



# European Medical Students' Association

Association Européenne des Étudiants en Médecine

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## European Tobacco Control Policy

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*The European Medical Students' Association (EMSA) represents medical students across Europe. We envision a healthy and solidary Europe in which medical students actively promote health. EMSA empowers medical students to advocate health in all policies, excellence in medical research, interprofessional healthcare education and the protection of human rights across Europe.*

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## Problem statement.

Globally, one of the highest prevalence of smoking is found in the World Health Organization (WHO) European Region, where 27% of adults smoke regularly (World Health Organization, 2019a). Smoking prevalence varies tremendously between European countries with 42% of the adult population smoking in Greece compared to 7% in Sweden (European Commission, 2021). Further, young people, men and those with low socioeconomic status are disproportionately affected by tobacco addiction and the corresponding health consequences (European Commission, 2021; Casetta et al., 2016).

Tobacco use is both the most significant avoidable health risk and the leading cause of premature death in Europe (European Commission, n.d.). About half of European smokers die prematurely, on average 14 years earlier than non-smokers (European Commission, n.d.). The European tobacco epidemic therefore is responsible for serious morbidity and mortality, as well as for unequal distribution of health and life expectancy in the population. Furthermore, the harms of tobacco use do not affect smokers alone. Nonsmokers remain exposed to second-hand smoke regularly, putting them at involuntary health risks (European Commission, 2021) and increasing the odds of early initiation of smoking in young people (World Health Organization, 2020).

Smoking is additionally responsible for serious economic and ecological harm. Smoking carries an unparalleled economic burden with the cost of smoke-related disease equaling 2.5% of the region's gross domestic product (Goodchild et al., 2017). Significant environmental damage can be found throughout the entire tobacco life cycle, starting with tobacco farming which contributes to up to 5% of global deforestation, soil degradation and water pollution (World Health Organization, 2018). Cigarette butts further are the most common waste item worldwide, creating 1.69 billion pounds of toxic waste annually (World Health Organization, 2018). The tobacco industry has made great efforts to greenwash its environmentally damaging practices (World Health Organization, 2021a).

In response to the public health threat stemming from tobacco use, the European Union as well as most WHO European Region member states signed the WHO Framework Convention on Tobacco Control (FCTC) in 2003 (World Health Organization, 2019b). Subsequently, EU member states were required to implement the revised Tobacco Products Directive (TPD) by 2016, governing the "manufacture, presentation and sale of tobacco and related products" (Directive 2014/40/EU). As a result, smoking rates have decreased in a number of European countries over the last years. Nonetheless, the WHO FCTC is being used insufficiently, as the majority of European states are still struggling to implement and enforce effective tobacco-control measures (World Health Organization, 2019b). This may in part be attributed to the continuing influence of tobacco lobbyists on policy making, including on a European level (Bertollini et al., 2016). European countries with stricter tobacco policies have in fact demonstrated higher relative decreases in smoking prevalence, indicating that enforcement of tobacco control in Europe has not yet unfolded its full potential (Feliu et al., 2018).

However, conventional cigarettes are not the only smoking device used in the European Region. In recent years, decreases in smoking prevalence were accompanied by growing numbers of e-cigarette users especially among young people, posing a substantial regression on the road to a smoke-free

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generation (Been et al., 2021; World Health Organization, 2020). Although a plethora of studies have proved that e-cigarettes are dangerous to health and no adequate device for tobacco cessation, they continue to be marketed as healthy alternatives to conventional cigarettes and are especially advertised to young people and former smokers (Bhatt et al., 2020; Gallus et al., 2021). Data shows that in fact, more than half of e-cigarette smokers are dual users, who additionally smoke cigarettes (Gallus et al., 2021).

