



EFA position paper

Proposal for a directive of the European Parliament and of the Council on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products

(July 2013)

Background

The European Federation of Allergy and Airways Diseases Patients' Associations ([EFA](#)) is a non-profit network of allergy, asthma and chronic obstructive pulmonary disease (COPD) patients' organisations, representing 35 national associations in 22 countries and over 400,000 patients in Europe. EFA is dedicated to making Europe a place where people with allergies, asthma and COPD have the right to best quality of care and safe environment, live uncompromised lives and are actively involved in all decisions influencing their health. This paper includes EFA's first comments on the main issues of the Commission's proposal for the tobacco products directive and was sent out to our network for comments and approval. Members positively responded and especially Norwegian Asthma and Allergy Association ([NAAF](#)), [Finnish Allergy and Asthma Federation](#), [FEDERASMA](#) and [Swedish Heart and Lung Association](#) were actively involved in the development of the document.

Although the directive only applies to tobacco consumption and not to exposure (it does not regulate banning smoking in public and workplaces; the EU is still to take action on this topic and has only issued non-binding [Council recommendation on smoke-free environments](#))¹, it is fundamental for EFA to advocate for stricter requirements that protect the health of European citizens to be inserted in the text. Tobacco is a proven and classified carcinogen; it causes a great deal of respiratory diseases and is a major source of nuisance and exacerbation for people with asthma, allergy and COPD, leading to social and work exclusion and unnecessary illness. In particular, the World Health Organisation (WHO)

¹ In some European countries, patients' organisations have been actively involved in protecting European citizens' health by prohibiting smoking in public places. In particular, FEDERASMA in Italy was working hard to promote the so called "Sirchia Law" (Law 3/2003 abolishing smoking in public places) to protect non-smokers, making Italy one of the first countries in Europe to approve such legislations.

estimates that tobacco smoke is the primary cause of COPD in developed countries.² Lifelong smokers have a 50% probability of developing COPD during their lifetime; along the same line, there is also evidence that the risk of developing COPD falls by about half with smoking cessation.³ Research shows that smoking and exposure to second hand smoke is a major factor in provoking allergic responses by babies and young children.⁴ Unfortunately a third of adults aged 18-45 with clinical/treated asthma are current smokers.⁵ This number is worrying as smoking in asthma is associated with a higher degree of asthma severity, worsening of symptoms, increased hospital admissions, accelerated decline in lung function, limited short-term responses to medicines and poorer asthma control.⁶ In short, for people with allergy, asthma and COPD, their children and the future generations it is fundamental to implement effective, comprehensive tobacco control and second-hand smoke policies with a vision.

General position

EFA position is in line with that of other major non-governmental organisations (NGOs) in the field of tobacco control and smoking prevention.

1. Packaging and labelling

1.1. Plain packaging

Motivation: standardised packaging is legal (under the scope of the directive, proportionate and in accordance with intellectual property rights law) and easily implementable. It does not cost any money to governments and works for public health.

The industry arguments that plain packaging is contrary to intellectual property rights law and leads to illicit trade should be unmasked as false. On the one hand, using a trademark is a privilege and not a right. There is the possibility to limit such use to protect public health and the Court of Justice of the European Union has already issued positive judgments on this topic. Indeed, every company will continue to have the characterising trademark, but its use will be regulated (it will not be possible to display it in tobacco products' packages, but it could be used

² WHO, *COPD factsheet*, November 2012, available at: <http://www.who.int/mediacentre/factsheets/fs315/en/>.

³ Laniado-Laborin L., *Smoking and Chronic Obstructive Pulmonary Disease (COPD). Parallel Epidemics of the 21st Century*, in *International Journal of Environmental Research and Public Health*, 2009.

⁴ Kulig M., Luck W., Lau S., Niggemann B., Bergmann R., Klettke U., Guggenmoos-Holzmann I., Wahn U., *Effect of pre- and post-natal tobacco smoke exposure on specific sensitisation to food and inhalant allergens during the first years of life*, in *Allergy*, March 1999. Halken S., *Prevention of allergic disease in childhood: clinical and epidemiological aspects of primary and secondary prevention*, in *Pediatric Allergy Immunology*, June 2004.

