

International Policy overview: smoking

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This policy overview is based on the EUphact ‘smoking policies’, which was published in EUPHIX in November 2007. See: http://www.euphix.org/object_class/euph_smoking_policies.html. The EUphact has been updated and restructured.

This policy overview is linked to the following topic in the National Public Health Compass [in Dutch] (National Kompas Volksgezondheid):

- [Preventie gericht op roken](#) (prevention aimed at smoking), especially to the sub-topics:
 - [Wat zijn de effecten?](#) (what are the effects of intervention?), and
 - [Zijn er verschillen tussen Nederland en andere landen?](#) (are there differences between the Netherlands and other countries?)
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This policy overview is linked to the following European Community Health Indicators (ECHI):

- [15. Smoking-attributable deaths](#)
- [44. Regular smokers](#)
- [85. Policies on Environmental Tobacco Smoke \(ETS\) exposure](#)

Currently no data for these indicators are available yet in the European Health Indicators database/[data presentation tool](#) at the website of the European Commission.

1a. Summary

Smoking policies: evidence for effective policy measures and interventions

Collective measures aimed at environment and individual support for people who want to stop smoking are effective

Price increases (through taxation), smoking bans and bans on advertising and promotion of tobacco products have a proven effect on smoking prevalence. Current evidence on the effectiveness of collective measures aimed at smoking behavior is less convincing, on the other hand. There is also convincing evidence that behavioral and pharmacological support increase the number of successful attempts to stop smoking. A comprehensive strategy incorporating different tobacco control measures is most effective. There is still ample room to improve recruitment strategies for smoking cessation programmes aimed at young people. Recently new policy challenges have emerged, such as internet sales and new tobacco and nicotine products.

Smoking policies in international perspective: EU policies and strategies

European Union smoking strategy consists of three key elements

The EU's efforts consist of three key elements:

1. Legislative measures, based on the Community Treaties as well as more specific, secondary legislation. The latter comprises binding measures (Directive on Tobacco Products and Directive on Tobacco Advertising), non-binding measures (e.g. Council Recommendation on smoke-free environments), and mainstreaming of tobacco control into a range of other EU policies, such as in the field of taxes and illicit trade.
2. Campaigning, for example through the HELP – For a life without tobacco campaign. This EU-wide campaign was launched in 2005 and is still running. Adolescents and young adults are the main target group.
3. International treaties. The EU is a partner in the WHO Framework Convention on Tobacco Control (FCTC); see paragraph below.

Smoking policies in international perspective: impact of WHO

WHO Framework Convention on Tobacco Control and European Strategy for Tobacco Control

The WHO Framework Convention on Tobacco Control (FCTC) is the first-ever global health treaty providing a comprehensive tobacco control framework. The FCTC includes provisions to reduce both supply and demand. It entered into force on 27 February 2005. The EU Council approved the FCTC in June 2004, and subsequently ratified it on 30 June 2005. In the European region, the current framework for action is the European Strategy for Tobacco Control (ESTC), which was adopted by the WHO Regional Committee for Europe in 2002.

National smoking policies and strategies

United Kingdom, Ireland, Iceland, Turkey and Norway have most comprehensive tobacco control policies

Based on the tobacco control scale, a composite measure for scoring national tobacco control policies, the United Kingdom, Ireland, Iceland, Turkey and Norway have the most comprehensive policies. Most European Union Member States have a specific focus on children within their policies, but differences exist as well, such as the minimal age at which children are allowed to buy tobacco products; in some countries this is 16, in others 18. Though most countries in Europe have banned smoking from public places such as the health care sector and schools, complete smoking bans in the hospitality sector (bars, restaurants) remain rare.

1b. Samenvatting

Rookbeleid: bewijs voor effectieve maatregelen en interventies

Collectieve maatregelen gericht op de omgeving en individuele ondersteuning voor mensen die willen stoppen met roken zijn effectief

Prijsstijgingen (via belastingen), rookverboden en een verbod op reclame en promotie van tabaksproducten hebben een bewezen effect op rookgedrag. Het huidige bewijs over de effectiviteit van collectieve maatregelen die gericht zijn op het rookgedrag is echter minder overtuigend. Ook voor individuele ondersteuning in de vorm van gedragstherapie en ondersteuning met medicatie is aangetoond dat zij het aantal succesvolle pogingen om te stoppen met roken verhogen. Een brede strategie waarin verschillende maatregelen ter bestrijding van tabaksgebruik worden gecombineerd is het meest effectief. Strategieën om jongeren te werven voor stoppen-met-roken programma's kunnen nog verbeterd worden. Recente ontwikkelingen, zoals verkoop via internet en nieuwe tabak- en nicotine producten, brengen nieuwe uitdagingen voor het beleid met zich mee.