Various factors that sustain tobacco addiction have been identified and may serve as target areas for strengthening tobacco control in Europe. In most European countries, tobacco products are easily accessible as licensing of retailers to limit tobacco outlets does not exist (Kuipers et al., 2021). The European Region has however made important advancement in tobacco taxation in recent years, a powerful tool to decrease tobacco products demand (World Health Organization, 2019b). Tobacco advertising, promotion and sponsorship (TAPS) are successful tools of the tobacco industry to increase tobacco consumption and interfere with tobacco cessation (Kahnert et al., 2019). Even though a full TAPS ban is subsequently proposed by the FCTC, full bans are only installed on TV and radio, in print media, and on the internet (Kahnert et al., 2019). Heterogeneity of implementation of more extensive restrictions remains high in European countries, with up to 70% of adults reporting exposure to advertisements, especially to point-of-sale displays (Kahnert et al., 2019). Further, smoking in public harms both smokers as it facilitates addiction and non-smokers through second-hand smoke. Although substantial improvements have been made throughout the last years, in 2018 only 14 countries in the WHO European Region had completely smoke-free public spaces and issues in exposure to second-hand smoke remain in regards to public transportation, restaurants, bars and offices (World Health Organization, 2019c; Smoke Free Partnership, n.d.). Major inequalities and deficiencies remain regarding the enforcement of smoke-free zones in Europe as well as in the compliance to such policies (Smoke Free Partnership, n.d.).

Restrictive tobacco policies decrease the demand of tobacco products and motivate smokers to quit (World Health Organization, 2019c). However, adequate tobacco cessation support is lacking in many European countries as the costs of nicotine replacement therapy and services are rarely covered by health insurance (World Health Organization, 2019c), resulting in 76% of smokers trying to quit without any aid (European Commission, 2021). Additionally, doctors may lack the necessary skills to offer effective support, as corresponding education is lacking in medical schools, with only 55% of European countries reporting tobacco dependence treatment in the medical curriculum (World Health Organization, 2019b; Besson et al., 2021). At the same time, the prevalence of smoking in European physicians is 25%, sharing the "first rank" with Asia (Besson et al., 2021). These shockingly high rates of smoking, even higher in medical students, may be attributable to stress at work including high workload, night shifts and high mental burden (Besson et al., 2021).

As 54% of European smokers took up smoking before the age of 18 (European Commission, 2021), most effective measures to decrease tobacco use will target adolescents (Papanastasiou et al., 2018). While smoking rates have in general been decreasing among young people, restricting legislation is particularly required in respect to the concerning rise in use of products such as e-cigarettes among young people (World Health Organization, 2020; Been et al., 2021). By marketing e-cigarettes as

healthy alternatives to conventional tobacco products and promoting flavouring, the tobacco industry is clearly targeting a new generation of customers (Ford et al., 2015).

## Our view. Aim

EMSA believes that reducing the prevalence of tobacco use is a significant opportunity to improve public health in Europe (World Health Organization, 2019b). With decreasing smoking rates, incidence of tobacco-related diseases will decrease, resulting in higher life expectancy, more life years spent in good health and improvements in public mental health. Socioeconomic disparity and inequity may be reduced by aligning tobacco control policies with the needs of vulnerable populations (Lund, 2015), especially by increasing taxes on tobacco products (Hill et al., 2013). Lower incidence of smoking-related diseases will lead to savings in healthcare spending that can be reallocated towards disease prevention or social security spending that in turn can ensure a healthy population themselves. Further, ending the tobacco epidemic offers health benefits to all people by reducing the exposure to secondhand smoke and making a contribution to fighting the climate crisis.

EMSA emphasises that smoking and tobacco-related health consequences are not an individual failure but a result of serious addiction that is commonly underestimated. Evidence from the US suggests that taking up smoking is related to stress coping and social habits and not considered dangerous (Dietz et al., 2013). Once addiction is established, most European smokers however want to quit but are struggling to make a definite decision (Thyrian et al., 2008). As medical students, we believe that accessible treatment for people who want to quit should be considered basic healthcare and thus, a psychological and medical infrastructure supporting smoking cessation is needed. Furthermore, public discussions should be clear about the fact that usage of tobacco products is drug abuse, without any judgement or discrimination against addicted people.

Tobacco use further restrains progress in all areas targeted by the Sustainable Development Goals (SDGs) including poverty, education, economic development, gender equity and environmental sustainability (World Health Organization, 2019d). Especially the environmental damage of tobacco disproportionately affects developing countries (World Health Organization, 2021a). EMSA therefore advocates to clearly name the importance of reducing tobacco use in achieving the Sustainable Development Goals and urges all countries of the European Region to take responsibility for the worldwide harm caused by the high smoking rates among their citizens.

We believe that medical students have a crucial role in tobacco control, especially in contributing to education and raising awareness. In 2021, EMSA's Tobacco Products Working Group created a comprehensive booklet in order to provide medical students with comprehensive data on tobacco products and tobacco control policies. EMSA commits to continuing our engagement against tobacco use and our support for those affected by tobacco addiction. We aim to be both an advocacy platform to engage medical students in the fight against the tobacco epidemic on an European level and a provider of capacity building that enables future doctors to take action on an organisational and individual level.

