European Network for Smoking Prevention *aisbl*

ANNUAL REPORT

2007

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Annual Report 2007

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Responsible Editor: *Francis Grogna, Director*
Co-ordinator: *Michael Forrest*
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1 Introduction

Message from the ENSP President

Despite the progress made in tobacco control in recent years, smoking continues to be the largest single preventable cause of death and disease in the European Union. Over 650,000 Europeans are killed every year because they smoke, one in seven of all deaths across the EU, and over 13 m. more suffer from a serious, chronic disease as a result of their smoking.

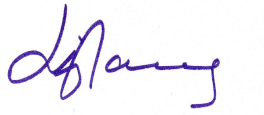
The dangerous health effects of second-hand smoke have also been documented in over twenty reports ranging from the International Agency for Research on Cancer (IARC) to the US Surgeon General. A cautious estimate is that exposure to second-hand smoke kills at least 79,000 people in the EU every year. This estimate includes deaths from lung cancer, coronary heart disease, stroke and chronic non-neoplastic respiratory disease. The estimate omits deaths in childhood caused by second-hand smoke, deaths in adults from other conditions known to be caused by active smoking and the significant, serious morbidity, both acute and chronic, caused by second-hand smoke.

In addition, second-hand smoke causes a number of respiratory diseases and is a major risk factor that exacerbates attacks for people with asthma, allergic illnesses, chronic obstructive pulmonary disease (COPD) and other chronic diseases leading to social and work exclusion and unnecessary illness. Yet unlike some public health hazards SHS exposure can be easily prevented.

The European Network for Smoking Prevention is an international non-profit making organisation, created in 1997 to develop a strategy for co-ordinated action among organisations active in tobacco control in Europe by sharing information and experience, and through co-ordinated activities and research.

ENSP draws together more than 600 member organisations active in the field of tobacco control, gathered in national coalitions from EU Member States as well as Norway, Iceland and Switzerland, and also representatives of several professional networks active in tobacco control in the EU.

Our vision is of a future where our fellow Europeans will not suffer the distress of ill health and early death or inequality due to tobacco. We want children to be able to grow up without being targeted with messages that seek to lure them into a life-time of addiction. We want all Europeans to be able to breathe clean air unpolluted by other people's tobacco smoke. As we increasingly communicate more freely and across country borders more frequently, we realise that our individual countries are not isolated and do not stand alone. To see the effects of change throughout Europe, we have to be that change. Therefore, let us endeavour to make use of the best evidence of effectiveness in policy and practice in order to work together towards our common goal: a Europe free from tobacco products and the related burden of illness and disease.



Elizabeth Tamang
President

Director's Viewpoint

We are today seeing the benefits of ENSP's co-ordinated actions, which have been implemented over the past ten years, especially thanks to the coalition-building processes and the collaborative spirit of networking, which ENSP has been able to create. Twenty-eight national coalitions are now permanently represented in the ENSP network, exchange best practices and positions, and join forces to support one another. One of the most tangible results of the ENSP members' actions is without a doubt the development of smoke-free environments, which will hopefully very soon be implemented in all EU Member States.

This report provides a non-exhaustive description of ENSP's activities realised in the course of 2007 in support of the overall tobacco control movement.

Nevertheless, these activities represent only a fraction of what is needed to bring about a rapid change towards a world free of this toxin.

To meet the new needs of all EU Member States, ENSP's support needs to be intensified. On a larger scale, pleas for help coming from countries outside the EU also need to be heard. ENSP is an organisation that is essential for tobacco control and that has a key advocacy role to play. But in order to face the coming challenges, ENSP will have to adapt itself. ENSP's childhood is now over. ENSP's 11th anniversary will herald the beginning of a transformation. We are preparing ourselves to build your Europe free of tobacco!

Francis Grogna
Director

2 Operation

Secretariat

In accordance with the ENSP statutes, the day-to-day operations of the ENSP Network are delegated by the General Assembly to the ENSP Secretariat, which manages the Brussels office. The ENSP Secretariat is located at: 144 Chaussée d'Ixelles, B-1050 Brussels, Belgium.

In 2007 the ENSP Secretariat employed five members of staff comprising:

Francis Grogna, Director (full-time). The Director oversees the operations of the Secretariat and is responsible for supervising and managing the ongoing activities and projects, managing the Secretariat's financial affairs, overall co-ordination of the Secretariat's work plan, fund-raising, implementing policy and strategy priorities, sponsorship and administration of grants, reporting back to the Executive Board and the General Assembly.

Ana Camões, Administration and Finance Assistant (full-time), who is responsible for office management, logistics, reporting on grants, events logistics, as well as administrative and financial services.

Mariann Skar, Project Leader (part-time), who is responsible for administration and organisation of the ongoing projects, EU projects observatory, management of project grants, organisation of research and strategy priorities.

Sophie Van Damme, Liaison Officer (part-time), who is manages membership affairs, updates and oversees the ENSP statutes, liaises with network members, and manages capacity-building and events.

Michael Forrest, Information Officer (full-time), who is responsible for information dissemination throughout the network, press releases, information releases, drafting of the European News Bulletin, updating the ENSP website, communications, drafting reports and minutes and management of publications.

The ENSP Secretariat has a key role in ensuring the smooth operation of the ENSP network. The Secretariat acts as a turntable between the members of the network by ensuring that information requests are followed up and distributed among members, by reporting back to the members, by informing the members what is happening in Brussels and keeping them updated on developments in all European countries. The Secretariat also provides a forum, in the form of the annual network meeting, for members to come together to exchange ideas and best practices, to build capacity and to present and discuss latest scientific findings. In addition, the Secretariat serves as a central contact point for all members' needs and reacts to individual focuses of action, creating increased visibility for the ENSP members both individually and as a group. Likewise, the Secretariat initiates calls for action among the members creating international attention for different priorities, when the need arises.

Executive Board

The Executive Board of the European Network for Smoking Prevention, which was elected for a period of two years at the General Assembly in Brussels on 21 April 2006, comprises the following members:

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On 26 September 2007 Tibor Szilágyi informed the ENSP Board and Secretariat that, due to other commitments, he was forced to resign from his position on the Board. The position of Treasurer was accepted by Luis Reis Lopes.

With the departure of Amanda Amos in 2006 and Tibor Szilágyi in 2007, the decision was taken at the General Assembly, held in Cascais, Portugal on 17 November 2007, to co-opt two Board members. The Board asked Mervi Hara (Finland's ASH) and Jørgen Falk (National Board of Health, Denmark) to sit on the Board until the next statutory elections (i.e. 4 April 2008). Both Mervi Hara and Jørgen Falk accepted their nominations as co-opted Members of the Board.

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During 2007 the ENSP Executive Board convened four times: ie. 23 March 2007, 31 August 2007, 14 November 2007 and 13 December 2007 (by teleconference).

The Board Meetings concentrated mainly on updates on ENSP activities (state-of-the-art of the work packages, consultation on the Green Paper Towards a Europe free from tobacco smoke, ENSP's involvement in the HELP campaign, involvement in the Framework Convention on Tobacco Control) and planning a strategy for the way ahead (Consensus Seminar on Tobacco and Nicotine Product Regulation in Leuven, ENSP business plan, future of ENSP, planning of General Assemblies and involvement with Strategy Group).

The ENSP Executive Board plays a very important role in the life of the network. Not only does the Board develop a vision of the network's involvement in tobacco control at European level, but the Board members can also participate in direct actions at the political level or in other fields.

In 2007, the ENSP President (Dr Tamang), Vice President (Professor Clancy) and Treasurer (Luis Reis Lopes) dedicated a tremendous amount of energy to developing the ENSP network, and particularly in participation in high-level meetings. One key meeting took place on 25 October 2007, when the ENSP President, accompanied by a representative of the Swedish coalition (Dr Boethius) and members of the ENSP Secretariat met Commissioner Kyprianou and a representative of DG SANCO C6 (Ms Thea Emmerling).

Coalitions

In accordance with the ENSP statutes, membership of ENSP is made up of national coalitions comprising both governmental bodies and non-governmental organisations. This mechanism is designed to ensure that as broad a range of interests as possible is represented by the national coalitions and also functions to guarantee representativeness within the network. In 2007 the ENSP network comprised national coalitions from the countries listed hereafter. The national coalitions comprise around 600 member organisations. ENSP is in contact with the member organisations via the national representatives (two per country, with one each in Bulgaria, Hungary, Luxembourg and Switzerland):

Austria	Latvia
Belgium	Lithuania
Bulgaria	Luxembourg
Cyprus	Netherlands
Czech Republic	Norway
Denmark	Poland
Finland	Portugal
France	Romania
Germany	Slovakia
Greece	Slovenia
Hungary	Spain
Iceland	Sweden
Ireland	Switzerland
Italy	United Kingdom

Although no formal application for membership had been received, ENSP also maintained contacts with individual tobacco control advocates and organisations active in the field in Malta and Estonia.

Additionally, ENSP also comprises International Network members active in European tobacco control within specific specialised, professional contexts. The International Networks are:

European Federation of Allergy and Airway Diseases Patients Association
European Network of Smoke-free Hospitals
European Union of Non-Smokers
International Network of Women Against Tobacco (INWAT-Europe).

General Assemblies and Network Meeting

In accordance with the ENSP statutes, a General Assembly must take place at least once a year to approve the annual accounts, the annual reports and the minutes of the previous General Assembly, discuss the ongoing business of the Network and take decisions and vote on both strategic and structural issues.

In the course of 2007 the ENSP Secretariat organised one General Assembly in Brussels on 20 April 2007 and one Network Meeting and General Assembly in Cascais, Portugal from 15 to 17 November 2007.

ENSP General Assembly, Brussels, 20 April 2007

The 2006 annual accounts and 2006 annual report were approved by the General Assembly. The activities and outputs for 2007 were examined and discussed in detail at this meeting.

ENSP Network Meeting and General Assembly, Cascais, 15-17 November 2007

The Network Meeting kicked off with a follow-up to the workshops held during the Sofia Network Meeting in November 2006. The subjects of these workshops were: preventing sales to children and adolescents; second-hand smoke; pricing and taxation; prohibiting advertising. In addition, Professor Luke Clancy and Mariann Skar of the ENSP Secretariat presented their follow-up of the research seminar on tobacco, including the priorities for the future. The short-term goal is to establish a Tobacco Control Advisory Committee and the long-term goal is the creation of a European Institute for Tobacco Control Research.

The Network Meeting featured a number of invited internal and external speakers who gave presentations on outcomes and developments in certain fields of activity as well as certain specialised topics within their expertise, as detailed hereafter.

Follow-up of Research Seminar on Tobacco – Luke Clancy and Mariann Skar
Realising that there is an urgent need for research training in tobacco control, it was established that the approach should be both trans-disciplinary and translational. In order to define research priorities and establish targets one of the key long-term goals is to establish a European Institute for Tobacco Control, while an important short-term goal is to create a Tobacco Control Advisory Committee.

Communicating with and empowering the youth of today **– Nuno Machado Lopes (IG Marketing)**
This presentation concentrated on the aspect of social marketing targeted at young people in the context of new media. Such tools can be used to talk to target groups and to listen to the answers. Conversation with young people is implicit and tobacco control advocates can use the many tools at their disposal: social networks, blogging, micro-blogging, resources, power of video, consumer-generated content. Adapting communication to suit the audience is essential.

European Network for Smoke-free Compliance – Francis Grogna
The need for a compliance network had been highlighted during the 2006 ENSP Network Meeting in Sofia. This initiative was also presented in the form of a workshop at the Towards a Smoke-free Society conference in Edinburgh in 2007. ENSP will continue to strengthen synergies with the Food

and Consumer Product Safety Authority in the Netherlands, which had already met with ENSP on this subject.

EC Priorities for Tobacco Control – Thea Emmerling, DG SANCO C6
Existing legislative instruments, international instruments (such as the FCTC), prevention and tobacco control in other policies were all aspects highlighted during this presentation. The validity of the tobacco advertising directive had been confirmed by the European Court of Justice in December 2006, which was a landmark ruling confirming that the EC has the competence to ban tobacco advertising, sponsorship and promotion. The European Commission was still awaiting the outcome of the open consultation on the Green Paper in 2008, which will feed into follow-up actions.

