

ECOS-012

Brussels, 16 December 2002

OPINION

of the Committee of the Regions

of 20 November 2002

on the

**Proposal for a Council Recommendation on the
Prevention of smoking and on initiatives to improve tobacco control**

COM(2002) 303 final

THE COMMITTEE OF THE REGIONS,

HAVING REGARD TO the proposal for a Council recommendation on the *Prevention of smoking, and on initiatives to improve tobacco control* (COM(2002) 303 final);

HAVING REGARD TO the decision of the European Commission of 3 January 2002 to consult the Committee under the fourth paragraph of Article 152 of the Treaty establishing the European Community;

HAVING REGARD TO the decision of its Bureau of 6 February 2002 to instruct the Commission for Economic and Social Policy to prepare the Committee's work on this subject;

HAVING REGARD TO the Resolution of the Council and the Ministers for Health of the Member States meeting within the Council of 18 July 1989 on banning smoking in places open to the public¹;

HAVING REGARD TO Council Directive 89/552/EEC of 3 October 1989 on the coordination of certain provisions laid down by law, regulation or administrative action in Member States concerning the pursuit of television broadcasting activities ("Television without frontiers Directive")²;

HAVING REGARD TO the recommendations on tobacco control initiatives required at Community level, adopted by the Commission's High Level Cancer Experts Committee (COM(1996) 609 final

Annex);

HAVING REGARD TO the Council Resolution of 26 November 1996 on the reduction of smoking in the European Community³;

HAVING REGARD TO the December 1996 Communication from the Commission to the Council and the European Parliament on the present and proposed Community role in combating tobacco consumption (COM(1996) 609 final);

HAVING REGARD TO the World Bank report entitled *Curbing the Epidemic: Governments and the Economics of Tobacco Control*, Washington DC 1999;

HAVING REGARD TO the Commission Report to the European Parliament, the Council, the Economic and Social Committee and the Committee of the Regions on progress achieved in relation to public health protection from the harmful effects of tobacco consumption (COM(1999) 407 final) on the follow-up to the above-mentioned 1996 Communication;

HAVING REGARD TO the Council Conclusions of 18 November 1999 on combating tobacco consumption⁴;

HAVING REGARD TO Directive 98/43/EC of the European Parliament and of the Council of 6 July 1998 on the approximation of the laws, regulations and administrative provisions of the Member States relating to the advertising and sponsorship of tobacco products⁵ annulled by the European Court of Justice in case C-376/98, judgment of 5 October 2000, *Germany v Parliament and Council* Digest of Community case-law 2000, p. I 8419;

HAVING REGARD TO the Proposal for a Directive of the European Parliament and of the Council on the approximation of the laws, regulations and administrative provisions of the Member States relating to the advertising and sponsorship of tobacco products, presented by the Commission pursuant to Articles 47(2), 55 and 95 of the EC Treaty on 14 May 2001 (COM(2001) 283 final)⁶;

HAVING REGARD TO Directive 2001/37/EC of the European Parliament and of the Council of 5 June 2001 on the manufacture, presentation and sale of tobacco products;

HAVING REGARD TO the World Health Organisation Framework Convention on Tobacco Control (FCTC) under discussion, Internet address: <http://www.who.int/gb/fctc/>;

HAVING REGARD TO its draft opinion (CdR 226/2002 rev. 1) adopted on 25 September 2002 by the Commission for Economic and Social Policy (rapporteur: **Mr Alvaro Ancisi**, town councillor for Ravenna, I/EPP),

adopted the following opinion at its 47th plenary session on 20 and 21 November 2002 (meeting of 20 November):

1. Views and recommendations of the Committee of the Regions

The Committee of the Regions

1. **notes** that smoking is a prime cause of human disease and death. Smoking is enormously costly for the Community and is the cause of considerable suffering for individuals and their families. Approximately one third of the EU population smokes and the health impact is grave, with 500,000 smoking-related deaths a year, involving

cancer in particular. Smoking also has a proven effect on the health of non-smokers, particularly on vulnerable groups, such as children, pregnant women and people with respiratory diseases. Much has been done in the EU to combat and prevent smoking, but there is a great deal still to be done to secure widespread and solid results. For this reason, the EU must adopt new and more effective measures in this area;

