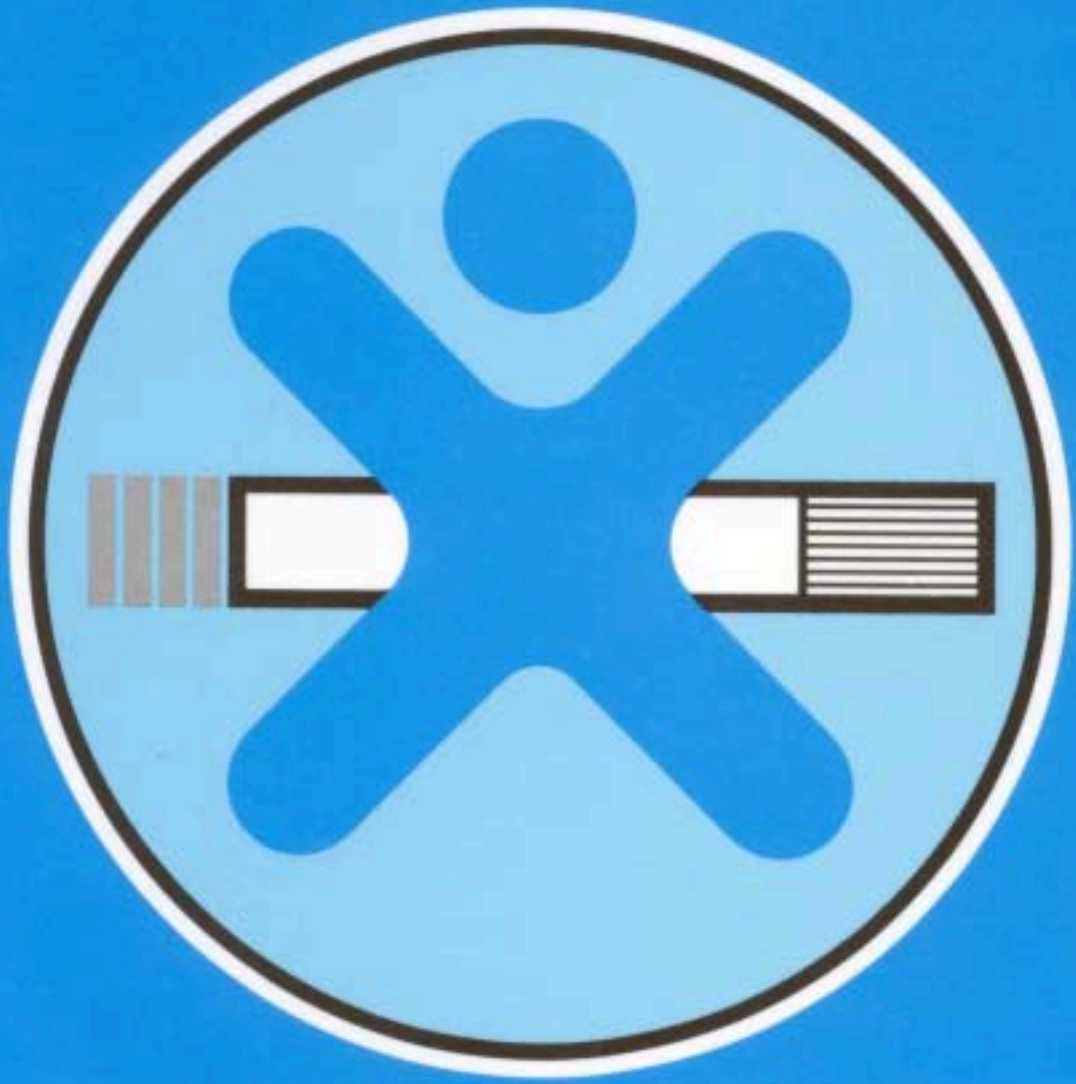
A 5 Year ACTION PLAN



Smoke free Europe

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE
COPENHAGEN

A 5 Year ACTION PLAN

Smoke free Europe

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REGIONAL OFFICE FOR EUROPE
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1

Presenting a Common Front Against Tobacco

In 1984, the 32 countries constituting the European Region of the World Health Organization (WHO) adopted for the first time a common policy for attaining health for all people living in the European Region by the year 2000. This European strategy, part of the world-wide movement called Health For All 2000, sets out 38 'targets' which are the minimum standards that European countries must reach if they are to significantly improve the health of their people by the turn of the century. In particular, target 16 addresses itself to standards for promoting 'positive health behaviour'. The focus here shifts from health-damaging behaviour to the concept of adopting habits that make possible a healthy, active and rewarding life. Steps to enhance health, such as proper nutrition, regular physical exercise and not smoking, are the basis of this target. Where tobacco is concerned, the suggested goal is that by 1995 in each country a minimum of 80% of the population should be nonsmokers, and tobacco consumption should be 50% lower.

For most of the countries of Europe, this is an ambitious goal that will not be achieved unless radical action is taken now. For that reason, the WHO Regional Committee, the health 'parliament' in Europe, decided that a special campaign should be established to promote the concept of Health For All through discouraging tobacco use. In September 1987, the Regional Committee unanimously passed a resolution adopting a set of measures - an 'Action Plan on Tobacco'[a] - designed to encourage different sectors of society to work together at local, national and international levels to help governments adopt comprehensive policies on tobacco to make the achievement of target 16 possible. What follows is a summary of this plan.

