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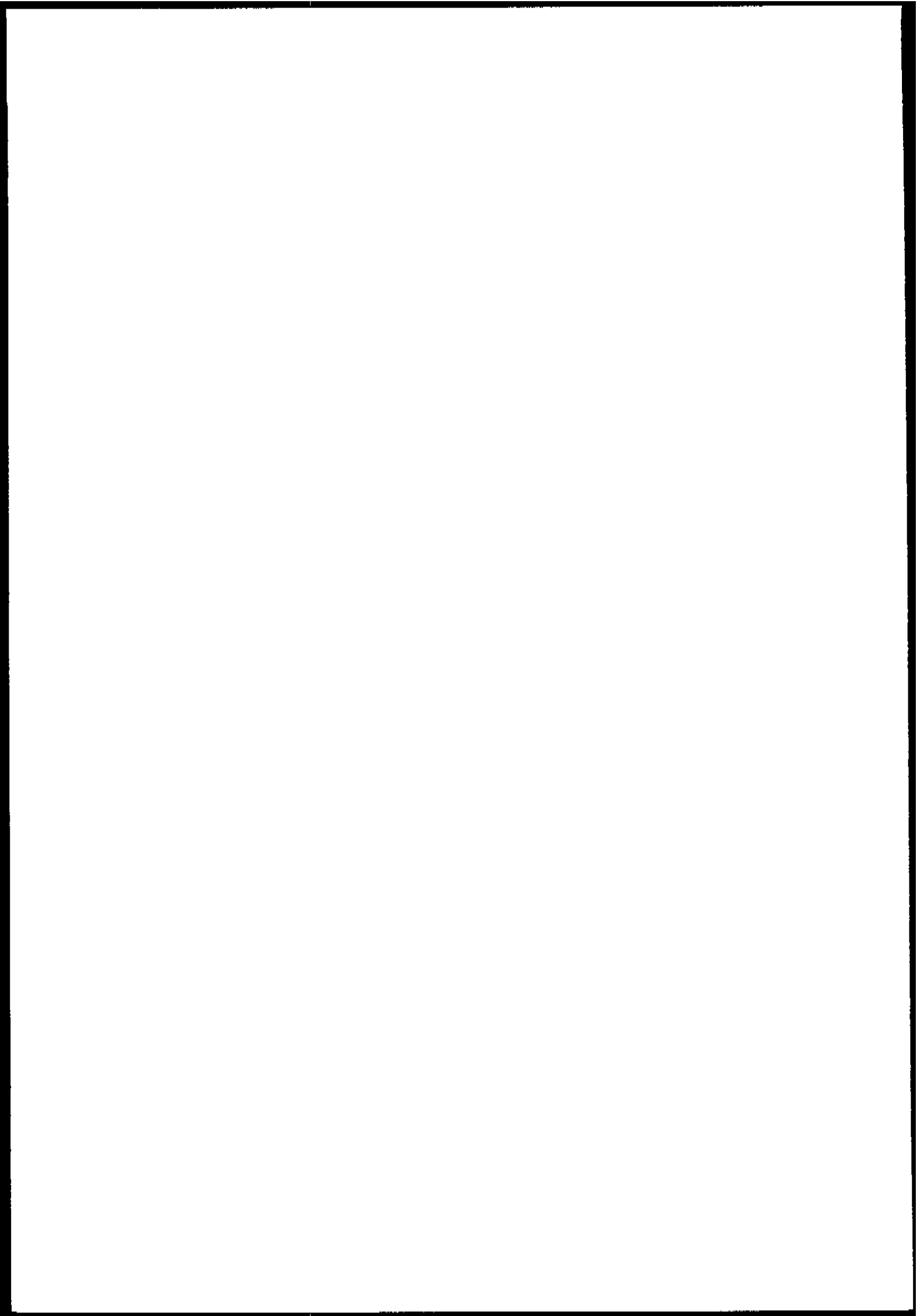
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**Working Together for  
a Tobacco-free Europe**

**Report on a WHO Seminar**

**Budapest  
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# Working Together for a Tobacco-free Europe

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**The Seminar adopted unanimously  
the following resolution:**

"The Seminar urges countries to take urgent action to promote a Europe free from tobacco advertising and promotion through effective legislative measures. The Seminar urges the European Community to adopt the proposed directive to ban tobacco advertising. The European Community's example is the model which will be followed by the new democracies in central and eastern Europe and by those members of EFTA who have applied for membership. The Seminar also calls for the rejection of new tobacco products, for example smokeless tobacco".

## Introduction

The second European seminar on tobacco or health for national policy advisers and national programme managers was held in Budapest in collaboration with the National Institute for Health Promotion, on 22-24 January 1992.

The purpose of the Seminar was to bring together people responsible for managing nonsmoking promotion programmes and for giving control policy advice at national level in Europe. They form the basis of the European Tobacco or Health network which aims at promoting the sharing of ideas and experience. It was hoped that this would facilitate very practical and useful outcomes - the development of joint projects, closer liaison and sharing out of work, and of a coordinated European approach to tobacco control.

Thus the goal of the seminar was intensely practical: to move on from the first Conference on Tobacco or Health, held in Madrid in 1988, and from the first of these seminars, held in Copenhagen in 1990, to explore *how* the network can work together better.

The Seminar also reviewed proposals for a second action plan on tobacco, looked at the current situation in some Member States and developed plans for the 1992 World No Tobacco Day.

The meeting was attended by representatives from 29 countries. It was opened by Dr Laszlo Surján, the Minister of Welfare, Hungary, and chaired by Dr Peter Makara. The Vice-Chairs were Dr Marc Danzon, Dr Ann McNeill and Professor Tore Sanner. Dr Martin Raw was elected Rapporteur. John Griffiths and Patti White were Co-Rapporteurs, and the Co-Rapporteurs for the discussions on the second action plan on tobacco were Zdenek Kucera and Teresa Salvador.

The Seminar brought programme managers and advisers together with WHO temporary advisers from Czechoslovakia, France, Hungary and Spain, and representatives of WHO headquarters and the Regional Office for Europe. For the first time there were also many representatives of other organizations - the Commission of the European Communities, Nordic Council of Ministers, International Federation of Red Cross and Red Crescent Societies, International Union Against Cancer, International Union Against Tuberculosis and Lung Disease, Association of European Cancer Leagues, European Bureau for Action on Smoking Prevention, International Agency on Tobacco and Health, European Union of Nonsmokers, and the Ninth World Conference on Tobacco or Health.