2. **recognises** that the proposal for a Council recommendation responds to this need in an effective and appropriate way. It is in line with the policies followed by the EU up to now, while also taking up a number of recommendations made on the subject by other Community institutions in previous documents. The Committee also notes that the proposal follows on from and is in keeping with its own previous opinions on public health and on the manufacture, presentation and sale of tobacco products;
3. **believes** that, as the fight against smoking has worldwide implications, it is very important that the measures recommended by the Council are fully in line with the discussions on the establishment of a World Health Organisation framework convention on tobacco control (FCTC), given that the draft elements of the FCTC currently under discussion include measures aimed at a total ban on all forms of direct and indirect advertising, preventing the access of minors to tobacco vending machines, banning the sale of cigarettes individually or in packets of fewer than 20 and requiring tobacco companies to disclose their advertising expenditure;
4. **notes** that the proposal for a recommendation is addressed to the Member States, who are asked to take new and more incisive measures against the use of tobacco in general and smoking and the sale of cigarettes in particular. Although a recommendation is not legally binding on Member States, they are naturally expected to comply with its requirements, given that smoking and the use of tobacco products is a major public health problem in all countries. This expectation is reflected in part by the monitoring role assigned to the Commission;
5. **takes the view that** in that respect, the proposals contained in the recommendation appear for the most part to be balanced and constructive, such as those aimed at prohibiting the sale of tobacco to children and adolescents. However, the Committee believes that in certain Member States it will be more difficult in legal terms to apply the requirement for manufacturers and vendors of tobacco products to disclose their marketing expenditure or to prevent the most insidious forms of direct or indirect advertising from reaching children and adolescents (as demonstrated by the Court of Justice judgment of October 2000, which annulled the Directive of the European Parliament and of the Council of 6 July 1998 on the advertising and sponsorship of tobacco products because it did not guarantee the free movement of products or eliminate distortions to competition). While the Committee is fully behind the aims and objectives of these measures, which are clearly set out in the explanatory memorandum, it would also point out that there is a degree of friction between the demands of health protection and those of the internal market. The measures are essential however and the legal barriers must be removed;
6. **underlines** the continued relevance of its opinion of April 2000 on the new tobacco directive, which has now been adopted, in which it pointed out the need to harmonise or at least approximate Member States' laws, regulations and administrative provisions regarding the manufacture, presentation and sale of tobacco products. This is important both for achieving a high level of public health protection and for helping to remove the obstacles to the improved functioning of the internal market. In view of the legal uncertainty in some matters in this area, the Committee welcomes the recommendation as it has come just at the right time.

2. Protection from tobacco smoke in public places and the workplace

The Committee of the Regions

1. **would stress** that in the above-mentioned opinion, in addition to legislative harmonisation, it expressed the need to give consideration to other forms of action to protect public health, pointing up the aim of protecting non-smokers in public places and the workplace. The Committee is pleased to note that the Commission document takes up this proposal in point 4 of the recommendations to the Member States;
2. **states** that the achievement of smoke-free public places and workplaces is a strategic move in the fight against smoking. The Committee would stress that to pursue this objective effectively, specific policies must be adopted that require the development of a social consensus, legal certainty, monitoring mechanisms and penalties, and efficient bureaucratic procedures;
3. **calls for consideration** to be given to the provision of treatment and support for people giving up smoking, such as anti-smoking counselling from GPs, courses on giving up smoking in approved anti-smoking centres, counselling from nurses in hospitals and from local chemists;

recommends that health systems provide support for people giving up smoking, including nicotine substitution treatment, specifically targeted at vulnerable groups such as:

- teenagers, in particular smokers, by offering anti-smoking advice each time they come into contact with the health system;
- pregnant women, by ensuring that health education programmes designed for this group include information on the risks of smoking and guidelines for giving up;
- people suffering from smoking-related diseases, by ensuring that both primary and specialised healthcare centres also provide treatment for people giving up smoking;

also suggests promoting the use of new communication technologies to give as many people as possible access to techniques for giving up smoking;

4. **would stress** in particular that the workplace is the prime setting for action to achieve healthy environments, using social acceptance as the key to the success of additional and complementary measures in training, offering support in giving up, and environmental monitoring. The Committee would therefore suggest that particular attention be given to workplaces whose institutional image is particularly important, for instance hospitals and health services (where health service employees must be the first to set a professional example by not smoking), schools and government offices, inasmuch as they are supposed to set an example for the whole community.

3. Total ban on smoking in schools

The Committee of the Regions

1. **would stress** that in schools especially it is essential to be consistent in the messages given and the behaviour shown. It believes therefore that the no-smoking rule should be extended throughout school premises, including toilets and playgrounds, in order to prevent young people from smoking publicly during breaks, often in the company of teachers (who ought to refrain from smoking anywhere in school buildings, even staff rooms), giving younger pupils the idea that rather than being a bad habit, smoking is socially acceptable and to be imitated. The Committee believes that an anti-smoking policy is especially useful in nursery and primary schools, as it is easier to count on effective parental involvement at this developmental stage. The aim must be to prevent children from becoming regular smokers in their adolescence as it is at this stage in their development that they are most likely to adopt anti-social behaviour patterns, and smoking is a preferred form of rebellion; later it is difficult to give up.