[a] 'Action Plan on Tobacco' (Document EUR/RC37/7) is available from the WHO Regional Office for Europe. The Regional Committee Resolution (Document EUR/RC37/R9) can be found as Annex 1 of this document.

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The many Facets of Tobacco

Cigarette smoking is the largest single avoidable cause of ill-health and premature mortality in Europe, where it is responsible for more than half a million deaths each year.[a] About 90% of all deaths from lung cancer, and 75% of those due to chronic bronchitis and obstructive lung disease[b] are caused by smoking, but tobacco use is also significantly related to cancers of the mouth, tongue, larynx, pharynx, oesophagus and urinary bladder. There is also evidence that it is a causal factor in cancers of the pancreas, kidney and cervix uteri. Moreover, cigarette smoking is a major contributing factor to cardiovascular disease, the leading cause of death in Europe.

The damage done to the fetus and the complications of pregnancy caused by smoking have been well documented. Children are also extremely susceptible to the effects of 'environmental tobacco smoke', that is, to smoky atmospheres. Compared to children of nonsmoking parents, children of parents who smoke have a greater frequency of respiratory infections, more respiratory symptoms and slightly lower rates of growth in lung function. It has now been established that exposure to environmental tobacco smoke also causes a substantial proportion of lung cancer cases in adult nonsmokers.[c]

In some European countries, a trend towards increased use of 'smokeless tobacco', especially among young people, is a cause of anxiety to those concerned with public health. Europe has been alerted to a potential health problem as new products of this type, which have been vigorously promoted in North America, are now appearing here. The use of smokeless tobacco is associated with a higher incidence of oral cancers, periodontal disease and other health problems.

Tobacco use is of major concern not only because of the ill-health and preventable mortality it causes, but also because it is a major social and economic issue. The use of tobacco is an established habit practised by millions of people in Europe. The social value of tobacco varies widely. In some social groups smoking and other tobacco use is strongly discouraged, whereas in others it is seen as an acceptable and even desirable part of social life. These factors strongly influence an individual's choice to smoke or not to smoke, and as result there are wide variations in smoking prevalence between social groups.

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Individual choices are also strongly influenced by powerful interests involved in the production and distribution of tobacco. Advertising and sponsorship of cultural and sporting activities by tobacco companies perpetually work to reinforce the social acceptability of the product and at the same time counteract health messages that try to present a more realistic picture of tobacco.

Nonsmokers are also affected by the social consequences of tobacco. Although the risk to a nonsmoker's health from breathing environmental tobacco smoke is small compared with direct smoking, the existence of this risk is real. Moreover, it has symbolic importance because it is a clear infringement of the nonsmoker's personal liberty. When they smoke in public, smokers put not only their own health but also that of others at increased risk. This knowledge has created an entirely new argument in the debate about the 'rights' of smokers versus those of nonsmokers, where clearly the latter's right not to have an increased health risk imposed on them must prevail.

[a] See Annex II. The estimated figure of 504 935 deaths in Table 1 is based on data from 27 Member States, or approximately 60% of the regional population and is, therefore, almost certainly an underestimate.

[b] Wald N. Smoking as a cause of disease. in Bennett A., ed. *Recent advances in community medicine.* Edinburgh, Churchill Livinstone, 1978, pp 73-84.

[c] *The health consequences of involuntary smoking: a report of the Surgeon General.* Rockville, MD, US Department of Health and Human Services, 1986.

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The need for a Comprehensive Approach

In most of the European Region, people now have some understanding of the risks to health of using tobacco, though research has shown that the dangers are seriously underestimated by smokers and nonsmokers alike. But some knowledge and an inclination to change are in themselves not always enough to prompt a behavioural change once the habit has become part of daily life and is still socially acceptable. The severity and complexity of the tobacco problem are such that educational measures alone have made little impact. It is therefore essential that countries should not rely only on educational solutions, but that they establish firm policies that make the individual's decision *not* to use tobacco the easier one to take. This must be achieved by influencing the cultural, social and economic factors that induce individuals and groups to use tobacco.

For example, all countries could take immediate action to ensure that health premises, including doctors' surgeries, hospitals, research establishments, and ministerial and other health administration offices, are smoke-free environments. It is extremely inappropriate that such premises should themselves be an unhealthy environment for nonsmokers. Health authorities should at the same time take steps to ensure that health care workers are encouraged to give up smoking, and are given practical help to do so. Programmes to help people give up smoking are often not well organized, do not meet people's needs and must, therefore, be improved.

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Concerted European Action on Tobacco: a pilot scheme

The attempt to bring about sweeping changes in European tobacco habits depends on the ability of institutions and individuals from all walks of life to accept their share of responsibility in this important public health issue and to work cooperatively with others in a concerted effort towards a common goal. Apart from reducing tobacco use, this effort should at the same time increase cooperation between national bodies, countries and intergovernmental and nongovernmental organizations. It must not be seen as a traditional anti-smoking campaign nor as an isolated effort: it is part and parcel of the Health For All movement and, if successful, will lead to other types of concerted European action to promote healthier lifestyles.

In that sense, this action is a pilot scheme. By adapting valid approaches and abandoning those that have not proved their worth, by working with different sectors involved in health promotion from the international to the national and local levels, and by utilizing existing networks and forming new ones, this Action Plan seeks to highlight suitable ways of attaining Health For All and for exploiting a new European unity in health policy.

