ERS advocacy in tobacco control policies

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AIMS
To know about:
• ERS Organisation
• EU legislation
• ERS advocacy

SUMMARY
Tobacco control has been since a long time a major preoccupation of ERS. It is mainly managed at two levels of the organisation: in group 3 of assembly 6 (tobacco, smoking control and health education) in the Science council and in the tobacco control committee in the Advocacy Council. The ERS website provides a lot of information on its antismoking policy.

The European legislation consists in two main texts published in the Official Journal of the European Communities. In 2001, the European Parliament and the Council of the European Union adopted the directive 2001/37/EC on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco products. In 2014, they voted a new directive 2014/40/EU repealing directive 2001/37/EC. The key points are E-cigarettes classified as consumer products, if the maximum threshold of nicotine is 20 mg per ml, improved safety and quality requirements, new packaging and labelling requirements, more protection for consumers (justified action on dangerous products) & more monitoring and evidence gathering.

ERS is the leader in the medical associations with rules on the total ban on links with the tobacco industry (1): “Membership (which includes elected officers) of the society will not be open to persons who are, or have been, full or part time employees of, or paid consultants to the tobacco industry, or those with any real or perceived direct or indirect links to the tobacco industry, at any time after January 1, 2000. The ERS will not accept, at any of its events meetings and/or courses, faculty who are receiving funding from the tobacco industry. Invited faculty will be asked to disclose any funding and/or conflict of interest related to the tobacco industry. In the case of a disclosure of a conflict of interest any time after January 1, 2000 by the person concerned, there will be a 5 year ban from the date of disclosure before that person is allowed to participate actively in an ERS event again. In the case of the discovery of a conflict of interest, which was not disclosed by the person concerned, there will be a ban for life from participating actively in any ERS activity, including all ERS publications and scientific and intellectual contributions of any type. Any relation to, or funding from, the tobacco industry after January 1, 2013 will lead to a ban for life from any ERS activity, including all ERS publications and scientific and intellectual contributions of any type for the person concerned”.

In the European Lung White Book, ERS provides a lot of information about the risks associated to tobacco smoking, particularly concerning lung cancer and other respiratory diseases (2). Recently, ERS has participated to the debate about electronic cigarettes in the European Parliament with an intervention of its president (3). Francesco Blasi has reminded that “ERS is opposed to the use of unregulated electronic nicotine delivery systems (ENDS). While e-cigarettes have potential health benefits, a strong regulatory framework is required, particularly to protect children and young adults. ERS maintains that there is a clear need for further independent research to find out both the potential benefits and risks of these products. These studies should be independent clinical trials, behavioural
and psychological studies, and postmarketing studies at individual and population levels. ERS supports the existing Article 14 guidelines of the WHO Framework Convention on Tobacco Control, which state that countries should prioritise cessation treatments “strongly based” on scientific evidence. On a separate point, ERS is also strongly in favour of transparency and, in addition to a strong conflict-of-interest policy for relations with the tobacco industry, it has recently also adopted a policy that includes the declaration of studies or activities funded by e-cigarette manufacturers. It is important that commercially driven research on nicotine delivery systems is clearly declared and identifiable”. The position of ERS is that any regulation of electronic nicotine delivery systems should be science-based and that more independent EU research needs to be funded.

ERS has developed a website www.smokehaz.eu officially launched on May 8, 2014 in Athens (4). It provides a scientific review on the health hazards of smoking that is collaboration between the ERS and the UK Centre for Tobacco and Alcohol Studies (UKCTAS). The website is aimed at policy makers, primarily focused on the respiratory health hazards associated with smoking.

In conclusion, ERS is ERS has a strong advocacy activity in tobacco control policies, shows the good example for its own members and is implicated at the level of the EU institutions. The European Lung Corner reports in the European Respiratory Journal news and actions at the level of the European Union institutions (5).

REFERENCES


FACULTY DISCLOSURES
No real or perceived conflict of interest related to this presentation.

EVALUATION

1. When starts the total ban for ERS members on links with the tobacco industry?
   a. 1990
   b. 2000
   c. 2005
   d. 2010

2. What is the correct position of ERS on electronic cigarettes?
   a. They should be forbidden
   b. Any regulation of electronic nicotine delivery systems should be science-based
   c. The content in nicotine has to be limited
   d. They should considered as pharmaceutical products

3. How many European directives deals with tobacco products?
   a. 1
   b. 2
   c. 5
   d. More than 10
Thank you for viewing this presentation.