Monitoring implementation of the FCTC – Deborah Arnott, FCA
NGOs and other members of civil society have a special contribution to make in tobacco control efforts. In fact, civil society is a key element in pushing countries to become Parties to the FCTC, to advocate for an effective, evidence-based, best practice implementation of the FCTC and to monitor FCTC implementation at national level.

Regulating RIP cigarettes – Why and How – Deborah Arnott, ASH
With property damage in Europe due to fires caused by burning cigarettes being estimated at some € 13 m. per annum, a fire safety standard would prevent up to two thirds of cigarette fires. This presentation explored the possibility of an extinction test standard, such as standards which have already been introduced in both the USA and Canada.

Tobacco Package Warning Systems – Garfield Mahood, Non-Smokers' Rights Association, Canada
Garfield Mahood of the Non-Smokers' Rights Association in Canada delivered an inspiring presentation on the Canadian experience with tobacco package warning systems and the lessons learned from their experiences. There are some 15 recommendations for comprehensive tobacco product warning systems, which are all the more indispensable in view of the European Commission's pictorial warnings.

Women's Exposure to Second-hand Smoke in Europe – Sara Sanchez, INWAT-Europe
The objective of this project is to bring together experiences from countries that have implemented smoke-free legislation in public places and to identify the next actions to protect women from SHS and also the specific research needs. The survey is based on key informant interviews in select European countries.

Database of enterprises: Implementing smoke-free workplace policies – Sibylle Fleitmann
The overall objective of the action is to promote smoke-free workplaces, developing practical steps and tools. The campaign endeavours to motivate companies and organisations to become partners. The questionnaire aims to identify best practices in participating companies.

HELP Comets Campaign – Bertrand Dautzenberg
This campaign presents the results of CO measurements. Some 111,835 persons were tested. This is a powerful tool to use to demonstrate to politicians that the effects of smoke-free legislation on air quality are demonstrable.

Workshop on snus – Göran Boëthius, Margaretha Haglund, Sigrid Skattebo, Siri Naesheim
The workshop on snus took into account the Swedish and Norwegian experiences, i.e. the two European countries where this product is widespread. It examined myths and facts on the influence of snus use on Swedish and Norwegian smoking patterns. The Smoke-free Partnership also

examined snus in the context of the Leuven Consensus. In addition, Rory Morrison of ASH Scotland examined snus as part of the wider harm reduction debate. Following the discussion, ENSP's position on smokeless tobacco was stated clearly: i.e. that ENSP is not in favour of lifting the ban on smokeless tobacco in the EU, nor is ENSP in favour of introducing any kind of new tobacco product.

Conferences, seminars and workshops

Hearts and Minds at Work in Europe – Strategies and Policies for Promoting Health in Working Life and other Life Domains, Brussels, 21 March 2007

On 21 March 2007, the ENSP Secretariat attended a workshop entitled *Hearts and Minds at Work in Europe*, which was organised jointly by the European Network for Workplace Health Promotion (ENWHP), the German BKK Federal Association and an expert consortium in the fields of work-related health monitoring (WORK HEALTH), with the support of DG SANCO.

The meeting presented the results of a European initiative, which analysed the burden of disease in relation to working life and the consequences from a public health perspective. Cardio-vascular disease and mental disorders were identified as two major chronic disease groups which have a significant impact on working life as well as other life domains. The discussions focused on the impacts of these results on future policy development and practice with representatives of the European Commission, social partners, other European institutions and relevant networks.

The aim of this workshop was to bridge the gap between workplace health and public health by examining the current know-how available in the area of workplace health in the context of today's health promotion strategies and practices.

More information is available at:
http://www.enwhp.org/index.php?id=510&no_cache=1&sword_list[]=hearts

Health in the Enlarged EU conference, Bratislava, Slovakia, 16-17 April 2007

This international conference was organised by the European Public Health Alliance (EPHA) to conclude its three-year project *Building the Public Health Community across Europe*. The conference planned to showcase the impact of the European enlargement on the health of citizens, particularly in Central and Eastern European (CEE) countries. The conference also aimed to raise awareness about the impact of European Union policies on the health status of the population of CEE countries, as well as highlight the specific health challenges faced by citizens in these countries.

The individual objectives of the conference were:

- to discuss how EU enlargement has influenced health determinants, health care systems and the health status of new Member States and to identify potential benefits and problems for consideration in future enlargement;
- to present the work of EPHA members in relation to the priorities of EU health policy;
- to propose timely policy recommendations to the European Commission to be included in the EU Health Strategy.

The event was organised over two days, featuring a plenary with key-note speakers from the European Commission, the European Parliament, host government and public health researchers; parallel thematic workshops including presentations, case studies and interactive discussions. The participants discussed existing legislation and policies and contributed to a comprehensive range of policy recommendations.

A variety of workshops were organised within the scope of the conference examining the following subjects:

- Harmful Social Consequences of Alcohol;
- Stopping children's chemical contamination;
- Left out: Access of Roma to Health Care;
- Smoke-free Places;
- Barriers preventing access to health services for people with mental health problems;
- Complementary and Alternative Medicine (CAM).

In addition, parallel presentations were organised on the following topics:

- Public Health research in the new Member States;
- Facing HIV/AIDS and Hepatitis in the new Member States of the EU: what works and what's missing;
- Health Professionals' Mobility and Drug Promotion.

ENSP attended this conference and, together with the Smoke-free Partnership, co-organised a workshop on smoke-free places, details of which are outlined below.

<u>Smoke-free places workshop</u>:

The overall aim of the workshop was to provide the necessary impetus for further initiatives to introduce comprehensive smoke-free laws in the new Member States of the European Union and to provide a framework in which participants could take ownership and feel responsible for the identification of risks and strategies for forming or consolidating smoke-free campaigns/legislation in their own countries.

The workshop sought to do the following:

- present successful smoke-free policies in the new Member States (using the examples of Lithuania and Slovenia);
- bring together national tobacco control advocates/coalitions and advocates from the general public health community to discuss the need for and assess the prospects of further smoke-free campaigns and collaboration in their own countries;
- go over the rationale for 100% smoke-free policies and the main scientific argument (the proven danger of passive smoking – smoke-free legislation is health and safety legislation);
- update participants on the development of guidelines on Article 8 FCTC.

The workshop kicked off with a brainstorming session on participants' perceptions of smoke-free places, which highlighted in particular their high level of understanding of the concept as well as an appreciation of the rationale for smoke-free workplaces.

Four complementary presentations were made, combining NGO know-how, expertise on effective smoke-free campaigns at national level (Aurelijus Veryga from the Lithuanian tobacco control coalition, Lithuania national representative for ENSP), governmental stances on how to create a successful environment for the introduction of smoke-free laws (Vesna-Kerstin Petrič, Ministry of Health, Directorate for Public Health, Ljubljana, Slovenia, Slovenian national representative for ENSP), international update and call for action regarding Article 8 of the Framework Convention on Tobacco Control (FCTC) (Fiona Godfrey, ERS Policy Adviser), and how to build strong, competent and strategic smoke free coalition at national level (Elspeth Lee, Tobacco Control Manager, Cancer Research UK).

Bearing in mind that countries are at different stages of progress regarding going smoke-free, participants were asked to assess the following aspects:

- The level of unity and support amongst the public health community and advocates. The public health community must form a broad coalition of organisations in support of smoke-free legislation with a general strategic plan, a clear message and speak with one voice.
- A clearer idea of where each country stands on the issue of passive smoking, where a consensus can be reached, what problems still lie ahead and the likelihood of reaching agreement on key goals and messages in the short to medium term.
- The level of endorsement of the population for smoke-free laws in their own countries and finding a solution for further support (for instance, opinion polls on smoke-free policies are recommended).
- The level of opposition from the hospitality and tobacco industries and the arguments used (the tobacco industry and the hospitality sector always claim that smoking bans in restaurants and bars have a negative impact on business and result in declining sales and thus increased unemployment). Even if there is no evidence for such claims, participants were urged to be ready to counter these arguments as they are nevertheless strong arguments, which may have a significant impact on public opinion.
- The capacity to develop a permanent media strategy (including making new research and information in relation to smoke-free legislation widely available and establishing a media response team capable of reacting rapidly).

Consensus Seminar on Tobacco and Nicotine Product Regulation, Leuven, Belgium, 3-4 May 2007

On 3-4 May 2007 the European Respiratory Society, together with several EU health organisations working on tobacco control, organised a policy seminar to examine the issues related to nicotine and tobacco product regulation. The seminar took place in Leuven, Belgium. The objectives of the meeting were to:

- bring together European and national tobacco control advocates and coalitions to discuss how to move tobacco and nicotine product regulation forward in the EU;
- identify where we are divided, where common ground might lie and how we get to it;
- consider the latest science on nicotine and smokeless products;
- update participants on the development of guidelines on Article 9 of the FCTC;
- discuss the need for and assess the prospects of obtaining a European regulatory agency for such products;
- begin developing a strategy to achieve comprehensive and effective EU regulation of tobacco and nicotine products;
- create a European coalition in support of such a strategy.

During the meeting, the participating ENSP members expressed their firm opposition to the initiative of considering oral tobacco as a possible smoking cessation support. This position was likewise confirmed later in the year during the Cascais Network Meeting: ENSP is not in favour of lifting the ban on smokeless tobacco in the EU, nor is ENSP in favour of introducing any kind of new tobacco product.

Towards a Smoke-free Society conference, Edinburgh, Scotland, 10-11 September 2007

The objectives of the *Towards a Smoke-free Society* conference were set out by the conference organisers as follows:

- to share the latest evaluation findings on smoke-free legislation from Europe and elsewhere;
- to review international policy developments and share implementation experience;
- to support countries to develop, implement, monitor and evaluate their own smoke-free legislation;
- to promote the development of smoke-free legislation within the broader context of tobacco control policy frameworks.

Within the scope of this conference ENSP hosted two parallel sessions. The first ENSP-hosted parallel session was entitled: *The Citizens' Voice: Towards a European free from Tobacco Smoke*. Francis Grogna outlined how the dangerous effects of second-hand smoke have been documented in over twenty reports ranging from the International Agency for Research on Cancer (IARC) to the US Surgeon General. A cautious estimate is that exposure to SHS kills at least 79,000 people in the European Union every year. This estimate includes deaths from lung cancer, coronary heart disease, stroke and chronic non-neoplastic respiratory disease. However, the estimate omits deaths in childhood caused by SHS, deaths in adults from other conditions known to be caused by active smoking and the significant, serious morbidity, both acute and chronic, caused by SHS.

> *"[…] involuntary exposure to second-hand smoke remains a serious public health hazard that can be prevented by making homes, workplaces and public places completely smoke-free[…] Smoke-free environments are the most effective method for reducing exposures." (The Health Consequences of Involuntary Exposure to Tobacco Smoke, A Report of the Surgeon General, 2006).*

Therefore, for the European Network for Smoking Prevention, the only legitimate response is a complete ban on smoking in all enclosed public places and workplaces.

To promote smoke-free environments, the majority of the ENSP members consider a European binding legislation as the best option which, taking into consideration the unequivocal scientific evidence of the harm caused by SHS, could provide high-level protection of citizens and employees from SHS. Many European countries have already provided evidence for a binding legislation to be viable and enforceable, which does not harm national economies. In addition, the latest Eurobarometer reveals that an overwhelming majority of 88% support smoke-free offices, indoor workplaces and public spaces.

The second ENSP-hosted parallel session was entitled *European Network for Smoke-free Compliance*, which was chaired by Mariann Skar and at which Francis Grogna spoke. Presentations on tobacco control enforcement were given by experts from Wales, Ireland, Scotland and the Netherlands. Following the presentations, this session was conducted as a round-table discussion. The purpose of the round-table was to discuss different approaches to enforcement in Europe and to establish an enforcement network that would promote the sharing of research findings and good practice. The main discussion was about the activities ENSP wishes to explore in the future, such as how to share best practice in enforcement methods, legislation and what kind of research on compliance or effect-studies are needed etc.

The outcomes of the discussion were as follows:

- develop a questionnaire to find what is the lowest common denominator;
- ENSP could function as co-ordinator; gathering and sharing information;
- ENSP could gather contact points/names/information on issues like training and protocols etc.;
- ENSP could develop a section on its web site (Members Only section) devoted to enforcement issues.

