

EFA's response to the roadmap on Europe's Beating Cancer Plan communication (Directorate General for Health and Food Safety)

The European Federation of Allergy and Airways Diseases Patients' Associations (EFA) is the voice of the 200 million people living with allergy, asthma and chronic obstructive pulmonary disease (COPD) in Europe. We bring together 43 national associations from 25 countries and channel their knowledge and demands to the European institutions. We connect European stakeholders to ignite change and bridge the policy gaps on allergy and airways diseases so that patients live uncompromised lives, have the right and access to the best quality care and a safe environment.

EFA welcomes the European Commission Communication on Europe's Beating Cancer Plan to address the health challenges posed by cancer. We consider the ambition to beat cancer is an unprecedented challenge the Union should face, within the Treaties and for the direct benefit of societies and people. We integrate this EU landmark effort to beat cancer as a pilot model for joint and collective action to improve health, a model that could serve other life-threatening, costly, diseases that have big impact on the lives of Europeans, and globally such as allergy, asthma and COPD and other respiratory diseases.

Diseases affecting the respiratory system are among the top five causes of death in the EU¹ and COPD is the second leading cause of death globally². For EFA, the EU has a responsibility and a tangible role to play, adding value to the existing efforts that Member States are putting on cancer –as well as on other non-communicable diseases-: from improved prevention and equal access to quality care, to fulfilling quality lives during and after disease.

We gladly note the patient-centered, participatory and research-oriented focus of this initiative. Most importantly, we applaud the emphasis put on disease prevention and the willingness to address the environmental, economic, and social determinants of cancer. At EFA we have since long been advocating for a truly holistic approach in EU policies affecting human health: one that fosters *Health In All Policies*, integrating health considerations across policy areas beyond health dossiers.

Allergy, asthma and COPD patients are affected by many of the issues that need to be tackled to beat cancer and that will be prioritised in the Plan. Some of these are elaborated in EFA's '*Roadmap: Inform, Prevent, Care*', which suggested the 3 main EU policy pillars for the way forward³. EFA therefore participates in this consultation to eagerly recommend the following actions in specific common policy areas where not only cancer but also the respiratory diseases patients' communities and the population at large, can benefit.

1. Fight the deadliest environmental determinant: air quality

There is ample scientific evidence confirming the impact air pollution has in the development of respiratory diseases and lung cancer. Despite air quality in Europe having improved thanks to EU legislation, air pollution remains the single largest environmental health risk, killing about 400.000 people in the European Union every year. The climate emergency and the number of preventable

¹ [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=File:Causes_of_death_%E2%80%9494_standardised_death_rate,_EU-28,_2016_\(per_100_000_inhabitants\)_HLTH19.png](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=File:Causes_of_death_%E2%80%9494_standardised_death_rate,_EU-28,_2016_(per_100_000_inhabitants)_HLTH19.png)

² [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(17\)30293-X/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(17)30293-X/fulltext)

³ https://www.efanet.org/images/Roadmap_EFA.pdf

deaths are paving the way to closer alignment of EU air quality standards to the more ambitious WHO guidelines. Further, more than 50% of asthma and COPD patients feel that policy-makers are not doing enough to promote air quality information, while 38% think that public authorities do not protect them sufficiently from transport pollution⁴. EFA therefore stresses the need to upgrade current air quality legislation, in the context of a Zero Air Pollution Action Plan to:

- meet the latest scientific advice on air quality to preserve good health (current and future WHO air quality guidelines),
- adopt a broader policy approach to air pollution through a strategy looks into air quality addressing all sources of emissions (industry, transport, agriculture and farming, heating) everywhere (indoors and outdoors)
- expand and improve the current monitoring network to other pollutants (such as ultrafine particles, volatile organic compounds, dust and pollens) which compromise our health and ability to breathe
- improve the information to the public with real-time specific messaging for vulnerable groups such as cancer and respiratory disease patients
- reinforce current occupation health protection within the Carcinogens and Mutagens Directive with further measures ensuring the protection of workers' health⁵ linked with the onset of occupational cancers as well as with respiratory conditions such as asthma, as 83% of patients with COPD or asthma consider indoor air pollution from occupational activities to negatively affect their health, while 79% of patients believe that chemical products impact their condition⁶
- establish compulsory, indoor air quality certificate for all new and renovated buildings to protect respiratory health also indoors, and advance towards smarter building designs, energy efficiency measures and targeted actions against damp and moldy homes.

2. Tackle the single largest avoidable health risk: tobacco and smoking

The 2017 Special Eurobarometer survey on the '*Attitudes of Europeans towards tobacco and electronic cigarettes*'⁷ gives us valuable insight into the smoking prevalence in the EU. Smoking kills 700.000 people per year in the EU, 50% of them prematurely. Moreover, over a quarter of the population (26%) are active smokers, a proportion that has remained stable since 2014, while the percentage of those aged 15-24 has increased from 25 to 29%.