Rookbeleid in internationaal perspectief: EU-beleid en strategieën

Rookbeleid E U bestaat uit drie peilers

Inspanningen van de EU rusten op drie peilers:

1. Wetgeving gebaseerd op de Communautaire Verdragen, en meer specifieke, secundaire wetgeving. Deze secundaire wetgeving omvat bindende maatregelen (Directive over tabaksproducten en Directive over tabaksreclame), niet-bindende maatregelen (zoals de aanbeveling over een rookvrije omgeving van de Europese Raad), en de integratie van de bestrijding van tabaksgebruik in ander EU-beleid, bijvoorbeeld in beleid voor belastingen en illegale handel.
2. Publiekscampagnes, bijvoorbeeld de 'HELP - Voor een leven zonder tabak campagne'. Deze campagne werd gelanceerd in 2005 in alle landen van de EU en loopt nog steeds. Adolescenten en jong volwassenen zijn de belangrijkste doelgroep.
3. Internationale verdragen. De EU is een partner in de WHO Framework Convention on Tobacco Control (FCTC); zie paragraaf hieronder.

Rookbeleid in internationaal perspectief: impact van de WHO

WHO Framework Convention on Tobacco Control en European Strategy for Tobacco Control

De WHO Framework Convention on Tobacco Control (FCTC) is het allereerste wereldwijde verdrag op het gebied van de volksgezondheid dat een breed kader biedt voor maatregelen ter bestrijding van tabaksgebruik. De FCTC richt zich op het verminderen van vraag én aanbod. Het trad in werking op 27 februari 2005. De EU heeft de FCTC goedgekeurd in juni 2004 en geratificeerd op 30 juni 2005. In de Europese regio is het huidige kader voor actie de en European Strategy for Tobacco Control (ESTC), die werd aangenomen door het WHO Regional Committee for Europe in 2002.

Rookbeleid en -strategieën op nationaal niveau

Verenigd Koninkrijk, Ierland, Noorwegen, IJsland en Turkije hebben meest vergaande tabaksontmoedigingsbeleid

Gebaseerd op de 'tobacco control scale', een samengestelde maat voor het scoren van nationaal tabaksontmoedigingsbeleid, hebben in 2010 het Verenigd Koninkrijk, Ierland, IJsland, Turkije en Noorwegen het meest uitgebreide beleid. De meeste EU-lidstaten focussen in hun beleid specifiek op kinderen, maar er zijn ook verschillen, zoals de minimale leeftijd waarop kinderen tabaksproducten mogen kopen; in sommige landen is dit 16, in andere 18. Hoewel het in de meeste landen in Europa verboden is te roken op openbare plaatsen zoals gezondheidszorginstellingen en scholen, zijn complete rookverboden in de horeca nog zeldzaam.

2. Definition and scope

2.1. What kinds of policies are described in this overview?

Tobacco control policies are defined by the WHO as ‘supply, demand and harm reduction strategies that aim to improve the health of a population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke’ (WHO, Framework Convention on Tobacco Control ([FCTC](#))). This policy overview aims to provide information on the range and effectiveness of such strategies, which may range from national law to local preventive interventions. Obviously the (potential) role of the Government differs depending on the type of strategy discussed. Information on tobacco control policies in this policy overview is described at rather a general level, as to provide a quick overview of what is known about effectiveness of different types of strategies, the international (policy) framework, and what kind of strategies are being applied in other countries. More details can be found in the literature and resources used for compiling this policy overview.

2.2. Are there relevant subgroups to address?

Children and teens/young adults are an important target group for tobacco control policies. Children because they need to be protected from exposure to tobacco smoke, and youngsters because they are a main target group for interventions aimed at preventing people to start smoking. Whenever possible and feasible relevant information about strategies aimed at children and youngsters has been incorporated in this policy overview.

Smoking is more common among people with a low socio-economic background, and consequently the burden of smoking related disease is higher in this group as well. Therefore in paragraph 3 on effective policy measures and interventions information on what policies are effective in reducing socio-economic inequalities in smoking is provided.

2.3. Limitations related to mapping policies

When describing policies, one mostly is limited to official documents, e.g. laws or national strategy papers. This implies that often it is not clear to what extent rules and regulations are being enforced in practice, or to what extent plans have actually been put into action. This limitation should be taken into account while reading this policy overview. An additional limitation comes from the fact that only information available in English and/or Dutch has been used for compiling this overview.

2.4. Geographical scope

The focus in this overview is on Europe, because the European Union provides a (partly binding) regulatory framework for tobacco control, and because a lot of information on tobacco control policies is available for the larger European region through WHO-Euro.

