval or prohibition of ingredients.

5. Promote pictorial warnings and plain packaging:

The EC should seek ways to encourage the Member States (for consistency) to adopt pictorial warnings on all tobacco products within the next two years.

- In the eventuality of slow progress regarding the Commission Decision¹⁵, the EC should consider making this aspect of the Directive 2001/37/EC binding legislation.

¹⁵ C (2006) 1502 final : COMMISSION DECISION amending Commission Decision C(2005) 1452 final 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



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- The library bank of images should be renewed regularly, and new warnings should be developed and introduced frequently: we know that for maximum impact, images need to be regularly rotated. Some of the current images in the library bank are quite ‘weak’
- In the long term (within 10 years) the whole cigarette pack should become a platform for mandatory health promotion messages. This would help to prevent consumers being misled into believing that products are significantly less harmful (as occurred with lower yielding cigarettes) and, therefore, continuing to use the products rather than attempting to quit.
- The requirement for tobacco manufacturers and importers to print tar, nicotine and CO yields on packs should be rescinded¹⁶ and the remaining space on packs should be reserved for health and consumer information messages to be agreed upon by the European Commission and Member States.

6. Promote plain packaging:

Whilst the inclusion of large pictorial health warnings will help to lessen the impact of Tobacco company branding, we believe the EC should encourage Member States to restrict tobacco companies to the plain, generic packaging of all tobacco products. Generic packaging - the use of plain packaging with only the name of the cigarette brand, health warnings and any other mandatory consumer information - is the next step in breaking the links between the tobacco industry and its consumers.

- This measure was widely debated in Canada and was recommended by the federal Standing Committee on Health¹⁷. In the UK, the House of Commons Health Select Committee also called for an assessment of the pros and cons of plain packaging in its report on the tobacco industry¹⁸.

7. Spending on research to underpin EU tobacco-control policy needs to be increased.

See page 4 of this response for more details

- The SFP argue for the need not just to spend funding on tobacco control itself but to support tobacco control efforts with research that underpins it by providing information for those developing policy¹⁹.

¹⁶ This recommendation was a conclusion of the 2004 EU conference in Limerick, Ireland (see Irish Presidency/European Commission. 'Change is in the Air: Future directions in tobacco control in the EU (Limerick, Ireland, June 2004), www.otc.ie/Uploads/Conference%20Recommendations.pdf). It was also a recommendation of the WHO TobReg (see World Health Organization Study Group on Tobacco Product Regulation. Guiding principles of the development of tobacco product research and testing capacity and proposed protocols for the initiation of tobacco product testing (in press)).

¹⁷ Standing Committee on Health. Towards zero consumption. Generic packaging of tobacco products. House of Commons, Canada, 1994.

¹⁸ The tobacco industry and the health risks of smoking. Health Committee. London, The Stationery Office, 2000

¹⁹ For a complete argumentation on this, see Chapter 4, page 158/162 - The ASPECT report. 'Tobacco or Health in the European Union - Past, Present and Future', European Commission 2004



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8. The introduction of reduced-ignition propensity cigarettes (RIP) based on the same standard as in New York and Canada (ASTM International) E2187.

In five years, the effects of the aims are:

For the successful implementation of the Framework Convention on Tobacco Control (FCTC)

- Implementation of the FCTC by all 27 EU Member States would have an impact on other tobacco control efforts. For instance, it would ensure that comprehensive tobacco advertising bans are enacted nationally, including bans on point of sale advertising. This would leave tobacco product regulation and workplace smoking restrictions as the two most urgent tobacco-control tasks facing the EC and Member States over the next decade.

For the successful implementation of smokefree legislation throughout Europe

- A steady increase in Smoke Free countries in the EU 27 (an increase of a minimum of three new countries per year).
- A reduction in passive smoking related deaths due to the successful implementation of smokefree legislation in Europe²⁰.
- An important indirect benefit of smoke-free policies is that they increase people's awareness of the dangers of active and passive smoking, contributing to the “de-normalisation” of smoking within society and increasing the number of people who successfully quit²¹.
- Impact on social equity: Smoke free policies could also help to reduce socio-economic inequalities in health. Given that the likelihood of being a smoker and being exposed to second-hand smoke is significantly increased for those who have a lower level of education, lower income and lower occupational class, action on smoke free environments will bring the biggest benefits to the most deprived groups in society²².

