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#### EUROPEAN STRATEGY FOR TOBACCO CONTROL

This document contains the draft European Strategy for Tobacco Control (ESTC), which builds on the guiding principles set out in the Warsaw Declaration for a Tobacco-free Europe and the lessons learnt from assessment of the previous three European Action Plans (1987–2001). The structure and content are consistent with the strategic approach of the Framework Convention on Tobacco Control.

This draft was prepared by a drafting committee of national counterparts/representatives of Member States, in cooperation with staff from the WHO Regional Office for Europe, and was reviewed and finalized at a meeting of national counterparts held in The Hague on 24 and 25 May 2002.

The draft European Strategy for Tobacco Control, accompanied by a draft resolution, is submitted for the Regional Committee's consideration.



## Summary

The European Region of WHO, with only 15% of the world's population, faces nearly one third of the worldwide burden of tobacco-related diseases. At the end of the 1990s tobacco products were responsible for 1.2 million deaths (14% of all deaths), and unless more effective measures are implemented it is estimated that they will cause 2 million deaths (20% of all deaths) each year by 2020. While it has fallen from 45% to 30% over the past 30 years and has currently stabilized, smoking prevalence in the European Region still remains at a level that is devastating for public health and future generations. The negative trends in smoking prevalence among young people, women and lower socioeconomic groups, as well as the gap in tobacco control policies between Member States, are of a particular concern.

To strengthen action and sustain progress, at the WHO European Ministerial Conference for a Tobacco-free Europe (Warsaw, 18–19 February 2002) Member States committed themselves to developing the European Strategy for Tobacco Control (ESTC) and declared their strong support for a comprehensive Framework Convention on Tobacco Control.

The ESTC builds on the guiding principles set out in the Warsaw Declaration for a Tobacco-free Europe, the lessons learnt from assessment of the three consecutive European Action Plans (1987–2001), and the evidence underpinning policy development, implementation and outcome at national, regional and international levels. The structure and content are consistent with the strategic approach of the Framework Convention on Tobacco Control.

The ESTC's principal target is to obtain a realistic and substantial increase in the rates of not taking up and of quitting smoking, in order to at least double the average annual reduction of smoking prevalence in the Region, which currently stands at nearly 1%, and to ensure citizens' right to a smoke-free environment. The Strategy will contribute to building and reinforcing the social environment for a tobacco-free Europe.

To achieve such progress most countries should go beyond their current approach to tobacco control; national action plans, policies and legislation should reflect internationally agreed principles and measures; and stronger international cooperation, supported by specific mechanisms, tools and time frames, should contribute to effective Region-wide action.

The ESTC sets out strategic directions for action in the Region, to be carried out through national policies, legislation and international cooperation. The ESTC recognizes that Member States and the European Community, when applicable, will have to adopt different sets of measures, based on their concrete needs, resources, and the stage they have reached with their tobacco control policy, according to a realistic time frame. The measures included in the Strategy cover the areas of reducing the demand for tobacco products (price and taxation, smoke-free environments, bans on advertising, promotion and sponsorship, information, training and public awareness, smoking cessation, product control and consumer information) and the supply of such products (illicit trade, availability to young people, tobacco subsidies). The ESTC also sets out recommendations regarding monitoring, evaluating and reporting on tobacco use and tobacco control policies. Finally the ESTC specifies mechanisms, tools and milestones for international cooperation; these include Region-wide political commitment, strengthening national capacity, promoting international coordination, and information exchange, technical cooperation and monitoring.

The European Strategy for Tobacco Control reflects the increased political commitment to, and public health expectations for, tobacco control in WHO's European Region and provides an evidence-based framework and guidance for effective national action and international cooperation.



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## Introduction

1. Since 1999, the climate for tobacco control has changed considerably. The negotiations for the Framework Convention on Tobacco Control (FCTC) have opened the door to global agreements that aim to reduce tobacco consumption and the related death toll worldwide.
2. In 2002, smoking prevalence still remains at a level unacceptable for public health, while in most countries tobacco control policies are not high on the political agenda, and they lack sustainability and comprehensiveness. Owing to its longest exposure to tobacco smoking, the European Region of WHO, with only 15% of the world's population, is facing nearly one third of the worldwide burden of tobacco-related diseases. Europe also has extensive experience of international cooperation for tobacco control. This background justifies and facilitates the development of a renewed European Strategy for Tobacco Control, as being of special importance and relevance for the Region.
3. At the WHO European Ministerial Conference for a Tobacco-free Europe (Warsaw, 18–19 February 2002), Member States committed themselves to developing the European Strategy for Tobacco Control (ESTC) and declared their strong support for preparing a comprehensive FCTC. The countries also agreed to work towards a set of integrated tobacco control measures and international responses to the tobacco epidemic. According to the Warsaw Declaration, the most important components of comprehensive policies with measurable impact are: high taxes, bans on tobacco advertising, sponsorship and promotion, protection against involuntary exposure to environmental tobacco smoke in public places and workplaces, access to cessation measures, and strict controls on smuggling.