The objective would be to bring together enforcers and offer them a platform to become acquainted in order to:

- increase knowledge;
- share experience;
- share information;
- develop good practices.

It was concluded that the following information is needed in order to set up a network of this kind:

- identify the enforcement organisations throughout Europe;
- establish how enforcement is organised;
- examine the needs in the different countries;
- develop new ideas.

The *Towards a Smoke-free Society* conference concluded with the Edinburgh Statement, which was endorsed by all delegates.

The Edinburgh Statement
11 September 2007

1. *There is now unequivocal evidence that exposure to second-hand tobacco smoke causes disease, disability and death. There is no level of second-hand smoke exposure that can be considered safe.*

2. *This conference supports the FCTC Guidelines on Protection from Exposure to Tobacco Smoke (Article 8) that:*
   - *Everyone has the right to the highest attainable standard of health*

   and that
   - *All people should be protected from second-hand smoke,*

   and therefore
   - *All indoor workplaces and indoor public places should be smoke-free.*
   - *As voluntary smoke-free polices are clearly ineffective, legislation is necessary to protect people from exposure to tobacco smoke.*
   - *To be effective, the legislation must be simple, clear and enforceable.*

3. *This conference has provided clear evidence that the FCTC principles on smoke-free legislation are robust. It has been shown that an important requirement for successful legislation is good planning and preparation. Legislation has been supported by the great majority of the population in countries where it has been preceded by good communication about the risks of second-hand smoke and why legislation is needed.*

4. *We have seen the value of monitoring and evaluating the implementation and impact of smoke-free legislation. This emphasises the role and importance of research in providing the evidence base for tobacco control policies.*

5. *The Scottish evaluation has shown that comprehensive smoke-free legislation can:*
   - *Cut levels of tobacco smoke in enclosed public places and greatly improve indoor air quality;*
   - *Significantly reduce exposure to second-hand smoke in non-smoking adults and children;*
   - *Reduce the number of cases of acute myocardial infarction in the general population;*
   - *Reduce respiratory symptoms of bar workers;*
   - *Change both attitudes and smoking behaviour and produce a real shift in social norms around smoking.*

6. *In the light of the foregoing:*

   - *This conference urges all parties to the FCTC to implement comprehensive smoke-free legislation within 5 years in line with their obligations.*
   - *We invite the WHO to encourage and support all other countries to also implement strong smoke-free policies.*
   - *We invite the European Commission to produce a proposal on how legislative safeguards against second-hand smoke can be promoted in all those EU countries that have not yet introduced them, and to show leadership in implementing the FCTC smoke free guidelines at a global level.*

We stress the need for and value of an active comprehensive programme of research at EU and national level to support tobacco control policies. Within the EU, the Commission should monitor whether the FCTC obligations have been met.

7. *The damage to health from exposure to second-hand smoke in public places and workplaces is only a small part of the immense amount of disease, suffering and loss of life caused by tobacco. Smoke-free legislation is thus only one part of a comprehensive tobacco control strategy: Priority should also be given to:*
   - *Protecting people from second-hand smoke in the home and private motor vehicles;*
   - *Providing smoking cessation services and products that are available and affordable to all smokers who want to quit;*
   - *Reducing the availability, affordability, visibility and attractiveness of tobacco to young people.*

8. *We urge all governments to monitor the activity of the tobacco industry and to consider tighter regulation and control of the production and marketing of this highly addictive and lethal product.*

9. *We further appeal to all governments to recognise and act upon their responsibility to protect and discourage all children and young people from ever starting to smoke.*

10. *It has taken a long time to understand the full extent of the impact of tobacco on human health. Now we have this understanding and the means to act on it, let us all go forward with a commitment to reduce tobacco-related harm here in Europe and across the world.*

DG SANCO Away Day, Helecine, Belgium, 21 September 2007

The ENSP Secretariat participated in the DG SANCO Away Day workshop on tobacco, smoking prevention and quitting smoking, which was held on 21 September 2007.

The workshop was sub-divided into two sessions. Francis Grogna gave a presentation on ENSP, tobacco prevention and other important issues, such as the need for smoke-free workplaces etc. Afterwards, Mr Patrick (of the European Commission Medical Services) gave practical advise on how to quit smoking, assistance provided by medical services etc.

4th European Conference Tobacco or Health 2007, Basel, Switzerland, 11-13 October 2007

The *4th European Conference Tobacco or Health 2007* in Basel aimed to present an overview of what has been achieved and what still needs to be done, an outline of successes and failures en route to a tobacco-free Europe. The conference took stock of where we now stand and asked important questions, such as: What do we want to achieve? What does the situation with tobacco control in Europe look like at this point in time? Progressive and effective tobacco control requires high-level implementation in all European countries. This is particularly true in view of the expansion of the European Union and increasing economic and social cohesion among its Member States.

Several members of ENSP were involved in the different organising committees for this conference. The ENSP Secretariat also actively contributed to the conference: Francis Grogna was a member of the Scientific Committee and chaired one of the workshops entitled *The Future of Tobacco Control in Europe*.

Among the focal points of the conference were the presentation of new results on Health and Tobacco, Passive Smoking and Health, the state of implementation of the WHO Framework Convention (FCTC), and the relevance of products with reduced toxic effects. National programmes on tobacco prevention were also presented. Other issues included Smoking and Youth, Smoking and Sports, as well as the tobacco industry's strategies and impact on society. The goal of the conference was to transform knowledge into action and promote discourse between the worlds of science, public health, politics and the general public.

Stemming the global tobacco epidemic is a primordial political and social challenge. This conference sent out a resounding call to politicians: Europe must become tobacco-free!

The organisers and delegates therefore called on decision-makers in all European countries to push for tobacco control at home and throughout Europe.

The *ECToH 07* conference concluded with the *ECToH 2007* Resolution, which was endorsed by all delegates.

Resolution
4th European Conference Tobacco or Health

Each year, in the EU countries alone, 650,000 people die as the result of tobacco consumption. The tobacco industry is trying to make up its losses on the European and North American markets at the expense of the world's poorest populations on other continents.

In order to make further progress towards a smoke-free Europe, the participants of the 4th European Tobacco or Health Conference note that in the coming years special account will have to be taken of the following requirements of the WHO Framework Convention on Tobacco Control:

- *All countries have to become Parties within one year.*
- *Creation of 100% protection by means of comprehensive smoke-free legislation in line with the guidelines on Article 8 of the WHO FCTC, adopted in July 2007 at the second Conference of the Parties in Bangkok must be accomplished. Protection should include a total ban on smoking in work and public places, including bars, restaurants, health and educational facilities and public transport.*

- *Regular increases in tobacco taxes should be policy at EU and Member State level, and the number of cigarettes that can be imported for personal consumption between EU countries should be reduced to 200 per person.*
- *The adoption of a protocol on illicit trade of tobacco products by the Conference of the Parties of the WHO FCTC that will eliminate the incentive to be involved in the illegal tobacco trade for those who facilitate the supply of illicit tobacco products (tobacco manufacturers) and for those who organise the illicit trade of tobacco products (criminal organisations).*
- *Pictorial health warnings on the two main sides of tobacco product packages, supplemented by the telephone number of the national quitline, with the aim that the whole pack would become a platform for mandatory health promotion messages.*
- *The introduction of a comprehensive ban on the advertising, sales promotion and sponsoring of tobacco products, including on the Internet and at the point of sales. In particular, measures are to be taken to ensure that films cannot be used as a platform for the promotion of smoking.*
- *Effective smoking cessation should be promoted through training programmes for health professionals and pharmacological therapies for nicotine dependence should be reimbursed.*
- *More emphasis has to be put on identifying and studying high-risk target groups for smoking and tobacco-related morbidity and mortality (i.e. gender, socio-cultural groups, age groups etc.).*

The implementation of all these measures will require adequate funding. A minimum of € 3 per capita per year should be devoted to tobacco prevention and control policies. One possible source of funding could be the imposition of a special tax on tobacco products.

In order to be able to successfully progress towards a smoke-free Europe, it is necessary that – besides the health organisations – other sectors also become involved in curbing the tobacco epidemic.

The participants of the 4th European Conference Tobacco or Health in Basel 2007 appeal to governments and civil society in all European countries to not slow down the battle against tobacco but to continue and intensify their efforts for comprehensive tobacco control on a high level in order to protect public health and save millions of European lives.

Evolution of Health Following Enlargement – HEM Closing the Gap, Brussels, 23 October 2007

The conference presented the final results and conclusions from a three-year European funded research project. This project focused on identifying the reasons for the health gap between Western and Eastern EU countries.

The final results concerning the European health gap in the area of cardiovascular disease, diet, alcohol, tobacco, and injuries were presented during the conference plenary session. Discussions then took place in four parallel workshops, followed by a final summing-up in the plenary session.

The HEM Conference was an important event for all those involved and interested in the evolution of European Union health policy. The conference underlined the important role of health determinants and the European democratic process in formulating European health policy. The conference brought together high-level EU officials, researchers, scientists, journalists, policy-makers and decision-makers to discuss solutions that could reduce the health gap in Europe.

More information is available at: http://www.hem.waw.pl/

Information and Capacity-building

In 2007 ENSP continued to consolidate and expand its central mission of providing information services and opportunities for capacity-building to its members. Information services include, but are not limited to, a regularly updated ENSP website featuring information releases (from both the ENSP Secretariat and also from the national networks and the international networks), essential and up-to-date tobacco control information, overviews of smoke-free developments throughout Europe, information about publications and latest reports, bulletins about upcoming specialised conferences and events, a weekly European News Bulletin (which is distributed to around 1000 subscribers via the ENSP subscription list and, in addition, to around 1000 subscribers via GLOBALink's own subscription list), news and reports, position papers, as well as a European observatory on tobacco control. In addition, the ENSP website also incorporates a members only feature, which is used regularly for discussion forums and exchanges of information between selected user groups, thus facilitating communication on projects, work plans and for different working groups. Over 33,000 visitors consulted the ENSP website in 2007.

ENSP response to consultation on Health in Europe: A Strategic Approach

ENSP's response to the consultation on *Health in Europe: A Strategic Approach* was submitted to the European Commission on 12 February 2007. In its response ENSP highlighted tobacco as requiring urgent action and outlined both its long-term and short-term objectives.

- *…Tobacco clearly calls for continued concerted action. Economic evidence indicates that tobacco-control interventions are the second most cost-effective way to spend health funds, after childhood immunisation. Tobacco-related diseases and deaths are high, it is estimated that tobacco kills some 650,000 Europeans every year, i.e. one in seven of all deaths across the EU. Over 13 million more suffer from a serious, chronic disease as a result of their smoking.*
- *Tobacco-control activity at the European level is critical and indispensable, because of the trans-national nature of the tobacco industry and the need to facilitate and exchange information and dissemination of good practice.*
- *Tobacco-control programmes should be comprehensive and at least include the following components:*
    - *price increases through higher taxation;*
    - *comprehensive advertising and promotion bans of all tobacco products;*
    - *bans/restrictions on smoking in workplaces;*
    - *improved consumer information, including counter-advertising (in the form of public information campaigns), media coverage, and publicising of research findings;*
    - *large, direct health warning labels on cigarette packets and other tobacco products;*
    - *treatment to help dependent smokers quit, including increased access to medications.*
- *As smoking is increasingly more concentrated in lower socio-economic groups, reaching these groups is essential to achieve significant reductions in tobacco consumption across Europe. It is primarily among men and women of socio-economic disadvantaged backgrounds where the fight against tobacco will finally have to be won. To achieve this, comprehensive tobacco control policies should fully implement a broad series of measures, and target or tailor these measures according to the needs of lower socio-economic groups. In addition, these measures should be strengthened by broader policies, at local, national and international levels, aimed at creating supportive environments for lower socio-economic groups.*

Long-term objectives:

- *There is a need for greater capacity dedicated to tobacco control at both EC and Member State level. It is in particular the capacity to assess and regulate nicotine and tobacco products at EC level that is needed. At European level an extension of existing capacity within the European Commission or the establishment of a European tobacco and nicotine products regulatory agency could fill this need. The consensus of the ASPECT consortium was that a European agency would be the best and most appropriate response within the framework of existing EU regulation of other products, such as pharmaceuticals, food and cosmetics.*
- *The remit of such an agency would include all aspects of tobacco and nicotine product design and marketing, as well as risk analysis and risk assessment. Ultimately, an agency of this kind could have powers to commission and carry out research into all aspects of tobacco and nicotine products, tobacco-control policy and interventions and approve market authorisations for products.*
- *It is essential that all regulatory, scientific and advisory capacity at Member State or EU level are independent of all tobacco industry influence.*
- *Smoke-free Europe by 2017.*

Short-term objectives:

- *Until regulatory capacity can be increased a multidisciplinary tobacco product regulation advisory committee should be set up without delay at European level. The aim of this advisory committee would be to advise on tobacco regulation.*
- *Smoke-free workplaces in Europe by 2013. There is consensus among the international scientific community that ETS in the workplace increases the incidence of lung cancer between 20% and 30% and the risk of heart disease in non-smokers between 25% and 30%. This could be completely prevented. Passive smoking is also associated with respiratory diseases and is a major source of exacerbation for people with asthma, allergies and chronic obstructive pulmonary disease, leading to social and work exclusion.*
- *No smoking in any cinema films and television programmes produced in Europe by 2010.*
- *Regular update of the pictorial warnings, with a first update to be completed by 2011…*

ENSP response to the European Commission's consultation on the Green Paper on Smoke-free Places

Without a doubt one of the most important documents produced by the ENSP Secretariat in 2007 was the ENSP response to the European Commission's consultation on the Green Paper on Smoke-free Places, which had been the result of detailed discussion and close co-operation with the entire ENSP membership. The responses from the different actors were submitted to the European Commission in May 2007 and were fed into the *Report on the Green Paper Consultation Towards a Europe free from Tobacco Smoke: policy options at EU level*. The NGOs were asked to respond to the policy options being considered, i.e. a total ban on smoking in all enclosed public spaces and workplaces or a ban with exemptions granted to selected categories of venues. ENSP's response submitted to the European Commission on 31 May 2007 was as follows:

> *… the only legitimate response is a complete ban on smoking in all enclosed public places and workplaces. As an example, a drop in second-hand smoke exposure in hospitality and leisure venues leads to a considerable reduction in the incidence of and mortality from heart attacks within months of policy implementation.*
>
> *Extending protection from second-hand smoke to citizens and workers in certain categories of venues but excluding them from such protection in other categories of venues cannot be justified. Partial bans, particularly in the hospitality sector, do not work and lead to confusion and non-compliance. They are economically unfair because they lead to an uneven playing field created under the imposition of arbitrary limits. If given the choice, employers tend to choose the status quo and to continue to allow smoking. This has been the experience in all countries which have permitted the establishment of smoking zones in workplaces. For example, in the UK, the hospitality trade made an agreement with the government in 2000 to increase smoke-free provisions and set a number of targets. However, the agreement failed to meet even its own minimal standards. Pubs and restaurants were encouraged to provide separate smoking and non-smoking areas and to put up signage indicating the nature of their smoking policy. Three years after the launch of the campaign, only 43% of licensed premises were compliant with these requirements while 47% of premises allowed smoking throughout and only a handful of pubs were totally smoke-free. In Spain, where bars and restaurants under 100 m² have the right to remain smoking or to become non-smoking, fewer than 10% of establishments elected to become non-smoking after the imposition of the Spanish smoke-free law on 1 January 2006.*
>
> *Finally, comprehensive legislation has a significant potential to 'de-normalise' smoking in society creating environments that encourages smokers to give up smoking and discouraging young people from taking up smoking…*
>
> *The majority of the ENSP members consider policy option 5 – Binding Legislation – to be the only option which, taken into consideration the unequivocal scientific evidence of the harm caused by SHS, could provide high level protection of citizens and employers from SHS. The EU has an obligation, the competency and the tools to introduce legislation for smoke-free workplaces. In this frame, hospitality venues must be considered as workplaces not just as public places. If hospitality venues are characterised as public places, they may be exempted from workplace regulation.*
>
> *Many countries of Europe have already provided evidence for binding legislation to be viable and enforceable, which does not harm national economies. In addition, the latest Eurobarometer reveals that an overwhelming majority of 88% support smoke-free offices, indoor workplaces and public spaces. Also, a majority of Europeans are in favour of smoke-*

free bars (62%) and restaurants (77%). Therefore, the development of such legislative tools should be initiated without delay…

ENSP contribution to Public consultation on SCENIHR preliminary report on "Health Effects of Smokeless Tobacco Products"

Background:
The SCENIHR (Scientific Committee on Emerging and Newly Identified Health Risks) has prepared a preliminary report on the health effects of smokeless tobacco products (STP) to provide the E.U. Commission with a sound scientific basis for developing and implementing policies on smokeless tobacco. The report addresses health effects and addiction potential related to the use of STP and examines their role in smoking initiation and cessation. Furthermore, the possibility to extrapolate the experience and use patterns from countries permitting the marketing of oral tobacco to other EU-countries where it is currently not available was assessed. What follows is a summary of the SCENIHR report followed by the ENSP response (basic reference: ASH Scotland Position Paper on "Should the EU ban on Snus be Lifted?" – July 2007) and agreement/disagreement (Agree / Mostly Agree / Mostly Disagree / Disagree / Uncertain) with the SCENIHR position for each of the questions asked by DG SANCO:

1. What are the adverse health effects of smokeless tobacco products?
2. What is the addiction potential of smokeless tobacco products?
3. Does the available data support the claim that smokeless tobacco may constitute a smoking cessation aid comparable to pharmaceutical nicotine replacement products?
4. What is the impact of smokeless tobacco use on subsequent initiation of smoking?
5. Is it possible to extrapolate the information on the patterns of smokeless tobacco use, smoking cessation and initiation from countries where oral tobacco is available to EU-countries where oral tobacco is not available?

In this opinion the smokeless tobacco products are defined according to the EC Tobacco Products Directive (2001/37/EC)): "'Tobacco for oral use' means all products for oral use, except those intended to be smoked or chewed, made wholly or partly of tobacco, in powder or in particulate form or in any combination of those forms, particularly those presented in sachet portions or porous sachets, or in a form resembling a food product". Synonyms for "tobacco for oral use" are moist snuff (called snus in Sweden) and oral tobacco.

The SCENIHR has the following answers to the questions:

QUESTION 1

What are the adverse health effects of smokeless tobacco products?

In answering this question, it must be recognised that marketed smokeless tobacco products (STP) vary considerably in form and content of toxicants, including nicotine, and thereby in associated health effects, which have been documented across countries.

All STP contain nicotine, a potent addictive substance. The major group of carcinogens in STP includes non-volatile tobacco-specific nitrosamines (TSNA) and N-nitroamino acids. During the last two decades the levels of TSNA in snus have been considerably lowered. One recent study documented total TSNA levels in one brand of Swedish snus to be 2.0 microgram/gram product wet weight, whereas total TNSA levels in 6 American brands varied from 1.3 to 9.2 microgram/gram. Levels of TSNA in STP from other regions such as India and Africa are higher. Nevertheless, STP including moist snuff have higher levels of carcinogenic nitrosamines than any consumer product used orally. Some forms of STP contain polycyclic aromatic hydrocarbons depending on curing.

Aqueous and organic extracts of American and Swedish moist snuff and Indian chewing tobacco cause mutations and chromosomal damage in bacterial and mammalian cell cultures. Increased micronuclei formation in oral epithelial cells as evidence of chromosomal damage, has been associated with moist snuff use.

Use of American and Swedish moist snuff results in localised lesions in the oral epithelium, where the snuff is placed. These changes are reversible, whereas gingival retractions caused by moist snuff are not reversible. Moist snuff in portion-bag sachets gives less severe epithelial changes than snuff in loose form.

There is sufficient evidence that the use of a wide variety of STP causes cancer in humans. The pancreas has been identified as a main target organ in two Scandinavian cohort studies. Furthermore, several studies from the USA have provided additional support for a causal association between the use of smokeless tobacco and pancreatic cancer. There is no evidence that STP cause lung cancer.

Risks of oral cancer were strongly associated with the use of American snuff in one large case-control study; however, a detailed characterisation of the product was not given. Four studies in India and Pakistan and one study from Sudan have reported large increases in the risk for oral cancers related to the use of various STP. In Swedish studies, an increased risk of oral cancer has not been proven in snus users. In one study from Sweden among users of moist snuff, an increased overall risk of head and neck cancer was not detected. However, an increased risk of head and neck cancer has been found among the subgroup of never-smokers.

There are suggestions that nasal use of STP increases the risk for certain cancers, e.g. oral cancers.

Three large cohort studies show a statistically significant but weak effect on fatal myocardial infarction. In addition, animal experiments and human studies indicate that oral tobacco use has short-term effects resulting in an increase of blood pressure and heart rate. Whether long-term use increases the risk of hypertension is uncertain. These data indicate a potential effect on the risk of cardiovascular disease.

The data on reproductive effects in relation to oral tobacco use during pregnancy are too sparse to allow conclusions. Nonetheless, studies of reproductive effects in female Swedish users of moist snuff indicated an increased risk for prematurity and pre-eclampsia. Other studies indicate that the use of STP during pregnancy is associated with reduced birth weight and reduction in gestational age.

Various studies suggest that diabetes and other components of the metabolic syndrome might be associated with the use of moist snuff, but these findings must be interpreted with caution, in particular because of study design limitations.

Based on the available evidence it is difficult to identify overall relative risk estimates for the various adverse health effects from oral tobacco products as a whole because the products and conditions of use (e.g. frequency, duration, mode of use, other lifestyle factors) vary widely.

In conclusion, all STP contain nicotine, a potent addictive substance. They also contain carcinogenic tobacco-specific nitrosamines, albeit at differing levels. STP are carcinogenic to humans and the pancreas has been identified as a main target organ in American and Scandinavian studies. All STP cause localised oral lesions and a high risk for development of oral cancer has been shown for various STP but has not been proven for Swedish moist snuff (snus). There is some evidence for an increased risk of fatal myocardial infarction among STP users. Some data indicate

reproductive effects of smokeless tobacco use during pregnancy but firm conclusions cannot be drawn.

ENSP CONTRIBUTION

ENSP agrees with the response given.

In addition, as mentioned by ASH Scotland in their contribution to the present consultation, it is important to underline that a recent study has found that users of smokeless tobacco products were exposed to similar levels of the powerful carcinogen 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone (NNK) than smokers [1].

Furthermore, data are missing regarding effects of oral smokeless tobacco use on conditions that are well known in smokers such as disc degeneration, reduced sexual potency and impaired night vision.

References

[1] Hecht, S., et al. Similar Exposure to a Tobacco-Specific Carcinogen in Smokeless Tobacco Users and Cigarette Smokers. Cancer Epidemiology Biomarkers & Prevention 16: 1567-1572, August 1, 2007.

QUESTION 2

What is the addiction potential of smokeless tobacco products?

It is widely accepted that nicotine is the primary addictive constituent of tobacco, and there is a growing body of evidence that nicotine demonstrates the properties of a drug of abuse. All commercially successful tobacco products, regardless of delivery mechanism, deliver psychoactive levels of nicotine to users. Denicotinised tobacco products are typically not widely accepted by or palatable to chronic tobacco users and are of marginal commercial importance.

Smokeless tobacco contains and delivers quantities of nicotine comparable to those typically absorbed from cigarette smoking, although delivery of nicotine from STP lacks the high initial concentration that results from inhalation of tobacco smoke. Nicotine levels obtained from STP are generally higher than those typically obtained from nicotine replacement therapy.

The time course and symptoms of withdrawal from smokeless tobacco are generally similar to those of cigarette smokers. It seems also that symptoms of withdrawal are stronger with some brands of smokeless tobacco delivering higher levels of nicotine compared to other brands with lower levels.

There is a lack of evidence from animal models for the addictive potential of STP, given the conceptual difficulty in developing an animal self-administration model of smokeless tobacco. There is also a lack of evidence relating to the effects of additives introduced to tobacco in the manufacturing process on the initiation of use of STP and subsequent dependence.

In conclusion, smokeless tobacco is addictive and withdrawal symptoms are similar to those seen in smokers.