²⁰ Chapman S, Borland R, Scollo M, Brownson RC, Dominello A, Woodward S. The impact of smokefree workplaces on declining cigarette consumption in Australia and the United States. *Am J Public Health*. 1999 Jul;89(7):1018-23. Hopkins DP, Briss PA, Ricard CJ, Husten CG, Carande-Kulis VG, Fielding JE, Alao MO, McKenna JW, Sharp DJ, Harris JR, Woollery TA, Harris KW; Task Force on Community Preventive Services. Reviews of evidence regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. *Am J Prev Med*. 2001 Feb;20(2 Suppl):16-66. Review. Fichtenberg CM and Glantz SA. Effect of smoke-free workplaces on smoking behaviour: systematic review. *BMJ* 2002;325:188-191. Levy DT, Friend KB. The effects of clean indoor air laws: what do we know and what do we need to know? *Health Educ Res* 2003; 18: 592-609.

²¹ Wakefield MA, Chaloupka FJ, Kaufman NJ, et al. Effect of restrictions on smoking at home, at school, and in public places on teenage smoking: cross sectional study. *BMJ* 2000;321:333-337. Siegel M, Albers AB, Cheng DM, Biener L, Rigotti NA. Effect of local restaurant smoking regulations on progression to established smoking among youths. *Tob Control*. 2005 Oct;14(5):300-6. Farkas A, Gilpin E, White M, et al. Association between household and workplace smoking restrictions and adolescent smoking. *JAMA* 2000;284:717-22.

²² As stated in the Commission's Green paper on Smoke free Environment. Data from ITC (smoking ban on smoking at home Determinants and consequences of smoke-free homes: findings from the International Tobacco Control (ITC) Four Country Survey. R Borland, H-H Yong, K M Cummings, A Hyland, S Anderson, and G T Fong. *Tobacco Control* 2006; 15 (Suppl 3): iii42-iii50. doi:10.1136/tc.2005.012492)



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For the successful implementation of regular increases in tobacco taxes

- Higher tobacco taxes, translated into higher real cigarette prices, will lead to a decline in smoking prevalence, by reducing smoking initiation and increasing smoking cessation²³.
- Research indicates that when prices increase by 10%, total consumption of cigarettes decreases by 4%. An even larger effect can be expected among countries and socioeconomic groups with lower levels of income, and among youths. Price affects both smoking initiation and smoking cessation: 10% increase in cigarette prices can lead to a 3.4% increase in smoking cessation attempts among young adult smokers and can decrease the probability of smoking initiation between approximately 3% and 10% depending on how initiation is defined²⁴.

For the successful implementation of harm reduction/product regulation policy

- A reduction in smoking related deaths due to the successful implementation of harm reduction/product policies in Europe, notably on the percentage of the population who cannot or will not quit.

For the successful implementation of pictorial warnings and plain packaging on all tobacco products

- Increased awareness and understanding of the health risks of smoking and increased quit attempts.
- Plain cigarettes packs could significantly decrease the effectiveness of sponsorship promotions and make it much more difficult for consumers to make the association between the sponsorship and the brand. The standard colour required for plain packaging would also reduce the influence of any foreign advertising entering Europe and of any advertising people may have seen in the past. Now that most forms of tobacco advertising and promotion are prohibited in the EU, the cigarette pack remains a strong advertisement for cigarettes. As Cancer Research UK researchers concluded from a recent study of internal documents from the UK tobacco industry's principal advertising agencies "perhaps the most important channel is the pack itself...having identified their target market, manufacturers use all forms of communication, not just advertising, to approach them. Point of sale promotions, databases (one company claims to have over seven million names), and the internet are all mentioned. But perhaps the most important channel is the pack itself. Its value as both a communication tool and a "badge" is readily acknowledged and great care is taken to ensure that it continues to communicate the correct image)"²⁵

²³ WHO, Regional Office for Europe. The European Strategy for Tobacco Control (ESTC). Copenhagen, WHO, 2002.