## Previous action plans for a tobacco free-Europe (1987–2001)

4. In 1987, Europe was the first of WHO's regions to take the initiative of launching a five-year action plan for a smoke-free Region. Since then, three action plans have set targets for tobacco control, addressing all essential aspects of tobacco control policy.
5. The First European Action Plan on Tobacco 1987–1991 called for a comprehensive and multisectoral approach. It also urged countries to monitor and evaluate their anti-tobacco activities. In 1988, the First European Conference on Tobacco Policy (held in Madrid) set out directions in a Charter for a tobacco-free life, supported by ten detailed strategies for achieving a tobacco-free Europe. By the end of 1991, 20 countries had adopted or amended tobacco control policies but only 12 countries, mainly in western Europe, saw a decrease in tobacco use. Overall, smoking prevalence increased among young people and women. The numbers of tobacco-related deaths were expected to increase, reaching more than 1.2 million Europeans annually by the year 1995.
6. The Second Action Plan for a Tobacco-free Europe 1992–1996 aimed to increase the financial commitment to and national capacity for tobacco control and recommended intensive cooperation with countries in central, eastern and southern Europe. This new strategy document emphasized the importance of building alliances to support tobacco control policies. It specified priorities regarding the promotion of a smoke-free environment, nonsmoking behaviour among young people and cessation activities. Apart from in most member countries of the European Union (EU), its implementation was rather poor. In the central and eastern parts of the Region, the transnational tobacco companies (taking advantage of the economic and social changes) were acquiring interests in local tobacco production and increasing advertising for their products.
7. By the end of 1996, the number of male adult smokers in the Region had stabilized, while smoking among women had increased. Western European countries were adopting stronger control measures on advertising, labelling and taxation, with smoking decreasing in 14 countries, but these advances were offset by increasing smoking prevalence and related deaths in the central and eastern part of the Region.

8. To ensure that more effective action was taken than had been the case in previous years, the Regional Committee for Europe at its forty-seventh session adopted the Third Action Plan for a Tobacco-free Europe for the period of 1997–2001. It was based on an evaluation of the outcome of the first and second Action Plans, the evidence available, and World Health Assembly resolutions calling for the implementation of comprehensive tobacco control policies. The new Action Plan set specific targets to be achieved in Member States in the areas of pricing, availability, advertising, control of smuggling, product regulation, smoke-free environments, support for smoking cessation, public education and information, and establishing national action plans, coordinating committees and monitoring mechanisms. The Action Plan highlighted the role of integrational, intergovernmental and nongovernmental organizations, as well as of the WHO Regional Office for Europe, in strengthening and coordinating tobacco control policy in the Region.

## Concept and rationale of the ESTC

### Current status

9. At the end of 2001, the degree of attainment of the main targets with regard to comprehensive tobacco control policy in the Region was as follows. Approximately 80% of Member States had bans or restrictions on smoking in public places and workplaces (although there were still significant differences in the degree of implementation) and made available common nicotine replacement therapy (NRT) products without prescription in pharmacies (although they were not widely affordable). Three quarters of Member States had established intersectoral coordinating committees. However, only under half of them had drawn up national action plans and introduced partial restrictions or bans on both direct and indirect forms of advertising of tobacco products; only one third of countries had sustainable and gender-based public information campaigns; under one quarter had earmarked tobacco taxes and restricted access to tobacco products for people under 18 years (also eliminating all major impersonal modes of sale); and almost no countries reimbursed the cost of treatment of tobacco dependence, published comprehensive national reports on tobacco control, or had introduced health warnings and requirements for tar and nicotine at the levels recommended by the Third Action Plan.

10. According to the European Report on Tobacco Control Policy, approximately 30% of the adult population in the Region were regular smokers in 2001. The overall trend was relatively stable, with a slight decline since the mid-1990s. Nearly 38% of men in the Region were smokers, with an increasing gap between east and west, and a still significant gap between the group of countries with prevalence rates of more than 50% (at least 11 countries) and the group with less than 30% (4 countries). Nearly 23% of women were smokers, with a slightly narrowing gap between east and west. Smoking prevalence among young people was around 27–30% Region-wide, with a slight upward trend. Almost no Member States showed a decrease in smoking prevalence among young people during the latter part of the 1990s. Among lower socioeconomic groups the trend also was not encouraging, and there was no indication that the socioeconomic gradient in tobacco use was being reduced.

