

Greater Manchester Brussels Service

Briefing: EU Public Health – Tobacco

Tobacco consumption is the single largest avoidable health risk in the European Union. It is the most significant cause of premature death in the EU, responsible for nearly 700,000 deaths every year. Around 50% of smokers die prematurely (on average 14 years earlier). In addition, smokers have more life years in poor health. Many forms of cancer, cardiovascular and respiratory diseases are linked to tobacco use, which causes more problems than alcohol, drugs, high blood pressure, excess weight or high cholesterol. Despite considerable progress made in recent years, the number of smokers in the EU is still high – 28% of the overall population and 29% of young Europeans aged 15-24 smoke (Source DG Health and Consumer).

If you would like the GM Brussels Office to follow any of the issues highlighted in this Policy Briefing please contact a [member of the team](#).

Background

The EU main policy priorities related to tobacco are:

- The regulation of [tobacco products](#) on the EU market.
- [Advertising restrictions](#) for tobacco products.
- The creation of [smoke-free environments](#).
- [Tax measures and activities against illicit trade](#).

To address these priority areas the EU has been taken a number of measures in the form of legislation, recommendations and information campaigns.

Anti-smoking Campaign

In 2011 the Commission launched the anti-smoking campaign '[Ex-smokers are unstoppable](#)' which included TV clips, events and an online iCoach platform. The overall campaign ended in 2013 and there are not plans to re-launch a new campaign to replace it, however the iCoach is still active and smokers can access the platform via their national Facebook pages.

Current Developments

New Rules: The New EU Tobacco Product Directive

A revised EU [Tobacco Products Directive \(2014/40/EU\)](#) entered into force in May 2014. The new directive sets out rules on how tobacco products are manufactured, produced, presented and promoted in the EU, while considering the health protection for all European citizens. It takes into

account considerable developments that have occurred since the 2001 Directive, such as new scientific evidence on tobacco flavourings and on the effectiveness of health warnings, the new products that have appeared on the market (e-cigarettes and strongly flavoured tobacco) and other developments at international level, such as the World Health Organisation Framework Convention on Tobacco (FCTC), to which EU Member States have responded with different regulatory approaches. The EU and all Member States are parties to the legally binding FCTC, which entered into force in February 2005.

Key elements in the new Directive:

- **Labelling of tobacco products**

Packs will feature mandatory picture and text health warnings covering 65% of the front and back of the pack. 50% of the sides of packs will have text health warnings. All promotional or misleading elements on tobacco products will be banned.

Cigarette packs will contain a minimum of 20 cigarettes, 'lipstick'-style packs will be banned.

Roll-your-own tobacco (RYO) tobacco packs will also carry mandatory 65% text and picture health warnings. Each pack should contain a minimum of 30g of tobacco.

- **Pipe tobacco, cigars, cigarillos, and smokeless products**

Member States will have some discretion over labelling rules on these products. This is because they are not felt to be extensive enough to present a major health risk. However, in the UK, water pipe use is on the increase, and in certain communities where the use is prevalent there has been some raising concerns regarding the impact on public health. Articles in the Directive could be extended to include water pipes if their use continues to increase considerably.

- **Flavourings**

Flavourings that give the product a distinguishable ('characterising') flavour other than tobacco will be banned. Menthol, for example, will be banned under the new directive after a phase-out period of four years.

- **Electronic cigarettes (e-cigarettes)**

The market share of e-cigarettes is growing, yet the long-term effects on public health are not yet known. There will be improved safety and quality requirements, including maximum nicotine concentration levels, and tamper and leak-proof devices. Health warnings will also be mandatory on e-cigarette packaging. There will also be strict rules for manufacturers of e-cigarettes regarding notification and reporting, as well as compliance with rules on advertising. Electronic cigarettes that do not contain nicotine are not covered by this Directive.

- **Illicit trade**

The new Directive includes strong measures against illicit trade of tobacco products. It introduces an EU-wide tracking and tracing system, and visible and invisible security features, such as holograms.

Member States will also be allowed to prohibit internet sales of tobacco and related products.

Next Steps

Member States will have two years to transpose the new Directive into national legislation. This means that most of the new rules will apply from the first part of 2016. There will also be a transitional period for all product categories to give manufacturers and retailers time to sell

existing stock, insofar as it complies with the previous Directive and relevant legislation. A phase-out period of four years is foreseen for all products with more than a 3% market share.

EU Funding

[Horizon 2020](#), the EU framework programme for research and innovation (2014-2020) includes a strong focus on societal challenges facing EU society, including health. Funding may be available for innovative actions on prevention and treatment of lung diseases. As controlling tobacco consumption and reducing harmful environmental exposures are among the most important interventions in lung disease, this may be included in future Horizon 2020 calls.

The [Third Health Programme](#) (2014-2020) is the EU's funding instrument to tackle public health issues as part of the EU Health Strategy. The programme is structured around four key objectives related to prevention, cross-border health threats, innovation, and access to healthcare. Under the first objective, there are two specific actions on tobacco:

Cost-effective promotion and prevention measures for addressing tobacco, alcohol, unhealthy dietary habits, physical activity.

Legislation on tobacco products advertising and marketing.

Funding is available through grants and tenders based on annual work programmes. The total budget available to the Programme for 2014-2020 is EUR 449.4m. [The 2014 Work Programme](#) was published in June. The first deadline for projects will be on 25 September 2014.

Future Focus of E-cigarettes

E-cigarettes are a growing industry and are likely to be one of the main focuses for the future. There is a question about whether e-cigarettes should be a pharmaceutical product to help smokers quit smoking, or whether they are simply a smoke-free replacement cigarette. As a new product on the market no real research has been carried out on the long term effects on public health. As nicotine is an addictive and toxic substance, standard safety and quality requirements for nicotine-containing e-cigarettes are necessary. Large pharmaceutical and tobacco companies have started to buy out small manufacturers of e-cigarettes, which could lead to more research on the use and impact of the product.

There are other issues relating to the behaviour of users that may need to be legislated in the future, such as how they are being used (as replacement cigarettes in smoke-free settings) and for how long. These aspects will need to be fit into the framework of cessation policy.

A number of decisions on e-cigarettes will however be left to the Member States, e.g. the regulation of flavours, advertising without cross border effects, and age limits.

Main EU-level contacts

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