2.5. Terminology applied in international context

While in the Netherlands we generally refer to 'smoking' policies, in international sources the terminology applied usually is related to 'tobacco' or tobacco control'. This is a reflection of the broad scope applied by supra- and international organizations in their policies, addressing supply, demand and harm reduction strategies (see paragraph 2.1.).

3. Smoking policies: Evidence for effective policy measures and interventions

Collective measures aimed at the environment reduce smoking prevalence, but collective measures aimed at changing smoking behavior do not

Price increases (through taxation), smoking bans and bans on advertising and promotion of tobacco products have a proven effect on smoking prevalence. Current evidence on the effectiveness of collective measures aimed at smoking behavior is less convincing, on the other hand. Some school based programmes show a short-term effect, though, which results in a certain part of the students delaying the onset of smoking. This implies that it may be effective to develop interventions aimed at sustaining these short-term effects (so-called 'booster' interventions). There is some evidence that such an approach indeed can further reduce smoking prevalence. These are some of the main conclusions of a [report on the effects of prevention](#) which was part of the Dutch Public Health Status and Forecast Report 2010 ('Van gezond naar beter', in Dutch). In these report both national and international evidence was compiled to create a state of the art overview on effectiveness of preventive interventions for several public health areas, including smoking.

Individual support for people who want to stop smoking is also effective

There is convincing evidence that behavioral and pharmacological support increase the number of successful attempts to stop smoking. Behavioral support can have many forms, ranging from a single, short counseling advice during a consultation with a health professional, for example a GP, to extensive counseling through multiple sessions. Different approaches for more intensive counseling exist, such as telephonic counseling, individual support, group therapy or internet-based counseling. Pharmacological support consists of nicotine replacement therapy and/or medication such as anti-depressants which reduce the addictive effect of nicotine. Studies also show that refunding of costs for support programmes increases the numbers of successful attempt to stop smoking ([Report on the effects of prevention](#), part of the Dutch Public Health Status and Forecast Report 2010 ('Van gezond naar beter', in Dutch)).

New research developments may further increase the number of successful attempts to stop smoking

On an annual basis about 5% of smokers are able to stop, without any support. Optimal behavioral support can increase this to 10%, and addition of optimal pharmacological support can increase the percentage of successful stopping attempts to 20. Though these are promising figures, they imply that there still is a large group of people who will not be helped by these interventions. New developments, such as nicotine vaccines, which prevent nicotine from entering the brain and causing feelings of satisfaction, may provide additional possibilities for helping people stop smoking ([Report on the effects of prevention](#), part of the Dutch Public Health Status and Forecast Report 2010 ('Van gezond naar beter', in Dutch)).

Comprehensive policy packages are important

While each policy measure can be expected to have an impact in its own right, WHO's Health Evidence Network ([HEN](#)) stresses the importance of a comprehensive package of policy measures in their report '[Which are the most effective and cost-effective interventions for tobacco control?](#)'. Different measures are likely to complement each other and tobacco control programmes should, therefore, be of a comprehensive nature in order to maximize the reduction of smoking. In this report HEN also concludes that the most common concerns about tobacco price increases, for example that government revenues may fall and jobs may be lost due to reduced tobacco consumption, or that smuggling may increase dramatically, are either false or overestimated. The economic and health benefits from tobacco price increases appear to outweigh any disadvantages.

Recruitment strategies for smoking cessation programmes aimed at young people could be improved

Recruitment strategies have been mostly neglected in the development of youth smoking cessation interventions. This lack is as a major reason for poor impact of youth cessation programmes. This is one of the major conclusions of the DG Research-funded [ACCESS](#) project (Access strategies for teen smoking cessation in Europe). The project developed a [report on access strategies for teen smoking cessation in Europe](#), based on an international literature review, the results of a questionnaire on smoking cessation interventions and recruitment strategies in Germany, Belgium, Denmark, the Netherlands, Spain, Latvia, Slovakia, Slovenia, Czech Republic, Austria and a European stakeholder consultation conference. The ACCESS report suggests 26 strategies and lists even more activities that are used in Europe to motivate young smokers to use professional cessation aids.

Evidence suggests that increasing the price of tobacco products is best way to reduce social inequalities in smoking

A 2008 comprehensive literature review ([Thomas S., et al. 2008](#)) assessed the available evidence on the potential effects on health inequalities of population-level tobacco control interventions. Half of the assessed studies were conducted in the United States, and the available evidence is dominated by econometric analyses (half of the included studies) modeling the effects of the prices of tobacco products. The main conclusion of the review study was that in terms of reducing social inequalities in smoking, better evidence was found to support increasing the price of tobacco products than to support more visible interventions such as health warnings and advertising restrictions. Little evidence was found of policies that have the potential to increase inequalities. In particular, no strong evidence was found that smoking restrictions in workplaces and public places are more effective among more advantaged groups.