11. The standardized death rate for lung cancer among males had stabilized or was slightly decreasing in the central and western parts of the Region. The death rate among women was still increasing as they were, in general, exposed to tobacco later than men.

### Challenges

12. While it has fallen from 45% to 30% over the past 30 years and has currently stabilized, smoking prevalence in the Region still remains at a level that is devastating for public health and future generations. Smoking causes millions of premature deaths, significantly reduces the quality of life, and imposes a substantial social and economic cost on society and families. The negative trends among young people, women and lower socioeconomic groups are of particular concern. A lack of political will and sustainability in tobacco control policies is still characteristic of a large part of the Region.



13. There are still other important obstacles for tobacco control throughout the Region. While most Member States have a policy on taxation of tobacco products, in general it is not explicitly referred to public health concerns, and therefore the increase in the real price of tobacco, where it exists, is not as consistent as it should be. Despite the improvement of measures and instruments to combat smuggling reported by the majority of Member States, the smuggling of tobacco products still has major negative economic and public health impacts throughout the Region. Introducing new laws and regulations has not always brought tangible results, and several countries, mainly in the eastern part of the Region, are still in the process of putting them into effect. Furthermore, the lack of a strategy and comprehensive approach is still characteristic of at least one third of national tobacco control policies and activities. In other countries, insufficient coordination mechanisms, and inadequate funding and monitoring, reduce the effectiveness of national actions.

14. The tobacco industry's tactics, as revealed in many of the industry's own documents, remain another challenge for tobacco control in Europe. Despite new bans and restrictions on advertising, the tobacco industry has continued to develop unscrupulous marketing, promoting "youth anti-smoking education programmes" and promoting smoking via indirect forms of advertising targeted mainly at young people. It has been trying to influence national and European Union policies, in some cases successfully, in order to delay, weaken or even annul legislation under development or already adopted.

15. It should also be stated that in most countries national tobacco control policies are still not high on the political agenda and lack sustainability and comprehensiveness.

### **Approaches to tobacco control policy in the European Region**

16. The European Region has a long history of regulating the production, sale, use, trade, and price of tobacco. For decades, the main objective of regulation was to generate public revenues and protect national tobacco growers and manufacturers. It is only very recently that regulation has been oriented towards reducing the health consequences of tobacco use.

17. From the experience of European countries, it is possible to group tobacco control policies on the basis of their comprehensiveness and multisectorality, their sustainability and progressiveness, the length and history of implementation, and their outcomes in terms of affecting smoking prevalence and exposure to tobacco smoke. On the basis of the above criteria, policy approaches can be categorized as follows:

- an approach that generally has a weak impact on reducing tobacco use and exposure to environmental tobacco smoke;
- a transitional approach;
- an approach that generally has a strong impact on reducing tobacco use and exposure to environmental tobacco smoke.

#### ***An approach that generally has a weak impact on reducing tobacco use and exposure to environmental tobacco smoke***

18. This approach consists in some isolated measures to restrict and discourage tobacco use, such as banning smoking in public places or running information campaigns complemented by limited interventions by health professionals. In the meantime, the most effective measures (increasing taxes and banning advertising) are undermined in favour of policies to maintain low prices and allow indirect and/or direct advertising of tobacco products. In these circumstances, legislation and taxation are still highly influenced by agricultural and economic issues and by the threatening positions of the transnational tobacco industry.

19. Such an approach in general fails to reduce tobacco use. Smoking remains prevalent in all male social classes and continues to grow among young people and women, despite the fact that the majority of adults do not smoke and increasingly favour tobacco control. It is therefore a lack of political will, rather than a lack of public support, that prevents the implementation of a more successful approach.

20. For countries in such circumstances, one high-priority challenge is to put tobacco control on the political agenda as a key public health issue. Such an expression of political will should be underpinned by increasing the level of international support for national capacity-building.

#### ***A transitional approach***

21. This approach comprises measures to ban advertising and reinforce smoke-free environments, mass media campaigns, and interventions by health professionals. It is transitional, in that it mainly relies on the impact of legislation and information, and it is not fully comprehensive in terms of economics, and more particularly the taxation of tobacco. In this situation, the tobacco industry lobbies to delay the enforcement of new legislation and to undermine strong tobacco tax policies.

22. Such an approach alters society's perception of a behaviour that was commonly accepted before, by "de-glamourizing" smoking and increasing people's knowledge of its direct and indirect health consequences. The effects are to decrease smoking among irregular smokers and those most educated and sensitive to public information. Smoking prevalence among young people continues to increase.