4. **Local intervention in the field of information and education**

The Committee of the Regions

1. **would point out that**, up to now, the content of the recommendations made has tended to focus on bans and rules, although these cannot be dissociated from training measures able to achieve the basic social consensus without which no imperative law can become customary. It is pleased to see however that in point 5 of the recommendations to the Member States there is an invitation to bolster health education and programmes to discourage the use of tobacco products, namely, information and education measures to promote health and healthy lifestyles, which can counterbalance the social pressure that boosts tobacco consumption. In advance of its comments on the importance of local-level action, the Committee would point out that in this area of prevention, the bulk of the effort should be aimed at the younger generations, and that, in this respect, there is a vast spectrum of potentially useful local initiatives, such as:
 - a. carrying out effective teaching programmes in schools with a view to dissuading children from taking up smoking (developing awareness and the ability to overcome the social pressure mounted by family models, peer groups, advertising and social mores);
 - b. giving young people a role in spreading the word and promoting health in the community, in accordance with an open and informative model of local society;
 - c. raising family awareness, stressing the negative effect that family habits can have in encouraging young people to take up smoking;
 - d. using effective techniques to communicate the risks to formal and informal groups of young people (without moralising or scare-mongering, and using positive role models to bolster the image of the non-smoker);
 - e. involving the local media in information campaigns targeted according to gender and age group;
 - f. taking care to avoid any form of tobacco-industry sponsorship at public (musical or sporting) events that are likely to attract young people;
 - g. take appropriate information and training initiatives (involving sectoral associations) to raise tobacco vendors' awareness of the correct way to deal with minors.
5. **The role of local and regional authorities**

The Committee of the Regions

1. **having stressed** the importance of local measures in the field of training and education for the younger generations, would underline the central role of local and regional authorities in the fight against smoking. In reality, measures designed and adopted at central level have little chance of being accepted socially or succeeding if that role is undervalued. More specifically, the Committee would point out that local and regional authorities can be effective in:
 - a. the supervision, control and monitoring of the regional application of legislative guidelines adopted by the State;
 - b. the drafting of legislative proposals addressed to their national governments and more generally to the Member States, expressing demands and ideas for the future that have been generated from the bottom up;
 - c. the drawing-up of regional and local guidelines on the prevention, control and treatment of tobacco addiction, following broad consultation with professional and social representatives;
 - d. the regional-level implementation of Member States' strategies for preventing and combating tobacco addiction;

2. **notes** that local and regional authorities clearly have an important role to play in the establishment and development of a regional network of services and resources directed towards combating smoking, involving all the representatives of the community's economic, political and cultural fabric, including the private and voluntary sectors. The Committee would also stress that the role of local and regional authorities is fundamental in managing the system as a whole, to ensure the measures are:
 - a. coordinated to form an integrated and complementary set of measures;
 - b. directed at clearly defined target groups, with the creation of health promotion-friendly environments;
 - c. conducted gradually so that through the process of securing a social consensus a non-smoking culture is formed and citizens are empowered to play an active role in health promotion;
 - d. an integral and coherent part of a multi-sectoral health promotion strategy across the board, underpinning political and government action;

3. **points out** that the importance of the role of local and regional authorities, both in making the Community guidelines operational and in assessing their impact at regional level, demands the development of stable cooperation mechanisms and the forging of new alliances with governmental and non-governmental organisations in order to compare experiences and share ideas for the future;

4. **highlights** the need to spread the practice of setting up national tobacco advisory councils in the Member States, to gather contributions from scientific institutions, government agencies and NGOs;

5. **refers**, in this context, to the example of cooperation between Member State NGOs given by the European Network for Smoking Prevention (ENSP), whose role should be further developed in the area of technical and scientific consultation.

6. **A European centre for the study of smoking prevention and control**

The Committee of the Regions

1. **believes** that it would be extremely useful for the EU to have a centre for the study of the prevention and control of smoking, tasked with:

- conducting a Europe-wide epidemiological study of the phenomenon (from addiction and related illnesses to social and health costs);
- collecting and documenting experiences of good practice in the anti-smoking field, carried out by Member States;
- preparing and disseminating tried and tested methodologies, programmes and practical tools in line with the Community guidelines;
- the provision of ongoing training for operators;
- monitoring and assessing smoking prevention and control measures conducted by the Member States;

2. **takes the view** that this study centre should have close operational links with other European agencies and working groups dealing with drug addiction in general and alcoholism in particular. Above all, a stronger joint initiative is needed at Community level in the area of "legal substances" as a whole (tobacco and alcohol), as opposed to illegal substances, in the light of the many similarities in their social and cultural features and in the types of prevention scheme that can be used.

Brussels, 20 November 2002

The President

The Secretary-General

of the

of the

Committee of the Regions

Committee of the Regions

Albert Bore

Vincenzo Falcone

¹ OJ C 189 of 26.7.1989

² OJ L 298 of 17.10.1989

³ OJ C 374 of 11.12.1996

⁴ OJ C 86 of 24.3.2000

⁵ OJ L 213 of 30.7.1998

⁶ OJ C 270 of 25.9.2001, p. 97

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