New sales strategies and new products give rise to new policy challenges

Internet sales may undermine price and tax policies as well as other tobacco control policy measures such as age-related sales restrictions. This also applies to advertising and promotion of smoking on the internet. Another recent development is the occurrence of new nicotine and tobacco products (or re-occurrence of old products), such as chewing tobacco, water pipes, electronic cigarettes, nicotine drinks and herbal cigarettes. The European Commission is currently revising the [Tobacco Products Directive 2001/37/EC](#). This revision includes an assessment of to what extent the existing legal framework for tobacco control covers new nicotine and tobacco products.

4. Smoking policies in international perspective

European countries work on their smoking policies within different supra- and international settings. They are Member States of the supranational European Union (EU) and have to work under EU rules, regulations and agreements. Next, they collaborate under the umbrella of intergovernmental organizations such as the World Health Organisation (WHO), the Organisation for Economic

Cooperation and Development (OECD), and the Council of Europe. Both perspectives will be addressed here. In the paragraph on intergovernmental organizations only WHO will be addressed, as this is by far the most important intergovernmental player in the field of tobacco control policies.

4.1. Policies and strategies of the European Union

Curbing tobacco use a longstanding EU health priority

Curbing the use of tobacco is a clear policy priority for the EU. Building on its changing competencies and instruments the EU has developed a comprehensive approach. The first concerted efforts to reduce tobacco consumption in the EU date back to the Europe Against Cancer Programme, launched in 1987. This Programme contained a broad range of actions including prevention, information and health education, training for health-care staff, and research. The initial legal efforts, tackling smoking in public places, television broadcasting, and supporting healthy workplaces, were also taken in the late 1980s. Since then, many more legal measures have been taken and the reduction of tobacco use and dependence has featured prominently in all consecutive Community Public Health Action Programmes. A comprehensive historical overview of tobacco control policy has developed in the EU since the 1980 is described in the report [‘Tobacco or health in the European Union – past, present and future’](#), which was compiled by the ASPECT consortium (Analysis of the Science and Policy for European Control of Tobacco) in 2004.

EU smoking strategy consists of three key elements

Currently the EU's efforts consist of three key elements:

- Legislation, based on the Community Treaties as well as more specific, secondary legislation
- Campaigning
- International treaties.

More information on these three pillars is provided in the paragraphs below and in the [‘Tobacco control in the EU’ factsheet](#) (European Commission, 2009). EU legislation and activities in the field of campaigning are described in more detail below. Collaboration with WHO (international treaties) is described in paragraph 4.2.

Treaty provides primary legal base

Within the Treaties of the Community, articles 152 and 95 EC provide the legal base for EU policy and action in the area of tobacco control. These articles are concerned respectively with public health and internal market issues. Through the application of these two articles, a range of more specific measures and agreements have been developed to support the EU's efforts in the area of tobacco control. For more detailed information on both articles 152 and 95 EC, see textbox.

Textbox: Treaty articles 152 and 95EC and their role in tobacco control regulation

Article 152: protect and improve health across all EU policy areas

The public health competence as laid down in article 152 EC allows for incentive measures to protect and improve human health. These measures should complement national policies. Consequently, the harmonisation of national Member States' tobacco control laws is not within the scope of article 152, nor is any binding EU tobacco control legislation. Article 152 does require health to be protected in all Community policies. Thus, tobacco control objectives can - or indeed should - be mainstreamed into EU policy areas other than public health. Agriculture, Taxation and the Internal Market are examples of policy areas where actions to this effect could be taken.

Article 95: internal market competence scope for binding measures

In contrast to the limitations of Article 152, the EU's competence to regulate the internal market does enable the development of binding measures, such as regulations, directives and decisions. This explains why the current binding EU legal measures on tobacco control are not based on the EU's public health competency. Instead, they are predominantly founded on the EU's jurisdiction in the field of the internal market, as laid down in Article 95 EC. It is important to note that the EU's competence here is limited to those aspects of tobacco control that involve cross-border activities.

Secondary legislation: binding measures focus on manufacturing and sales of tobacco products and on tobacco advertising

The provisions in the Treaty have been given force through a range of secondary legal measures, both binding and non-binding, to support tobacco control. EU legislation on the control of tobacco regulates the marketing of tobacco products for public health reasons and ensures appropriate consumer information and harmonised standards. The key legislation comes from the [Directive on Tobacco Products](#) and the [Directive on Tobacco Advertising](#) (Directives are binding measures). For a complete overview of legal measures (both binding and non-binding), see the [website of DG SANCO](#).