In her introductory address, "Investment in health", *Dr Ilona Kickbusch*, Director of Lifestyles and Health at the WHO Regional Office for Europe, stressed the importance of tobacco as an example, and the commitment of WHO to push tobacco control as a key public health issue. It is an example because it is such a simple issue. Tobacco use is extremely dangerous and there is, in effect, no safe level of use. The longer-term policy goal is therefore to reduce consumption as much as possible. The Regional Office for Europe created the first action plan on tobacco as an exemplary programme, on a topic and concerning a product where the dangers are absolutely clear. It will eventually develop other action plans based on this experience and will soon start drawing up a "sister" action plan on alcohol.

Dr Kickbusch stressed the importance of cooperation, of forming alliances, of developing Europe wide campaigns and of sharing - ideas, resources, work. She pointed out the limited resources of WHO, thus emphasizing that Member States and other organizations should not expect WHO to do all the work. Rather, they would work with WHO, working to improve consultation and cooperation and to share information. This group, she suggested, should be treated as a business meeting.

The key tobacco control strategies are clear and have been set out in *It can be done*. What we have to do now is work out strategy: where will it be most effective and most efficient to act. Clearly financial issues are crucial, not only the ending of tobacco promotion and sponsorship but also where money to pay for our activities will come from. A minimum of US \$5 per head for health promotion and \$1 for tobacco control was suggested. The Victorian Health Promotion Foundation is an example of tobacco tax used to fund health promotion activities and is worth attempting to emulate.

In urging delegates to consider not what WHO can do for them, but what they could do together, with WHO and with each other, Dr Kickbusch set the tone and theme of the meeting.

## **New Challenges for European Action on Tobacco**

### **The First Action Plan**

According to European health for all target 17, 80% of Europeans should be nonsmokers. When this target was reaffirmed in 1991, the attainment date was set at the year 2000, with new emphasis on protection from involuntary smoking.

Dr Tapani Piha reviewed successes and problems of the first European Action Plan on Tobacco. He suggested themes and approaches to be approved in the new Action Plan. The principles of the new Action Plan were discussed both at the plenary session and at a special consultation.

The first European Action Plan on Tobacco was approved by the WHO Regional Committee in 1987 and the following year the first European Conference on Tobacco Policy in Madrid set out six basic rights and ten action strategies for a smoke-free Europe. This launched a five-year period of European cooperation against tobacco.

The first phase of the Action Plan provided valuable lessons for the future. It showed that comprehensive policies implemented through multisectoral action will reduce tobacco use and diseases and deaths caused by smoking. Tobacco taxation and the creation of smoke-free environments have a strong impact on reducing tobacco use.

During the course of the first phase of the Action Plan on Tobacco, several important policy instruments were created, which serve as a basis for policy development. They include the Charter against Tobacco, Ten Strategies for a Smoke-free Europe and the detailed policy guideline *It Can Be Done*. Specialized action guidelines have been drawn up for the medical profession and manuals for the nursing and pharmacy professions are under way. Similarly, the conference "A Tobacco-free New Europe" (Kazimierz, Poland, 1990) organized by the

International Union Against Cancer in association with WHO Europe and Polish organizers detailed five urgent and five long-term tasks for the countries of central and eastern Europe.

## A Request for Continuation

In 1991, the WHO Regional Committee for Europe requested a continuation of the Action Plan. The preparation of a second phase of the Action Plan also serves to strengthen commitment to a healthy tobacco policy in Europe.

The purpose of the second Action Plan is to continue the "unprecedented public mandate" for a joint European policy to reduce tobacco use. While building on existing and adopted policies, the image of the Action Plan should be renewed to maintain the interest of the general public, decision-makers and health professionals. The second Action Plan should outline mechanisms which

- promote international and national action for a tobacco-free Europe;
- advocate and develop effective multisectoral policies for nonsmoking and smoke-free environments at national and local levels;
- strengthen the European information system on tobacco use and policies; and;
- promote concerted intersectoral action, material development and campaigns at international level.

The European health for all target on reduction of smoking rates must be supplemented by specific objectives in all areas of action. Dr Piha suggested the following action areas: prevention of smoking among young people (Nonsmoking generations), support and stimulation of smokers to quit, creation of smoke-free environments, and strengthening policies for a tobacco-free society. Of particular significance is the statement that we cannot just focus on children if we are to achieve the health for all targets.

The next step towards a tobacco-free Europe requires more effective management processes to implement comprehensive policy within Member States. Policies must be backed by strong political commitment and more adequate financial resources. The second Plan needs to concentrate on efforts in action areas that are most likely to produce results.

The WHO Regional Office for Europe needs to enhance its coordinating, networking and support roles. International and national organizations need to participate more actively as initiators and managers of multilateral projects. Links with other regional health programmes of the Regional Office and other organizations active in the fields of health promotion, illegal psychoactive drugs and alcohol would give further impetus to the second phase of the Action Plan.

The second Plan has to be more specific in defining aims for tobacco control in Europe than the first plan. It should show how policy response to tobacco use can be tailored to suit the particular needs of countries, taking different cultural settings into account. The

new points of focus on countries of central and eastern Europe, a positive approach towards tobacco control, and a better understanding of the tobacco epidemic need special attention.

## **Central and eastern Europe - a new focus**

Dr Zdenek Kucera studied smoking as a political, legal, economical, educational and health problem in countries of central and eastern Europe. He translated the rather grim situation analysis into practical suggestions.

These countries need help in building an infrastructure of nongovernmental organizations and in forming an anti-tobacco lobby. It is difficult for outsiders to understand the lack of experience in this field.

Legal expertise on tobacco control is urgently needed. Tobacco control laws are being prepared in some of the countries. It would be especially difficult to implement a ban on tobacco advertising without qualified advice.

The economic effects of tobacco use must be analyzed and knowledge must be spread among tobacco control people. A sound price and taxation policy needs to be formulated by competent economists. The lack of economic knowledge is obvious.

Expertise in health promotion programmes (planning and implementation) is deficient. Training in health promotion and in social marketing is a task for the international community. Training in smoking cessation and nicotine replacement therapies is needed.

## **Promotion of nonsmoking**

Promotion of a positive image of nonsmoking is a positive way of influencing tobacco use. A positive approach emphasizes giving people a positive sense of health and creating confidence in their skills to cope with the problems of life. Nonsmoking and a smoke-free environment are recognized as a natural part of healthy patterns of living and social interaction. The Ottawa Charter on health promotion spells out - among others - the principles for nonsmoking promotion.