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Healthy Public Policies

Steps have been taken in many European countries to inform the public of the risks of smoking. These information programmes have often been accompanied by a wide variety of compulsory or voluntary measures, such as restrictions on tobacco promotion, designed to reduce tobacco consumption. However, experience has shown that those countries that have been most successful in controlling tobacco consumption in the long term have had policies that harmonized and coordinated a wide range of collective and individual measures, involving both the public and the private sectors. Such comprehensive policies on tobacco would include the following measures:

- protection of nonsmokers and promotion of an environment free of tobacco smoke, especially in health premises, at work and in other public places;
- development of health education and public information;
- training of health personnel and other key professionals;
- practical help in giving up smoking;
- a tobacco price policy;
- restrictions on tobacco production, distribution and promotion;
- a process to evaluate and monitor all the above measures.

Obviously, the implementation of such national policies can only be achieved by governments. But one important step in advising and supporting governments to create an effective overall policy that addresses national target audiences is gaining the support and commitment of many sections of society. The Action Plan on Tobacco is a challenge to countries to find new avenues of communication and to involve all those concerned including:

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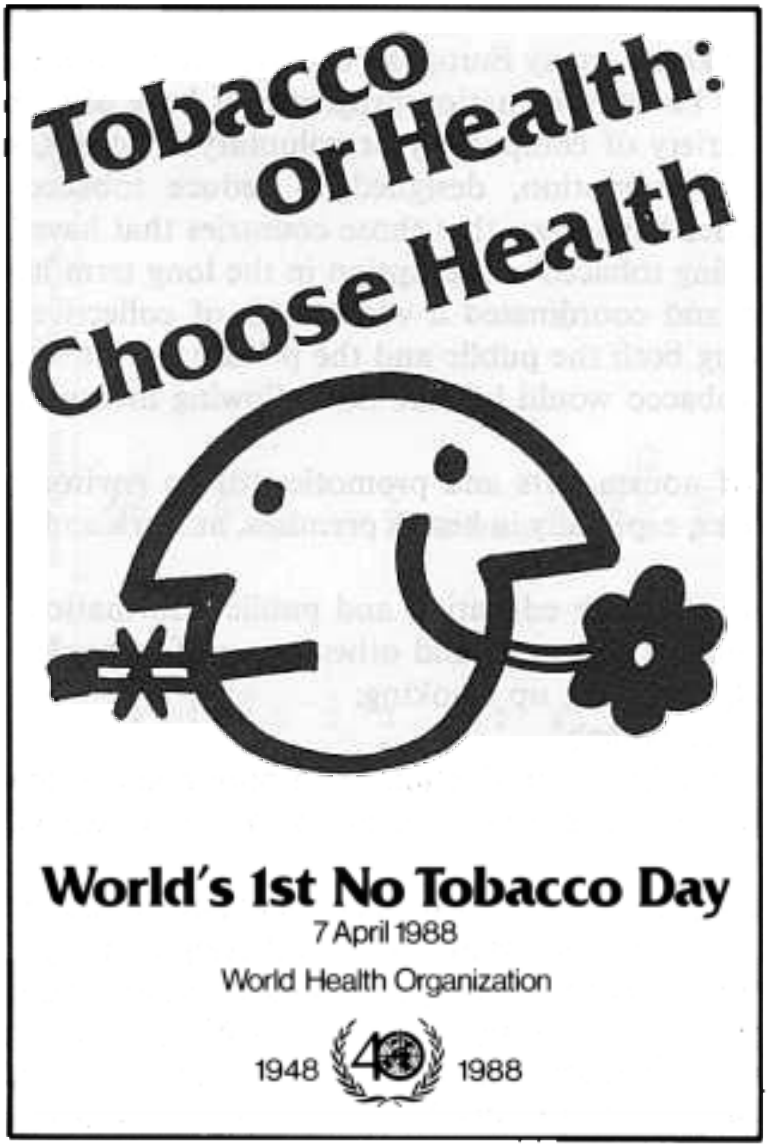
- health and other public authorities;
- health personnel and other key professionals;
- parliamentarians and politicians, both local and national;
- the educational system, from preschool to university and adult education;
- commerce, industry and agriculture;
- nongovernmental organizations including trade unions, voluntary groups and other associations;
- the media (the press, television, radio, cinema and theatre producers, directors and actors);
- and, of course, the general public.



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The Role of the European Regional Office of WHO

The WHO Regional Office for Europe has a special responsibility in this Action Plan on Tobacco. It must coordinate its efforts with WHO headquarters in Geneva to support and advise governments concerning their tobacco policies. Further, it must work with its already established network of experts, collaborating centres and nongovernmental organizations, and strengthen cooperation with other intergovernmental organizations to ensure international coordination. As a technical agency, it must also monitor and regularly evaluate the effectiveness of action taken.

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The Action Plan - its six objectives

The content of this Action Plan on Tobacco is grounded in the considerable knowledge and experience that has already been gained. For over a quarter of a century, efforts have been made to reduce and eliminate the harm done by tobacco. During that time, an unprecedented amount of medical and scientific data on the subject has been amassed; techniques to communicate the health message have been refined, even if there is still much work to be done; studies have been made of the social, economic and psychological aspects of tobacco use; and public policy decisions concerning tobacco have been widely debated. Any proposal to tackle the tobacco problem that failed to take advantage of this experience would be foolish and unrealistic.