Secondary legislation: important focal point of non-binding measures is smoking free environments

Exposure to second-hand smoke is also known as 'passive smoking', and has been increasingly recognized as a major threat to health, throughout the EU. The Commission had already committed itself in its [Environment and Health Action Plan \(2004-2010\)](#) to improve indoor air quality by encouraging the restriction of smoking in all workplaces before in 2007 they published a [Green Paper](#) launching a broad consultation process on the best way forward to tackle second-hand smoke. This process in November 2009 resulted in the adoption of a [Council Recommendation on smoke-free environments](#), calling on Member States to act in three main fronts:

- Adopt and implement laws to fully protect their citizens from exposure to tobacco smoke in enclosed public places, workplaces and public transport as cited in Article 8 of the Framework Convention on Tobacco control, within three years of the adoption of the Recommendation,
- Enhance smoke-free laws with supporting measures such as protecting children, encouraging efforts to give up tobacco use and pictorial warnings on tobacco packages,
- Strengthen cooperation at EU level by setting up a network of national focal points for tobacco control.

Mainstreaming of tobacco control into other Community policies; taxes and illicit trade

High taxes on tobacco products are among the most effective instruments in tobacco control policy. They have a particularly big effect on young people. The revised EU legislation ([Council Directive 2010/12/EU of 16 February 2010](#)) amends the structure and rates of excise duty applied on manufactured tobacco. The Council Directive explicitly refers to public health concerns as a motivation. The European Anti-Fraud Office ([OLAF](#)) is involved in investigating cases of illicit trade of tobacco products. Besides huge economic losses, illicit trade is a threat to efforts on tobacco control

as illicit tobacco products are often cheaper and thus more easily affordable. Negotiations on a protocol on illicit trade under the WHO Framework Convention on Tobacco Control are on-going.

Regulatory Committee for Tobacco Control monitors national implementation of legislation

The European Commission meets regularly with representatives from EU countries to discuss tobacco control matters as well as to ensure that the legislation in this area is implemented effectively and takes account of new developments. The body through which this is effectuated is the Regulatory Committee for Tobacco Control, which was established under Article 10 of the [Directive 2001/37/EC on Tobacco Products](#). The proceedings of the meetings of this Committee are available at the [website of DG SANCO](#).

Community Tobacco Fund: increasing public awareness

The Community Tobacco Fund was created in 1992 from a 2% levy on the subsidies given to the growing of tobacco in the EU, and ran until 2010. Through this fund, money has been made available for public information projects to increase awareness on the harmful effects of tobacco consumption. Amongst other activities, the Fund has supported two main public anti-smoking campaigns managed by the European Commission:

- the Feel Free To Say No campaign, which ran between 2002 and 2004,
- the [HELP – For a life without tobacco campaign](#), which was launched in 2005 and is still running .

Adolescents and young adults are the main target groups of these campaigns. In the interest of public health, direct tobacco subsidies were phased out of agricultural policy by 2010.

Supportive action: developing and operating international expert organizations

Over the years, EU action programmes have been instrumental in supporting concerted efforts aimed at smoking cessation and prevention. In the 1990s, programmes such as the Community Action Plan Against Cancer focused predominantly on the added value of exchanging expertise. This has led to several well-established EU-wide networks. Over time, some of these networks developed into autonomous non-profit organisations. As such, they grew to operate as a base for large-scale projects funded through the 2003-2008 Public Health programme. Two important tobacco control networks set up via the EU Public Health action programmes are [ENSP](#) (European Network for Smoking Prevention) and [SFCN](#) (Smokefree Class Competition Network). A complete overview of projects on smoking cessation and tobacco control funded through the Public Health Programmes is available at the [website of DG SANCO](#).

Research Programme also funds activities in field of health promotion and tobacco control

The EU's Framework Programmes on Research and Development have also supported the knowledge base for tobacco control across the EU. Developing a better understanding of the effectiveness of fiscal policies for tobacco control in Europe is among the priority areas of the 7th Framework Programme running from 2007 to 2013, and in 2009 the [PPACTE project](#) (pricing policies and control of tobacco in Europe) was funded. PPACTE will look at the impact of price and taxes on the effect of fiscal policy and tobacco control in Europe and offer recommendations to Member States and to the European Commission.

4.2. Impact of WHO

WHO Framework Convention on Tobacco Control and European Strategy for Tobacco Control

The WHO Framework Convention on Tobacco Control ([FCTC](#)) is the first-ever global health treaty providing a comprehensive tobacco control framework. The FCTC includes provisions to reduce both supply and demand (see textbox). It was adopted by the World Health Assembly on 21 May 2003 and entered into force on 27 February 2005. The EU Council approved the FCTC in June 2004, and

subsequently ratified it on 30 June 2005. The [MPOWER package](#) contains six key tobacco control measures that complement and build on the FCTC, providing WHO Member States with a road map to use in meeting their commitments. In the European region, the current framework for action is the European Strategy for Tobacco Control ([ESTC](#)). It builds on lessons learned from the three European action plans and the principles of the Warsaw Declaration for a Tobacco-free Europe, and was adopted by the WHO Regional Committee for Europe in 2002. For more information see the [WHO-Euro website](#).

