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REPORT FOR THE EUROPEAN COMMISSION AND THE NATIONAL ACADEMIES OF MEDICAL SCIENCES ON TOBACCO USE FOLLOWING THE CONFERENCE HELD BY FEAM IN BRUSSELS ON SATURDAY 13 NOVEMBER 2004.

Tobacco remains the main toxic agent in the EU Member States and smoking is still the first cause of death and of cancer between 35 and 69 years. The fight against smoking should be carried out at all levels, in particular the city, national and international levels. Since 1986 and the European Action Against Cancer, the European Commission has effectively participated in this combat. Although the subsidiary principle has somewhat reduced its field of action, the contribution of the EU Commission has remained important over the past decade.

The aim of this paper is to address one question: what can the EU do to speed up the slow decrease in the proportion of smokers, which is currently observed in most Member States? The EU Commission has had a key role in the negotiation of the WHO convention against tobacco and its ratification is strongly supported by FEAM, but besides this most important goal other actions should be undertaken:

Three types of actions should be distinguished:

1. Those that ought to be taken at the EU level:

- Cross border indirect advertising such as those broadcast on the radio or TV. Unfortunately, sponsorship of broadcasted sporting events (automobile races) is most effective. It was hoped that they would be banned by the WHO convention. However doubts were raised about the effectiveness of the convention in this case. This is a point, which needs clarification.
- Health warnings on packages and characteristics of packages (number of cigarettes, pictures on packages, etc.) Much has been done but much remains to be done in this field. In the long range, there should be no pictures, no special colour, no logo and all packages should be identical.
- Occupational hazards and protection of workers against passive smoking, which is recognized to be currently the most dangerous occupational hazard. Till now nothing has been done in this very important domain, although it is clearly the responsibility of the EU. A side effect is to show workers that they can stop smoking during working hours, and therefore to promote tobacco cessation. It is also to suppress the example given by other smokers, which makes tobacco cessation difficult.
- Fight against smuggling. Member States cannot fight efficiently against organized smuggling, only the EU can. It should reinforce its actions in this very important area, in particular for the new Member States.

2. Actions which can be taken at the EU level:

Price is clearly the most effective single factor in the fight against smoking. Although the government of each Member State must determine tobacco taxes, the EU can act in this field by encouraging the harmonization of tobacco taxes

and prices. Currently the price of a pack of Marlboros varies from 2.38 € in Portugal or 2.5 € in Spain to 6.6 € in the UK, 6.25 € in Ireland or 5 € in France. This wide range encourages cross border trafficking.

3. Actions that should be taken in each Member State but for which the EU can make recommendations:

Protection of non-smokers, in particular pregnant women, infants and children in public places, bars and restaurants. In 1988, effective recommendations were made in this area. Subsidiary should not inhibit recommendations, exchange of information and inquiries. Annual comparison of rules and regulations for the protection of non-smokers in each Member State could enhance the effectiveness of the rules and give an incentive to governments and NGOs.

4. Research

Research on smoking and other addictions should be a first priority of the EU. The funds available for research on smoking at the European level have decreased with the new agreement on the support of tobacco growers, while the need for socio-psychological research has increased. More research supported by the EU should investigate several areas such as:

1. What are the causes of the great differences in smoking habits of teenagers throughout Europe (familial, social, individual, psychological factors, education, price, etc.)?
2. What are the most effective ways to encourage and obtain tobacco cessation, in particular before 40 years of age?
3. What are the associations between tobacco, alcohol and cannabis in young males and females in the Member States? What are the causes of the differences between the Member States?

November 2004