



Recommendation 1 for Policy-makers on Tobacco and nicotine-containing products

- **Adopt, implement, and enforce comprehensive tobacco control policies, as per the World Health Organization (WHO) Framework Convention for Tobacco Control, including:**
 - Measures to raise tobacco taxes to at least 75% of tobacco's retail price and significantly increase tobacco taxes every year. All tobacco products should be taxed in a comparable way as appropriate, in particular where the risk of substitution exists.
 - Measures to restrict the availability and accessibility of tobacco products. This includes increasing the age of sale and making all tobacco products only available in licensed stores.
 - Measures to ban tobacco advertising, promotion and sponsorship including display bans at the point of sale.
 - Provision of smoking cessation services. Identify and allocate sustainable funding for tobacco cessation and tobacco dependence treatment programmes.
 - Large graphic health warnings, labelling and plain, standardised packaging for tobacco products.
- **Extend such regulations to apply to all tobacco products, electronic cigarettes and all novel tobacco and nicotine-containing products.**
- **Establish and work towards achieving a goal for a tobacco-free generation in your country.**
- **Complementing the above policy measures, implement regular public health campaigns to raise awareness of the damaging effects of tobacco and the benefits of smoking cessation.**

Executive summary

Tobacco use is among the leading risk factors for mortality globally. In 2019, tobacco use was estimated to account for almost a million deaths and more than 22 million disability-adjusted life years in the European Union (EU)¹. Cigarette smoking is the most common form of tobacco use in the EU. Most of this burden is caused by active tobacco smoking. In 2022, almost 253 000 people in the EU died from trachea, bronchus and lung cancer. Cigarette smoking is estimated to cause 82% of the lung cancer cases in Europe. Other forms of smoked tobacco include cigars, pipes, bidis, and shisha, all of which cause various types of cancer. Smokeless tobacco, which also increases cancer risk, refers to products that are consumed by chewing, sucking, or inhaling through the nose. Additionally, a variety of other tobacco- and nicotine-containing products are available in the EU, including heated tobacco products (HTPs), electronic cigarettes (vaping devices), and nicotine pouches. As these products are relatively new, further research is needed to understand their potential links to cancer.

In 2012, the global economic cost of smoking-attributable diseases was estimated at purchasing power parity \$1.852 billion, equivalent to 1.8% of the world's annual gross domestic product. The burden of tobacco use falls disproportionately on people with a lower socioeconomic status and is a source of both health and economic disparities, regardless of a country's stage of economic development.

Smoking is the only preventable cause of cancer that is also a risk factor for the three other main types of noncommunicable diseases (NCDs): cardiovascular diseases, diabetes, and respiratory diseases. Therefore, preventing the uptake of smoking will also reduce the risk of other NCDs.

Government action focused on the reduction of tobacco use is essential to reduce the tobacco-associated cancer risk and burden. Integrated approaches through policies that address consumption via taxation, access and availability, regulations on marketing and promotion, and public health campaigns, including addressing novel tobacco- and nicotine-related products are particularly important. This policy brief describes international policies and guidelines that support policy-makers and other stakeholders to implement the European Code Against Cancer, 5th edition (ECAC5) policy recommendation to address the cancer burden caused by tobacco use.

¹ One disability-adjusted life year equals the loss of the equivalent of one year of full health.

Key policy actions to reduce the use of tobacco (and tobacco-related products)

• Adopt, implement, and enforce comprehensive tobacco control policies, including:

▫ Raising taxes on tobacco.

Raise excise taxes and prices of all tobacco- and nicotine-containing products to at least 75% of tobacco's retail price and significantly increase tobacco taxes yearly to make products progressively less affordable, to reduce smoking consumption of people who already smoke and to prevent youth smoking initiation.

▫ Measures to restrict the availability and accessibility of tobacco products.

Increasing the legal minimum age for the purchasing cigarettes and other tobacco products is an effective measure to prevent young people from initiating use.

▫ Measures to ban tobacco advertising, promotion, and sponsorship.