ENSP CONTRIBUTION

ENSP agrees with the response given.

All forms of smokeless tobacco, including snus, have nicotine as a major constituent, and are therefore dependence forming in the same way as other forms of tobacco consumption [1,2].

Over time, many users increase amounts they consume [2]. Cessation is difficult, as it is for smoking tobacco. Users of both smokeless and smoking products find tobacco cessation even more difficult to achieve than those who use only smokeless tobacco or only smoke (2,3). Tobacco manufacturers encourage use of smokeless tobacco products by smokers on occasions when they are not permitted to smoke [4] and thereby promote individuals to adopt smokeless tobacco use in conjunction with continued smoking.

References

[1] Henningfield, J.E., Fant, R.V and Tomar, S.L. Smokeless tobacco: an addicting drug. Advances in Dental Research 11 (3): pp.330-335, 1997.
[2] Hatsukami, D.K. and Severson H.H. Oral spit tobacco: addiction, prevention and treatment. Nicotine and Tobacco Research 1 (1): pp.21-44, 1999.
[3] Tomar S. Snuff use and smoking in U.S. men. Implications for harm reduction(1). American Journal of Preventive Medicine, 2002, 23: 143.
[4] Henningfield JE, Rose CA, Giovino GA. Brave new world of tobacco disease prevention: promoting dual product use? American Journal of Preventive Medicine, 2002, 23: 226-228.

QUESTION 3

Does the available data support the claim that smokeless tobacco may constitute a smoking cessation aid comparable to pharmaceutical nicotine replacement products?

No randomised trial has been conducted on smokeless tobacco as an aid to smoking cessation and no randomised trial has compared smokeless tobacco to pharmaceutical nicotine replacement products in this respect.

A small number of studies have looked at the use of smokeless tobacco in relation to smoking habits and one of those also includes nicotine replacement products. The results of these studies are inconsistent. Due to this and methodological limitations no conclusions can be drawn.

Aggregate data on smokeless tobacco product use and cigarette smoking show that particularly in Swedish men, there is a clear trend over the last decade for smoking prevalence to decrease and for use of the oral tobacco snus to increase. It has been suggested that the greater decline in smoking prevalence in men compared to women in Sweden is explained by the availability of snus. However, the trend in smoking prevalence in males could also be due to successful non-smoking programs or other socio-cultural factors. Smoking prevalence in Norway has decreased at the same rates in men and women during the last decade, whereas a marked increase in snus use during this time period has only occurred in men. In general, aggregate data provide inadequate evidence to make any causal inference.

Due to insufficient evidence it is not possible to draw conclusions as to the relative effectiveness of smokeless tobacco as an aid to clinical smoking cessation in comparison with established therapies.

ENSP CONTRIBUTION

ENSP agrees with the response given.

As commented under question 1, converging scientific evidence today show that the use of oral smokeless tobacco causes reversible as well as irreversible oral lesions, that it is cancerogenic, it

increases the risk of cardiovascular diseases and it is independently associated with development of the metabolic syndrome. Other potential health effects associated with the use of snus remain unclear, and the potential for long-term harm cannot at this stage be clearly quantified.
On the other hand, there is insufficient evidence as to the relative effectiveness of smokeless tobacco as an aid to clinical smoking cessation in comparison with established therapies to support the designation of snus as a legal harm reduction product at present.
Because many of the harms of smoking are associated with inhalation, it has been suggested that Swedish snus and other forms of smokeless tobacco use are associated with lower health risks than those with smoking cigarettes.

A recent study systematically reviewed the literature in order to compare the data on health risks associated with smoking and Swedish snus use across a range of health conditions. Only seven studies were identified, which addressed eight health outcomes. The results suggested that for certain health outcomes, the health risks associated with snus use are lower than those associated with smoking. The authors suggest this is so for cardiovascular disease, lung cancer, gastric cancer, and for all-cause mortality, but each of these assertions are based on review of one study only, with the exception of heart disease outcomes, which were based on review of 'three or four' studies. It is worth noting that this research was funded by the North Europe Division of Swedish Match [1].

Finally, as quoted by the WHO Scientific Advisory Committee on Tobacco Products Regulation (SACTob) [2]:
"There are several reasons that argue against endorsing the use of smokeless tobacco products for the purpose of harm reduction. They are as follows:

Benefits have not been demonstrated

- Smokeless tobacco products have not been shown to be more effective smoking cessation aids than other cessation strategies
- It has not been shown that people substitute smokeless tobacco for smoking or that they will not relapse to smoking
- Smoking prevalence has not been shown to be decreased by substitution of smokeless tobacco for smoking

Potential for harm exists

- Promoting smokeless tobacco products may encourage individuals to adopt smokeless tobacco use in addition to continuing smoking
- Use of smokeless tobacco products has been reported to increase the chances of subsequent initiation of smoking (49)
- People who may have quit tobacco use altogether will not do so (37)
- Children who might not have started smoking may start smokeless tobacco use
- Health effects from the use of smokeless tobacco products remain unclear, and the potential for long term harm cannot be ruled out
- All smokeless tobacco products are addictive (35)
- The designation of smokeless tobacco products as harm reducing agents may promote a false perception of safety

A lower risk of adverse health outcomes is achieved by reducing smoking and not by substituting another form of tobacco use."

References
[1] Roth, H.D., Roth, A.B. and Lui, X. Health risks of smoking compared to Swedish snus. Inhalation Toxicology, 17 (13): pp.741-748, 2005.

[2]WHO Scientific Advisory Committee on Tobacco Products Regulation: Recommendation on Smokeless Tobacco Products: pp.3, 2003 (http://www.who.int/tobacco/global_interaction/tobreg/brisbane_2002_smokeless/en/)
(35) Henningfield JE, Fant RV, Tomar SL. Smokeless tobacco: an addicting drug. Advances in Dental Research, 1997, 11: 330-5.
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QUESTION 4

What is the impact of smokeless tobacco use on subsequent initiation of smoking?

The association between smokeless tobacco use and cigarette smoking initiation is likely to be confounded by socio-demographic factors. In addition, across countries there are possible differences in risk for which the determinants are not fully understood. The associations observed may be due to an increased likelihood of all substance use (including STP and cigarettes) as part of a broader spectrum of risky and impulsive behaviours in adolescence. There is some evidence from the USA that smokeless tobacco use may lead to subsequent cigarette smoking. The Swedish data, with its prospective and long-term follow-up do not support the hypothesis that smokeless tobacco (i.e. Swedish snus) is a gateway to future smoking. The marked social, cultural and product differences between North America and Europe suggest caution in translating findings across countries, also within Europe.

ENSP CONTRIBUTION

ENSP agrees with the response given.

As quoted by ASH Scotland in their position paper "Should the EU ban on Snus be lifted?" [1], “There is some debate as to whether or not snus and other forms of smokeless tobacco could become a gateway product, with young people becoming addicted to nicotine from a cheaper and more easily concealed product, before they move on to more addictive, and more harmful products, such as cigarettes.”

However, ENSP would like also to underline the following paragraphs, which strengthen our reply to question 1 and invites to extreme cautiousness:
“b. The development of nicotine dependence
All forms of smokeless tobacco, including snus, have nicotine as a major constituent, and are therefore dependence forming in the same way as other forms of tobacco consumption. [2] Research has suggested that experimenting with smokeless tobacco in adolescence often develops into a pattern of daily use, and that over time, users may increase the amounts they consume [2,3]. Adolescents have often not stabilised their tobacco use, and as already outlined, research has demonstrated that the use of cigarettes and snus in parallel is fairly common. [4,5,6,7,8]

There is some evidence that snus users develop cravings and withdrawal symptoms when attempting to abstain, find it difficult to quit, and report similar levels of subjective dependence on tobacco [9,10]. Initial evidence also suggests that users of both smokeless tobacco and smoking products may find smoking cessation even more difficult to achieve than those who use only smokeless tobacco or only smoking products. [3,11] The website of the Scandinavian Tobacco

Companies group, which manufactures snus products, states that "the use of snus involves a health risk and is habitual…In our opinion nobody under the age of 18 should use snus." [12]

References

[1] http://www.ashscotland.org.uk/ash/3368.html#position, pp.15, 2007
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QUESTION 5

Is it possible to extrapolate the information on the patterns of smokeless tobacco use, smoking cessation and initiation from countries where oral tobacco is available to EU-countries where oral tobacco is not available?

The only smokeless tobacco product, as defined in the Tobacco Products Directive (2001/37/EC) (i.e. 'tobacco for oral use' means all products for oral use, except those intended to be smoked or chewed, made wholly or partly of tobacco, in powder or in particulate form or in any combination of those forms, particularly those presented in sachet portions or porous sachets, or in a form resembling a food product) that is available in some European countries, but not all, is the oral tobacco snus, which is available in Sweden but not allowed to be sold in other EU-countries. As discussed in the answer to Question 3, the smoking prevalence in Swedish men has declined over the last decade while the use of snus has increased during the same period. However, while smoking prevalence has decreased also in Swedish women during this period, the prevalence of snus use in women has increased to a smaller degree than in men. In Norway, smoking cessation rates are similar in both genders, however, increased prevalence of smokeless tobacco use is observed only in men. In California both the prevalence of smoking and smokeless tobacco use have decreased concurrently. These data imply that the association between patterns of smokeless tobacco use and smoking cessation differ from one population to the other and are affected by cultural and societal factors. As was also discussed in the answer to Question 3, available scientific data are inadequate

to determine if there is any causal relation between the trends in smoking prevalence and prevalence of use of STP.

In conclusion, it is not possible to extrapolate future patterns of tobacco use across countries. In particular, it is not possible to extrapolate the trends in prevalence of smoking and use of oral tobacco if it were made available in an EU-country where it is now unavailable due to societal and cultural differences.

ENSP CONTRIBUTION

ENSP agrees with the response given.

However, as explained in our answer to question 1, there is sufficient evidence that the use of a wide variety of smokeless tobacco products causes cancer and other diseases to humans. Also, the focus on snus as a harm reduction agent is disproportionate, given that many of the health hazards associated with snus use remain uncertain, and given that snus is known to be an addictive substance.

Therefore, it is the opinion of ENSP that the European Commission precautionary principle [1] should definitely be applied:
"The precautionary principle may be invoked where urgent measures are needed in the face of a possible danger to human, animal or plant health, or to protect the environment where scientific data do not permit a complete evaluation of the risk. It may not be used as a pretext for protectionist measures. This principle is applied mainly where there is a danger to public health. For example, it may be used to stop distribution or order withdrawal from the market of products likely to constitute a health hazard."

Finally, ENSP would like to draw the attention on the fact that the tobacco industry is financing several of the studies behind the use of snus. This can have an influence on the conclusions. Unfortunately, ENSP does not have the resources to investigate to what extent the science referred to has been financed by the tobacco industry. ENSP encourages the SCENIHR (Scientific Committee on Emerging and Newly Identified Health Risks) to do this.

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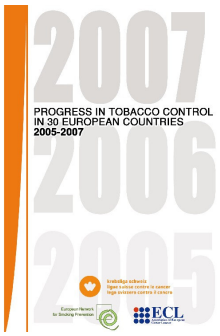
Progress in Tobacco Control in 30 European Countries 2005-2007



ENSP contributed to the publication of the report *Progress in Tobacco Control in 30 European Countries 2005-2007*, which was compiled by Luk Joossens, Tobacco Control Manager at the Belgian Foundation against Cancer, Advocacy Officer at the Association of European Cancer Leagues, and representative of the ENSP Belgian coalition, and Martin Raw, Freelance Consultant and Special Lecturer in Public Health Science at the University of Nottingham (UK). This report, together with the 2007 Tobacco Control Ranking, were presented during a press conference on 11 October 2007 within the scope of the *4th European Conference Tobacco or Health 2007* in Basel, Switzerland. The report was financed by the Swiss Cancer League.