To encourage cooperation and to increase knowledge and action at the international, national and local levels by the different sectors involved, the Action Plan has six objectives:

- development and implementation by individual countries of comprehensive policies on tobacco;
- expansion of cooperation among intergovernmental organizations;
- cooperation between WHO and nongovernmental organizations so as to increase awareness and knowledge and to support action in the different sectors concerned;
- promotion of information to the public;
- collection and dissemination of information available and projects undertaken in Europe;
- establishment of a European system of monitoring and evaluation.

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Objective 1

Development and implementation by individual countries of comprehensive policies on tobacco

'By 1989, Member States should have begun to implement comprehensive multisectoral policies on tobacco'

This objective forms the core of the Action Plan. The tobacco problem will be solved only if countries adopt and implement overall tobacco policies. Even the most cursory glance through the policy points listed above will show how much depends on the action of governments themselves; however involved journalists or physicians are in the struggle against tobacco, they cannot regulate the price of cigarettes or forbid their promotion.

The following are some of the steps the Regional Office will take towards attaining this first objective.

- Brief reports will be published giving up-to-date information on important policy issues such as tobacco promotion, pricing and new forms of tobacco products.
- 'Scenarios' will be proposed for different national policies on tobacco in Europe, with particular emphasis on legislation.
- A major European conference on tobacco will take place in Spain in November 1988. A European Charter on Tobacco, emphasizing the protection of nonsmokers, will be proposed by the conference.

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Objective 2

Expansion of cooperation between intergovernmental organizations

> 'By 1988, action should have been taken at the intergovernmental level, among other things, in order to promote the idea of restricting duty-free imports of tobacco products, establish common labelling (health warnings) and achieve smoke-free air travel'.

Many of the measures contained in a national tobacco policy imply action at the intergovernmental level – control of tobacco advertising on international media networks, labelling of products, international trade, duty-free imports, restrictions on smoking in public places governed by international regulations (e.g. aircraft), and taxation. An increasing number of intergovernmental organizations have expressed concern about the tobacco problem and are making recommendations for national and regional policies.

To support the implementation of national policies and to ensure maximum coordination, the WHO Regional Office for Europe will expand its collaboration with the International Agency for Research on Cancer and organizations such as the Commission of the European Communities, the Council of Europe, the Council for Mutual Economic Assistance, the Nordic Council, the International Civil Aviation Organization and other United Nations agencies such as its Food and Agriculture Organization (FAO). The Regional Office will call for urgent measures to control recently recognized toxic hazards, such as smokeless tobacco products, and those whose seriousness is only now being appreciated, such as environmental tobacco smoke.

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Objective 3

Cooperation with nongovernmental organizations

> 'By 1990, cooperation with nongovernmental organizations should have been established and co-production of technical documents should be under way'.

The Regional Office has always fostered awareness and knowledge through its various publications, meetings and contacts with the media. The challenge it now faces is to broaden the scope of its work and to address people from different disciplines in a large number of fields. To attain this objective, an effort must be made to inform and involve all the sectors of society mentioned earlier.

In each of these sectors, action can be taken at both individual and collective levels. For instance, health professionals can set a good example by not using tobacco themselves, and professional associations should give priority to advocating nonsmoking among their members. Health personnel can, and should, encourage and help their patients to stop smoking. Collectively, they can ensure that tobacco is not used on health premises and that their profession's views on tobacco are known to patients, decision-makers and policy planners. Widely based actions such as these within each section of society will strongly discourage tobacco use.

To achieve this third objective, the Regional Office will utilize existing links and will establish a special network to promote action on tobacco. It will work with international nongovernmental organizations representing the health professions, the women's movement, trade unions, sports associations, youth associations, consumer groups and others. WHO collaborating centres will be an important link in promoting action on tobacco, as will current WHO projects such as that on Healthy Cities and the Countrywide Integrated Noncommunicable Disease Intervention (CINDI) programme.

The Regional Office is already working with appropriate organizations to suggest measures of introducing information on the psychological and social, as well as the medical, aspects of tobacco use into the training of health personnel, teachers and other professionals.

In cooperation with national medical associations, the Regional Office is producing suggestions and techniques to raise physicians' awareness about the tobacco issue and to encourage them not to smoke, to counsel and help patients who smoke, and to encourage the profession's contribution to community action on tobacco. This same sort of cooperation will be developed with other professionals, such as nurses, teachers and social scientists.

The Regional Office is also planning projects with consumer groups and other bodies to raise awareness of tobacco as a consumer issue.

Objective 4

Promotion of information to the public

> 'By 1989, Member States should have launched national campaigns against tobacco along the lines of the European regional campaign'.

The success of the Action Plan ultimately depends on the involvement of the public. People are influenced by many factors such as social and political considerations and advice from health professionals, but information spread through the mass media is especially persuasive where social and cultural changes are concerned, as in the case of promoting nonsmoking as normal social behaviour. In addition to helping to convey health messages, television and film authorities should be made more sensitive to the influence, especially on young viewers, of popular characters and personalities smoking on screen.

Although campaigns directed at national priority target groups such as young people or women can only be implemented by national governments, nationwide campaigns can be enhanced by the adoption of an international symbol and a common communication strategy and by cooperation with European mass media networks to participate in high-profile media events. An example of such an event could be a nonsmoking day. The governing body of WHO, the World Health Assembly, has named 7 April 1988, World Health Day, as a nonsmoking day in order to emphasize the importance of tobacco use as a worldwide health problem.

