



Tobacco Products Directive: an update from Europe

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Director SFP

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This Presentation:

1. **Smoking? what is the problem?**
2. **Background: TC instruments at EU level**
3. **Need for revision of the TPD?**
4. **Policy area covered?**
5. **Priorities for the TPD? Why packaging as number1 ? (the evidence says that it works)?**
6. **The legislative process: What has happened so far?**
7. **What is happening now?**
8. **What SFP did to influence the process and how can you support?**
9. **Conclusions**



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**70 % start before 18yrs
94% before 25yrs**

**80.000-100.000 young people
start to be Addicted**

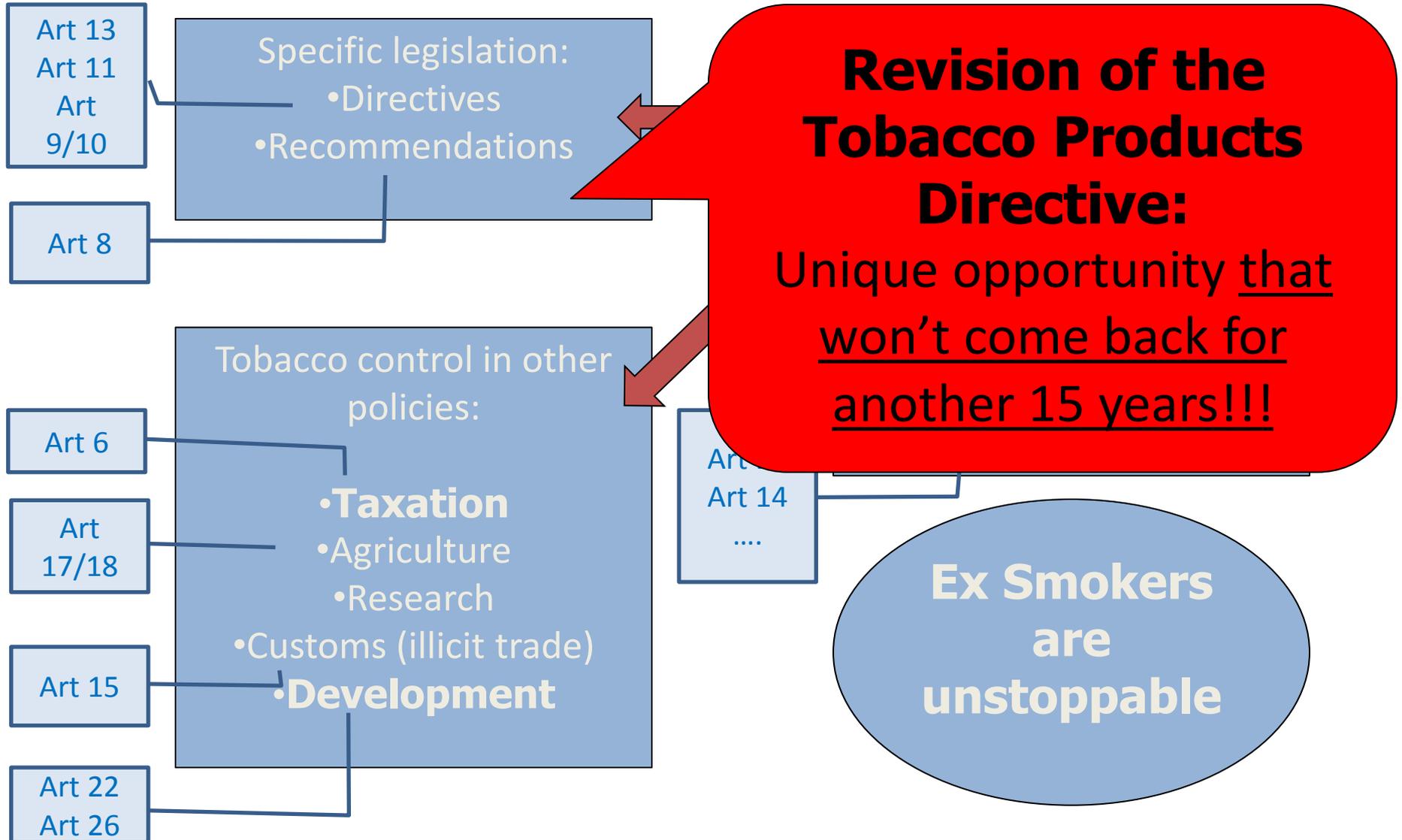
*How to protect not to start
How to motivate them to quit ??*