Textbox: provisions in WHO FCTC aimed at reducing demand and supply of tobacco products

The core demand reduction provisions in the WHO FCTC are contained in articles 6-14:

- Price and tax measures to reduce the demand for tobacco, and
- Non-price measures to reduce the demand for tobacco, namely:
 - Protection from exposure to tobacco smoke;
 - Regulation of the contents of tobacco products;
 - Regulation of tobacco product disclosures;
 - Packaging and labeling of tobacco products;
 - Education, communication, training and public awareness;
 - Tobacco advertising, promotion and sponsorship; and,
 - Demand reduction measures concerning tobacco dependence and cessation.

The core supply reduction provisions in the WHO FCTC are contained in articles 15-17, and relate to:

- Illicit trade in tobacco products;
- Sales to and by minors; and,
- Provision of support for economically viable alternative activities.

WHO monitors key articles of FCTC through Global Tobacco Surveillance System

The purpose of Global Tobacco Surveillance System ([GTSS](#)) is to increase countries' capacity to design, implement and evaluate their national comprehensive tobacco action plans and to monitor the key articles of the WHO Framework Convention on Tobacco Control (FCTC). GTSS includes data collected through four surveys:

- Global Youth Tobacco Survey (GYTS), focusing on youth aged 13–15 and collecting information in schools;
- Global School Personnel Survey (GSPS), surveying teachers and administrators from the schools that participate in GYTS;
- Global Health Professions Students Survey (GHPSS), focusing on third-year students in dentistry, medicine, nursing and pharmacology;
- Global Adult Tobacco Survey (GATS), monitoring tobacco use among adults in a household survey.

Data are disseminated partly through factsheets and country reports issued to country research coordinators at the end of a project. GYTS data have been available to the public since 2004 with about 410 data sets available on the [CDC website](#).

5. National smoking policies and strategies

Despite convergence of policies in EU countries, differences still exist

[The tobacco control database of WHO Regional Office for Europe](#) contains data on smoking prevalence and various aspects of tobacco control policies in WHO European Member States. It provides standardized information to track and assess the tobacco-related situation within and across countries in the region. The general picture emerging from this database is that policies in

countries that are members of the European Union generally are comparable. This is partly due to the regulatory framework provided by the EU (see paragraph 4.1). Greater differences appear when comparing the non-EU members of the WHO European region with the EU members. When looking at the contents of the database in more detail, some striking issues are:

- There are no specific targets on tobacco in government policy in Belgium, Greece, Latvia, Malta, Romania and a number of non-EU countries in the WHO European region.
- Government ownership in tobacco companies exists in Albania, Bulgaria, Italy, Kazakhstan, Kyrgyzstan, Republic of Moldova, Romania, the Former Yugoslav Republic of Macedonia, Turkey and Uzbekistan.

It is noted that not for all indicators in the database it is clear when they were last updated.

United Kingdom, Ireland, Iceland and Norway have most comprehensive tobacco control policies

In 2004 a study was carried out by the European Network for Smoking Prevention ([ENSP](#)), which focused on the following tobacco control interventions:

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

Using relative weights for the different interventions, defined by experts, a 'tobacco control scale' was constructed, ranging from 0-100, with 100 reflecting the highest (= best) possible score.

Questionnaires were sent to 28 European country correspondents to map the level of implementation of these interventions in the countries. Based on the outcomes of the survey, country scores were computed. Only four countries (Ireland, United Kingdom, Norway, Iceland) scored 70 or more ([Joossens L, Raw M. 2006](#)). National scores were computed again in 2005, 2007 and 2010. When looking at the 2010 scores ([Joossens L, Raw M. 2011](#)) the four countries that had the best score in 2004 remained at the top, and they were joined by Turkey. Compared to the 2007 scores, some countries' relative position improved considerably. This is the case for example for Denmark, Switzerland and Slovenia. Other countries moved down on the list, for example Estonia and Bulgaria. More detailed information on the tobacco control scale scores is available in the National Public Health Compass [in Dutch] ([National Kompas Volksgezondheid](#)). A complete overview of the 2010 Tobacco Control Scale scores is provided in the table below.