While a traditional view of tobacco or health emphasizes the health damage caused by tobacco, a positive message highlights the benefits of smoking cessation. Restrictions on smoking can be substituted by the promotion of smoke-free environments for all people and the creation of cessation support services.

Nonsmoking can be regarded as an active behaviour. It aims at maintaining nonsmoking status, despite the pressures of everyday life, at promoting smoke-free living environments and at supporting smokers to quit.

It is clear that in different situations and for different audiences, a different approach is needed.

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## Understanding the Tobacco Epidemic and its Control

The main elements of effective tobacco control policies have been well studied. No major additions to the menu of tobacco policy tools are expected in the short term. It is, however, clear that an understanding of how to best implement these tools will develop strongly.

Expectations towards the results achieved by various policy measures have often been too high. Although the principle of comprehensive and multi-faceted policies has been accepted long ago, it has gone unnoticed that any one component by itself will have only a rather limited impact.

Implementation of policy measures must be tailored to the phase of the tobacco epidemic in a country. An effective measure to reduce tobacco use in an early phase of the epidemic might be useless in later phases, and vice versa.

## Lessons from National and Regional Programmes

### A comprehensive policy does work

During the 1980s, Canada gradually developed a comprehensive health-oriented tobacco control policy. This included the Non-smokers' Health Act and the Tobacco Products Control Act, which came into force in 1989, educational measures, smoking cessation programmes, price increases through taxation, assistance for tobacco farmers to switch crops, and legislative and voluntary controls to restrict smoking in public places. The Tobacco Products Control Act phases out tobacco advertising. The restrictions on smoking in public places will eventually include a ban on smoking on all Canadian airlines anywhere in the world<sup>1</sup>.

The tobacco industry responded to the advertising ban with a lawsuit claiming that it infringes freedom of speech guaranteed in the Canadian Charter of Rights. An interim judgement, in Quebec, upheld this view, but the government appealed<sup>2</sup>. The case continues probably for several more years. In the mean time, the advertising ban is still in force.

Smoking prevalence and tobacco consumption data suggest that this policy is working. Prevalence has been falling steadily since 1979, but the decline appears to have accelerated since 1989. Consumption has been falling since the mid-1970s, but much more sharply since 1988-1989.

Since these events publishers and advertisers have managed to find new clients, many farmers have found new work, and the remaining farms have consolidated into larger units, and the industry's prediction that Canada would be flooded by US cigarettes was not fulfilled.

#### Key points

- \* The tobacco industry fight such measures by claiming dire consequences - loss of jobs in farming, advertising, publishing, the market being flooded by foreign brands (because they cannot advertise their own). The Canadian story shows these things did not happen.
- \* Unity and cooperation have been key factors here, between different Canadian government departments and between the governmental and nongovernmental organizations. During the Canadian campaign, effective alliances have been forged.
- \* Although the different policy elements cannot be separated, the data show that a truly comprehensive programme does work; of special note here is that their policy included an advertising ban and price rises.

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<sup>1</sup> Presented by Mr Neil Collishaw.

<sup>2</sup> The Quebec Court of Appeals rules on 15 January 1993 that Canada's Tobacco Products Control Act is constitutional.

## Consistency, cooperation and determination are essential

In 1975-1976 French doctors persuaded the health minister, Simone Weil, to pass legislation on tobacco and to launch a large health education campaign. The law restricted advertising and smoking in public places. But it did so through rather complicated formulae which were inconsistent and incomplete, with the result that it was easy for the industry to get round it. They had not realized how careful they had to be in framing the legislation and were naive in their expectations - the law was not respected anyway. The health education campaign was large and unfocused, and was not based on an understanding of smokers' attitudes and motives, which they had not investigated<sup>3</sup>.

In the 1980s therefore it was realized that the campaign had to be relaunched - that this time the policy must be comprehensive, including tough legislation, that it must fight on a political battleground (not just information and health education), and it had to be supported by politically sophisticated, consistent and persistent lobbying - lobbying with determination and even aggression. They key (but obviously not the only) actors in this campaign were five distinguished and well known doctors, deliberately chosen from across the political spectrum, who used public opinion data to raise awareness, and who succeeded in using this to put great pressure on the politicians. They were able to make it fashionable to advocate public health (by promoting tobacco control).

The result is a strong law which bans all forms of tobacco advertising and is due to come into force in 1993. The subtle use of public opinion polls data was important in this campaign. So was the support derived because WHO (through the 1988 Madrid conference and its publications had a clear policy and action plan, and because the European Community also did, especially through the Europe Against Cancer's programme directives. This international support was extremely important.

### Key points

- \* Partial advertising bans do not work; bans must be total (including indirect advertising) and carefully worded, to anticipate industry evasive strategies.
- \* The prestige of doctors is still a powerful factor.
- \* Attitude (opinion poll) data can be extremely useful in campaigns.
- \* Determination and persistence are essential.
- \* International alliances are crucial, and give strength and authority to a country's campaign.

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<sup>3</sup> Presented by Dr Marc Danzon.

## International support for individual countries is important

Until the middle of this century, smoking in southern Europe was rare. But from the 1950s to 1980s there was a dramatic rise in smoking prevalence. As in other parts of the world, women took up smoking later than men and the real rise of women's smoking did not take place until the 1960s and 1970s, when educated, middle-class women took up the habit<sup>4</sup>.

Smoking is now falling among men, but it is still on the rise among women, especially young women. For example, about half Spanish women aged 16-25 years smoke.

State-owned tobacco monopolies in southern European countries have encouraged local production on the assumption that an abundance of locally produced tobacco would keep imports out. This has not proved to be the case. At the same time, the real price of tobacco has fallen, thus stimulating consumption.

Governments have passed laws but in many instances these have been poorly enforced. Public understanding and agreement are necessary for the effective enforcement of laws. These things are lacking as far as most tobacco control legislation is concerned. Although the public is in favour of governments taking legislative steps, it does not see its own role in the wider political context. There is little understanding of the social and economic aspects of tobacco, or even of the scale of the health hazard.

The current challenges to southern European countries start with the need to raise public awareness about the tobacco problem. This can be done through the traditional methods, but new and important audiences, such as trade unions and journalists, must be addressed. Those interested in promoting tobacco control should link with others in related fields, such as alcohol and drug programmes, that attract greater interest - and funding. Health promotion and education should also be introduced into key areas such as health and medical education and teacher training.