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Background: TC instruments at EU level





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Need for Revision of TPD

- More than 10 years have passed since the adoption of the Tobacco Products Directive.(2001)
- At international level, the EU and all of its Member States have ratified the WHO Framework Convention on Tobacco Control (FCTC) which entered into force in February 2005.
- During this time, there have been several market, scientific and international developments in the tobacco sector and the existing rules present a number of weaknesses, gaps and loopholes.
- Therefore it has become necessary to update and complete the current Directive.



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Policies areas covered in the TPD?

1. Regulation of products which do **not** contain tobacco, such as electronic- and herbal cigarettes-smokeless tobacco use
2. **Labelling and packaging** of tobacco products
3. **Ingredients/ Additives**, such as flavourings, used in tobacco products,
4. **Internet sales** of tobacco products and Cross border distance sales
5. **Tracking and tracing** of these products and security features



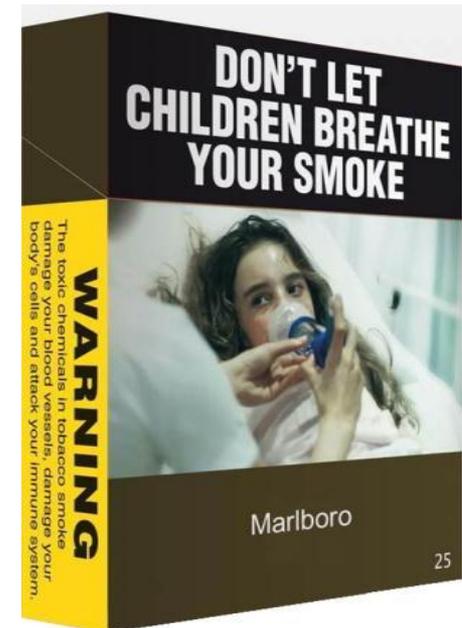
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ERS policy priorities:

1. Labelling and packaging + quitlines + TNCO
2. Ban of ingredients and additives which increase attractiveness of tobacco products
3. Ban on Point of Sale display
4. Maintain the status quo on smokeless tobacco





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Top priority

To prevent young
people from tobacco
dependence

Countries with pictorial warnings

39 countries

Canada 2001



Brazil 2002/ 04 /09



Singapore 2004/ 06



Thailand 2005/07/10



Venezuela 2005/09



Australia 2006



Belgium 2006



Chile 2006/07/08/09



Jordan 2006



Panama 2006/09



Uruguay 2006/08/09/10



Hong Kong 2007



Brunei 2008



Egypt 2008



New Zealand 2008



Romania 2008



UK 2008



Djibouti 2009



India 2009/10



Iran 2009



➔ Health warnings reach young people.