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Evidence-based policy can eventually phase out tobacco consumption. We, in our role as medical students and future doctors, advocate for their implementation not only to reduce smoking rates but rather to achieve a smoke-free generation in Europe.

## **Recommendations**

Without any prejudice to the WHO FCTC and the EU TPD, EMSA calls on EU institutions to:

- Commit to the goal of a tobacco-free generation by 2040;
- Prioritise the protection of young people in tobacco policies, especially in e-cigarettes and advertising legislation, and consider the socioeconomic dimension of tobacco use in policy making;
- As proposed in the Beating Cancer Plan, strive for implementation of all FCTC recommendations in all member states by 2025;
- Revise the TPD and to include point-of-sale tobacco display bans and plain packaging;
- Further, extend regulations previously installed in the TPD to include tobacco-free nicotine products as well in the revised version;
- Include extension of smoke-free environments, taxation of new tobacco products and total ban of flavours in the revised TPD, as proposed in the Beating Cancer Plan;
- Provide funding and grants for research investigating tobacco use, especially regarding the harms of e-cigarettes, evidence-based tobacco cessation measures and effective public health strategies to limit tobacco use;
- End the influence of tobacco industry on policy making and guarantee the transparency of the impact of tobacco lobbying on EU legislation and individual politicians by making the current Transparency Register more comprehensive and legally binding for all officials;
- In the proposed EU Due Diligence Act, clearly recognize the tobacco industry as a high-risk sector for unethical and environmentally damaging supply chains and install rigorous regulations in the enforcement of the law;
- Consider the ecological impacts of tobacco use in policy making and include these aspects in public communication.

EMSA calls on European national governments to:

- Implement the measures of the WHO FCTC, including enforcement of tobacco-free public spaces and total bans on tobacco advertising, promotion and sponsorship, including that of novel tobacco products;
- Realise a tobacco-free generation in 2040 by passing national tobacco control plans, and keeping social inequalities in mind when designing and implementing the plan. National tobacco control policies and their effects on smoking prevalence, especially in young people, should be evaluated every five years. The results of the evaluation should be openly accessible to citizens;
- Prioritise the protection of young people in tobacco policies, especially in e-cigarettes and advertising legislation;
- Impose higher taxes on all tobacco products on the market to avoid rise in use of substitute goods;

- End the influence of tobacco industry on policy making, make the impact of tobacco lobbying on national legislation and individual politicians transparent by implementing comprehensive and legally binding lobby registers if they do not exist yet;
- Include tobacco cessation services in basic healthcare insurance by 2025;
- Reduce the toxic impact of cigarette butts on the environment by imposing financial penalties for littering them and by providing sufficient public trash cans.

EMSA calls on the education sector to:

- Include a long term tobacco prevention program in schools including education on health risks and financial risks of smoking starting with middle school;
- Install psychological help for young people with nicotine addiction as well as accessible and free tobacco cessation programs;
- Make all campuses of schools and universities to smoke-free zones with designated smoking areas;

EMSA calls on medical schools and university hospitals to:

- Prioritise research that examines the harmful effects of tobacco products as well as public health research on measures to counteract the tobacco epidemic;
- Take responsibility in tobacco control by implementing smoke-free campuses and smoke-free healthcare facilities by 2025, including the ban of tobacco sales on their premises;
- Include tobacco cessation and corresponding communication training in the medical curriculum and medical staff training;
- Sensitise students and medical staff to the abuse of tobacco in the health sector and support them in quitting by offering smoking cessation services on campus;
- Support student initiatives against smoking.

EMSA calls on EMSA Faculty Member Organisations to:

- Create smoke-free zones at all meetings and events, including outdoors;
- Organise campaigns and events on the health risks of tobacco use and how medical students can contribute to a smoke free generation;
- Participate in World No Tobacco Day and EMSA campaigns against tobacco use.

EMSA calls on medical students to:

- Contribute to public discussion on tobacco use by repudiation of trivialising tobacco addiction and stressing the detrimental effects of the tobacco endemic on human and environmental health;
- Commit themselves to supporting their patients suffering from nicotine addiction and offering them help to quit.



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