⁵ To T., Stanojevic S., Moores G., Gershon A. S., Bateman E. D., Cruz A. A., Boulet L., *Global asthma prevalence in adults: findings from the cross-sectional world health survey*, in *BMC Public Health*, March 2012.

⁶ Thomson N. C., Chaudhuri R., Livingston E., *Asthma and cigarettes smoking*, in *European Respiratory Journal*, November 2004. Fattahi F., Hylkema M. N., Melgert B. N., Timens W., Postma D. S., ten Hacken N.H., *Smoking and nonsmoking asthma: differences in clinical outcome and pathogenesis*, in *Expert Review of Respiratory Medicine*, February 2011. Polosa R., Thomson N. C., *Smoking and asthma: dangerous liaison*, in *European Respiratory Journal*, August 2012.

in websites, corporate papers, etc.). On the other hand, plain packaging will not increase illicit trade as these packages will continue to have health warnings and security features.

A campaign on the plain packaging was run in the UK by Smoke-free Action Coalition and the results clearly showed that this decreases the attractiveness of smoking, especially among young people.⁷ In addition to that, in its [Guidelines for the implementation of Article 11 of the Framework Convention on Tobacco Control \(FCTC\)](#), the World Health Organisation (WHO) recommends “[p]arties should consider adopting measures to restrict or prohibit the use of logos, colours, brand images or promotional information on packaging other than brand names and product names displayed in a standard colour and font size (plain packaging)”.

1.2. 80% combined text and pictorial health warning on the front and back

Motivation: evidence suggests that large combined health warnings are more effective than text-only warnings.

According to an Eurobarometer survey on tobacco, conducted in 2008 in all 27 Member States, 3 out of 10 nonsmokers responded that health warnings prevented them from starting to smoke, the same percentage of non-smokers said the warnings deterred them from starting again, 1 out 5 smokers estimated the health warnings made them smoke less and helped them to try to quit. In addition, the insertion of pictorial warnings is conceived as effective by more than 50% of Europeans.⁸ The German Cancer Research Center has estimated that “[h]ealth warnings on tobacco packaging capture attention, educate effectively about the health hazards of smoking and make smoking unattractive”.⁹ Their effectiveness depends on their size, positioning and design. In addition, the proposal implements Article 11 of the [WHO FCTC](#) on “Packaging and labelling of tobacco products” and the corresponding Guidelines for implementation: health warnings should cover 50% or more of the packaging’s principal display areas.

1.3. Ban on slim cigarettes

Motivation: research into the impact of pack design on young women, including the impact of brand descriptors such as “slims”, as well as skinny packs and pink colours, finds that such packs are both misleading and significantly more appealing to young women.¹⁰

1.4. Cessation information (e.g.: quit lines) as part of the health warnings

Motivation: providing a telephone number on the pack is more effective than telling smokers to seek advice from a doctor or pharmacist.

Evidence shows that in Belgium this measure resulted in an increase of 66% in calls to the quit line.¹¹

⁷ See the website of the Coalition: <http://www.smokefreeaction.org.uk/plain-packaging.html>.

⁸ Eurobarometer, *Survey on tobacco*, March 2009, available at: http://ec.europa.eu/public_opinion/flash/fl_253_en.pdf.

⁹ German Cancer Research Center, *Effectiveness of Pictorial Health Warnings on Cigarette Packages*, 2013, available at: http://www.dkfz.de/de/tabakkontrolle/download/Publikationen/AdWfP/AdWfP_Pictorial_Health_Warnings.pdf.

¹⁰ Hammond D., Daniel S., White C. M., *The effect of cigarette branding and plain packaging on female youth in the United Kingdom*, *Journal of Adolescent Health*, 2012.

¹¹ Sambrook Research International, *A review of the science base to support the development of health warnings for tobacco packages*, May 2009, available at: http://ec.europa.eu/health/tobacco/docs/warnings_report_en.pdf.

1.5. Warnings on tar, nicotine and carbon monoxide levels (TNCO)

Motivation: the indication of the yields for tar, nicotine and carbon monoxide on cigarette packets have proven to be misleading as it makes consumers believe that certain cigarettes are less harmful than others.