Assessing the implementation of the WHO Framework Convention on Tobacco Control recommendations, the 2019 Trends Report on European Tobacco Use found that the number of countries in the European region banning smoking in public places has increased recently. However, the level of protection from exposure to second-hand smoke remains insufficient in government facilities, indoor offices, restaurants, pubs and bars, and public transport⁸. Moreover, 92% of patients with asthma and COPD believe that smoking and second-hand smoke significantly impact their health.

⁴ https://www.efanet.org/images/ShowLeadership/Report-ShowLeadership_FINAL.pdf

⁵ According to the European Agency for Safety and Health at Work (EU-OSHA), 38% of European enterprises report potentially dangerous chemical or biological substances in their workplaces

⁶ https://www.efanet.org/images/ShowLeadership/Report-ShowLeadership_FINAL.pdf

⁷ https://data.europa.eu/euodp/en/data/dataset/S2146_87_1_458_ENG

⁸ http://www.euro.who.int/_data/assets/pdf_file/0009/402777/Tobacco-Trends-Report-ENG-WEB.pdf?ua=1

However, only one-third of patients feel that public authorities do enough to protect them from these risk factors⁹.

Accordingly, the Eurobarometer survey showed that despite bans in several EU countries, indoor smoking is still an issue in public places. In particular, 20% of people reporting having been in a bar where people were smoking inside, while 9% responded the same for a restaurant.

Meanwhile, the popularity of electronic cigarettes in the EU is on the rise, often perceived as a safe alternative to regular smoking, especially among young people. The Eurobarometer survey demonstrates a worrying increase in those who have vaped at least once (15% compared to 12% in 2014). It is worth mentioning that e-cigarettes are not fully regulated at the EU level, as rules on flavours, nicotine-free refill liquids and the use of cannabis extracts remain a national competence.

In addition, heated tobacco products are increasingly promoted as a less risky way of smoking, hence an alternative smokers can switch to on their way to quit. However, the European Respiratory Society stresses that there is no evidence showing that these products are efficient as a smoking cessation aid, while remaining carcinogenic and highly addictive¹⁰. Moreover, the tobacco harm reduction is based on incorrect assumptions¹¹.

Given the persistence of tobacco use across the European region, EFA recommends to include in the Plan solid measures to reduce smoking prevalence in the EU:

- update tobacco products legislation to cover once for all current and new tobacco-based or smoking products as items posing a danger to human health
- encourage the harmonisation of tobacco products taxation across Europe to deter consumption, as recommended in the latest European Commission Staff Working Document Evaluation of the structure and rates of excise duty applied to manufactured tobacco¹²
- continue enabling Member States sharing of best-practices and actions to enforce the WHO FCTC on extremely relevant issues addressed to the youngest populations, such as exposure to second-hand smoke and smoke-free environments and spaces
- promote access to more effective smoking cessation programmes¹³.

3. Reduce inequalities and involve patients

EFA welcomes the fact that the Europe's Beating Action Plan is conceived on the basis that every actor counts on the fight against cancer, and we truly appreciate that patients are seen as partners in this quest. Patients and the organisations that represent them are key vehicles to address a longstanding health challenge. As in cancer, allergy, asthma and COPD patients have to deal with their disease every day, cope as best as they can, and know the effects of the disease on daily life. But the empowerment is missing: EFA's Access Report showed that 1 in 3 asthma and COPD patients do not feel involved in decisions about their therapy, while their involvement in Disease Management Programmes is even

⁹ https://www.efanet.org/images/ShowLeadership/Report-ShowLeadership_FINAL.pdf

¹⁰ <https://www.ersnet.org/the-society/news/ers-position-paper-on-heated-tobacco-products>

¹¹ <https://ers.app.box.com/v/ERSTCC-Harm-Reduction-Position>

¹² https://ec.europa.eu/taxation_customs/sites/taxation/files/10-02-2020-tobacco-taxation-report.pdf

¹³ <https://www.efanet.org/images/2015/04/EFA-2014-SURVEY-%E2%80%93-Harmonizing-Prevention-and-other-Measures-for-COPD-Patients-across-Europe.pdf>

lower (18%). Furthermore, asthma and COPD patients are not trained to deal with their disease as often as they should, which affects their adherence to treatment¹⁴.

EFA therefore expects this Plan to:

- establish a framework for prevention, care, research and cure that takes and treats patients as a centerpiece for success. Such a model entails a patient-centered, multi-disciplinary approach and participatory mechanisms all along the way
- encourage the adoption of Patient Reported Outcomes to guide health performance indicators
- fully embed the charter of patients' rights by investing in informed choices, self-management and breaching the digitalisation gaps
- propose a holistic strategic framework to tackle chronic non-communicable diseases, with a menu of short and long-term approaches that work to be implemented at national level
- guide the establishment of disease specific centers of excellence to ensure the rapid set up of first-class quality care in Member States

¹⁴ https://www.efanet.org/images/ShowLeadership/Report-Showleadership_FINAL.pdf