Why People Smoke –Multiple Motives Approach to Tobacco Dependence in Europe

In April 2007 ENSP published the report *Why People Smoke –Multiple Motives Approach to Tobacco Dependence in Europe*. The *Why People Smoke* project came into being in spring 2006, taking as its basis some of the hypotheses raised in the study *A Multiple Motives Approach to Tobacco Dependence: The Wisconsin Inventory of Smoking Dependence Motives (WISDM-68)* (Piper M., Piasecki T., Federman E., Bolt D., Smith S., Fiore M., Baker T., 2004) and translating these to a European context. ENSP had commissioned Ipsos MORI Social Research Institute (London, UK) to conduct a survey on *Reasons Why People Smoke*, which was carried out in five European countries. Following this, ENSP convened an experts' workshop in Brussels in March 2006 to examine different hypotheses and findings. The outcomes of this workshop are summarised in the different experts' contributions and recommendations on treatment, cessation and communication contained in the publication. In a broader context, this publication is timely for Europe in view of the growing body of evidence demonstrating how dangerous second-hand smoke is to health. In the light of the European Commission's *Green Paper – Towards a Europe free from tobacco smoke: policy options at EU level*, dated 30 January 2007, governments are called upon to act in the interest of the health of workers and the public at large by enacting legislation to protect everyone from second-hand smoke. The experts' contributions and policy recommendations contained in *Why People Smoke* also aim to support this process. The main focus of this report is on the individual smoker, how nicotine affects the body and why the individual smokes. Issues such as how the body reacts to tobacco are also raised. Certain myths surrounding tobacco and the reality are compared. Aspects examined include: tobacco industry targeting, the role of nutrition in the uptake/quitting of smoking, drug and substance use in association with smoking, the associations between alcohol consumption, dependence and smoking, the heavy incidence of smoking in mental hospitals and its impact on both patients and health professionals, physical activity as an aid in smoking cessation, pharmacogenetic research into smoking, socio-economic inequalities in smoking in the European Union, gender differences in tobacco use.
Cf. also: http://www.ensp.org/publications/enspreports

ENSP Directory 2007

The *ENSP Directory 2007* was published in April 2007. The directory aims to facilitate contacts in order to promote networking and the exchange of information and experience among colleagues and health professionals on both national and European levels. The directory is classified by country and lists the contact organisations and persons who are related to the ENSP network. It gathers information from about 500 organisations in the 28 member countries of the ENSP. It also lists the national Tobacco or Health counterparts of WHO. This directory is designed to be a communication tool for tobacco control advocates.

European Network for Smoke-free Compliance

Following on from the workshops, which took place within the scope of the ENSP Network Meeting in Sofia in November 2006, where the importance of the role of enforcement agencies was highlighted, the following needs were identified:

- Do enforcement agencies exist in all countries?
- How do such enforcement agencies operate (i.e. nationally or locally)?
- How do they enforce legislation?

Information on enforcement had been specifically identified as one area of deficit. Mapping information on tobacco control was considered to be essential, as was impact assessment, as it is important to examine the impact in countries where a smoking ban has been implemented. Having identified this deficit of information, ENSP organised a workshop as part of the *Towards a Smoke-free Society* conference in Edinburgh, which aimed to discuss different approaches to enforcement in Europe and to establish an enforcement network that would promote the sharing of research findings and good practice. The main discussion centred on activities that could be explored in the future, such as how to share best practice in enforcement methods, legislation and what kind of research on compliance or effect-studies are needed etc. It was concluded that specific information is needed in order to set up an enforcement or compliance network: we need to identify enforcement organisations throughout Europe; we need to establish how enforcement is organised; we need to examine the needs in the different countries; and we need to develop new ideas.

Working with Communities to Reduce Health Inequalities: Protecting Children and Young People from Tobacco

The damage to public health caused by tobacco consumption is considerable. Over 650,000 Europeans die every year because they smoke. Thirteen million more smokers suffer from serious, chronic diseases. Reducing smoking prevalence amongst young people is a priority of the tobacco control agenda. Not least, because over 80% of all smokers began smoking by the age of 18. There is also evidence that smoking prevalence remains high amongst young people at a time when smoking rates overall are falling.

It is also firmly established that exposure to second-hand smoke kills non-smokers and exacerbates illnesses. This has led to many countries introducing legislation to ban smoking indoors in workplaces and public places, including in premises often used by young people. However, many children and young people, who are particularly vulnerable to exposure to second-hand smoke, continue to be exposed to second-hand smoke. This has serious health and equity implications.

The primary objective of the project is to develop effective methods of engaging local communities and peer groups to bring about lifestyle changes that generate positive health outcomes and reduce health inequalities. Focusing on tobacco control priorities, this project aims to develop the tools to reduce (1) high smoking prevalence rates amongst young people and (2) exposure of children and young people to second-hand smoke. The project targets children and young people from socially excluded and disadvantaged communities that have poor health indicators.

The project was developed in the course of the first half-year of 2007 by a European programme management group (PMG) lead by Liverpool Primary Care Trust. It will receive financial support from the European Commission in the frame of the Public Health Programme 2008-2013.

This two-year project is due to kick off during the first half-year of 2008. It involves an informal but established network of the main, 10 associated and 6 collaborative partners from 15 Member States. The project builds on the activities of the Working with Communities Network, supported by Smoke-free Liverpool and the European Network for Smoking Prevention. Partners will work together to deliver a series of integrated activities and objectives. Specifically, the project will, in five Member States, pilot innovative and comparable tobacco control interventions that engage local communities and peer groups. The project aims to assess the effectiveness of these interventions and will culminate in the development and launch – at a European-wide conference – of (1) a cross-cultural community engagement tool-kit and (2) policy recommendations for European, national, regional and local policy-makers.

The primary objective of the project is to develop effective methods of engaging local communities and peer groups to bring about lifestyle changes that generate positive health outcomes and reduce health inequalities.

Focusing on tobacco control priorities, this project aims to develop the tools to reduce (1) high smoking prevalence rates amongst young people and (2) exposure of children and young people to second-hand smoke. In both cases, the project targets children and young people from socially excluded and disadvantaged communities that have poor health indicators.

The project will culminate in the development and dissemination of a community engagement tool-kit and a report identifying best practice and recommendations for European, national, regional and local policy-makers.

The Working with Communities Network's initial activities suggest that addressing tobacco control issues which affect children and young people will be more effective when local communities and peer groups are involved in the solutions. They also indicate that protecting children from tobacco smoke by reducing smoking in homes is more likely to succeed where smoking is more widely banned. However, significant gaps remain in fully understanding the effectiveness of such interventions: there is generally a lack of evaluation or robust evidence of impact or health outcomes. Equally, there is little understanding of how community and peer group engagement methods might be transferable to different cultural contexts and where traditions of governance and public health service delivery differ. This project attempts to fill these important gaps.

The innovative focus in engaging with communities and peer groups has the potential to add value to approaches being taken to influence lifestyles across a range of public health priorities. Its focus on children and young people supports community priorities to reduce smoking prevalence amongst this group and to protect them from exposure to second-hand smoke. The project also supports the EU's strategy on tobacco by promoting de-normalisation of smoking and by extending smoke-free agendas and objectives to homes and communities.

The project further contributes to the Commission's objectives by addressing public health priorities for tobacco control; by developing trans-national partnerships to promote innovative approaches; by evaluating innovative approaches in different Member States to provide evidence of their effectiveness; by identifying and raising awareness of good practice to inform policies, strategies and measures.

By structuring its activities into clusters of partners with similar characteristics, the project enhances the potential for understanding the effect of implementing interventions in different contexts, whilst enhancing their transferability to other places. Moreover, the project supports the Community's strategy on tobacco by promoting de-normalisation of smoking and by extending smoke-free agendas and objectives to homes and communities.

The project also supports agendas on environmental determinants linked to the European and Children's Environmental and Health Action Plans by identifying good practice concerning indoor air pollution and second-hand tobacco smoke.

Sustainability considerations are built into the project through the development of guidelines, the tool-kit and policy recommendations that will aim to embed the project's agenda and objectives at various levels across the EU. The analyses of process and impact of the pilot interventions will provide evidence to support the allocation of resources for continuing investment in engaging communities in public health issues.

This project has the potential to benefit children and young people from across the European Union. However, it is children and young people from within the pilot intervention areas that, initially, will benefit directly from the project activities. Specifically, the target beneficiaries of this project are children and young people from disadvantaged groups. However, it is central to this proposal to emphasise that the target groups in this project are not simply "targets", but will be involved in the delivery of the pilot project interventions themselves. In this context, specific benefits are expected to be:

- increased awareness amongst the target groups about the dangers of smoking;
- levels of increased awareness amongst the target groups about the dangers of exposure to second-hand smoke;
- increase in attempts to quit smoking amongst target groups;

- changes in attitudes to smoking and exposing children and young people to second-hand smoke amongst target groups;
- increase in numbers of homes where children and young people are exposed to second-hand smoke;
- increase in number of private vehicles where children and young people are exposed to second-hand smoke;
- the project will lead to 100 policy-makers and practitioners in the partner regions having enhanced skills and knowledge to deliver effective tobacco control agendas and to engage communities and peer groups in public health interventions;
- the cross-cultural tool-kit will provide a Europe-wide resource to support the implementation of tobacco control interventions that involve local communities;
- the project report will provide evidence-based recommendations, derived from the project's experience and findings, to influence tobacco control policy at European, national, regional and local levels.

Reinforcing the Slovenian network's efforts in support of smoke-free legislation

New tobacco legislation was due to come into force in Slovenia in August 2007, completely banning smoking in all public areas (with the exception of hotel rooms and other accommodation, retirement homes, prisons, mental institutions and rooms set aside exclusively for smoking, i.e. smoking rooms). As far as designated smoking rooms were concerned, there was to be no service, no eating or drinking, and rooms had not to exceed 20% of the public area or workplace. Smoking was still prohibited in educational and health care institutions. Importantly the legislation also raised the legal age for purchasing tobacco products from 15 to 18. In addition to health warnings, cigarette packets would also carry a quitline number (appointed by the Health Minister) This legislation was passed by a majority in parliament (45 MPs for v. 13 MPs against).

Following a change in government in Slovenia, there was also a change in the health portfolio, with a new Health Minister taking up office. The hospitality industry threatened to overturn implementation of the new legislation by staging a one-day strike in protest against loss of earnings supposedly caused by the new law and did in fact gather considerable support for its cause. Indeed, counter-lobbying from the hospitality sector threatened to water down the legislation considerably, by creating several exceptions to the smoke-free provisions. On 9 November 2007 the Slovenian National Party submitted a proposed amendment of the Restriction of the Use of Tobacco Products Act to the President of the Slovene parliament. They considered that in the three months since the law was enacted there had been a significant negative impact on the hospitality industry (quoting in some cases a drop in turn-over of 50%). Their proposal was: it should be left to the discretion of the owner of the business to decide whether to permit smoking and "adequate ventilation" should be provided. Additionally, this proposal aimed to reverse the age increase contained in the original law and revert to 15, and proprietors would not be liable for infringements of the law on their premises. Finally, a 'tobacco euro' for smoking prevention activities among young people was implemented.

Via the ENSP Secretariat a petition was launched among the network in support of the Slovenian legislation in the form that it took in August 2007. The ENSP Secretariat asked members to protest to the Slovenian government and highlighted in particular Slovenia's upcoming Council Presidency. The support messages from six countries (ENSP members) were transmitted to the National Assembly of the Republic of Slovenia. The Slovenian tobacco control actors were also highly active and visible in actions throughout the country: appearing on television and radio programmes, as well as lobbying parliamentary groups in their country.

The legislation was not overturned and was maintained in its original form. ENSP received the following letter of thanks from the Slovenian Coalition for Tobacco Control in early 2008:

> ***Slovenia– tobacco legislation remains unchanged***
>
> *On 16 January the attempt of a small Slovenian party to change the tobacco legislation failed. The legislation enforced in August 2007 remains in force. The public, joined by and experts, unanimously supports the law enforced in August 2007. The Health Committee of the Republic of Slovenia decided unanimously on 16 January 2008 that the proposition for the change of the existing tobacco legislation is inappropriate for further proceedings in the National Assembly of the Republic of Slovenia. The proposal of existing law was prepared by the Ministry of Health of the Republic of Slovenia, the Slovenian public health institute, the Slovenian coalition for tobacco control and CINDI Slovenia. The tobacco legislation therefore remains unchanged.*

We are most grateful to all experts, coalitions, organisations, NGOs and individuals who have helped us with their models of good practice, their experience and guidelines. We are especially grateful to the director of ENSP, Francis Grogna and his co-workers, Sophie Van Damme, Anna Camoes, Michael Forrest.