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ERS advocacy in tobacco control policies

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Conflict of interest disclosure

I have no, real or perceived, direct or indirect conflicts of interest that relate to this presentation.

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Introduction

AIMS

• Aim 1: ERS Organisation

• Aim 2: EU legislation

• Aim 3: ERS advocacy
ERS ORGANISATION

Education | Science & Research | Advocacy

Annual Congress
Publications
ELF for patients
Tobacco, Smoking Control & Health Education

Chair: Paraskevi Katsaounou
Secretary: Thomas Hering

Our main objectives for the next years will be as follows:

- to promote a proactive role of all European respiratory physicians in tobacco control activities (smoke-free policies, smoking prevention programs in youngsters, tobacco control legislation at national level, smoking cessation strategies);
- to work together with other ERS groups and bodies in order to integrate smoking status assessment and smoking cessation therapy into current management of patient’s respiratory condition,
- to increase smoking cessation knowledge and skills among all chest physicians, by promoting best standards and harmonized education across Europe in the field of smoking cessation,
- to facilitate research towards investigation of respiratory disorders smokers' characteristics and new treatments to quit smoking,
- to provide upon request educational resources to other allied health professionals willing to get involved in assistance of different categories of smokers and
- to try developing internet-based smoking cessation programmes.
ERS and EU policy development

ERS: a trusted and valued source of information and advice for decision makers and officials.

In this section of the website you will find regular reports and updates on all ERS EU related activities. The EU institutions demand an evidence and quality based position in areas such as research, environment and public health for our ERS.
EU ACTIVITIES

- ERS and EU Policy Issues
  - Tobacco Control
  - Chronic disease strategy
  - Environment Policy
  - Research and Innovation Policy
  - European Respiratory Roadmap
  - ERS Policy Positions

- EU-funded collaborative research
  - FP6 Projects
  - FP7 Projects
  - IMI Projects

- ERS-funded projects
  - SmokeHaz

COMMITTEES

- Tobacco Control Committee
- Advocacy Committee
- Environment and Health Committee

ALLIANCES

- European Chronic Disease Alliance (ECDA)
- ECDA Recommendations Summary
- Alliance for Biomedical Research in Europe
DIRECTIVE 2001/37/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL
of 5 June 2001
on the approximation of the laws, regulations and administrative provisions of the Member States
concerning the manufacture, presentation and sale of tobacco products

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE
EUROPEAN UNION,
DIRECTIVES

DIRECTIVE 2014/40/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL
of 3 April 2014
on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products and repealing Directive 2001/37/EC
(Text with EEA relevance)

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION,
ΟΔΗΓΙΕΣ

ΟΔΗΓΙΑ 2014/40/ΕΕ ΤΟΥ ΕΥΡΩΠΑΪΚΟΥ ΚΟΙΝΟΒΟΥΛΙΟΥ ΚΑΙ ΤΟΥ ΣΥΜΒΟΥΛΙΟΥ

της 3ης Απριλίου 2014

για την προσέγγιση των νομοθετικών, κανονιστικών και διοικητικών διατάξεων των κρατών μελών σχετικά με την κατασκευή, την παρουσίαση και την πώληση προϊόντων καπνού και συναφών προϊόντων και την κατάργηση της οδηγίας 2001/37/ΕΚ

(Κείμενο που παρουσιάζει ενδιαφέρον για τον ΕΟΧ)

ΤΟ ΕΥΡΩΠΑΪΚΟ ΚΟΙΝΟΒΟΥΛΙΟ ΚΑΙ ΤΟ ΣΥΜΒΟΥΛΙΟ ΤΗΣ ΕΥΡΩΠΑΪΚΗΣ ΕΝΩΣΗΣ,
Council of the European Union

Brussels, 14 March 2014
7763/14
(OR. en)
PRESSE 152

Council adopts revised EU tobacco directive
KEY POINTS OF EU LEGISLATION ADOPTED

Regulated as consumer products
E-cigarettes classified as consumer products, if the maximum threshold of nicotine is 20 mg per ml. Consumers may buy e-cigarettes with higher concentration levels if approved as medicines under a pharmaceutical framework.