Southern European countries are strongly motivated to be in step with their other European partners. In this respect, both intergovernmental organizations - like the European Community and WHO - and nongovernmental organizations - like UICC - have a key role in encouraging government involvement and promoting greater communication between those working in Spain with experienced colleagues elsewhere in Europe.

### Key points

- \* Although people in the southern European countries started smoking later than those in northern Europe, the smoking epidemic is following the same pattern. Effective action could ensure that southern Europe could bring down smoking more quickly than was the case in northern Europe.
- \* Public awareness will build public support for tobacco control. This must precede successful implementation of tobacco control legislation.

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<sup>4</sup> Presented by Dr Teresa Salvador-Llivina.

## You can start with a comprehensive programme

Since the mid 1960s Poland has had the highest increase in tobacco related cancer mortality in Europe, with an increase in men aged 30-66 years twice that in the rest of Europe. Prevalence of smoking is very high, and Polish cigarettes have high tar levels. Per capita consumption has doubled in the last 30 years. There is no chance of achieving the relevant health for all targets unless a comprehensive tobacco control policy can be introduced very quickly indeed<sup>5</sup>.

Many activities have been carried out in Poland: research, including research on smokers' attitudes, major public information campaigns and health education, a campaign aimed at decision makers and Members of Parliament to promote tobacco control legislation, price policy, and an advertising ban. As a result a Tobacco Act has been initiated by the Senate but has not yet been passed by the Parliament (Sejm). The plans of one international tobacco company to produce oral snuff and chewing tobacco in Poland were stopped.

Some cessation centres already exist and more are planned, as is training for health professionals in cessation techniques. Campaigns to persuade doctors to stop smoking are under way and already appear to be having an effect. A report similar to the US Surgeon General's has been published.

These activities have been initiated by strong personalities or groups of medical doctors. However, an office dealing with tobacco control policy and run by a director personally responsible to the Minister could carry out a coordinating role and support the activities of a wide range of government and nongovernmental organizations, including the Ministries of Education and Defence, the Polish Academy of Sciences, the State Institute of Hygiene, youth organizations and the church.

### Key points

- \* Rising smoking prevalence and related disease in Poland made the situation urgent, so that a tobacco control programme has to start **now**.
- \* It is possible to start with a broad-based programme.
- \* A crucial factor in Poland has been the strong and committed personalities and medical groups, which have put tobacco on the social agenda.

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<sup>5</sup> Presented by Professor Stanislaw Leszczynski.

## **Start where you can and use existing resources whenever possible**

Smoking prevalence is high in Hungary, 50% of men and 25% of women, and life expectancy of middle-aged men is the worst in Europe. Like Poland then, Hungary's tobacco and disease problem is extremely serious and action to combat it is needed urgently. Hungary also illustrates a problem that appears to be common in less developed and poorer countries - smoking prevalence is as high or higher in health professionals as it is in the general population. In schools for health professionals smoking prevalence is over 50%<sup>6</sup>.

For many years some tobacco control measures have been respected out of tradition and not because they were laws. Examples are restrictions on smoking in public places and an almost complete absence of tobacco advertising. That has changed as a result of the multinational tobacco companies moving in, so that now in Budapest, for example, many shop and bar windows are covered with Marlboro and Camel advertisements. These ads are found everywhere - in buses, taxis, bars, restaurants, shop windows. And the tobacco industry is becoming increasingly confident and aggressive in its response to tobacco control activities.

A national health promotion plan was launched in the 1980s with strong support from medical organizations and cancer charities. It included research among smokers wanting to stop and medical students, a health education campaign for schoolchildren, and in 1990 a national conference on doctors and smoking. The booklet "Help your patient stop" by the British Medical Association and WHO, and booklet for smokers on how to stop by the Health Education Authority, London, have been translated into Hungarian.

### **Key points**

- \* Hungary is an example of another eastern European country with very high levels of smoking and related disease where action is needed urgently.
- \* Here can be seen the quick and aggressive move of the multinational tobacco companies into a market open to exploitation, with insufficient legislation to protect its citizens (against tobacco advertising for example).
- \* Internationally available booklets can be translated and used locally at minimal development costs.

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<sup>6</sup> Presented by Dr Imre Vadasz.

## Countries with experience must share it

One obstacle that occurs in all the fields of activity for tobacco control in central and eastern European countries is the absence of a tradition of citizen action. Many people see political responsibility as something that is held and exercised by central government alone. The notions of citizen responsibility and community action are practically non-existent. Nongovernmental organizations, as such, hardly exist in these countries<sup>7</sup>. Although tobacco control measures directed from central government can be successful, as in the case of Poland, the other side of the coin is that such centrally originated measures induce political lethargy and a sense of disenfranchisement in the people. But citizens' action is essential, for politicians faced with more immediate problems will overlook aspects of public health policy - such as the creation of smoke-free public places - if they view these measures as non-essentials and are not put under public pressure to act.

Some form of legislation to control tobacco exists in all central and eastern European countries. The danger is that in this period of restructuring of the entire legal and economic systems, existing laws can be overridden by new legislation. For example, in Czechoslovakia a new broadcasting law opens the door to tobacco advertising in mass media that were previously free of such things.

There are also now new goals for economic policy. In a centrally controlled economy, there was no tobacco taxation or price policy. Indeed, there was no taxation at all, as it is commonly understood. Many countries are now formulating their economic policies; it is essential that they are given guidance on tobacco price policy.

Tobacco education programmes must also be instituted. Educative measures now tend to be rather hit and miss. There are no properly tested, planned, executed and evaluated programmes of educational initiatives.

Lack of experience in tobacco control leads the main actors - the health professionals - to think narrowly of tobacco as only a health issue. They do not see tobacco in its social and economic context and, as a result, are inadequately prepared to deal with the problem. Nonmedical people likewise see it as a health problem that is not their responsibility, but is the doctor's.

### Key issues

- \* Central and eastern European countries need help to build networks for nongovernmental organizations who will stimulate citizens' demand for tobacco control.
- \* In a time of unprecedented change when many officials are forced to comprehend new structures and initiate new systems, outside expertise in tobacco legislation and taxation is keenly needed in central and eastern European countries.
- \* Professionals working in health promotion and health can need to gain greater expertise in planning, implementing and evaluating health education and smoking cessation programmes.

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<sup>7</sup> Presented by Dr Zdenek Kucera.

## A central role for legislation

The Europe Against Cancer programme was established in 1985 by the Commission of the European Communities. It aims to reduce cancer in the European Community (EC) through a range of measures including supporting research, education and legislative measures. The EC is at a challenging and exciting stage of its development, and the legislation it has put forward on tobacco could make a fundamental contribution to the health of its 340 million citizens. Furthermore, several Nordic, central and eastern European countries are eager to join the EC relatively soon so that the situation in the EC will affect even more than its present large population.