We are also grateful to UEN, especially Marijke Huydts, Jean Tostain, Margareth Whidden, Arne Lund and also to Nichtraucher Freiburg e.V., Swedish NGOs (Health professionals against Tobacco, Doctors against Tobacco, Dentists against Tobacco, Nurses against Tobacco, Teachers against Tobacco, Pharmacists against Tobacco and Psychologists against Tobacco), Professor P. Bartsch (Fonds des Affections Respiratories), Suomen ASH and the Danish coalition on smoking prevention and Danish Cancer Society.

Special thanks to Valerie Coghlan (ASH Ireland) and Dr. Karl Erik Lund, (SIRUS Norway) and everyone who has in any way contributed to our efforts. We look forward to further co-operation.

Mihaela Lovše
SCTC chairperson

General Practitioners and the Economics of Smoking Cessation in Europe (PESCE)

In June 2006 the European Commission awarded a 60% co-funding to PESCE, a European project drawing together 31 partners from 27 countries. The evaluation of the European Commission stated that the grant was awarded because of its multidisciplinary, multicultural and innovative nature, linking social and economic considerations. The PESCE project term runs from June 2006 to March 2008 and operates with a total budget of € 658,000.

Tabac & Liberté, the largest non-governmental organisation in Europe specialising in smoking cessation training of general practitioners on national level, is the initiator and co-ordinator of this large scale project. Sixteen organisations and institutions from France, Slovakia, Spain, Ireland, Hungary, Greece, Italy, the Netherlands, Austria, UK, Denmark, Germany, Belgium, Portugal, Poland contribute financially and share the scientific responsibility of the project. Fifteen collaborating partners from Norway, Cyprus, Estonia, Belgium, Latvia, Switzerland, Sweden, Bulgaria, the Czech Republic, Germany, Romania, Finland, Slovenia, Denmark, Lithuania have agreed to contribute their expert advice and individual experience.

The project receives special support from Cancer Research UK, the Ministry of Foreign Affairs of France, MILDT (Mission Interministérielle de la Lutte contre la Drogue et la Toxicomanie (France), INCa (Institut National du Cancer France), and Pierre Fabre Laboratories (France).

The financial partners agreed to sign a memorandum of understanding excluding any outside intervention into the project development and deliverables. There is no financial support or link of any kind to the tobacco industry.

The aim of the project is to develop evidence-based policy recommendations that will motivate policy-makers to take measures that increase smoking cessation interventions by General Practitioners in Europe.

PESCE's objectives are:

- to promote increased smoking cessation interventions of GPs in Europe by addressing the socio-economic environment of GPs' practice;
- to motivate decision-makers to change the working environment of GPs through policy measures;
- to highlight the economic benefit from increased smoking cessation interventions on the health care budget in Europe;
- to support the integration of prevention into the health care systems in Europe.

PESCE plans to reach its objectives through a five step procedure:

1. Conduct an international literature review to identify the socio-economic determinants that promote or hinder GPs' smoking cessation interventions.
2. Conduct a cost-benefit analysis of increased smoking cessation interventions.
3. Model the health and economic effects of reduced smoking in the participating countries.
4. Develop an international, multidisciplinary consultation procedure (including an expert conference) to adopt evidence based and practice oriented recommendations and to create broad-based ownership by taking into account national and cultural specificities.
5. Disseminate the project findings through a European report, a European stakeholder conference, press conferences on national and international level as well as scientific publication of the results.

PESCE comprises the following associated partners, several of whom are ENSP members:

- Tabac et Liberté, France
- Katholieke Universiteit Leuven, Belgium
- Faculty of Health Sport and Science, University of Glamorgan, Wales
- Danish Cancer Society, Denmark
- Jordi Gol I Gurina Foundation, Spain
- The Research Institute for a Tobacco-free Society, Ireland
- Hellenic Cancer Society, Greece
- SEMG Scuola Europea di Medicina Generale, Italy
- Stichting Katholieke Universiteit Nijmegen, the Netherlands
- University of Greifswald, Germany
- Faculdade de Medicine de Lisboa, Portugal
- Health Promotion Foundation, Poland
- Comenius University, Slovakia
- Smoking or Health Hungarian Foundation, Hungary

It also comprises the following collaborating partners supporting the project and contributing with their expertise:

- Institute of Health Management and Health Economics, Norway
- Ministry of Health, Cyprus
- Mutualité Chrétienne de Belgique, Belgium
- Health Promotion State Agency, Latvia
- Swiss Smoking Cessation Network, Switzerland
- UEMO European Union of General Practitioners, Belgium
- National Centre of Public Health Protection, Bulgaria
- Institute of Hygiene and Epidemiology, Charles University, Czech Republic
- Bundesärztekammer, Germany
- European Network for Smoking Prevention aisbl (ENSP)
- Institute of Pneumology M. Nasta, Romania
- National Public Health Institute KTL, Finland
- National Institute for Health Promotion, Slovakia
- WHO Collaborating Centre – Evidence-based Health Promotion, Denmark
- Kaunas University of Medicine, Lithuania
- Fondation contre le Cancer, Belgium
- Ludwig Bolzmann Institute for Sociology, Institute for the Sociology of Health and Medicine, Austria

In addition, as a collaborating partner in this project, ENSP provides expertise and support for specific actions as and when required.

World No Tobacco Day 2007

The theme for World No Tobacco Day 2007 was *Create and Enjoy 100% Smoke-free Environments*. In its press release for World No Tobacco Day 2007 the WHO signalled the urgent need for countries to make all indoor public places and workplaces 100% smoke-free with the release of its new policy recommendations on protection from exposure to second-hand tobacco smoke.

WHO Director-General Dr Margaret Chan stated: "The evidence is clear, there is no safe level of exposure to second-hand tobacco smoke… Many countries have already taken action. I urge all countries that have not yet done so to take this immediate and important step to protect the health of all by passing laws requiring all indoor workplaces and public places to be 100% smoke-free."

The new WHO policy recommendations were based on the evidence of three major reports, all of which came to the same conclusion: *Monograph 83 Tobacco Smoke and Involuntary Smoking* by the International Agency for Research on Cancer (IARC), the United States Surgeon General's Report on *The Health Consequences of Involuntary Exposure to Tobacco Smoke* and the California Environmental Protection Agency's *Proposed Identification of Environmental Tobacco Smoke as a Toxic Air Contaminant*. Exposure to second-hand smoke occurs anywhere smoking is permitted: homes, workplaces and other public places. An estimated 200,000 workers die each year due to exposure to smoke at work. WHO estimates that around 700 m. children, or almost half of the world's children, breathe air polluted by tobacco smoke, particularly at home.

The WHO also went on to say that the costs of second-hand smoke are not limited to the burden of disease. Exposure also imposes economic costs on individuals, businesses and society as a whole. These include primarily direct and indirect medical costs, but also productivity losses. In addition, workplaces where smoking is permitted incur higher renovation and cleaning costs, and increased risk of fire, and may experience higher insurance premiums.

Dr Douglas Bettcher, Acting Director of the WHO Tobacco Free Initiative, said: "This topic should matter to everyone, because everyone benefits from smoke-free places. With this year's theme, we hope that everyone, especially policy-makers and employers, will be inspired to claim, create and enjoy spaces that are 100% free from tobacco smoke. By doing so, we keep the bodies inside those spaces smoke-free too, and greatly increase our effectiveness in preventing serious diseases and saving lives in future generations."

Source: WHO News Release, 29 May 2007
http://www.who.int/mediacentre/news/releases/2007/pr26/en/index.html

In addition, in its rationale the WHO quoted nine reasons to go smoke-free. These are:

- Second-hand tobacco smoke kills and causes serious illnesses.
- 100% smoke-free environments fully protect workers and the public from the serious harmful effects of tobacco smoke.
- The right to clean air, free from tobacco smoke, is a human right.
- Most people in the world are non-smokers and have a right not to be exposed to other people's smoke.
- Surveys show that smoking bans are widely supported by both smokers and non-smokers.
- Smoke-free environments are good for business, as families with children, most non-smokers and even smokers often prefer to go to smoke-free places.
- Smoke-free environments provide the many smokers who want to quit with a strong incentive to cut down or stop smoking altogether.

- Smoke-free environments help prevent people – especially the young – from starting to smoke.
- Smoke-free environments cost little and they work!

The ENSP has been actively supporting World No Tobacco Day every year by keeping members informed of all activities in relation to World No Tobacco Day, ensuring that members are informed of the theme and rationale for each year's campaign and promoting and publicising members' efforts in relation to the annual theme. The theme for 2007 was relevant in that it in a growing number of countries, the norm has already changed: previously, smoking was allowed practically everywhere; now places are 100% smoke-free. Indeed 2007 was an important year in Europe, as smoke-free legislation was introduced (or amendments in existing legislation were enacted) in Denmark, Estonia, Finland, France, Germany (several Länder), Lithuania, Slovenia, Switzerland (some cantons), England, Wales and Northern Ireland. The WHO World No Tobacco Day 2007 theme helped to highlight the growing trend across the continent to go smoke-free and reinforce the rationale for this measure.

FCTC

Tobacco remains the single largest cause of preventable mortality around the world. The WHO Framework Convention on Tobacco Control (FCTC) is the global response that provides the basic tools for countries to implement effective measures in order to curb the tobacco epidemic.

To summarise its content: the provisions of the Convention, which are binding for ratifying countries, include the following measures:

- enacting comprehensive bans on tobacco advertising, promotion and sponsorship;
- the placement of rotating health warnings on tobacco packaging that cover at least 30% (but ideally 50%) of the principal display areas and including pictures or pictograms;
- banning the use of misleading and deceptive terms such as "light" and "mild";
- protecting citizens from exposure to tobacco smoke in workplaces, public transport and indoor public places;
- combating smuggling, including the placing of final destination markings on packs;
- increasing tobacco taxes.

Countries that have ratified the Convention are called contracting parties and are bound by these and other provisions.

A country becomes a contracting party to the WHO FCTC ninety days after depositing a valid instrument of ratification or equivalent at the UN headquarters in New York. The Conference of the Parties (COP) is the supreme body of the Convention, which oversees implementation of the WHO FCTC.

The second session of the Conference of the Parties (COP-2) took place in Bangkok from 30 June to 6 July 2007, and was also attended by ENSP coalitions' representatives in their capacity of observers. At this meeting, the Parties to the Convention had the opportunity to take positions greatly contributing to the achievement of the objective of the Convention, namely to "protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke".
The key decisions taken mainly referred to:
Guidelines on Article 8 (protection from exposure to tobacco smoke)
Protocol on illicit trade
Guidelines on Article 13 (advertising, promotion and sponsorship)
Guidelines on Article 11 (packaging and labelling)
Further information is available at http://www.fctc.org/

Furthermore, ENSP members contributed to the collection of data necessary to the elaboration of the "Civil Society Monitoring of the Framework Convention on Tobacco Control: 2007 Status Report of the Framework Convention Alliance" (http://www.fctc.org/docs/documents/fca-2007-mon-monitoring-report-en.pdf). ENSP also supported the FCA FCTC Monitor Project Manager (Canada) in initiating the 2008 FCA FCTC Monitoring.

High-level meetings

27 February 2007: Gérard Onesta, MEP

Following the decision by the European Parliament on 12 February 2007 to abandon the recently introduced provisions banning smoking on its premises, a joint press release (involving ENSP, SFP, EPHA and EHN) condemning this decision was issued. A joint letter was also addressed to Mr Onesta, MEP, who was the only member of the Bureau who voted in favour of a totally smoke-free European Parliament, in order to congratulate him on his position and offer him support. Representatives of the SFP, ENSP, ECL and EHN met Mr Onesta on 27 February 2007 to discuss with him the possibility of exploring the future co-operation.

12 June 2007: Robert Madelin, Director General, DG SANCO, European Commission

On the initiative of the Smoke-free Partnership, a meeting with Robert Madelin was organised on 12 June to discuss important issues relating to tobacco control in the EU. The participants were Fiona Godfrey (Policy Adviser, ERS), Deborah Arnott (Director, ASH), Florence Berteletti Kemp (Advocacy Officer, SFP) and Francis Grogna (Director, ENSP).