- Improved safety and quality requirements
  - maximum nicotine concentration and maximum volumes for child proof cartridges
- New packaging and labelling requirements
  - health warnings on e-cigarette packs will be mandatory
- More protection for consumers (justified action on dangerous products) & more monitoring and evidence gathering

Manufacturers must:

- Notify Member States before placing new products on the market
- Report annually to Member States: on the sales volumes
- Comply with specific rules on advertising: existing rules for cross-border advertising and promotion of tobacco products will also apply to e-cigarettes.
EDITORIAL

Towards a total ban on links with the tobacco industry: new rules for the ERS

Klaus F. Rabe*, Christina Gratiou*, Brian Ward† and Florence Berteletti†
FROM DISCLOSURE TO TOTAL BAN

Tobacco use is one of the greatest preventable causes of premature death and disease in the world. In addition, the interference of the tobacco industry in public health, medical research and public policy has been and continues to be unprecedented, grotesque and unacceptable [1]. The interference is of such a scale that it requires a robust and resolute response [2]. This is why the European Respiratory Society (ERS) has recently assessed its conflict of interest rules and decided to move towards a total ban on links with the tobacco industry.
Membership and leadership

Membership (which includes elected officers) of the society will not be open to persons who are, or have been, full or part time employees of, or paid consultants to the tobacco industry, or those with any real or perceived direct or indirect links to the tobacco industry, at any time after January 1, 2000.
Addressing current and past relationships with industry
The ERS will not accept, at any of its events meetings and/or courses, faculty who are receiving funding from the tobacco industry. Invited faculty will be asked to disclose any funding and/or conflict of interest related to the tobacco industry. In the case of a disclosure of a conflict of interest any time after January 1, 2000 by the person concerned, there will be a 5 year ban from the date of disclosure before that person is allowed to participate actively in an ERS event again. In the case of the discovery of a conflict of interest, which was not disclosed by the person concerned, there will be a ban for life from participating actively in any ERS activity, including all ERS publications and scientific and intellectual contributions of any type.
The future: a total ban from 2013

Any relation to, or funding from, the tobacco industry after January 1, 2013 will lead to a ban for life from any ERS activity, including all ERS publications and scientific and intellectual contributions of any type for the person concerned.
**Tobacco smoking**

**Introduction**

Tobacco smoking is the main preventable cause of morbidity and mortality from lung cancer, chronic obstructive pulmonary disease (COPD) and coronary artery disease, and it remains the most important health hazard in Europe. Today we have cost-effective tools to help smokers to quit and, thanks to political action, we have effective but still imperfectable legislation that helps to reduce the prevalence of smoking. This global effort on reducing mortality and morbidity in the next 10-20 years will come from cessation by current smokers, while intervention aimed at primary prevention - stopping people from taking up the habit at all - will mainly reduce smoking-related disorders 20 plus years from now. However, the two interventions are complementary.

**Key points**

- Smoking is habit-forming and physically addictive, and causes premature illness and death due to lung cancer, COPD, cardiovascular disease and a host of other ailments, as well as reducing lung function and complicating other diseases such as asthma and tuberculosis.
- Although there has been a decrease in smoking prevalence in Europe, tobacco remains a huge problem, with at least one in four adults across Europe smoking and a rate in some countries exceeding 40%.
- Smoking cessation interventions, whether pharmacological or through advice and counselling, are highly cost-effective health measures among existing smokers.
- Smoking prevention policies such as advertising and marketing bans and high taxation play an invaluable role in preventing young people from taking up smoking. Society will reap the benefits of these policies in future decades.

**Epidemiology**

Long-term trends in the prevalence of daily smoking in European countries where such data are available are illustrated in chapter 1. Overall, smoking is still a massive problem in Europe and there are large regional differences in smoking prevalence.

Figure 1 shows national smoking rates in Europe in 2000, based on data from the World Health Organization (WHO). It should be noted that the data are based on different methodologies used in different countries. In many countries, the data are based on cross-sectional surveys conducted by national authorities. In others, they are derived from household surveys.

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**Passive smoking**

**Introduction**

Passive smoking (also known as second-hand smoke) is breathed in by bystanders to smoking, either by direct inhalation or by breathing in tobacco smoke that has been inhaled and exhaled by smokers. Passive smoke is composed of smoke from burning tobacco products, as well as airborne chemicals that are released when tobacco products are burned.

Second-hand smoke (SHS) or environmental tobacco smoke (ETS) is the name given to the smoke from tobacco products. Second-hand smoke is harmful to both smokers and non-smokers, including children and adults. Passive smoke exposure can cause serious health problems, including respiratory diseases, heart disease, and cancer.

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**Key points**

- Environmental tobacco smoke (ETS) is classified as a human carcinogen by the World Health Organization (WHO).
- Passive smoke exposure is linked to a variety of health effects, including respiratory tract infections, asthma, and heart disease.
- Children exposed to second-hand smoke are at increased risk of developing respiratory and cardiac problems, even when they do not smoke themselves.
- Long-term exposure to second-hand smoke can cause chronic obstructive pulmonary disease (COPD), heart disease, and lung cancer.
- Second-hand smoke exposure can also affect non-smokers, including children and infants, who are particularly susceptible to the health effects of passive smoke exposure.