23. For countries in such circumstances, the priority challenges are to sustain and enhance their recent efforts and explicitly to make public health concerns the cornerstone for sustained and regular increases in tobacco taxes. Tailoring policies to the needs of women, young people and lower socioeconomic groups should follow a regular and internationally standardized assessment of their smoking attitudes and behaviour.

#### ***An approach that generally has a strong impact on reducing tobacco use and exposure to environmental tobacco smoke***

24. This approach consists in a set of comprehensive measures and multisectoral strategies where taxation policy, as well as being a mechanism to increase government revenues, is also explicitly aimed at reducing tobacco use. In such circumstances, the tobacco industry's tactic is to undermine public support, in particular for taxation and smoke-free environments. Countries which have adopted such an approach have shown a significant reduction in smoking prevalence among males, a stabilization among young people, a slight decrease among women, and a significant decrease in the male death rates due to causes attributable to tobacco use (such as cancer of the trachea, bronchus and lung). People in lower socioeconomic groups are still smoking significantly more than those in higher socioeconomic groups.

25. For countries in such circumstances, the priority challenges are to sustain the progress made, in particular with regard to tax increases, and to develop new strategies for helping young smokers and those in lower socioeconomic groups to quit. International cooperation is particularly important for coordinating taxation policies, combating smuggling and transboundary advertising, regulating products and monitoring the tobacco-related situation, as well as for counteracting the tobacco industry's tactics.

#### **Guiding principles and concept**

26. The ESTC builds on the lessons learnt from assessment of the three consecutive Action Plans (1987–2001) and from the evidence underpinning policy development and implementation at national, regional and global levels. It also takes into account the guiding principles set out in the Warsaw Declaration for a Tobacco-free Europe (2002). To attain the objectives of the Warsaw Declaration, additional guiding principles put forward for the ESTC include: the responsibility of governments to make the health of citizens and the protection of human life a priority; acknowledgement of nonsmoking as the norm and of all citizens' right to smoke-free air and protection from the damaging effects of environmental tobacco smoke; and the need for the prevalence of daily smoking to show a steady decline every year and for every segment of society.

27. The ESTC sets out strategic directions for action in the Region, to be carried out through national policies, legislation and international cooperation, within the means and capacities of each Member State.

It also identifies the specific international tools and mechanisms that can be used and suggests a time frame for implementation and monitoring.

28. The structure and content are consistent with the strategic approach of the Framework Convention on Tobacco Control, in whose negotiation the majority of European Member States have been involved.

29. The ESTC is an ongoing process, to be regularly reviewed and strategically adapted as appropriate. For this reason, the ESTC relies on a regional surveillance and evaluation system.

## Goals and objectives

30. The goal of the ESTC is to provide a European strategic framework for implementing national tobacco control measures, in order to honour the value of life, reduce the prevalence of tobacco use, and protect present and future generations from the devastating consequences of tobacco consumption and exposure to tobacco smoke. The ESTC aims to promote and facilitate the adoption, at country level, of comprehensive and multisectoral evidence-based policies to reduce the demand for and supply of tobacco products and to cut down the prevalence of tobacco use in all population groups. It will also contribute to building and reinforcing the social environment for a tobacco-free Europe.

31. To achieve this goal, the following objectives should be attained:

- most countries should go beyond their current approach to tobacco control: countries that have adopted approaches considered as generally having a weak impact on reducing tobacco use should be encouraged to adopt the more effective transitional approaches, while those currently in the transition phase should adopt the stronger approaches that have generally proved to reduce tobacco use, and countries already in the latter group should sustain and reinforce their efforts;
- the provisions of the ESTC should be appropriately reflected in national action plans, policies and legislation;
- stronger international cooperation, supported by specific mechanisms, tools and time frames should contribute to effective Region-wide action.

32. The ESTC's principal target is to obtain a significant and realistic increase in the rates of not taking up and of quitting smoking, in order to at least double the average annual reduction of smoking prevalence in the Region, which currently stands at nearly 1%. The reduction in smoking rates may vary from a significant fall in countries with still high smoking prevalence to a more moderate decrease in countries that have already achieved lower prevalence. The Strategy also aims to ensure citizens' right to a smoke-free environment.

## Strategic framework for action in Member States

33. The recommended measures described in this section are based on the best available evidence and on the lessons learnt from European experience and from other international tobacco control policies and developments. Special attention is paid to tailoring the measures to the actual status of tobacco control policies in the Region.