Legislation has already been adopted which requires all member states to adopt a strong package health warning, and to limit the tar content of cigarettes (to 15 mg in 1992 and 12 mg in 1995 but with an extension for Greece). But the last and most important of the current wave of proposed legislative measures is a proposed total ban on all forms of tobacco advertising. This legislation is now at a critical stage. The European Parliament will probably approve it soon<sup>8</sup>. The Parliament vote although supportive, in no way obliges the EC to adopt the measure. That will be done (or not) by the Council of Ministers, that is, by the 12 member governments themselves.

Seven governments are clearly in favour of the ban (Belgium, France, Ireland, Italy, Luxembourg, Portugal and Spain). At the moment Denmark and Greece oppose it but their final position is not clear. Germany and the Netherlands are against a legal advertising ban and so is the United Kingdom. The success or failure of this measure depends on the changes in the opinion of the countries.

Renegotiation of the Treaty of Rome (which established the EEC) begun in Maastricht in December 1991, includes a widening of the powers of the EC to include health measures. This will probably make it easier for the Commission to initiate action on health, though the extent of the increased scope for action is not clear.

### Key points

- \* EC legislation has already improved tobacco control in 12 member states and for 340 million people.
- \* If the advertising directive is passed tobacco advertising will be banned in this huge community (and powerful market), and most probably in the countries which are eager to join the community.

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<sup>8</sup> The Parliament voted in February 1992 in favour of the tobacco advertising ban.

## World No Tobacco Day

Working groups summarized the activities associated with No-Tobacco Day 1991, discussed the plans for action for 1992, and develop ideas for the 1993 theme - "Tobacco-free Health Care".

It is clear that the 1991 Day - "Smoke-free Public Places and Transport" - generated a wide range of activities. These ranged from the issuing of press releases focusing attention on the Day; a national competition run through newspapers to encourage smokers to quit smoking - with a first prize of a trip to the USA; the holding of conferences and seminars on smoking and health issues, and the publication of new resources.

However, it is significant to note that in their discussions working groups identified a number of common issues relating to the organization of the day. These were:

- there is a need for national and local organizers to be informed of the theme and content of the day at the earliest possible time in order to facilitate the development of plans at national and local level;
- materials need to be with the national organizers in plenty of time for them to disseminate the materials to key local individuals and agencies;
- there is a need to maximize the potential of the Day with key organizations and individuals, e.g. governments, the health professions, journalists;
- there is a need to share ideas and plans at an early stage so that good ideas for activities can be disseminated widely;
- new information technology should be used wherever possible to facilitate the dissemination of information;
- the World No Tobacco Day contact in each country needs to be clearly identified, committed and active;
- good networks at the international, national and local levels are needed to facilitate the organization of activities.

It was also suggested that above a set level additional resources could be purchased at cost price, that resources be easily photocopyable and where possible available on disk. The range of activities being undertaken for future years would appear to be similar to those of 1991 which highlighted an interesting issue. The Day has a very clear dependency on the media and it is therefore important to generate new stories which can be carried by it.

It was seen to be particularly important to win the support and involvement of health care workers if the 1993 World No-Tobacco Day - "Tobacco-free health services" - is to have a significant impact. The role of health professionals was highlighted in that they need to be knowledgeable about the habit, be aware that minimal interventions can be very effective and that they should recognize that nicotine is highly addictive. If they smoke themselves health professionals should be encouraged to stop and health care settings should be smoke-free.

## Recommendations on Specific Topics

A series of working group sessions was organized around specific subject areas. The groups were asked to adopt a suitable approach to solve the problem; to find an international solution and offer advice to individual countries; and make proposals for further action, particularly identifying what could be done by a joint effort of European countries. Recommendations of selected working groups are discussed here.

### Tobacco Control Legislation

The group noted the significant role that legislation can play in the Tobacco or Health initiative, recommending that every country renew its commitment to the adoption of comprehensive tobacco legislation as an essential element of an effective, comprehensive tobacco control policy.

The legislation should cover:

- taxation - with higher than inflation annual increases of tobacco tax and the earmarking of a part of the tobacco tax yield for primary prevention activities;
- the prohibition of all new forms of tobacco use;
- the banning of all forms of tobacco advertising;
- the progressive reduction of tar and nicotine content of tobacco products;
- the banning of all tobacco vending machines;
- the protection of all people (especially children, and including smokers if they so wish) from environmental tobacco smoke;
- the prohibition of the sale of tobacco to minors;
- health promotion/education mandated by law;
- the establishment of a health promotion foundation. Such a foundation would be funded from the tax yield on tobacco and would offer alternative sponsorship for sporting and artistic events.

The group also recommended that under the auspices of Regional Office a small working group be created to facilitate information exchange on legislation and that examples of good legislation should be made available as widely as possible.

## Advertising

The group noted the wide differences in effectiveness of existing advertising controls. The group was unanimous in the view that a complete ban on the advertising and promotion of tobacco products is needed. It was considered most important therefore that the EC directive on a ban on advertising be adopted.

The group recommended that to facilitate the adoption of the directive, lobbying, especially at the highest levels, in Brussels should take place and that WHO should be involved in this process. Similarly lobbying in countries who oppose the ban must continue and, if possible, should be increased.

The group noted that if adopted, the EC directive would have an effect outside the European Communities as other countries closely monitor what happens there. The group made a special recommendation regarding the importance of providing support for central and eastern European countries in developing their own advertising restrictions. In addition, the group noted the importance of developing restrictions on advertising on packages and also of banning product placement in films and television programmes.

## Women and tobacco

The group identified specific problem areas within this subject. These were young women and teenagers; women of lower educational attainment/social class; pregnant women. Advertising targeted at women through imagery and magazines was also recognized as a special problem particularly, for example, where body image is seen to be improved by cigarettes. The use that women sometimes make of tobacco - for relief from a mundane or repetitive situation accentuates the problem.

The group noted that some of the points made previously apply in the main to western European countries. This is true of the situation which applies in southern Europe and perhaps in central and eastern Europe where there is a high prevalence of professional women who smoke.

The group made the following recommendations:

- basic data should always be collected broken down by age, sex, class etc.; more research should be undertaken on gender differences in initialization and maintenance of the smoking habit;
- WHO should facilitate the exchange of relevant information and ideas both by a "clearing-house" mechanism and through the establishment of regular meetings;
- tobacco control meetings should always include in the programme a section on women and smoking;
- there should be an increased level of information exchange through other networks, e.g. International Union Against Cancer (UICC) and International Network of Women Against Tobacco (INWAT).