The public information campaign will be flexible so as to take advantage of other events receiving media coverage. For example, the International Olympic Committee will be approached with a proposal to make the 1992 Olympic Games in Barcelona, Spain (like the 1988 Winter Games held in Calgary, Canada) a nonsmoking event. In addition to a complete ban on the promotion of tobacco products, such a plan should ensure that the areas where athletes live and compete should be a healthy, smoke-free environment.

Objective 5

Collection and dissemination of information available and projects undertaken in Europe

> 'From 1988, widespread access should be ensured to scientific, technical, economic and legislative information, as well as to information on current anti-tobacco projects'.

This objective is a necessary first step in attaining the other five objectives. Before beginning new activities in Europe, it is vital to assess and share the experience from projects already undertaken and to disseminate information about tobacco that has already been accumulated. Too often, whether at the local, national or international level, information is not communicated to others working in the same field. This sometimes results in duplication of effort, and the initiation of programmes that fail to take into account the achievements and problems of their predecessors.

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To promote rapid and reliable communication of information, the Regional Office will investigate ways of establishing a simple, accessible data base on tobacco that could utilize existing international data bases but supplement them with European data. Twenty-six countries in Europe have already agreed to report on local and national activities. Their reports cover the following subject areas:

- special legislation with regard to tobacco or smoking;
- taxation/price policy;
- professional training;
- public information campaigns;
- model studies (e.g. epidemiological and clinical studies and assessments of trends);
- health education programmes;
- available practical assistance to help people give up smoking;
- community-based programmes.

A sample of existing written and audiovisual material, including televised information on tobacco that has been produced for the general public will be published. Although not exhaustive, this listing will enable countries to see what others have done and will be made as practical as possible by indicating sources, contact persons and so on.

Objective 6

Establishment of a European system of monitoring and evaluation

> 'By 1989, Member States should be participating in a common European system of monitoring and evaluating anti-tobacco activities'.

The Regional Office has a special responsibility for monitoring the various components of the Action Plan and for helping countries to assess regularly their standing on tobacco. This evaluation will initiate a continuous monitoring

process of all the elements in the five previous objectives. The evaluation results will be incorporated into an easily accessible computerized system to ensure the rapid circulation of new scientific knowledge and to enable countries to make comparisons of their respective situations.

Among the tasks of this sixth objective are:

- developing indicators to assess the situation in individual countries;
- identifying and adapting surveys of target populations, such as health professionals or high-risk groups;
- publishing guidelines for studies to determine why people smoke;
- finally, reviewing progress made during the first five years of concerted European action on tobacco.

The Action Plan on Tobacco is a European response to a public health crisis: how to avoid the needless suffering and lost years of life caused by tobacco use. Decades of painstaking medical and other scientific research have shown how to eliminate a substantial proportion of deaths from cancer in Europe and to significantly reduce the risk of heart disease and other crippling conditions. At a time when so many other advances have been made in medical care and better environmental conditions, it would be simply tragic if we failed to use this knowledge and thereby missed a unique opportunity to increase life expectancy and enable people to lead a fuller, more rewarding life.

Timetable of the Action Plan

1987

In addition to the Regional Committee's endorsement of the Action Plan in September and its subsequent dissemination, the preparation of all the technical instruments required to help Member States adopt, implement and evaluate tobacco policies was begun in 1987. Special attention was paid to developing a standardized and coordinated system for collecting and exchanging the very different types of information on tobacco, including the establishment of an epidemiological monitoring system on tobacco consumption.

Specific activities with organizations such as medical associations, as well as studies of measures that could be taken immediately at the European level, are under way to draw public attention to the launch of the Action Plan. A meeting in November 1987 with European national medical associations discussed their direct contribution to the Action Plan.

At the request of the Regional Office, WHO headquarters organized an expert group in June 1987 which prepared a statement on the harmful effects of smokeless tobacco products.

Relations with the media will be strengthened, and the Regional Office will provide Member States and nongovernmental organizations with an eye-catching anti-tobacco logo for use throughout Europe.

An advisory committee will be established to assist the Regional Office in implementing the Action Plan.

1988

The principal event of 1988 will be the first European conference on tobacco to be held in Spain in November. The main aims of this conference will be:

- to mobilize all sectors in the countries of the Region, especially health and other public authorities and to consolidate action with intergovernmental and nongovernmental organizations;
- to mark the start of a regional medium-term public information campaign.

At this stage, a European Charter on Tobacco will be promoted and some exemplary measures, such as those concerning duty-free tobacco sales or nonsmoking in aircraft on European routes, could be announced. Guidelines should be established for formulating and implementing tobacco policies. Extensive studies and large-scale production of technical documents will be undertaken to support the different sectors involved in the Action Plan.

Bibliographies on the various subject ares will be made available.

A study will be made of a computerized system to monitor the various components of this action and to help countries in their regular assessments.

This will also be the year when all countries should start making health offices and institutions smoke-free environments, when unions and other organizations of health personnel should start smoking withdrawal programmes for their members, and when health services in countries should initiate smoking withdrawal services throughout the health care system.

1989

The main activity in 1989 will be the launch of a European information campaign. This campaign, carried out by countries and intergovernmental and nongovernmental organizations, will include a series of activities to promote nonsmoking as healthy behaviour. During the year, the Regional Office will support those countries that are adapting and implementing a policy on tobacco.