In particular, the group explored with Robert Madelin the campaign on "fire safer" cigarettes (reduced ignition propensity or RIP), general tobacco product regulation, the Green Paper on Smoke-free Environments, EU positions to be adopted at the second FCTC Conference of the Parties in July 2007 and certain issues relating to corporate social responsibility in the area of tobacco control.

15 October 2007: Mr Markos Kyprianou, Commissioner, DG SANCO, European Commission

ENSP had already addressed its concerns about oral tobacco and smoking in films and in the media to Commissioner Kyprianou in May 2007.

Further to these letters, Commissioner Kyprianou convened a meeting on 15 October 2007, during which ENSP had the opportunity to discuss other important issues for tobacco control, such as pictorial warnings and RIP cigarettes.

During this meeting ENSP was represented by Elizabeth Tamang (ENSP President), Göran Boëthius (ENSP representative, Sweden), Francis Grogna and Mariann Skar (ENSP Secretariat).

EC-ENSP Project Grant Agreements

Framework Projects 2002411, 2003307 and 2004323

In 2007, a significant amount of time was spent by the ENSP Secretariat in following up the final payments due from the EC within the scope of grant agreements 2002411 (recovery), 2003307 and 2004323 covering the period from September 2002 to May 2005. The main final payments were received in the course of the second half of 2007. However, an additional payment was still being discussed at the end of the year.

Also, two auditors from DG SANCO Unit A3 – Financial Resources and Controls (Brussels), accompanied by a representative of the Public Health Executive Agency (Luxembourg) visited the ENSP Secretariat on 25 and 26 June 2007 to carry out a financial audit of operations during grants 2003307 and 2004323, as well as of ENSP's participation in the first year of the HELP! campaign. The purpose of the audit was to check the reality and conformity of expenditure and the exhaustiveness of the income declared in the final financial statements submitted by ENSP to the European Commission. Likewise, the co-ordinators of three projects implemented in the scope of grants 2003307 and 2004323 (Tobacco Control Resource Centre, smoke-free hospitals, quitlines) were audited in 2007 and 2008. The final results of the audit are expected in the course of 2008.

EC-ENSP Grant Agreement 2005326 (June 2006 – May 2007)

The main objectives of the project were to continue the development of a European network for tobacco control, working towards good practice with regard to tobacco prevention activities, and cessation strategies (including web-based approaches); to develop, facilitate and support a fully dynamic and interactive network of tobacco control advocates working in collaboration with other informed stakeholder organisations towards progressive tobacco control policies.

Two work packages in particular were the subject of special attention:

1. *ENSP Strategy for Tobacco Control*: The objectives were to ensure the effective intervention and contribution of tobacco control advocates to EU/national policies, strategies and measures, to support and contribute to the development of the Community's strategy on tobacco control, as well as mapping, assessing and evaluating measures and actions in the following areas:

    - prevention of sales to children and young persons,
    - pricing and taxation,
    - prohibiting advertising,
    - second-hand smoke.

2. *Tobacco Control Research Strategy*: The objectives of the research strategy were to contribute to the fulfilment of the gap at EU level for greater research co-ordination and capacity; to produce co-ordinated and comprehensive research options that would fully contribute to the evidence base of tobacco control policies and test interventions; to create a compilation table on research options and interventions at regional, national and EU levels in full collaboration with the regional network for tobacco control, stakeholders at national level and GLOBALink.

At ENSP's annual Network Meeting in Sofia (in November 2006) four workshops and one seminar had been held concentrating on these topics. The full reports were finalised by the topic leaders in the course of the first half of 2007. (A compilation of these reports is available at: http://www.ensp.org/members/ENSP_Strategy).

The full report sent to the European Commission in the frame of grant agreement 2005326 is likewise available at: http://www.ensp.org/members/Grant_agreements_reports.

EC-ENSP Grant Agreement 2006316 (June 2007 – May 2008)

The main objectives of the agreement are as follows:

- to develop practical steps and tools to promote smoke-free places at European and national levels;
- to follow-up or assist monitoring of the implementation of FCTC;
- to analyse the current situation in Europe with regard to SHS exposure from a gender and especially young women's perspective;
- to bring together experiences from countries that have implemented comprehensive smoking bans in public places (including educational establishments and workplaces) to help other countries do the same and explore the impact of smoking bans on young women;
- to identify next actions for the protection of women from SHS and specific research needs;
- to develop a set of recommendations for the future review of the health and combined warnings.

The Grant Agreement was signed on 30 May 2007 by the President of ENSP and its implementation is set to end on 31 May 2008.

HELP! For a life without tobacco

In 2007, the ENSP Secretariat provided administrative and financial management in connection with the ENSP counterparts' actions:

- Promotion of smoke-free schools and universities (Austria);
- Improving the visibility of HELP in the street, on air, in schools, in pubs etc. (Belgium);
- Improvement of public awareness regarding the possibilities to quit smoking and to follow quitters throughout their decision and quitting process (Czech Republic);
- HELP smoking cessation events on training schemes for teenagers with stop smoking competition and publicity in the press (Denmark);
- HELP actions for smoking prevention (Estonia);
- Denormalise water pipe smoking (France);
- Smoke-free night club parties (France);
- HELP campaign 2007 (Germany);
- Strengthening the local impact of the international HELP campaign – activities planned for 2007 (Hungary);
- Smoking prevention and cessation in universities and colleges (Ireland);
- HELP actions for smoking prevention to disseminate information about tobacco, ETS, tobacco prevention, especially to children, to help smokers quit, and to train teachers in school tobacco projects (Italy);
- Help campaign 2007 (Portugal);
- We are a non-smoking family (Slovakia);
- Politicians always have a role to play (Slovakia);
- Working with the Roma minority (Slovakia);
- Quitline (Slovakia);
- O2 Belongs to You (Slovenia);
- A self-help computer program for smoking cessation for youth (Spain);
- Influencing policy at local and national levels and reducing the use of oral smokeless tobacco by promoting smoke-free work hours and leading national advocacy (Sweden);
- HELP campaign 2007 (UK).

Following the positive feedback and remarkable achievements made in 2007 by the countries running an ENSP project within the HELP campaign, the European Commission took the decision to repeat this activity in the year 2008. It was the European Commission's wish to move forward in 2008 by going beyond separate national projects and favouring European co-operation. The aim is to enable national ENSP organisations to join forces across Europe on transnational projects involving several Member States. National projects will also be considered and it is possible for each country to develop both national and cross border projects. Therefore, a call for project proposals was launched in September 2007, which were due to be evaluated by the HELP! Advisory Board in early 2008.

Involvement developing synergies with other European public health organisations

This year, special focus was placed on strengthening communication and collaboration between ENSP and other European public health organisations based in Brussels. In addition to the regular e-mail exchanges, several co-ordination meetings were held with the European Public Health Alliance (EPHA), the Smoke-free Partnership (SFP), the European Federation of Allergy and Airway Diseases Patients Association (EFA), the European Cancer Leagues (ECL) and the European Heart Network (EHN) to exchange views and develop strategies on priority topics, such as smoking in the European Parliament, RIP cigarettes, oral tobacco, smoke-free environments and the European Heart Charter (cf. http://www.heartcharter.eu/).

3 Financial report

E.N.S.P. a.i.s.b.l.
Chaussée d'Ixelles 144
1050 BRUSSELS

MANAGEMENT REPORT TO THE ANNUAL GENERAL ASSEMBLY MEETING

Dear Members,

As prescribed in the statutes of the International Association, it is our honour to lay before you the annual report for the year ended on December 31, 2007.

Please find hereafter a synthesis of the result of the last four social years.

	RESULTS 2007	RESULTS 2006	RESULTS 2005
	€	€	€
A. OPERATING INCOMES			
Membership fee	84.000,00	63.893,00	57.066,00
Membership fee (recovering 5/12 from previous year)	25.479,00	-	-
Publications	7.344,00	-	-
E.C. subsidies 2002411 *(15/09/02-30/11/03)*	1.300,00	-	-
E.C. subsidies Grant 2003307 *(01/12/03-28/02/05)*	291.757,75	-	117.018,22
E.C. subsidies Grant 2004323 *(01/03/05-31/05/06)*	238.478,23	310.011,29	435.989,23
E.C. subsidies Grant 2005326 *(01/06/06-31/05/07)*	76.112,30	137.956,41	-
E.C. subsidies Grant 2006316 *(01/06/07-31/05/08)*	90.391,05	-	-
E.C. HELP campaign	255.578,38	131.893,00	201.485,39
Financial participation Regions	25.000,00	680,50	-
Extraordinary contributions	-	964,68	1.991,63
Recovering personnel cost provisions	866,55	881,81	1.921,24
Other operating incomes	28.084,45	-	-
Financial Income	19.071,07	8.285,61	11.218,02
TOTAL INCOMES	**1.143.462,78**	**654.566,30**	**826.689,73**
B. CHARGES			
Services and other goods	791.770,26	374.405,22	471.995,87
Remuneration	259.770,06	257.009,72	335.899,96
Depreciation	-	49,01	667,25
Other Operating Charges	-	-	160,00
Provisions for risks and charges	20.500,00	-	-
Financial Charges	2.909,52	9.335,31	11.585,20
TOTAL CHARGES	**1.074.949,84**	**640.799,26**	**820.308,28**
Result before taxes A-B=C	**68.512,94**	**13.767,04**	**6.381,45**
D. TAXES (précompte mobilier)	-	-	-1.682,50
Result for the period ***To be brought forward C-D=E***	**68.512,94**	**13.767,04**	**4.698,95**

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ANNUAL ACCOUNTS 2007
BALANCE SHEET (in Euro)

ASSETS	2007	2006	2005	LIABILITIES	2007	2006	2005
Fixed Assets	**505,31**	**505,31**	**554,32**	**Own Capital**	**121.779,25**	**53.266,31**	**39.499,27**
				out of reported profit/loss	121.779,25	53.266,31	39.499,27
Floating Assets	**1.139.793,98**	**998.503,46**	**967.292,68**	**Provisions & postponed taxe**	**20.500,00**		
Amounts due (< 1 year)	139.055,46	124.079,03	155.997,82	Provisions for risks & charges	20.500,00		
Term accounts	889.188,75	535.909,56	443.422,40				
Cash at bank and in hand	74.929,32	14.737,91	37.202,69	**Debts**	**998.020,04**	**945.742,46**	**928.347,73**
Regularization (*1)	36.620,45	323.776,96	330.669,77	Debts (> 1 year)	5.921,75	5.921,75	17.421,75
				Debts (< 1 year)	267.034,05	428.148,79	409.578,77
				Regularization (*2)	725.064,24	511.671,92	501.347,21
TOTAL ASSETS	**1.140.299,29**	**999.008,77**	**967.847,00**	**TOTAL LIABILITIES**	**1.140.299,29**	**999.008,77**	**967.847,00**

(*1) Expenses incurred in 2007 but corresponding funds to be received in 2008.
(*2) Past activities/invoices to be paid in 2008.

M.D.S.
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EUROPEAN NETWORK for SMOKING PREVENTION A.I.S.B.L.

REPORT OF THE AUDITOR TO THE MEMBERS ON THE ANNUAL ACCOUNTS FOR THE YEAR ENDED DECEMBER 31 , 2007

In accordance with the mission you assigned us, we report on our audit of the annual accounts for the year ended 2007.

We have examined the annual accounts which comprise the balance sheet , the income statement and the notes.

Our examination has been made in accordance with the auditing standards and included a general review of the A.I.S.B.L.'s administrative and accounting procedures and system of internal control, which we have considered adequate for the purpose of our audit.

We have received all information and explanations that, in our opinion, were necessary for the purposes of our examination.

The accounting records are maintained and the annual accounts are prepared in conformity with the legal and statutory requirements applicable in Belgium.

We are not aware of any actions or decisions taken by the association that do not comply with the statutes or the applicable regulations.

In our opinion the annual accounts for the year ended December 31, 2007 have been prepared in accordance with the relevant legal requirements and present fairly, on that basis, the financial position of the company as per December 31, 2007 and the results of its operations for the year then ended.

Brussels, April 2, 2008

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www.ensp.org