34. The ESTC recognizes that Member States and the European Community, when applicable, will have to adopt different sets of measures, based on their concrete needs, resources, and the stage they have reached with their tobacco control policy, and according to a realistic time frame. In the meantime, the international evidence shows that, in order to be efficient, national tobacco control policies should be comprehensive enough to cover all major aspects of the demand for and supply of tobacco products.

## Measures to reduce the demand for tobacco products

### *Price and taxation*

35. International evidence suggests that price and tax increases are one of the most effective components of a comprehensive national tobacco control policy. A continuous rise in the real price of different tobacco products (obtained by increasing taxes) reduces consumption and smoking prevalence, particularly among young people, while increasing government revenues. According to the World Bank, a price rise of 10% on a pack of cigarettes would be expected to reduce consumption by an average of about 4%.

36. Strategic national actions should include:

- maintaining high prices and taxes for tobacco products;
- increasing taxes in order to raise the price of tobacco products above the average rates of inflation and income growth, to ensure their constantly decreasing affordability;
- prohibiting all tax-free and duty-free sales of tobacco products;
- allocating and sustaining a significant part of government revenues, including those from tobacco taxes, to funding national tobacco control programmes;
- appropriate harmonization of taxation and prices of tobacco products, in order that all tobacco products are taxed to the extent that substitution of one tobacco product by another does not occur.

37. Based on the assessment of the situation in the Region, it is apparent that some level of harmonization of taxes has been achieved between several Member States, particularly those in the European Union. This process of coordination should be sustained and expanded to include a larger number of countries, through integrational and intergovernmental cooperation, to set taxes at the highest possible level and at the same time to reduce the gap in prices between countries.

### *Environmental tobacco smoke (passive smoking)*

38. The accumulation of evidence on the risks and health consequences of involuntary exposure to environmental tobacco smoke emphasizes the need for stronger regulation to protect nonsmokers, particularly children, and reduce the average consumption of tobacco and smoking prevalence. Regulation also contributes to altering the social perception of a behaviour that was commonly accepted before, and to de-glamourizing smoking. Strong public support for regulation throughout the Region, not only from nonsmokers but also from the majority of smokers, can encourage Member States to introduce or strengthen legislation or other relevant measures.

39. Strategic national actions should include:

- introducing or strengthening legislation to make all public places smoke-free, including public transport and workplaces;
- banning smoking indoors and outdoors in all educational institutions and their premises for children up to the age of 18 years, and indoors in all other educational institutions;
- banning smoking in all places of health care delivery and their indoor and outdoor premises;
- banning smoking at all public events arranged indoors and outdoors;
- banning or severely restricting smoking in restaurants and bars, to protect owners, employees and clients from serious health damage;
- classifying environmental tobacco smoke as a carcinogen to protect the right of workers (nonsmokers and smokers), particularly those working in smoking environments, and to speed up the banning of smoking at all workplaces.

40. Based on the assessment of the situation in the Region, it is particularly important that Member States review and strengthen the mechanisms for enforcing their legislation and increase compliance through comprehensive information campaigns and litigation.

#### ***Advertising, promotion and sponsorship***

41. There is empirical evidence that a fully comprehensive ban on advertising covering all media and all forms of direct and indirect advertising contributes to the reduction of tobacco consumption and lessens the social desirability of smoking, in particular among young people. Along with the promotion of a smoke-free environment, regulation of advertising contributes to making nonsmoking the accepted norm. According to the World Bank, such comprehensive bans can reduce the consumption of tobacco products by around 7%.

42. Strategic national actions should include:

- prohibiting all forms of direct and indirect advertising for tobacco products and smoking, including promotion, “brand-stretching” and sponsorship;
- adopting national measures and imposing appropriate regulatory restrictions to ensure that tobacco advertising, promotion and sponsorship do not promote a tobacco product by any means that are false, misleading or deceptive or that are likely to create an erroneous impression about its characteristics, health effects, hazards or emissions.

43. Based on the assessment of the situation in the Region, it is particularly important that Member States ban indirect advertising and cooperate effectively at the integrational and intergovernmental levels to phase out cross-border advertising.

#### ***Information, training and public awareness***

44. Evidence suggests that continuous and intensive information and education programmes have proved to be effective instruments for increasing political acceptance of policy measures (such as those on taxation, environmental tobacco smoke, etc.). There is also evidence that, without prior training for health professionals and intensive public information and debate, the introduction of tobacco control policies could be undermined by the misleading tactics of the tobacco industry (including misinformation and advertising). Successful development and implementation of tobacco control policies should be ensured through a comprehensive information and training strategy.