²⁴ Paersch E. Caught between faith and fear. *Tob Journal* 2003; 4. Also see Chaloupka FJ, Hu T, Warner KE, Jacobs R, Yurekli A. The taxation of tobacco products. In: Jha P, Chaloupka FJ. Tobacco Control in Developing Countries. Edited Volume. Chapter 10. Oxford, Oxford University Press, 2000.

²⁵ BMJ 2000;321:366-71 - A day in the life of an advertising man: review of internal documents from the UK tobacco industry's principal advertising agencies - Gerard Hastings, Lynn MacFadyen



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For the successful introduction of reduced-ignition propensity cigarettes (RIP) based on the same standard as in New York and Canada (ASTM International) E2187.

- A significant proportion of the deaths, injuries and destruction of property could be prevented

Response to question 3:

Are there issues where legislation would be appropriate? What other non-legislative instruments should be used – for example, a process similar to the Open Method of Coordination? How can we make better use of Impact Assessment?

Legislative measures have been the backbone of the Community's tobacco control activities and this should remain so in the future.

In relation to smoke free policies and in accordance with the Limassol recommendations²⁶, the SFP has always maintained that Member States should be encouraged to introduce comprehensive smoke free legislation including **a total ban of smoking in the work place, including bars and restaurants, public places (including health and educational facilities) and public transport**. Successful implementation of smoke free legislation requires strong popular support. Use of the media to present the evidence in favour of smoke free workplaces is essential, followed by opinion polls on smoke free policies. A proper preparation and consultation process is needed which should take the form of both public and parliamentary debate.

The SFP is currently considering the Green Paper on Smoke Free Environments²⁷ and we cannot yet submit our responses to the issues raised in the document. However, we would like to congratulate the unit responsible for the Green Paper within DG Sanco for the clarity of the documents published on this topic so far. For instance, the informal consultation issued prior to the drafting of the Green paper was extremely useful, as it outlined the problem and gave a list of policy issues and options. All the most relevant issues were covered and all sections were well documented and researched.

Response to question 4:

How can different approaches be used and combined, for example approaches to different health determinants, lifecycle approaches, and strategies on key settings (education, the workplace, health care settings)?

In previous years, the European Commission has created a number of fora and Working Groups to promote exchange of best practice and dialogue between all relevant stakeholders. Coordination between different platforms and consultative forums, EC Directorate Generals and EU agencies should be improved and made more transparent. The SFP would also

²⁶ http://www.ersnet.org/ers/show/default.aspx?id_attach=14772

²⁷ http://ec.europa.eu/health/ph_determinants/life_style/Tobacco/Documents/gp_smoke_en.pdf



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welcome better coordination between the various EC for a (research and training, practices at workplaces, internal market, taxation, social inequalities, environment). Such collaboration would contribute to the development of a concerted action at EU/national level and implementation of the Lisbon agenda, whilst taking into account social and public health issues.

The SFP welcomes the creation of an EC database which includes all EU funded research, including relevance of the project to the different EU policy areas, objectives and outcomes. The database should be open to all those with an interest in EU projects and policies. The creation of such databases would facilitate access to the results of projects and their integration into policy making. If the creation of an EU database proves to be difficult, then thematic databases should be created. SINAPSE is a key example, a scientific information database for policy support in Europe set up by DG Research. The main objective of SINAPSE is to make better use of scientific knowledge in policy making <http://europa.eu.int/sinapse/sinapse/index.cfm>

Response to question 5:

How can we ensure that progress is made and that objectives are met? For example, should indicators or milestones be used? What measures or indicators could show real short term change, within early years of the strategy?

The SFP believes that milestones should be set and a mix of indicators should be identified to measure performance and implementation of the strategy. A mix of indicators should be used, according to the policy area being assessed. The Commission should carry out a yearly evaluation of the strategy, and a mid-term review should allow a revision of the objectives. A mix of input, outcome and impact indicators should be used to facilitate the review of the strategy and its objectives.

Objectives, milestones and expected outcomes should be ambitious but feasible.