This is also the year where countries should start implementing laws and other regulations to make work-places and public places smoke-free environments, and when personnel in nongovernmental organizations and other sectors (e.g. teachers, journalists and trade unionists) should start developing smoking withdrawal programmes for their own members.

The European computerized system of monitoring and evaluation will be launched.

Further studies on tobacco issues will be published.

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1990

The public information campaign and all efforts to promote intervention will continue. At this stage of the Action Plan, implementation of most of the recommendations and measures already studied should be under way.

1991

The first results of evaluation, together with a review of the implementation of national policies on tobacco, should be used to prepare a second Action Plan for the period 1992-1995.

The public information campaign will continue.


RAUCHZEICHEN
NÃO FUME
NEM TUDO O QUE ARDE CURA!
SAĞLAM BİR İRADEYLE GÜÇLÜ BİR BÜNYE
sans tabac
prenons la vie à pleins poumons
Vil du dra på røyken resten av livet?
GYŐZ AZ EGÉSZSÉG!
BOR
AEAB
Nicht-Raucher
הבט עליו חשוב עליך..
אל תעשן
EL TABAC I ELS JOVES
EL CAS FUMAROLA
FUMAR E' CARETA
Maminko kouření mně škodí
HEL
YOUR
PATIENT
ROKEN... WAAROM ZOU IK
SIGARANIZ SÖNECEK
BEBEĞİNİZ GÜLECEK

ANNEX I

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA

ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

REGIONAL COMMITTEE FOR EUROPE
REGIONALKOMITEE FÜR EUROPA

COMITÉ RÉGIONAL DE L'EUROPE
ЕВРОПЕЙСКИЙ РЕГИОНАЛЬНЫЙ КОМИТЕТ

RESOLUTION

РЕЗОЛЮЦИЯ

Thirty-seventh Session
Bruges, 15-19 September 1987

EUR/RC37/R9
1589v

ACTION PLAN ON TOBACCO

The Regional Committee,

Mindful of the vast toll of premature death and needless suffering caused by the use of tobacco and of the increased health risk to nonsmokers when exposed to environmental tobacco smoke, recalling resolutions EUR/RC35/R7, EUR/RC36/R3, WHA31.56 and WHA33.35 on the HFA promotional campaign and smoking, and further recalling the full international support for World Health Assembly resolutions WHA39.14 and WHA40.38 and the European adoption of the regional targets for achieving health for all by the year 2000, target 16 in particular;

Noting document EUR/RC37/7 on the European Action Plan on Tobacco;

1. DECIDES to promote the full and rapid implementation of action against tobacco stemming from these commitments;

2. DECIDES, therefore, to strongly support the thrust of the European Action Plan on Tobacco as set out in document EUR/RC37/7 as a positive set of guidelines for Member States to follow;

3. REQUESTS the Regional Director to carry forward the Action Plan on Tobacco, using funds from the regular budget supplemented by the Regional Director's Development Fund as well as voluntary contributions;

4. ENCOURAGES Member States to promote measures to protect nonsmokers;

5. ENCOURAGES Member States to take an active part in measures carried out by WHO in connection with the celebration on 7 April 1988 of World Nonsmoking Day which would be a worthy contribution to the Action Plan;

6. ENCOURAGES health authorities and health personnel to work towards a situation where:

(a) all health premises, including health care institutions and the offices of health administrations, are free of tobacco smoke; and

(b) help for individuals to avoid or cease smoking is widely available throughout health and education services and in the work place;

7. Being aware of the leadership role of the health professions, URGES all organizations of health professions in Europe to develop, as a matter of urgency, broadly based smoking cessation programmes for their personnel;

8. REQUESTS the Regional Director to report frequently to the Regional Committee on progress in carrying forward the Action Plan and on any further measures he would recommend to extend the Plan, for instance in the area of transfrontier advertising.

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ANNEX II: Tobacco use in Europe

This annex contains some very basic facts about tobacco use, primarily concerning smoking, in countries of the European Region. It mentions the following topics.

1. An estimate of the number of deaths in Europe due to tobacco use.
2. Smoking patterns, including consumption of manufactured cigarettes and prevalence of smoking.
3. Legislative action to control tobacco use.

Table 1

Estimate of the number of deaths due to tobacco use in 27 countries of the WHO European Region, representing about 60% of the regional population[a]

Country	Year	Male	Female	Total
Austria	1985	5527	3354	8881
Belgium	1984	8905	2664	11569
Bulgaria	1984	6129	3215	9344
Czechoslovakia	1984	14693	7363	22056
Denmark	1985	5531	3311	8842
Finland	1984	4094	1900	5994
France	1984	25751	10102	35853
German Democratic Republic	1984	12393	6178	18571
Germany, Federal Republic of	1985	49572	26433	76005
Greece	1984	5305	1718	7023
Hungary	1985	10742	5541	16283
Iceland	1984	115	78	193
Ireland	1983	2754	1449	4203
Israel	1984	1416	859	2275
Italy	1981	39489	15324	54813
Luxembourg	1985	298	121	419
Malta	1985	115	54	169
Netherlands	1985	12140	3892	16032
Norway	1984	3046	1553	4599
Poland	1985	23858	7337	31195
Portugal	1985	3656	1778	5434
Romania	1984	12178	7907	20085
Spain	1980	14492	5738	20230
Sweden	1985	7104	4339	11443
Switzerland	1985	4299	1610	5909
United Kingdom	1984	60764	33916	94680
Yugoslavia	1982	9103	3732	12835
TOTAL		343469	161466	504935

[a] Estimate made by the Regional Office, based on the fact that tobacco is held responsible for about 90% of all deaths from lung cancer, 75% of bronchitis/emphysema deaths and 25% of all deaths from ischaemic heart disease. The estimate for each country is based on the most current data provided to WHO by the countries themselves.