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**European Respiratory Society**

**Every Breath Counts**
# Tobacco Control

Items tagged with: Tobacco

<table>
<thead>
<tr>
<th>Image</th>
<th>Item title</th>
<th>Description</th>
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<tbody>
<tr>
<td><img src="image1.png" alt="Image" /></td>
<td>31 May: World No Tobacco Day</td>
<td>World No Tobacco Day will be observed worldwide next week (31 May 2011) to draw attention to the tobacco epidemic and the preventable death and disease...</td>
</tr>
<tr>
<td><img src="image2.png" alt="Image" /></td>
<td>Australia announces new tobacco control plans for cigarette packaging</td>
<td>The Australian government announced on 7 April a draft bill on plain packaging for cigarettes, as well as a proposal to increase the size of picture warnings on tobacco products.</td>
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<tr>
<td><img src="image3.png" alt="Image" /></td>
<td>CT scan screening in smokers: reassurance or wake-up call?</td>
<td>Smokers who are screened for lung cancer may want to take a moment and rethink their unhealthy habit. As reported in the European Respiratory Journal...</td>
</tr>
<tr>
<td><img src="image4.png" alt="Image" /></td>
<td>ERS input into EU debate on electronic cigarettes</td>
<td>ERS President Professor Francesco Bland was in Brussels this week to present the ERS perspective in the debate...</td>
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<td><img src="image1.png" alt="Image" /></td>
<td>Plain packaging for tobacco – Australia leading the way – Europe must follow</td>
<td>The Australian High Court has rejected a legal challenge from tobacco companies who claimed that the introduction of plain packaging would infringe th...</td>
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<tr>
<td><img src="image2.png" alt="Image" /></td>
<td>Public bans mean smokers also light up less at home</td>
<td>Smoking bans in public places prompt people to impose their own restrictions on smoking at home, according to new findings. Despite some opponents of...</td>
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<tr>
<td><img src="image3.png" alt="Image" /></td>
<td>Report from High Level Event on Plain Packaging for Tobacco</td>
<td>On February 20th the Smoke Free Partnership organized a high level conference on plain packaging and pictorial warnings of tobacco products, held in t...</td>
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<tr>
<td><img src="image4.png" alt="Image" /></td>
<td>Research links telomere length to emphysema risk</td>
<td>Telomeres, the body’s own cellular clocks, could lead to the development of emphysema, according to new research published in the American Journal...</td>
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<tr>
<td><img src="image5.png" alt="Image" /></td>
<td>Respiratory Summit provides more perspective on priorities</td>
<td>4 and 5 March, the historic university city of Leuven, Belgium, provided the backdrop to the wide-reaching commentary, analysis and debate that compri...</td>
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<tr>
<td><img src="image6.png" alt="Image" /></td>
<td>Secondhand smoke kills more than 600,000 non-smokers worldwide</td>
<td>A recent study published in The Lancet finds that more than 600,000 non-smokers worldwide die each year as a result of their exposure to secondhand sm...</td>
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<td><img src="image7.png" alt="Image" /></td>
<td>The impact of cigarette packaging: a World No Tobacco Day panel</td>
<td>ERS President Prof. Nikos Siafakas stressed need for ‘no tobacco’ awareness campaign. World No Tobacco Day 2010 saw a special panel session take pi...</td>
</tr>
<tr>
<td><img src="image8.png" alt="Image" /></td>
<td>Tobacco control identified as solution to rise of non-communicable diseases</td>
<td>Controlling the use of tobacco has been highlighted as the most urgent and immediate priority to help overcome the non-communicable disease crisis. T...</td>
</tr>
<tr>
<td><img src="image9.png" alt="Image" /></td>
<td>Tobacco control: Ukraine first former CIS country to introduce picture warnings</td>
<td>The Ukraine has become the first former member of the Commonwealth of Independent States (CIS – former Soviet Union) to require picture warnings on ci...</td>
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<tr>
<td><img src="image10.png" alt="Image" /></td>
<td>“We want clean air”</td>
<td>“every breath counts” “We want clean air”, “every breath counts”. It was with those two statements that Chairman John Bovis OBE rounded off the day’...</td>
</tr>
</tbody>
</table>
• Where funding has been sponsored by tobacco companies or e-cigarette firms, it falls under the ERS rules on tobacco conflicts of interest.
Electronic nicotine delivery systems (ENDS): the beginning of the end or the end of the beginning?