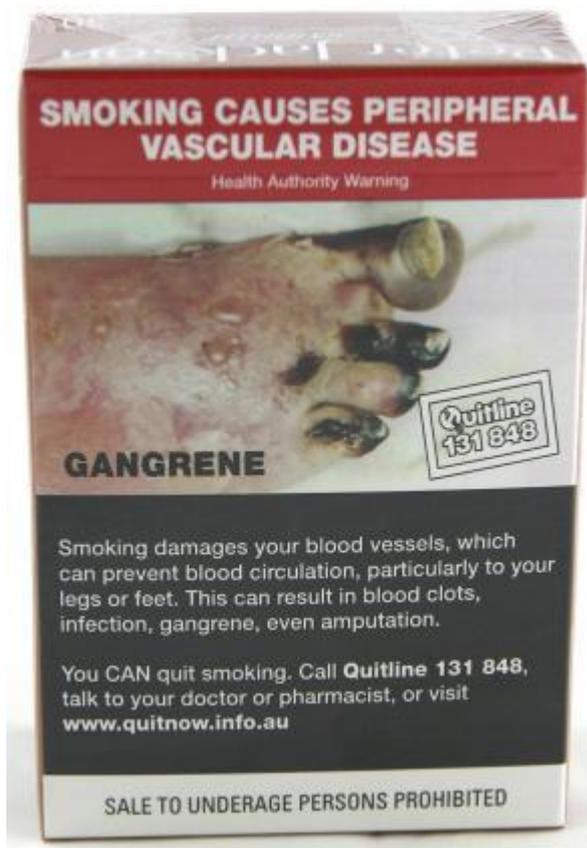


*...more than 90% of Canadian youth agreed that picture warnings provide information about the health effects and make **smoking seem less attractive.***



As well as link to other forms of marketing, particularly **at the point of sale**

➔ Pictorial warnings promote cessation.



➔ 34% of smokers in Australia say the warnings have **helped them to try to quit.**

QUIT LINES HELPFUL

Size of Health warnings

- 85% Thailand
- 82% Australia
- 80% Uruguay
- 75% Canada
- 65% Madagascar
- 65% Mauritius
- 65% Mexico
- 60% Philippines
- 60% New Zealand
- 60% Cook Islands
- Greece?



Public support for Health Warnings

Eurobarometer 2012 on "Attitudes of Europeans towards Tobacco"

Measure	Greece	Support (2012)
Health warnings on all tobacco products	87%	76%
Standardised plain packaging	64%	57%
Ban on flavourings	67%	63%
Security features on packets	81%	73%
Point of sale advertising bans	69%	64%
Point of sale display bans	66%	58%

Effectiveness of Pictorial Health Warnings on Cigarette Packages

Large pictorial health warnings are an effective means of tobacco prevention, because they

- **prevent young people from taking up smoking,**
- **motivate smokers to quit smoking,**
- **prevent relapse in former smokers.**

Therefore, pictorial health warnings help to reduce tobacco use and contribute, in the long term, to reducing tobacco-related morbidity and mortality and hence to improving public health.

Effectiveness of Pictorial Health Warnings on Cigarette Packages



Germany (front and back)



United Kingdom (front and back)



Planned EU warning label

Germany currently only has text messages that have limited visibility and are sometimes well blended into the brand design (picture on the left).

The UK introduced pictorial warnings in 2008, with text warnings covering 43 percent of the front and picture warnings covering 53 percent of the back (picture in the center). Although front text labels are larger than in Germany, they are not much more visible. The large pictorial warning on the back is considerably more noticeable, but due to its location on the back of the packet it captures much less attention of consumers than if it were placed on the front.

The planned combined health warning for the European Union is the same for front and back of the package; it will cover 75 percent of both sides and be placed in the upper area of the packaging (picture on the right). This pictorial health warning is much more eye-catching than text-only messages. Brand information becomes less noticeable. The warning label's position in the upper area of the package further increases its effect.

Good Examples?

Tobacco control: learning from Uruguay



In *The Lancet*, Winston Abascal and colleagues present findings from their population-based trend analysis, which show a clear decrease in the prevalence of smoking in Uruguay between 2005 and 2011.¹ They associate this decrease with the far-reaching tobacco control campaign launched in the country in 2005. The campaign included actions such as the banning of tobacco advertising, the banning of smoking in all enclosed public spaces, tax increases, and legislation requiring that pictograms with health warnings cover 80% of both the front and back of every cigarette pack. They recorded annual decreases in all three selected indicators: a 4.3% (95% CI 2.4-6.2) decrease in per-person tobacco consumption, an 8.0% (4.5-11.6) decrease in adolescent smoking prevalence, and a 3.3% (2.4-4.1) decrease in adult tobacco-use prevalence. For

the FCTC has not been ratified in Argentina. As the investigators discuss, Argentina is not a perfect comparator because, despite the FCTC not being ratified, restrictive actions such as the banning of tobacco advertising in government buildings have been implemented in Buenos Aires and in several provinces since 2005. However, global communication of the risks and harms of tobacco smoking make the selection of a perfect comparator—ie, a similar country with no anti-smoking activities—very difficult, if not impossible.