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Smoking Patterns

Consumption

In the 26 European countries for which WHO has information, between 1976 and 1983/84 the per capita consumption of manufactured cigarettes increased by more than 10% in 11 countries, changed by less than 10% in 8 countries and decreased by more than 10% in 6 countries.

The average per capita consumption of manufactured cigarettes in 1985 was approximately 1800, the highest rate of the six WHO regions.

Table 2

Per capita consumption of manufactured cigarettes in 26 countries of the European Region

Country	1976	1984
Austria	1933	2046
Belgium	1843[a]	1596
Bulgaria	1766	1611[b]
Czechoslavakia	1562	1902
Denmark	1801	1646[b]
Finland	1203	1536
France	1659	1660
German Democratic Republic	1638	1713
Germany, Federal Republic of	2098	2009
Greece	2479	2757
Hungary	2473	2566
Iceland	1985	2296
Ireland	2322	1848
Israel	1450[c]	1614
Italy	1662	1863
Netherlands	2087	1710[d]
Poland	2604	2304
Portugal	1198	1354
Romania	1446	1591
Spain	1123	1680[b]
Sweden	1610	1462
Switzerland	2382	2385
Turkey	1837	2696
Union of Soviet Socialist Republics	1680	1612
United Kingdom	2372	1753
Yugoslavia	1931	2603

[a] 1977
[b] 1983
[c] 1980
[d] 1979

Source: *Tobacco journal international,* various years, based on net production data, corrected for imports and exports.

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Smoking Prevalence

The prevalence of smoking among males in Europe was at its highest in the early 1950s. In several countries, over 70% of the adult male population smoked and in one or two countries the figure reached as high as 90%. Smoking prevalence among women continued to rise in all countries from the 1950s until the mid-1970s, albeit to a lower level than that among men. Smoking prevalence tends to reach a maximum in both sexes in the 20- to 25-year age range. In several countries equal proportions of men and women are smokers at that age.

Table 3

Percentages of smokers in the population aged 15 years and over

Country	Year	Males	Females	Total
Austria	1984	40	21	30
Belgium (Flemish population)	1980	53	21	37
Czechoslovakia	1980	65	40	52
Denmark	1980	57	44	50
Germany, Federal Republic of	1984	47	29	37
Finland	1984	33	18	26
France	1983	50	29	40
Hungary	1980	50	25	38
Ireland	1981	38	32	35
Italy	1983	46	18	32
Malta	1983	56	20	38
Netherlands	1983	44	35	39
Norway	1986	39	31	34
Poland	1985	60	34	47
Sweden	1986	24	28	26
Switzerland	1981	46	29	37
United Kingdom	1984	36	32	34

Note: Percentages are approximate, since not all the denominator populations are strictly limited to persons aged 15 years and over – some limits are set at 18, others at 16 years.

Source: Compiled from various sources (EEC and WHO documents, replies from Member States) by the Epidemiology and Statistics Unit of the WHO Regional Office for Europe.

Legislative Action to Control Tobacco use

All of the countries comprising the European Region of WHO have taken some steps to curb tobacco use, but these measures vary widely in scope, application and effectiveness. There follows a very brief description of the main types of measures taken.[a]

a For a detailed review of legislation on this subject see: Roemer, R. *Legislative action to combat the world smoking epidemic*, Geneva, World Health Organization, 1982; and Roemer, R. *Recent developments in legislation to combat the world smoking epidemic*, Geneva, World Health Organization, 1986.

Table 4

Legislative action to combat smoking in the European Region

Country	Promotion	Package information	Levels of harmful substances	Sales to adults	Smoking in public places	Smoking in workplaces	Smoking by minors	Mandatory health education
Austria	*	WNT			*	o		*
Belgium	**W	WNTC		o	**	o	o	*
Bulgaria	***	W		o	**	o	o	**
Czechoslovakia	***	W			*			**
Denmark	(**)	(WNT)			*			*
Finland	***	WNTC	o	o	**		o	**
France	**	WNT			**	o	o	**
German Democratic Republic	***				*		o	
Germany, Federal Republic of	**	WNT				o	o	
Greece					*			*
Hungary	**	W			**			**
Iceland	***	W			**		o	**
Ireland	**	W						
Israel		W			**			
Italy	**				**		o	
Malta	*							
Netherlands	*	WNT						
Norway	**	W(NTC)				o	o	
Poland	***				**	o		
Portugal	**	WNT			**		o	
Romania	***				**			
Spain	*	W	o		*	o	o	
Sweden	(**)	WNTC			(*)	o		**
Switzerland	*	WNT						
Turkey		W			*			
USSR	***	W			**	o	o	**
United Kingdom	(**)W	(WT)	(o)				o	
Yugoslavia	***							

Source: Roemer, R. *op. cit.*

Key to Symbols used in Table 4

*** = total (or effectively total) ban)
** = 'stringent' control measures) see criteria below
* = 'moderate' control measures)
o = other control measures (stringent/moderate distinction not applicable)
W = health warning required
N = indication of nicotine level required
T = indication of tar level required
C = indication of carbon monoxide level required
( ) = provisions laid down by voluntary agreement, not by legislation