Francesco Blasi¹ and Brian Ward²

Affiliations: ¹Dept of Pathophysiology and Transplantation, University of Milan, IRCCS Fondazione Ca' Granda Milano, Milan, Italy. ²European Affairs Dept, European Respiratory Society, Brussels, Belgium.

Correspondence: Francesco Blasi, Dept of Pathophysiology and Transplantation, University of Milan, IRCCS Fondazione Ca’ Granda Milano, Via Francesco Sforza 35, 20122 Milan, Italy. E-mail: francesco.blasi@unimi.it
ERS is opposed to the use of unregulated ENDS. While e-cigarettes have potential health benefits, a strong regulatory framework is required, particularly to protect children and young adults. ERS maintains that there is a clear need for further independent research to find out both the potential benefits and risks of these products. These studies should be independent clinical trials, behavioural and psychological studies, and postmarketing studies at individual and population levels. ERS supports the existing Article 14 guidelines of the WHO Framework Convention on Tobacco Control, which state that countries should prioritise cessation treatments “strongly based” on scientific evidence [27].

On a separate point, ERS is also strongly in favour of transparency and, in addition to a strong conflict-of-interest policy for relations with the tobacco industry [28], it has recently also adopted a policy that includes the declaration of studies or activities funded by e-cigarette manufacturers. It is important that commercially driven research on nicotine delivery systems is clearly declared and identifiable.
ERS POSITION ON ELECTRONIC CIGARETTES

Regulation must be based on Science

• The Article 14 guidelines of the UN – WHO Treaty state that countries should prioritise cessation (quit) treatments “strongly based on scientific evidence”. Any regulation of electronic nicotine delivery systems should be science based.

More independent EU research needs to be funded

• It is important that we have independent EU-supported research into these products. This should include medium- and long-term independent clinical trials, behavioural studies and individual/population level post-marketing studies.
Lung Health and Smoking in Europe

SMOKEHAZ: The new ERS website on the effects of active and passive smoking
Press Conference
with keynote addresses from the President of ERS and the Greek Minister of Health

May 8th 2014, 11:00am
Royal Olympic Hotel,
Athens Greece
www.smokehaz.eu – a review of the evidence on smoking and lung health

Brian Ward

Affiliation: European Respiratory Society, EU Affairs, Brussels, Belgium.

Correspondence: Brian Ward, ERS Office, EU Affairs, 49-51 Rue du Treves, 1040, Brussels, Belgium.
E-mail: brian.ward@ers.net.org
<table>
<thead>
<tr>
<th><strong>TABLE 1</strong> <a href="http://www.smokehaz.eu">www.smokehaz.eu</a> recommendations</th>
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<tbody>
<tr>
<td>1) To prevent uptake of smoking it is important to develop more smoke-free areas in public, to increase the price of cigarettes and remove smoking from media and internet content; this will progressively reduce morbidity and mortality from smoking within the next two decades and into the future.</td>
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<tr>
<td>2) Comprehensive local, national and European Union interventions against smoking should be further strengthened, including sustained health promotion media campaigns, large pictorial warnings and plain packaging on tobacco products, and tobacco use should be phased out.</td>
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<tr>
<td>3) To reduce the burden of tobacco-induced respiratory disorders it is important to encourage all current smokers to quit in order to reduce morbidity and mortality from smoking over the next two decades and beyond.</td>
</tr>
<tr>
<td>4) Smoking cessation treatment (counselling in combination with drugs) is one of the most cost-effective interventions in medicine; it should be used more widely and its cost should be reimbursed completely.</td>
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<tr>
<td>5) The UK model, with public smoking cessation clinics for every 150,000 people in the population and reimbursement of smoking cessation therapy, could be a model for other European countries.</td>
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<tr>
<td>6) The obligations and guidelines of the World Health Organization Framework Convention on Tobacco Control should be further implemented across Europe.</td>
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<tr>
<td>7) Current smoke-free laws protect adults in the workplace and entertainment venues; however, these laws do not prevent exposure in the womb, in the home or in private vehicles, where levels of toxins can be very high. Legislation to protect new-borns and children is needed to prevent harm to exposed children.</td>
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More detailed information on the burden, cost and areas for action surrounding tobacco and lung health can be found in the *European Lung White Book* sections on tobacco smoking and passive smoking [7].

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european respiratory society  every breath counts
Conclusion

• ERS has a strong advocacy activity in tobacco control policies
• ERS shows the good example for its own members
• ERS is implicated at the level of the EU institutions