Regarding Tobacco control:

Actions: EU

- Increase tobacco excise duties by harmonising tobacco excise duties upwards
- Encourage legislation banning smoking in all public and workplaces throughout the EU according to the highest standards
- Establish a European tobacco and nicotine product regulatory agency
- Promote tobacco product regulation/harm reduction:
- Promote pictorial warnings and plain packaging
- Spending on research to underpin EU tobacco-control policy needs to be increased.
- The introduction of reduced-ignition propensity cigarettes (RIP) based on the same standard as in New York and Canada (ASTM International) E2187.

International:



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- Support the implementation of the FCTC including development of effective protocols

Milestones

By 2008

- Commission proposal to amend the Directive 2002/10 with a view to harmonising tobacco excise duties upwards
- Increased spending on research to underpin EU tobacco-control policy needs to be increased

By 2009

- Adoption of FCTC protocol on smuggling and illicit trade
- Pictorial warning labels and generic packaging for all tobacco products

By 2010

- Comprehensive advertising ban including point of sale to be implemented in all Member States
- Legislation banning smoking in all public and workplaces according to the highest standards in place in more than 50% of the EU Member States
- The introduction of reduced-ignition propensity cigarettes (RIP) based on the same standard as in New York and Canada (ASTM International) E2187 throughout the EU

By 2012

- Development of an EU regulatory regime for tobacco and nicotine products
- Implementation of generic packaging for all tobacco products

Response to Question 6:

How do we ensure that the Strategy adds value to actions at Member State level? How can the responsibility for implementation be shared between the EU and Member States?

Even if the EU has no competence in the field of Public health (over and above article 152), the regulatory environment and legal base allow all MS to collaborate towards a common framework through the method of open coordination; In order to create a positive Community for Public Health, a Declaration from Health Ministers should be drawn up to establish a European Area for Health similar to the Bologna process and to ensure political commitment. All national health policies should have a strong European dimension, better coordination and financial synergies amongst themselves in order to support the EU Health strategy.



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National Health Strategies should take into account the EU Health Strategy and international initiatives, such as WHO strategy for the coming years, as well as initiatives from large donors such as the Open Society Institute and the Gates Foundation.

The responsibility for implementation should be shared according to competencies and should add value at local, regional, national and European level.

Response to Question 7:

How could methods for involving stakeholders be improved? How can we create innovative partnerships with stakeholders?

The SFP believes that good health can only be created on a platform of openness, strong science, good governance and civil society participation.

The SFP would like to stress that there are a wide range of health issues where Civil Society has a key role in undertaking actions which add value to and complement the work done by the EU and Member States in making European Citizens healthier and safer. The SFP notes this has not been sufficiently acknowledged in the document.

The SFP would like to congratulate DG Sanco for creating the Peer Review Group Stakeholder Involvement consultation process. The SFP welcomes this initiative as a transparent and useful process and recommends that other DGs engage in the same exercise. In this context, we would like to refer the Commission to the Civil Society Contact Group study on "Civil Dialogue, making it work better," which reviews and assesses NGOs' participation in the European project. Based on case studies analysing key moments of the EU public debate (such as the constitutional process and the Services Directive), the study is intended as a contribution to the heated debate on how to better connect the EU to its citizens²⁸.

Involving civil society at EU level should imply choices about who to include in the process and about the nature of the contribution they can make. In Tobacco control, the SFP would like to stress that Non-Governmental Organizations (NGOs) have played a leading role in combating tobacco use in many countries and, on a global level, were instrumental in ensuring the success of the FCTC negotiations. Recently negotiated treaties have recognized the crucial role played by civil society organizations in such treaty development and implementation²⁹. It is important for the EU to follow this trend and welcome the involvement of NGOs not affiliated with the tobacco industry. NGOs include some of the world's leading experts on tobacco control issues. Such organizations can serve as expert witnesses, educators, communicators and sources of new ideas and information for the EU and the Members States. Equally important, NGOs will be working in partnership with health ministries in most

²⁸ To download the study: Civil Society Contact Group website,
<http://act4europe.horus.be/module/FileLib/Civil%20dialogue,%20making%20it%20work%20better.pdf>

²⁹ http://fctc.org/iwg_cops/bp1.php



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countries to implement EU regulation and the FCTC. The FCTC recognizes the importance of NGO involvement³⁰.