Criteria for Assignment of Symbols

Promotion	*** =	a total (or effectively total) ban on advertising of tobacco products (in some cases included in a ban on advertising of all commodities)
	** =	extensive restrictions in several media
	* =	minor restrictions, or major restrictions in one medium only
Smoking in public places	** =	a wide range of restrictions clearly dictated by health considerations
	* =	a limited range of 'traditional' restrictions, or an undefined ban 'in public places'
Mandatory health education	** =	a broad health education policy (especially if funds are expressly allocated)
	* =	health education directed at one or more target groups (e.g. pregnant women)

How to read the table

Looking at Belgium, for example, Table 4 shows the country has 'stringent' controls on tobacco promotion and requires a health warning; the health warning is shown on packages as well as a notation of the tar, nicotine and carbon monoxide yields; there are some restrictions on tobacco sales to adults; there are wide-ranging restrictions on smoking in public places; there are measures to protect workers' health and to discourage smoking by minors; health education is mandatory.

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Advertising and Promotion of Tobacco

Legislation to control tobacco promotion is the most common legislative action on tobacco. This is, perhaps, a recognition of the power of advertising to recruit new smokers and to maintain those already established in the habit.

Tobacco advertising and other means of promotion, such as sponsorship of sporting events by tobacco companies, allow these products to be associated with images of glamour, wealth, success, excitement and even health. The wealth of the tobacco industry allows it to effectively counteract health education and public information measures.

Twenty-five countries in the European Region have some sort of restriction on tobacco promotion. This includes the socialist countries of Eastern Europe which have no advertising of any product or service. In Europe only Finland, Norway and Iceland have legislated for complete tobacco advertising bans.

Health warnings

on tobacco packages in Iceland according to regulation no. 499/1984

1. Smoking during pregnancy endangers the health of mother and child.

DIRECTOR GENERAL OF PUBLIC HEALTH.

2. Smoking may damage your arteries and cause heart attack.

DIRECTOR GENERAL OF PUBLIC HEALTH.

3. Protect children from tobacco smoke.

DIRECTOR GENERAL OF PUBLIC HEALTH.

4. If you stop smoking you improve your health and increase your life expectancy.

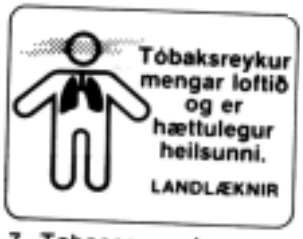
DIRECTOR GENERAL OF PUBLIC HEALTH.

5. Smoking is a health problem you can help to solve.

DIRECTOR GENERAL OF PUBLIC HEALTH.

6. Hundreds of Icelanders die each year due to smoking.

DIRECTOR GENERAL OF PUBLIC HEALTH.



7. Tobacco smoke pollutes the air and is a health hazard.

DIRECTOR GENERAL OF PUBLIC HEALTH.

8. Snuff and chewing-tobacco may damage the mucous membranes.

DIRECTOR GENERAL OF PUBLIC HEALTH.

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Health Warnings

Twenty-one countries in the European Region require health warnings on cigarette packs and a few – Finland, Iceland, Ireland and Sweden – require warnings on all tobacco products.

Following an initiative by Sweden, a number of countries now have multiple or 'rotating' health warnings. These warnings are either attached to various types of product or express the health hazards of tobacco in a variety of ways. It is thought that changes in the wording of warnings are more likely to attract the attention of smokers. The following countries have adopted rotating health warnings.

Finland – all tobacco products, including cigarette rolling paper, have warnings.

Iceland – eight warnings concerning smoking, oral tobacco use and passive smoking are accompanied by illustrations to reinforce the messages; warnings must appear on the front or reverse of the pack, not merely on the side.

Ireland – five different warnings are designated on cigarette packs, pipe tobacco, cigars and smokeless tobacco products.

Norway – twelve different warnings appear on cigarette packs.

Sweden – sixteen different warnings concerning smoking, oral tobacco use and passive smoking are displayed on all tobacco products.

United Kingdom – six different warnings appear on cigarette packs.[a]

In countries where tobacco promotion is allowed, health warnings sometimes also appear on cigarette advertisements.

[a] Roemer, R. *op. cit.*

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Public Places and the Workplace

With the accumulating knowledge about the danger to health of passive smoking and the growing resistance of many nonsmokers to be subjected to the discomfort of breathing other people's tobacco smoke, restrictions on smoking in public places are becoming more common in Europe, as in other parts of the world.

Nineteen countries in the European Region have enacted legislation to control smoking in public places. After legislation restricting tobacco promotion, this is the second most common type of regulation in this field. Legislation in the various countries varies in scope, but it is most common to restrict smoking under special circumstances such as in health premises or schools.

Tobacco Sales to Young People

A variety of measures have been adopted to make it more difficult for children to smoke. These include steps to prohibit the sale of tobacco to young people, to control sales from vending machines, and to prohibit smoking by children and adolescents in certain places such as schools. Thirteen countries in the European Region have enacted such measures including six (Finland, Iceland, Norway, Spain, USSR, and the United Kingdom) which forbid the sale of tobacco products to people under the age of 16 years.

World's 1st No Tobacco Day
7 April 1988

World Health Organization • Regional Office for Europe • Copenhagen

Health for all