A pertinent question is whether Uruguay's tobacco control campaign would be as successful in countries in the region that have lower levels of education and literacy. Uruguay and Argentina, along with Chile, have the highest inequality-adjusted educational indices in Latin America (>0.681), but such educational indices are

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See Online/Articles
[http://dx.doi.org/10.1016/S0140-6736\(12\)60826-5](http://dx.doi.org/10.1016/S0140-6736(12)60826-5)



The facts

- Huge body of proof that packaging works
- No evidence that the proposal would impact illicit trade
- No evidence that government revenues would drop
- No evidence that jobs would be eliminated
- And figures show that in the last decade, government revenue from tobacco taxes has increased in most European countries.



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european respiratory society every breath counts



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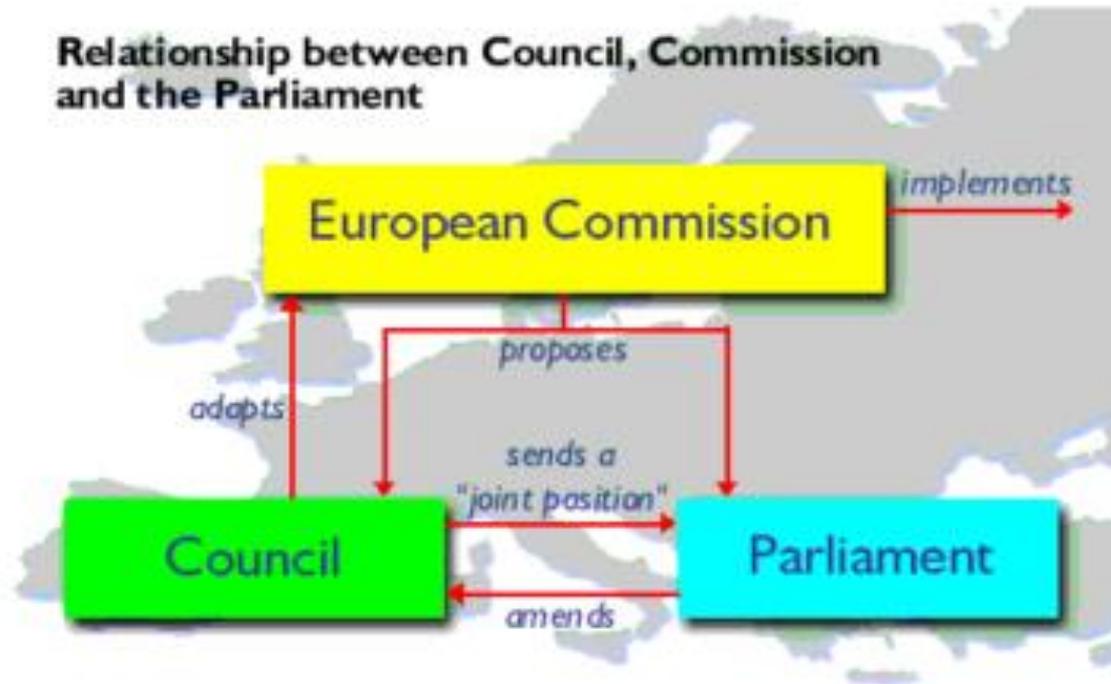
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What has happened so far?