We would like to reiterate that the tobacco industry MUST be excluded from tobacco control policy debates because of the unique role of its products in causing harm and because of its track record of deceptive behaviour³¹. The Framework Convention on Tobacco Control, FCTC, excludes the involvement of the tobacco industry in framing tobacco control policy precisely because the industry has fought for many years to undermine tobacco control, as industry documents uncovered through litigation in the US have revealed. It is also worth noting that the preamble to the FCTC recognises, *“the need to be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts and the need to be informed of activities of the tobacco industry that have a negative impact on tobacco control efforts”*. Article 5.3 goes on to state, *“In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law.”*

At the very least, Member States and the Community must ensure the fullest possible levels of transparency in all dealings with the tobacco industry. At best, effective tobacco control can only be achieved with high levels of political support. In “Enabling Good Health for all, A reflection process for a new EU Health Strategy” Commissioner Byrne called upon his successor to continue the fight against tobacco and keep smoking prevention efforts at the heart of Community health policy. A striking example of his support for tobacco control was his refusal to meet with representatives of the tobacco industry.³²

Q8: Further comments:

SFP recommendations:

- The SFP welcomes the focus of the Commission proposal on core issues, health in all policies and global issues, but stresses that much more needs to be done to put health at the centre of EU policies.
- The EU has the potential to lead the world both in protecting its own citizens’ health against the toll of tobacco death and disease, but also on promoting best practice to the rest of the world. The SFP recommends that, as minimum, current resources should be secured and sustained in the future and targeted at the most effective smoking prevention measures. Resources should also be used to complement Member State actions at European level. Over the next five years the broad objectives should include the following:

³⁰ COP 1 Briefing Paper 1 Recommended Rules for NGO Participation for the Conference of the Parties to the FCTC.

³¹ See for example: BAT’s Big Wheeze - <http://www.christianaid.org.uk/indepth/404bat/index.htm>
Hooked on Tobacco: <http://www.christianaid.org.uk/indepth/0201bat/index.htm> or BAT in its own words – The alternative BAT social report <http://www.ash.org.uk/html/conduct/pdfs/bat2005bw.pdf>

³² Enabling Good Health for all, A reflection process for a new EU Health Strategy, July 2004.



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- Regular increases in tobacco taxes³³
 - Supporting effective implementation of the Framework Convention on Tobacco Control (FCTC)
 - The successful implementation of smokefree legislation throughout Europe
 - Promotion of tobacco product regulation/harm reduction
 - Promotion of pictorial warnings and plain packaging
 - Spending on research to underpin EU tobacco-control policy needs to be increased.
 - The introduction of reduced-ignition propensity cigarettes (RIP) based on the same standard as in New York and Canada (ASTM International) E2187.
- The tobacco industry **MUST** be excluded from tobacco control policy debates. At the very least, Member States and the Community must ensure the fullest possible levels of transparency in all dealings with the tobacco industry.
 - The SFP recommends that a wider consultation process involving the Member States, the WHO, the ECDC, the organisations responsible for the EHEMU database, scientists and epidemiologists be organised by DG SANCO so that a wider discussion can take place on the coordination, relevance, application and value of different indicators both at European and at global level. Use of comparable indicators across all DGs should be required (preferably consistent with global indicators). Indicators used to prioritise policy issues should assess the relationship between cost-effectiveness and impact of different policy interventions.
 - To create a positive Community for Public Health, a Declaration from Health Ministers should be drawn up to establish a **European Area for Health** similar to the Bologna process. In order to ensure political commitment, the EC should encourage all national health policies to develop a strong European dimension, better coordination and financial synergies in order to support the EU Health strategy.
 - Coordination between different platforms and consultative forums, EC Directorate Generals and EU agencies should be improved and made more transparent.
 - Priority setting should be a joint venture. Member States and all relevant and credible stakeholders, including civil society should be involved.
 - Identification of impact indicators, as well as implementation indicators. All outcomes should be measured against objectives.
 - Objectives, milestones and outcomes should be ambitious but feasible.

³³ World Bank. Tobacco control at a glance. June 2003. www.worldbank.org/tobacco.