## Smoke-free flights

The group identified the problem encountered in Germany, where the tobacco industry vigorously attacked a decision by Lufthansa to become smoke-free. Their threat to cause potential passengers who smoked to boycott the airline, coupled with a boycott of goods transport forced Lufthansa executives to reverse the decision.

However, there are examples of airlines who have become smoke-free and it was recommended that case studies of these be circulated to all appropriate organizations.

It was also felt important to stress the benefits of smoke-free flights - health, safety and economic - to as wide an audience as possible.

Future action should concentrate on pressing for a total smoking ban on all flights. This could be achieved by agreement with the airlines or if not, by legislation. Where appropriate WHO should become involved in lobbying for change, for example, on international flights.

## Building Alliances

The tobacco industry is large, moderately powerful and wealthy. Public health advocates are not wealthy, but the combined members is large (and drawn from almost everywhere on the planet). When public health advocates work together the network can have a powerful effect, as some of the stories in this report make clear. There is no need to feel inferiority at all in facing this industry and, in fact, their own internal strategy documents suggest that if they do not yet fear public health advocates, they respect and admire what the tobacco control community is achieving. They have especially commented on how the communication and collaboration has developed.

This collaboration is of fundamental importance. Individually tobacco policy advisers may feel weak but there is working to reduce tobacco-related disease an extraordinary alliance of individuals and organizations with an impressive range of skills and experience. They are governmental and nongovernmental, voluntary and professional, medical, scientific, legal, educationalists, campaigners, advertisers, lobbyists, charities and many more. If you do not have the expertise to solve a problem do not try. Ask for help. Somewhere there is a public health advocate with the necessary skills.

WHO's Multi-City Action Plan (MCAP) for tobacco-free cities is part of the Healthy Cities project. The MCAP is coordinated by the Ulster Cancer Foundation, Belfast. This illustrates productive collaboration between two organizations, one intergovernmental and one nongovernmental, and the cities themselves. Two further examples were described to illustrate alliance building: the UK National No Smoking Day and the British Medical Association (BMA) Tobacco Group.

National No Smoking Day (United Kingdom) started about 10 years ago, very much due to the energy and persistence of one person. It did not have universal support for many

years but in spite of that has grown steadily until it is now funded and run by a number of organizations, on quite a large scale. It has become an extremely high profile event and has brought together organizations who would not, previously, have worked together.

The story of tobacco control in the United Kingdom started with Richard Doll's longitudinal study of doctors. The first results showing that the increase in lung cancer deaths in doctors was due to smoking were published in 1950 in the United Kingdom by Doll & Hill (and in the USA by Wynder & Graham) and led eventually to publication of the first report of the Royal College of Physicians in 1962. This led directly to the first report of the US Surgeon General in 1964, and then in 1971 the second Royal College of Physicians report, and the creation of Action on Smoking and Health, London. Until 1984, ASH was the key organization campaigning for tobacco control, arguably very effectively. But in 1984 the campaign was strengthened by the entry of the BMA, who officially launched their own campaign against the tobacco industry, in close collaboration with ASH. The BMA campaign was coordinated and directed by John Dawson and Pamela Taylor.

The BMA now holds a regular meeting, once a month, of what is called the Tobacco Group. Individuals and organizations are invited to the group, either on a regular or ad hoc basis. Representatives of virtually all the organizations in the United Kingdom involved in tobacco control, governmental and nongovernmental, public and private, attend the group, including one of the United Kingdom's top advertising agencies. The purpose of the group is to keep each other informed, prevent duplication of effort, and to coordinate work and develop collaboration. Naturally the group suffers sometimes from the usual problems - including rivalries and jealousies - yet it works very well. And its work over the last years increased so much that it now has a series of subgroups dealing with different topics, serviced by a full-time coordinator, paid for by a donation from private industry. Finally, the group has no formal, official status, constitution, brief, charter or rules. This unofficial status is almost certainly an important reason for its success. It means that participants are not afraid to speak openly - they will not be held to be officially representing the views of their organizations. This promotes flexibility and open discussion. And since the BMA is itself a private organization, accountable to its members (about 80% of all United Kingdom doctors), there are very few constraints on its own actions.

## Working Together: A Network for a Tobacco-free Europe

The WHO Regional Office should maintain and develop the tobacco or health network in partnership with Member States, inter- and nongovernmental organizations. The network aims at developing tobacco policy, enhancing information exchange and initiating Europe-wide nonsmoking promotion campaigns. The role of the WHO Regional Office is to coordinate the work of the network, using its links with experts, collaborating centres, Member States, inter- and nongovernmental organizations. The Regional Office has a special role in international advocacy and agenda setting.

By extending international collaboration in Europe, a significant resource can be created which can match the marketing and lobbying capability of tobacco companies. Collaboration also provides the opportunity to use resources more efficiently by sharing experiences, materials, and joint symbols. The need to improve communication is obvious: to ensure that the experience of tobacco control advocates throughout the world is brought lucidly, succinctly, and quickly to those that need it. Experience in eastern and central Europe shows that this need is urgent.

There are three areas where international cooperation should be expanded in order to improve the effectiveness of action in countries. They are

- policy advice;
- information exchange, and;
- cooperation regarding health promotion programmes.

### How can WHO Europe support you

#### 1. Information source

- answers your questions on all aspects of tobacco
- finds contact addresses of institutions and experts

#### 2. Tailored consultations

- provides expert opinion on how to deal with the specific problems of your country
- organizes country missions
- at your cost
- NB: WHO has some resources for country activities. They can be used if both the country and EURO agree.

#### 3. Creating contacts and showing partners

- helps in making your project international
- facilitates "winning"

#### 4. Co-sponsorship of meetings

- gives you the right to use WHO's name
- the WHO logo available on special request
- in principle co-sponsorship does not mean money, but WHO involvement often helps to raise money from other sources
- helps in planning and finding speakers

#### 4. Recognition of projects

- authorizes use of the EURO/TOH logo
- gives the right to use WHO's name
- disseminates information about your project
- organizes WHO collaborative studies

#### 5. Country projects

- offers seed money from country funds
- project can be of any nature (training, campaign, policy development)
- mutual agreement between the country (the Ministry of Health) and EURO

#### 6. Fellowships

- WHO has a system of supporting fellowships
- these have not been used in tobacco or health

National and international governmental and non-governmental bodies, tobacco policy advisers, tobacco control advocates and scientists form a **European network on tobacco policy**. The network is backed up by centres specializing in different aspects of tobacco policy, such as economics of a tobacco-free society, legislation and policy analysis. The network should profit from studying the experience gained in other areas of health promotion and policy such as nutrition, alcohol and psychoactive drugs. The network should develop an ability to produce rapidly well-founded legal responses to problems emerging in different situations and countries. The Regional Office should enhance its consultation service on legal and policy issues for national tobacco policy makers.