Relationship between Council, Commission and the Parliament





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Key misconceptions due to industry lobbying:

*TPD proposal =
Increased illicit trade*



*TPD proposal =
farmers go out of
business*

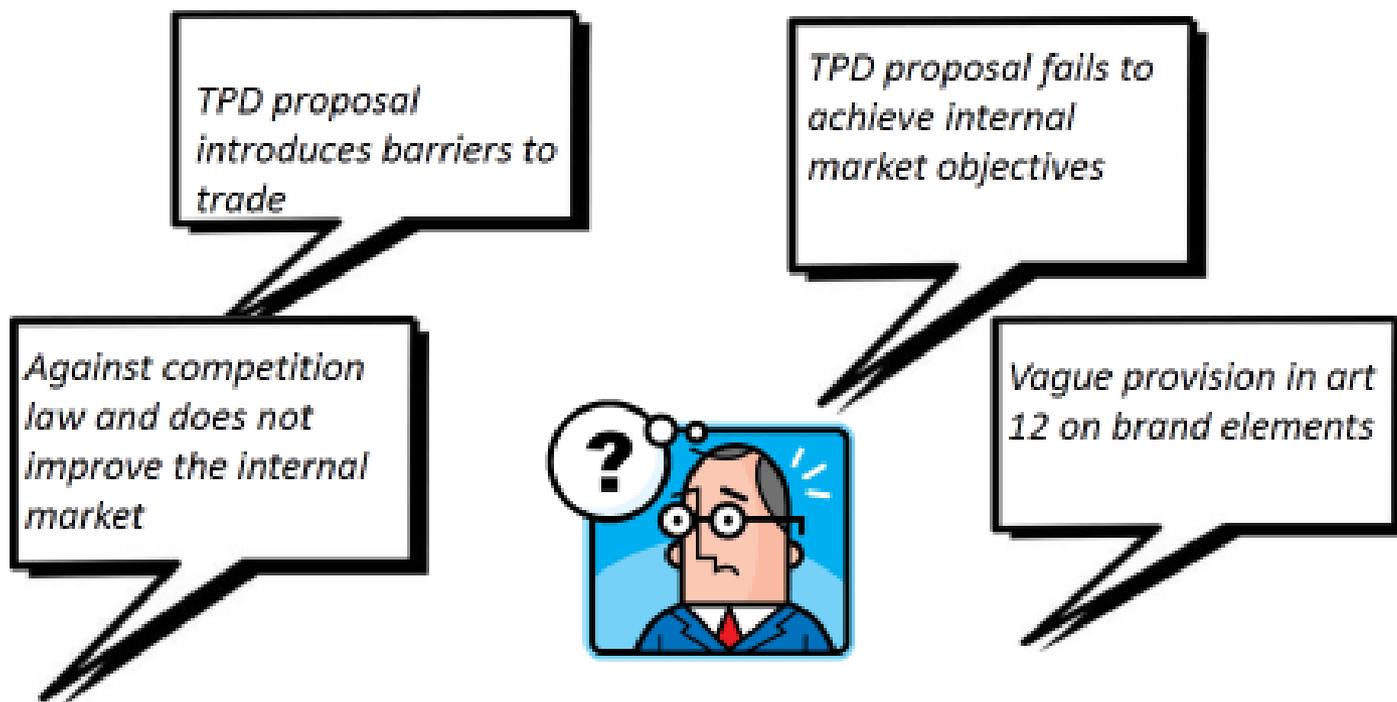


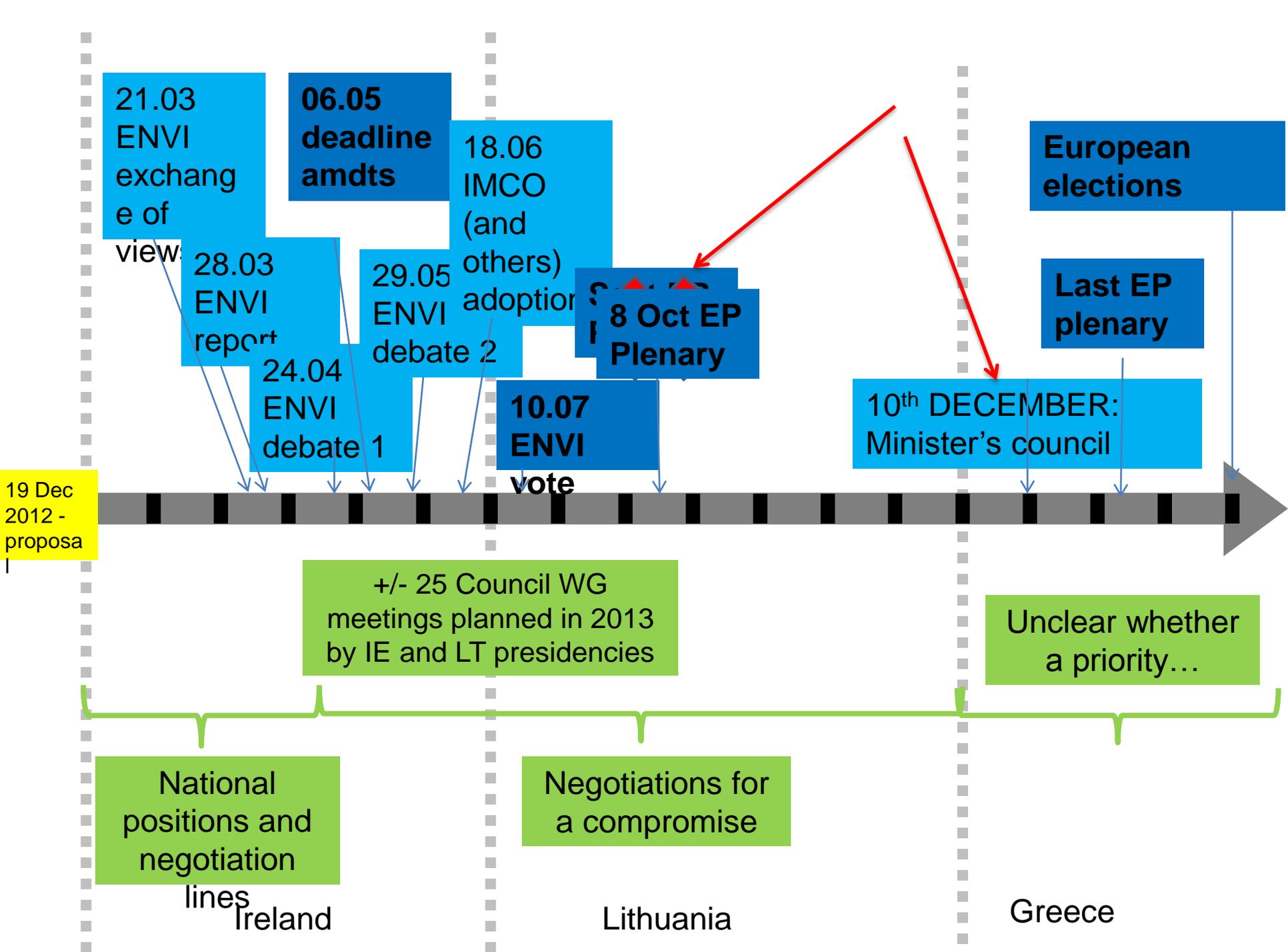
*Plain packaging =
bad for retailers and
loss of jobs*





Key misconceptions due to industry lobbying







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SMOKE FREE PARTNERSHIP BRIEFING

TOBACCO PRODUCTS DIRECTIVE
FACT NOT FICTION



TOBACCO MYTHS



MYTH N° 1:

There is no evidence that the measures in the TPD proposal will work

FACT

There is good evidence that the measures in the TPD are both proportionate in terms of the internal market and will help drive down the number of young people taking up smoking, lead to more adult smokers quitting and help prevent ex-smokers relapsing. See below for a summary of the evidence.