45. Strategic national actions should include:

- developing and implementing effective and appropriate basic curricula and training programmes on tobacco control for policy-makers, health professionals, students, educators, and other relevant persons;
- facilitating and strengthening education, training and public awareness campaigns, including counter-advertising;
- ensuring that the general public, and notably children, young people and vulnerable groups, are fully informed about the health risks, addictiveness and social costs of tobacco consumption and exposure to tobacco smoke, and about the benefits of smoking cessation and tobacco-free lifestyles;
- endeavouring to promote the participation of public agencies, nongovernmental organizations (NGOs) and civil society in the development of strategies for tobacco control; proper links between the efforts of NGOs and health professionals should be ensured.

46. Based on the assessment of the situation in the Region, information and training reinforce the effect of other tobacco control measures, but they are seldom effective on their own. Special attention should also be paid to not involving the tobacco industry in information campaigns, particularly those targeting young people.

### **Smoking cessation**

47. Smoking cessation is an emerging and important component of tobacco control policies. Evidence shows that brief advice and behavioural support are effective in motivating smokers to quit, and that the use of nicotine replacement therapies (NRT) increases the rate of success.

48. Strategic national actions should include:

- implementing age- and gender-based promotional and educational programmes aimed at encouraging cessation of tobacco use;
- elaborating and integrating best practices in treatment of tobacco dependence and prevention of relapse (i.e. behavioural support, counselling services, “quit lines” and routine advice on cessation of tobacco use) into national health programmes, plans and strategies, including those for primary health care, alcohol and drugs control, reproductive health, tuberculosis control, etc.;
- establishing and strengthening programmes of training in smoking cessation techniques for health professionals, including physicians, nurses, dentists and pharmacists, as well as teachers, and community and social workers;
- establishing, in health care facilities, programmes for diagnosis, medical advice and treatment of tobacco dependence, with a priority focus on primary health care.

49. On the basis of the assessment of the situation in the Region, particular attention should be paid to funding training and cessation services. Mechanisms should be found to increase the affordability of treatment for low-income smokers, including treatment either at reduced cost or free of charge.

### **Product control and consumer information**

50. Reducing the risks posed by the carcinogens and toxic elements that cigarette smoke and other tobacco products contain requires more accurate assessment and stronger regulation of the substances being delivered to smokers. Through visible, specific and unequivocal health warnings, consumers should be adequately informed so that they can acknowledge these risks.

51. Strategic national actions should include:

- adopting standards for the regulation of tobacco products, including standards for testing and measuring, designing, manufacturing and processing of such products, and cooperating in the development and harmonization of such standards;
- introducing and enforcing measures for tobacco product disclosure by all manufacturers, including details of major ingredients and additives, and the major constituents of tobacco smoke, as well as of their toxicity, carcinogenicity and addictiveness, and promoting the availability of clear and meaningful information to the public;
- banning the terms “low tar”, “light”, “ultra light”, “mild” or any other similar confusing term that has the aim or the direct or indirect effect of conveying the impression that a particular tobacco product is less harmful than others; steps should also be taken to ensure that tobacco packaging and labelling does not otherwise promote a tobacco product by any means that are false, misleading or deceptive;
- ensuring that each unit, packet or package of tobacco products carries a strong health warning, in accordance with international and integrational agreements;
- ensuring that these warnings provide clear information about the toxic contents of the tobacco product, specifically tar, nicotine and carbon monoxide, including actual measurements of smoke yields; appear in the principal language or languages of the country in whose territory the product is placed on the market; and progressively occupy not less than 40% of the front and 40% of the back of tobacco packages.



52. Based on the assessment of the situation in the Region, special attention should be paid to agreeing international standards for tobacco product control. The experience of setting standards at integrational level could serve as a basis for such a process.

## **Measures to reduce the supply of tobacco products**

### ***Illicit trade***

53. Apart from representing a threat to public health by encouraging consumption, smuggling deprives governments of tax revenues and reinforces criminal organizations and corruption. Unless smuggling is counteracted at both national and international levels, the impact of other tobacco control measures will be largely undermined.

54. Strategic national actions should include:

- adopting appropriate measures to ensure that all packages of tobacco products sold or manufactured carry the necessary markings and product information which will allow the products to effectively be tracked and traced;
- monitoring and collecting data on cross-border trade in tobacco products, including the illicit trade, and exchanging information among relevant national authorities and international bodies;
- enacting and/or strengthening the corresponding legislation and penalties.

55. Based on the assessment of the situation in the Region, special emphasis should be given to strengthening cooperation between national, integrational and intergovernmental agencies such as the World Customs Organization to coordinate action against smuggling, including investigations, judicial prosecutions and proceedings relating to illicit trade. Effective international monitoring of transactions equivalent to that existing in international practice for trade in special and dangerous goods could be promoted throughout the Region.