Enforce measures to prohibit tobacco advertising, promotion and sponsorship in all forms of audiovisual communication to reduce tobacco consumption and protect people from industry marketing tactics.

▫ Provision of smoking cessation services.

Establish and strengthen national tobacco cessation services including integrating brief smoking cessation interventions into primary care systems and specialized-care settings.

Develop and promote national toll-free quit lines to ensure reach all populations, including vulnerable groups.

Provide pharmacotherapy, such as nicotine replacement therapy, and other cessation services to people who want to stop smoking, with the costs covered, at least to some extent, by the health-care system.

▫ Health warnings, labelling, and standardized packaging for tobacco products.

Strengthen policies on the use of plain packaging on tobacco products, such as restricting or banning the use of colours, logos, and brand images, and make health warnings more prominent.

Plain packaging makes tobacco products less attractive by eliminating the effects of advertising and promotions. It also controls the use of design techniques that may suggest that certain products are less harmful than others, thereby increasing the effectiveness of health warnings.

• Extend such regulations to apply to all tobacco products, electronic cigarettes, and all novel tobacco- and nicotine-containing products (e.g. HTPs and nicotine pouches).

• Ensure these policies reach young people and other vulnerable populations, including people experiencing socioeconomic disadvantage and those with mental health conditions.

• Work towards setting a goal to achieve a tobacco-free generation in your country.

• Implement mass media campaigns for health promotion to raise awareness of the damaging effects of tobacco and the benefits of smoking cessation.

▫ Introduce evidence-based anti-tobacco activities, including mass media campaigns and campaigns focusing on young

people, for example in schools and communities, to reach all populations, including vulnerable groups.

▫ Public health campaigns should also include counselling on tobacco cessation and interactive tools to engage all those who smoke.

▫ Sustained large-scale mass media campaigns are a cost-effective way to encourage large numbers of people to quit smoking, prevent initiation of tobacco use, and shift social norms away from tobacco use, while fostering an environment that allows for policy change. Media campaigns reduce the prevalence of tobacco use as stand-alone interventions or when integrated with other interventions, such as taxes or graphic warning labels on cigarette packs.

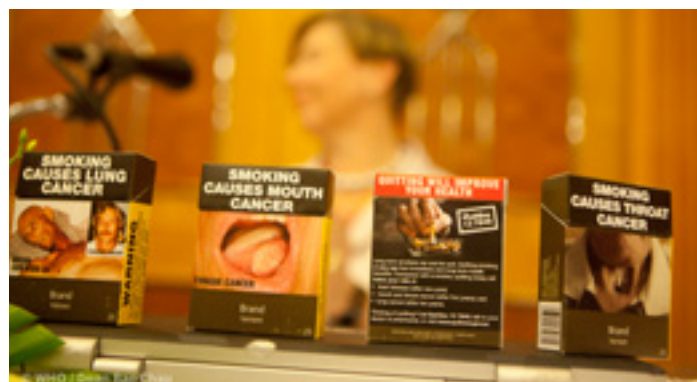
Risk of cancer

• Tobacco use remains a significant public health challenge in the EU, and cigarette smoking is the single largest cause of cancer.

• The most common form of tobacco use in the EU is cigarette smoking, which is known to cause at least 16 different cancer types: lung, larynx, bladder, pharynx, oesophagus, liver, cervix, nasopharynx, pancreas, stomach, oral cavity, kidney, bowel, breast, and ovary, and leukaemia.

• Other forms of smoked tobacco are used in the EU, such as cigars, pipes, bidis, and shisha, which also cause cancers, including lung, mouth and upper throat, oesophageal, laryngeal, and stomach cancers.

• Quitting smoking is beneficial at any age, because it reduces the risk of cancer, some NCDs, and death, and improves health status and quality of life.



Monitoring progress

Key data and information on the use of tobacco products (both smoked and smokeless tobacco), novel tobacco products including, heated tobacco, electronic cigarettes (vaping devices) and nicotine pouches, and other nicotine-containing products should be collected using national population health surveys and school-based health surveys, to ensure that policies are achieving their intended goals and objectives of reducing the cancer burden and improving population health.

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