2. Ban on oral tobacco products

Motivation: the harmful effect of oral tobacco has been confirmed by the Commission's Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) and other studies.

In particular, all smokeless tobacco products (STP) contain nicotine that is highly addictive and carcinogenic components. Snus has been proven to cause oral lesions and represents a high risk for developing oral and pancreas cancers. There is evidence for an increased risk of fatal myocardial infarction and fatal stroke among snus users and a risk of uptake in new users, including young people. In addition, some data indicate reproductive effects of smokeless tobacco use during pregnancy (increased risk of miscarriage and premature delivery).

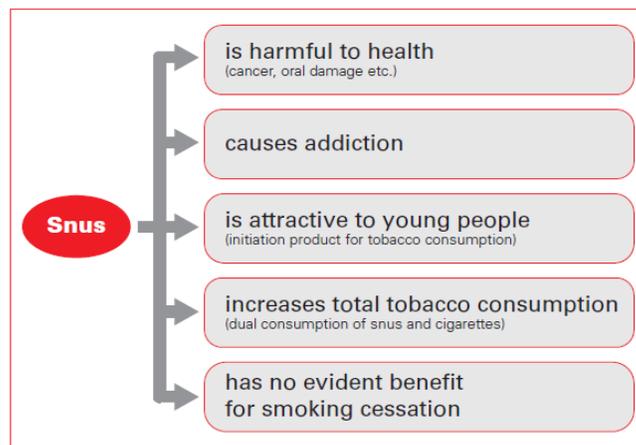


Figure 2: Disadvantages of snus. Illustration: German Cancer Research Center, Unit Cancer Prevention, 2010.

Snus has no evident benefit for smoking cessation. Indeed, if it is true that in Sweden from 2006 to 2011, the percentage of smokers has declined continuously, it is also true that the same phenomenon occurred with snus users.¹²

3. Full ban on all flavouring for all tobacco products

Motivation: all additives should be banned and not only those characterising. Indeed, they make the tobacco more palatable, decrease the irritation it causes and increase its smoothness and attractiveness.

This is in line with articles 9 and 10 of the FTCT and corresponding implementing guidelines that refer to all additives in order to prevent people from initiating and help smokers to quit. In many countries, sales of mentholated products gradually increased even as smoking prevalence overall declined. A number of studies indicated that mentholated tobacco products can facilitate inhalation as well as smoking uptake among young people.¹³

¹² SCENIHR, *Health Effects of Smokeless Tobacco Products*, February 2008, available at: http://ec.europa.eu/health/ph_risk/committees/04_scenihr/docs/scenihr_o_013.pdf. German Cancer Research Center, *Snus, a harmful tobacco product*, 2010, available at: http://www.ensp.org/sites/default/files/AdWfdP_Snus_en.pdf. TOBAKSFAKTA, *Snus is not a harmless alternative*, 2013, conference document.

¹³ World Trade Organisation (WTO) Appellate Body, AB-2012-1, *United States – Measures Affecting the Production and Sale of Clove Cigarettes*, 4 April 2012, available at: http://www.wto.org/english/tratop_e/dispu_e/406abr_e.pdf.

4. Traceability of tobacco products

Motivation: all tobacco products should receive the same treatment and no exception should be foreseen for those other than cigarettes and roll-your-own-tobacco. Invisible security features should be added to visible ones.

5. Ban on online sales of tobacco products

Motivation: the ban on online sale and free distribution of products will protect EU consumers (children and young people in particular) from the consequences of easily accessible, harmful products.

6. Regulation of e-cigarettes

Motivation: over the last few years an array of new nicotine containing products has been developed. These products should be seen as the other nicotine replacement treatments and need to be properly regulated for ensuring appropriate safeguards in terms of quality, safety and efficacy. If electronic cigarettes were used as a remedial care, they ought to be supplied like prescription drugs and not in shops, which are fast increasing and available to any age. If nicotine is used as a medical treatment, it is advisable that patients understand it and get it through products known as drugs.

Contact: Roberta Savli, EFA EU Policy Officer, roberta.savli@efanet.org