The **information system** consists of information exchange infrastructures, databases, experts and centres of excellence. The information exchange infrastructure should include both conventional communication methods and modern telecommunication facilities. The centres of excellence may have a special knowledge of epidemiology, behavioural, social or economic aspects of the tobacco epidemic or health promotion. The centres should not only collect and summarize data, but also analyze it and produce forecasts and evaluate effectiveness of action. Relevant WHO collaborative studies, like Health Behaviour in School-age Children, Drug Use during Pregnancy, and MONICA, provide unique information sources. The Regional Office should coordinate a network of information centres on tobacco, and maintain a database on tobacco policy. The Office should promote the active dissemination of available data as well as an active exchange of information between the partners.

The types of data needed are: tobacco-related mortality and morbidity data, behavioural data on tobacco (including smoking prevalence), economic data, advocacy and action data, and country information on tobacco control policies and programmes. The main databases should be accessible through electronic means.

## How you can support the Network

### 1. Provide information

- news, health promotion materials, any relevant information
- policy documents, legislation (in original language + translation)
- in English, French, German or Russian. NB: however that our translation capacity is limited
- send information to the Regional Office (policy), or to the Collaborating Centres (Paris - health education/promotion; Budapest - statistics, surveys, prevalence)

### 2. Second a person to EURO

- the person can work as a visiting professional, a short term consultant, a temporary adviser, or a longer term staff member
- the seconded person learns the system of EURO and supports international cooperation
- you pay all expenses

### 3. Host a meeting

- see the Action Plan for priority issues
- the meeting must serve international interests in addition to national needs

### 4. Host a European Seminar on Tobacco or Health

- Madrid 1988; Copenhagen 1990; Budapest 1992; Vienna 1993,...

### 5. Host a European No-Tobacco Day event

- Denmark 1990; Poland, Lithuania and Hungary 1991; Netherlands and Czechoslovakia 1992,...

### 6. Co-publish a booklet in the Smoke-free Europe series

- assist in writing and publishing
- a report from the hosted meeting

### 7. Launch a joint project

- test models for good practice

### 8. Identify and support a collaborating centre

- Budapest, Paris and Genoa
- plan of work must have international relevance
- working on priority areas

Europe-wide health promotion campaigns can be used to guarantee the success of programmes promoting nonsmoking and smoke-free environments. Europe-wide information campaigns convey stronger, more effective and more efficient messages than projects limited to one country. A mechanism similar to the WHO collaborative studies should be developed in the area of health promotion programmes. This would facilitate the development of quality standards for health promotion. Designation as a "WHO collaborative health promotion project" would encourage multi-country projects. Some centres should be identified which could develop the capacity to offer consultations for countries on the most effective health promotion programmes.

## Key Recommendations

1. The WHO Regional Office should develop the Tobacco or Health Network in partnership with Member States and inter- and nongovernmental organizations. The Network aims at implementing action for a tobacco-free Europe. It develops tobacco policy, enhances information exchange and initiates Europe-wide nonsmoking promotion campaigns. The role of the WHO Regional Office is to coordinate the work of the Network. The Regional Office has a special role in international advocacy and agenda setting.
2. The WHO Regional Office should organize yearly seminars on action for a tobacco-free Europe in collaboration with Network partners. The seminars aim to develop policies on special issues (e.g. tobacco control legislation), to exchange experience, and to evaluate the progress of action on tobacco in Europe.
3. International meetings and events on special topics within the Network should be coordinated and a calendar of events should be maintained.
4. Cooperation within the network in the field of tobacco policy should be upgraded through bi- and multilateral cooperative efforts.
5. An urgent need is to establish a group of lawyers with specific knowledge of and interest in tobacco control legislation and its implementation.
6. Information exchange should be an essential part of the system.
7. The Network should set up a comprehensive and accessible information system on tobacco. A standardized methodology should be devised which enables comparison of data from different countries and time periods. Databases should cover diseases caused by tobacco products, use of tobacco, nonsmoking promotion activities, economics and tobacco policy.
8. The Network should organize the sharing of good quality health education and promotion programmes. Questions related to copyright of ideas and illustrations should be solved so that countries can share materials without economic problems. Joint production and testing of nonsmoking promotion materials should allow easy transfer of exemplary materials from one country to another.

## **Annexes**



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PRESS = PRESSE = PRESSE = ПРЕССА =

Press release EURO/03/92

Budapest, January 1992

## *Top European Experts Demand Freedom from Tobacco Promotion*

*Stop all promotion of tobacco, increase taxes on tobacco products, provide adequate funding for smoking prevention and smoking cessation. These are the most important measures which should be implemented to achieve significant results in reducing health damages caused by tobacco. "This is one of the best investments we can make in the future health of Europeans", concluded Dr Jo E. Asvall, Regional Director, World Health Organization Regional Office for Europe.*

More than 70 top experts representing 29 European countries and 10 major international health organizations attended the Second European Tobacco or Health Seminar in Budapest (Hungary) under the auspices of the World Health Organization Regional Office for Europe. They reviewed experiences, and discussed ways and means to prevent the increase of tobacco consumption in eastern and southern European countries, as well as to speed its decline in the western and northern parts of the Region. The participants are determined to work closely together to achieve rapid decreases in tobacco use in Europe.

"The WHO Regional Office for Europe has urged all countries to employ legislative and other measures towards an effective elimination of tobacco advertizing", said Dr Ilona Kickbusch, Director for the Lifestyles and Health Department. Five years ago the WHO European Region launched an action plan on tobacco to reach a smoke-free Europe, and now more and more countries are adopting effective measures to promote health through reduced tobacco consumption. The elimination of tobacco advertizing which has been proposed by the *Commission of the European Communities*, supports the direction of this campaign.