Table 1: 2010 Tobacco Control Scale scores

2010 rank	Country	2007 rank	Price (30)	Public place bans (22)	Public information campaign spending (15)	Advertising bans (13)	Health warnings (10)	Treatment (10)	Total (100)
1	UK	1	26	21	8	9	4	9	77
2	Ireland	2 =	27	21	1	12	2	6	69
3	Norway	4	25	17	2	12	1	5	62
4 =	Turkey	-	25	21	-	7	5	3	61
4 =	Iceland	2 =	20	17	9	12	1	2	61
6	France	7	21	17	1	9	1	6	55
7 =	Finland	8 =	17	17	2	10	2	4	52
7 =	Malta	5	19	17	-	9	1	6	52
9	Sweden	6	17	15	2	10	1	6	51
10	Belgium	8 =	17	13	2	8	4	6	50
11	Switzerland	18	15	11	9	2	5	6	48
12	Italy	10	16	17	-	8	1	5	47
13 =	Spain	12	14	17	1	9	1	4	46
13 =	Denmark	20	16	11	3	8	1	7	46
13 =	Netherlands	14 =	16	13	1	9	1	6	46
16	Romania	14 =	21	7	-	7	3	7	45
17 =	Slovenia	25 =	13	15	-	9	1	6	44
17 =	Latvia	24	18	14	-	9	3	0	44
19 =	Portugal	23	18	11	-	8	1	5	43
19 =	Estonia	11	14	12	-	10	1	6	43
19 =	Poland	14 =	15	11	-	9	1	7	43
22 =	Slovakia	17	15	10	-	9	1	6	41
22 =	Lithuania	21	17	12	-	8	1	3	41
24 =	Cyprus	19	14	11	-	10	1	4	40
24 =	Bulgaria	13	21	6	-	10	1	2	40
26	Germany	27	17	11	-	4	1	4	37
27 =	Hungary	22	15	6	-	7	1	5	34
27 =	Czech Rep.	25 =	14	7	-	8	1	4	34
29	Luxembourg	28 =	5	11	-	9	1	7	33
30 =	Austria	30	13	7	-	7	1	4	32
30 =	Greece	28 =	15	7	-	6	1	3	32

Note: empty cells for public information campaign spending reflect missing data or zero scores.

Source: Joossens L, Raw M. The Tobacco Control Scale 2010 in Europe. Editor: the Association of the European Cancer Leagues, Brussels. 2011.

Policy measures related to pricing of tobacco and consumer information could be improved in the Netherlands

In 2010, the Netherlands had an average score on the tobacco control scale (see paragraph above for more information on this scale). Compared to 2007, the ranking of the Netherlands improved from the 14th to the 13th place. In 2007 however, the Netherlands had moved from the 7th to the 13th position. Areas where smoking policies in the Netherlands could be improved to meet the standards defined in the tobacco control scale are the pricing of tobacco products and the provision of information for consumers. Also smoking bans in work places and in the hospitality sector could be improved. The Netherlands is performing well in relation to advertising bans and support for people who want to stop smoking.

Policies to reduce exposure in children to tobacco exposure are present in many EU countries, but differences exist as well

The European Environment and Health Information System ([ENHIS](#)) project gathered information on tobacco control policies in 18 European Union countries collected from 2005 to 2007, using a questionnaire covering the four regional priority goals defined in the WHO [Children's Environment and Health Action Plan for Europe](#) (CEHAPE) of 2004. The database is available on line, and shows that in most countries that were involved in the study national policies have a specific focus on children. Differences between countries exist as well, however. When looking for example at the age at which children are allowed to buy tobacco products, the limit is 18 in Hungary, Romania, Slovakia, while it is 16 in the Netherlands and Portugal. A remarkable feature of Hungarian legislation is that children under age 18 are prohibited to smoke anywhere in public places, even in areas specially designated for smoking.

WHO report showed that in 2006 complete bans of smoking in the hospitality sector were rare in the European Region

In 2006 WHO Regional Office for Europe published the report '[Legislating for smoke-free workplaces](#)', which aimed to provide a review of legislative tools and options in support of smoke-free workplaces, including the hospitality sector, as well as a cross-country analysis of legislation. The main conclusions were that as of the beginning of 2006, the majority (70%) of countries in the WHO European Region have enforced bans on smoking in health care, educational and government facilities. Smoking in other public places such as workplaces and cultural institutions is also banned to a lesser extent (60%). Throughout the Region, however, the exception is the hospitality sector, comprising mainly restaurants and bars; in 2006 only six countries completely banned smoking in these establishments. The level of enforcement of policies to regulate smoking in public places varies between countries. Different countries use different types of legislation to provide protection from exposure to tobacco smoke. Exposure can be regulated by using public health legislation or health and safety legislation. Public health legislation, aimed at protecting the general public, would also cover workers in public areas in offices and transport. Health and safety legislation covers workers either indirectly (e.g. risk of explosion) or directly (e.g. classification of environmental tobacco smoke as a carcinogen).