Picture plus text warnings of 75% front and back [3.2; Art. 9]

misleading as it encourages consumers to think that some tobacco products are safer or less risky than others.^{13 14} This is untrue, low tar cigarettes are no less likely to kill you than high tar cigarettes.^{15 16} Yet in every Member State smokers are most likely to mention TNCO levels as the best indication of the harmfulness of a brand¹⁷ and smokers, particularly those considering quitting, look at this information regularly.¹⁸ This also supports the need for quitting information to be on all packs as it is clear that smokers wanting to quit look at information on the pack.

Ban on slim cigarettes [3.2, Art.12]

Research into the impact of pack design on young women, including the impact of brand descriptors such

MYTH N° 2:

The proposal will increase the illicit market in tobacco

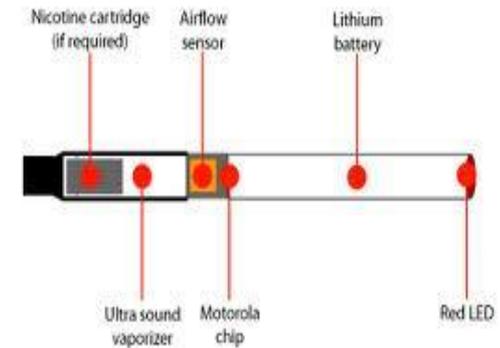
FACT

The tobacco multinationals' concern about illicit trade needs to be evaluated in the context of their history of some manufacturers having facilitated the smuggling of their products.^{25 26 27 28} Since 2004, the four major international tobacco companies have paid billions of dollars in fines and payments to settle cigarette smuggling litigation by the EU and Canada.^{29 30} Japan Tobacco International is currently under investigation by the EU.³¹ The Impact Assessment confirms that



Why? Because this is what we do not yet know about e-cigarettes?!?

- Effects on the lung?
- Extent of nicotine uptake?
- Emissions & health impacts of the vaporisation compounds?
- Other potentially harmful chemicals?
- Overall - health benefits and/or risks or long-term effects?





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What did SFP do to influence the TPD?

- **Petition for the strongest possible Tobacco Products Directive** Launched on 20th June
- Promoted on ERS Weekly, European Voice newspaper, EPHA newsletter and Cancer Research UK network
- Signed by over **700 lung doctors** and health professionals so far



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Their future is in your hands



Dear MEPs,

Lung doctors and health professionals from around Europe and beyond urge you to seize the opportunity to vote for the strongest possible Tobacco Products Directive *

With your vote at the upcoming Plenary session in Strasbourg, we ask you to:

- ⊗ Introduce the largest possible pictorial health warnings on packs
- ⊗ Restrict characterising flavours in tobacco products
- ⊗ Strengthen traceability and security features

Our children's healthy future depends on it.

* For more information on the petition led by the European Respiratory Society, go to ersnet.org/online-petition



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The European Respiratory Society, ERS, is a professional medical organisation with members in over 100 countries across the globe representing medical and scientific experts in the field of respiratory medicine and lung science.



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Dear MEP,

Approximately 700 000 EU citizens die prematurely every year because of tobacco consumption. A large proportion of these deaths are caused by respiratory diseases such as Chronic Obstructive Pulmonary Disease (COPD) and lung cancer. 70% of smokers start before the age of 18 and 94% before the age of 25 years, when lung damage already begins. **The proposed Directive contains measures to prevent children and young people from picking up their first cigarettes** – a shared aim of ERS

The European Respiratory Society, ERS, is a professional medical organisation with members in over 100 countries across the globe representing medical and scientific experts in the field of respiratory medicine and lung science. The annual congress attracts over 20,000 professionals from Europe and beyond. ERS is principally concerned with protecting the health of EU citizens.

We call on you to vote for amendments that include **the largest possible mandatory pictorial health warnings, standard packs, the prohibition of characterising flavours, and the strengthening of traceability and security features** for combating illicit trade.

We are very concerned by the efforts being made to undermine and weaken the proposal. Please reject anti-health amendments driven by the interests of the tobacco industry. Seize the opportunity to vote for the strongest health-protecting Directive possible – our children's healthy future depends on it.

Yours sincerely,



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LIFE IS PRICELESS

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