### ***Availability to young people***

56. International experience shows that age restrictions on the sale of tobacco products are difficult to enforce unless they are supplemented by very strict regulation of retailers through licensing and by eliminating all impersonal and promotional modes of sales and distribution. The setting of age limits should therefore be only part of a comprehensive package of measures targeting the availability of tobacco products to young people.

57. Strategic national actions should include:

- prohibiting tobacco sales to and by persons under the age of majority as determined by domestic law;
- requiring all sellers of tobacco products to request young purchasers to provide appropriate evidence of having reached the age of majority as determined by domestic law;
- banning sales through vending machines, self-service displays, mail order and electronic sales, sales of single or unpacked cigarettes, and distribution of free samples of cigarettes;
- licensing of retailers so far as possible within the means at the country's disposal.

58. Based on the assessment of the situation in the Region, there is a need for more evidence of the impact of setting age limits for tobacco sales, as a means of deterring young people from experimenting with and taking up smoking.

### **Tobacco subsidies**

59. It should be emphasized that public health protection has priority over tobacco production and trade. Price support mechanisms and subsidies undermine official backing for tobacco control programmes and impede policy changes through the political process.

60. Strategic national actions should include:

- promoting alternative economic activities to tobacco production; and
- gradually transferring subsidies for tobacco-growing to other activities.

61. Based on the assessment of the situation in the Region, the recent trend in shifting subsidies from tobacco-growing to encourage other crops or economic activities that create employment for tobacco workers and growers should be reinforced and the process expanded to involve a larger number of countries.

### **Monitoring, evaluating, and reporting on tobacco use and tobacco control policies**

62. Empirical evidence shows that the most successful national tobacco control policies are supported by a thorough initial assessment of the tobacco-related situation and further regular monitoring. Effective monitoring and evaluation allows Member States to identify specific needs and tailor the corresponding policy measures.

63. Strategic national actions should include:

- increasing financial support for monitoring, evaluating and reporting regularly on the extent of tobacco use and its harms, as well as of exposure to tobacco smoke;
- disseminating pertinent information to public leaders, the media and health professionals;
- publishing regular reports on the evaluation of national tobacco control policies, smoking prevalence and related harms.

64. Based on the assessment of the situation in the Region, there is a need for a standardized and reliable European monitoring system that will allow evaluation of the tobacco-related situation within and across countries and facilitate the exchange of comprehensive information.

### **Strategic framework for international cooperation: tools, mechanisms and milestones for action**

65. Many tobacco control measures are of a truly transnational nature and cannot be implemented in a national context unless a good level of international cooperation is established. In particular, there is a need for better coordination to address the gap between different countries' tobacco control policies, to regulate the constituent elements of tobacco products, to coordinate tobacco taxation policies, to combat smuggling, to control cross-border advertising via global telecommunications, to monitor and counteract the tactics adopted by the transnational tobacco industry, and to evaluate the extent of the tobacco epidemic and the implementation of tobacco control policies Region-wide.

66. It is therefore important that effective international cooperation and assistance are provided to ensure that governments are appropriately equipped to implement national and transnational policies by:

- building Region-wide political commitment for tobacco control;
- providing international support for building national capacity;
- strengthening international coordination; and
- facilitating information exchange, technical cooperation, and monitoring.



67. The WHO Regional Office for Europe will facilitate, promote and coordinate the development of tools and mechanisms to support international cooperation.

### **Facilitating Region-wide political commitment**

68. Specific international actions, mechanisms, and tools in this area are:

- highlighting tobacco control as an important issue for the political agenda;
- “mainstreaming” different aspects of tobacco control into ministerial and other relevant high-level public health conferences and events such as the forthcoming WHO European Ministerial Conference on Environment and Health in 2004;
- facilitating Europe-wide and subregional intergovernmental consultations on the negotiations, adoption and implementation of the FCTC.

### **International support for building national capacity**

69. Specific international actions, mechanisms, and tools in this area are:

- providing technical advice and assistance for assessing local needs and developing and reinforcing national action plans, particularly to ensure that the ESTC is reflected in national strategies;
- utilizing the tobacco control components of the biennial collaborative agreements (BCAs) between the WHO Regional Office for Europe and governments in support of sustainable activities in countries of central and eastern Europe and the newly independent states (CCEE/NIS);
- building up a WHO database of developmental and donor agencies operating in the field of tobacco control and assisting interested Member States to obtain funds for drawing up and implementing national tobacco control policies;
- providing internationally standardized training in tobacco control for policy-makers and health professionals;
- supporting NGOs and other networks within civil society in countries to build capacity for tobacco control, by channelling funds and expertise from WHO and other international organizations and foundations;
- supporting international tobacco control campaigns (such as World No Tobacco Day and “Quit and Win”) in countries by developing and disseminating campaign materials, facilitating national and Europe-wide competitions, promoting media events, and giving international recognition and rewards to local and national action;
- facilitating international support for the establishment and operation of national tobacco control centres.