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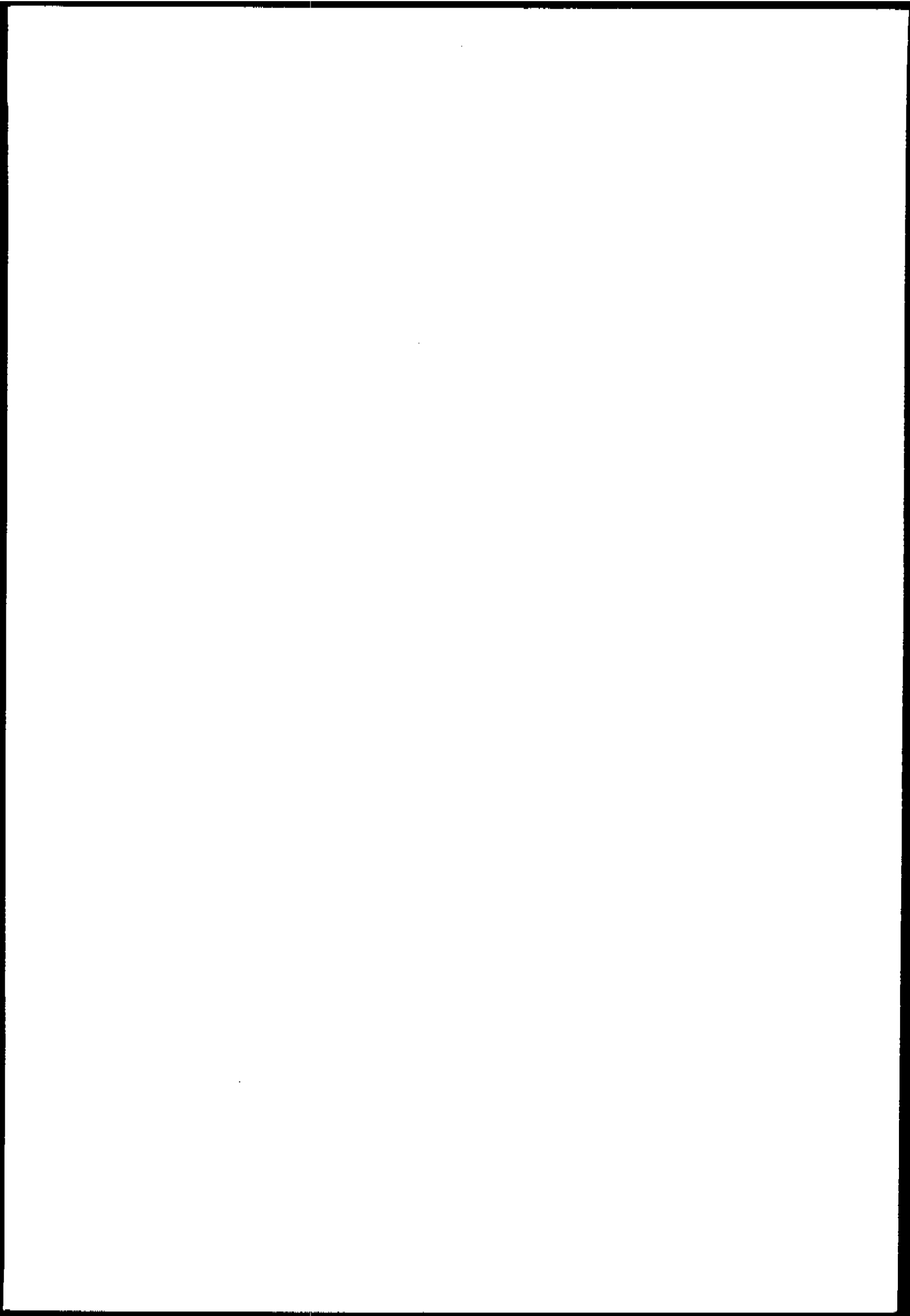
World Health Organization • Organisation mondiale de la Santé • Weltgesundheitsorganisation • Всемирная организация здравоохранения  
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The ban on tobacco advertizing which is now supported by the majority of the European Community countries, would be of vital importance to the whole of Europe, well beyond the boundaries of the EC. "Such a ban would have a considerable influence, as it can be expected that most of the other countries on the continent would follow the example set by the Community", she said.

The most recent reviews from Switzerland have shown again that elimination of tobacco advertizing lowers consumption. Good results can be obtained by national action, but the experts emphasize the importance of international joint action.

Moreover, freedom from tobacco promotion would be even more relevant for some of the countries which do not belong to the European Community. "Many countries in Europe simply do not have enough resources to support major health promotion campaigns targetted at youth, whereas the transnational tobacco industry does not have such limitations", said *Dr Tapani Piha*, Regional Adviser on Tobacco or Health at the WHO Regional Office for Europe.

For further information on this matter, please contact: WHO  
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Copenhagen 0, Denmark. You may telephone directly to  
Communication and Public Affairs  
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The second Seminar on the European Tobacco Action Plan for national policy advisers and national programme managers was held in Budapest in January 1992. The purpose of the Seminar was to bring together people responsible for nonsmoking promotion and tobacco control policy at the national level in Europe. They form the Network for a tobacco-free Europe.

The first phase of the European Tobacco Action Plan showed the potential of concerted international action. A second phase, an Action Plan for a Tobacco-free Europe, is needed to sustain progress. As main policy lines have been defined, the emphasis must now be on alliance building and community-wide action. Successful implementation will require a full-time team and adequate financial resources devoted to tobacco control in countries and at the international level.

Smoking is a political, legal, economic, educational and health problem in countries of central and eastern Europe. The practical suggestions found at the Seminar are the response of public health advocates to the tobacco industry's penetration of these new markets.



Case studies presented to the participants showed that a comprehensive tobacco control policy does work; consistency, cooperation and determination are essential; international support for individual countries is important; one can start with a comprehensive programme; it is important to start where you can and use existing resources whenever possible; countries with experience must share it; and legislation has a central role.

It is clear that World No-Tobacco Days - the theme in 1991 was "Smoke-free Public Places and Transport" - generate a wide range of activities. These range from the issuing of press releases focusing attention on the Day to a national competition run through newspapers to encourage smokers to quit - with the first prize a trip to the USA.

The Seminar concluded by outlining the functions and tasks of the Network for a tobacco-free Europe; it is a partnership between countries and inter- and nongovernmental organizations. The Network aims to develop tobacco policy, to enhance information exchange and to initiate Europe-wide nonsmoking promotion campaigns. The WHO Regional Office coordinates the work of the Network, and carries out work on international advocacy and agenda setting on tobacco policy. This extended international collaboration creates a significant resource which matches the marketing and lobbying capability of tobacco companies.