New European Commission funded project on policies on exposure to second-hand smoke and tobacco consumption

The 'Evaluation of the impact of smoke-free policies in Member States on exposure to second-hand smoke and tobacco consumption' project ([IMPASHS](#)) was recently funded under the Health Programme. The project will analyze the existing policies on second-hand smoke control in European countries and their impact on second-hand smoke exposure and tobacco consumption, and develop a system of indicators to evaluate and monitor the policies at local, national and European level.

6. References and resources

Organisations:

- European Union
 - European Commission, tobacco policy: http://ec.europa.eu/health/tobacco/policy/index_en.htm
 - European Commission, HELP campaign: http://ec.europa.eu/health/tobacco/help/index_en.htm
 - The European Anti-Fraud Office: http://ec.europa.eu/dgs/olaf/index_en.html
- WHO
 - WHO headquarters: <http://www.who.int/tobacco/en/>
 - WHO, regional office for Europe: <http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/tobacco>
 - WHO, Framework Convention on Tobacco Control website: <http://www.who.int/fctc/en/index.html>
 - WHO, Health Evidence Network (HEN): <http://www.euro.who.int/en/what-we-do/data-and-evidence/health-evidence-network-hen>
- NGOs
 - European Network for Smoking Prevention (ENSP): <http://www.ensp.org/>
 - Smokefree Class Competition Network (SFCN): <http://www.smokefreeclass.info/network.htm>

Projects:

- Access strategies for teen smoking cessation in Europe (ACCESS): <http://www.access-europe.com/index.php>
- Pricing policies and control of tobacco in Europe (PPACTE): <http://www.ppacte.eu/joomla/>
- Evaluation of the impact of smoke-free policies in Member States on exposure to second-hand smoke and tobacco consumption' project (IMPASHS): http://www.hibernitel.com/impashs/index.php?option=com_content&view=frontpage&Itemid=28
- The European Environment and Health Information System: <http://www.enhis.org/>

Databases:

- European Commission, project database, projects on tobacco: http://ec.europa.eu/health/tobacco/projects/index_en.htm
- WHO, tobacco control database: <http://data.euro.who.int/tobacco/?TabID=2402>
- WHO, Global Tobacco Surveillance System (GTSS): <http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/tobacco/facts-and-figures/global-tobacco-surveillance-system-gtss>
- CDC, Global Youth Tobacco Survey (GYTS): <http://www.cdc.gov/tobacco/global/gyts/>
- ENHIS project, Inventory of selected environmental health policies in 18 European countries: <http://www.enhis.org/> (go to: country information, inventory of policies)

Policy documents:

- Tobacco control in the European Union, Factsheet, European Commission, 2009: http://ec.europa.eu/health/archive/ph_information/documents/tobacco_control_en.pdf
- Directive 2001/37/EC of the European Parliament and of the Council of 5 June 2001 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco products: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32001L0037:EN:NOT>

- Directive 2003/33/EC of the European Parliament and of the Council of 26 May 2003 on the approximation of the laws, regulations and administrative provisions of the Member States relating to the advertising and sponsorship of tobacco products: http://eur-lex.europa.eu/LexUriServ/site/en/oj/2003/l_152/l_15220030620en00160019.pdf
- Technical Annexes to the Communication of the Commission on the European Environment and Health Action Plan 2004-2010. Brussels, 9.6.2004. COM(2004) 416 final. Volume II: http://www.eu-humanbiomonitoring.org/doc/ta_vol2.pdf
- Green Paper. Towards a Europe free from tobacco smoke: policy options at EU level. European Commission, 2007: http://ec.europa.eu/health/archive/ph_determinants/life_style/tobacco/documents/gp_smoke_en.pdf
- Council Recommendation of 30 November 2009 on smoke-free environments: [http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32009H1205\(01\):EN:NOT](http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32009H1205(01):EN:NOT)
- Council Directive 2010/12/EU of 16 February 2010 amending Directives 92/79/EEC, 92/80/EEC and 95/59/EC on the structure and rates of excise duty applied on manufactured tobacco and Directive 2008/118/EC: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32010L0012:EN:NOT>
- WHO Framework Convention on Tobacco Control (FCTC): http://www.who.int/fctc/text_download/en/index.html
- WHO, MPOWER measures: <http://www.who.int/tobacco/mpower/package/en/index.html>
- European Strategy for Tobacco Control (ESTC), 2002: <http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/tobacco/policy/regional-policy/regional-action-plans/european-strategy-for-tobacco-control,-2002>
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<http://tobaccocontrol.bmj.com/content/17/4/230.full.pdf>