### **Strengthening international coordination**

70. Specific international actions, mechanisms, and tools in this area are:

- creating a European coalition for tobacco control, under the leadership of WHO, with the involvement of interested Member States and major international players in the field, including the World Bank, the European Commission, the International Labour Organization, the Food and Agriculture Organization, major NGO networks and others, to bring together international expertise, advocacy and funding for strong international control;

- establishing mechanisms for international interagency cooperation on tobacco control in countries, and especially in CCEE and NIS, to highlight the priority of public health concerns in multisectoral action for tobacco;
- initiating WHO intercountry public health initiatives for tobacco control in several subregions of the Region;
- facilitating the use of best practices from other WHO regions.

### **Information exchange, technical cooperation, and monitoring**

71. Specific international actions, mechanisms, and tools in this area are:

- strengthening the WHO European network of national counterparts as an intergovernmental advisory mechanism for implementation and monitoring of the ESTC, by reaching international agreement on its specific terms of reference, methods of work and reporting mechanisms, and increasing its cooperation with other relevant WHO networks (for the Countrywide Integrated Noncommunicable Disease Intervention (CINDI) programme, Healthy Cities, Health Promoting Schools, Regions for Health, European Health Communication Network, etc.);
- strengthening the WHO Regional Office's role as a clearing house for the regular exchange of information and documentation in the technical, policy and legal fields of tobacco control, to promote best practice and coordinated action, and to develop evidence-based recommendations for the Region;
- developing a series of WHO strategy papers on different aspects of tobacco control;
- facilitating the dissemination of technical information on specific intersectoral issues such as tobacco economics, the harmonization of tobacco taxes and regulation of tobacco product constituents, measures to combat smuggling, and control of cross-border advertising, by promoting a forum for regular dialogue between WHO, governments and relevant international organizations (e.g. the European Commission, the International Standards Organization, the World Customs Organization, the World Bank and the World Trade Organization);
- developing a WHO European monitoring system, including standardized tools for surveillance of the patterns, determinants and consequences of tobacco use among young people and adults, and production of European country profiles and a tobacco control report every three years.

### **International milestones for action**

#### **2002**

- Adoption of the ESTC
- European workshop on developing and/or strengthening national action plans for CCEE and NIS
- WHO consultation meeting on the FCTC for European Member States
- Launch of the WHO series of strategy papers with a paper on smoking cessation policy
- Initiation of the WHO European monitoring system (establishing internationally comparable core elements for measuring smoking prevalence among young people in the Region)
- Launch of a major WHO project to support civil society networks in building capacity for tobacco control
- Establishment of an intergovernmental advisory body for implementation of the ESTC

## 2003

- Publication of a WHO European strategy paper on building national capacity
- National action plans to reflect the ESTC
- Establishment of mechanisms for international interagency collaboration on tobacco control in the majority of CCEE and NIS
- Agreement on an international tool for measuring smoking prevalence in adults
- An internationally comparable survey of tobacco use among young people to be carried out in Member States
- The WHO network of tobacco control counterparts to be reinforced (terms of reference agreed and links to other relevant WHO networks established)
- A forum to be established for regular international dialogue on specific intersectoral aspects of tobacco control (e.g. harmonizing taxes, combating smuggling and cross-border advertising), as part of a larger global framework
- Tobacco control components of biennial collaborative agreements (BCAs) for 2002–2003 to be implemented and those for 2004–2005 to be agreed
- Appropriate representation of European experts and policy-makers, and consideration of aspects of European tobacco control policy, at the Twelfth World Conference for Tobacco or Health (Helsinki, August 2003)
- A European coalition for tobacco control to be established

## 2004

- A European system for monitoring and surveillance of tobacco control to be established
- The WHO Ministerial Conference on Environment and Health to review the environmental tobacco smoke component of the ESTC
- WHO European intergovernmental consultations on the FCTC
- National tobacco control centres to be established in several CCEE and NIS, in cooperation with the WHO Regional Office for Europe

## 2005

- Next European tobacco control profiles to be published
- Three or four subregional meetings to be held to review implementation of the ESTC

## 2006

- Next European Report on Tobacco Control Policy to be published
- The WHO Regional Committee for Europe to review implementation of the ESTC

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