

IASLC 17<sup>th</sup> WORLD CONFERENCE ON LUNG CANCER  
 International Association for the Study of Lung Cancer  
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## Strategies to Improve Tobacco Control in Central European Countries

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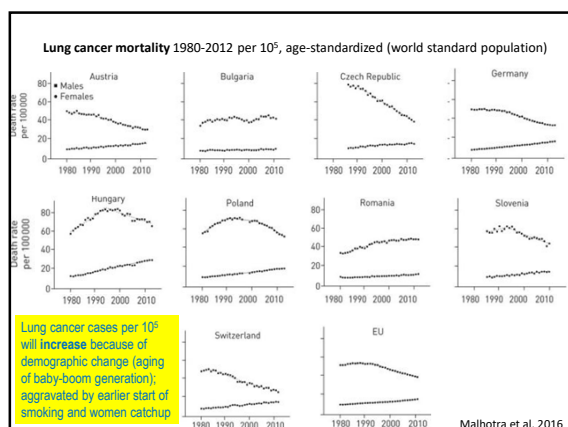
MEDICAL UNIVERSITY OF VIENNA  
 INSTITUTE OF ENVIRONMENTAL HEALTH  
 AUSTRIAN ACADEMY OF SCIENCE  
 Commission Climate & Air Quality  
 INITIATIVE ÄRZTE GEGEN RAUCHERSCHÄDEN  
 AUSTRIAN COUNCIL ON SMOKING AND HEALTH

Lung cancer causes: Tobacco smoking, indoor radon, outdoor particulates, diesel exhaust, mainly females: SHS, coal and biomass burning (heating, cooking) mainly males: occupational exposures (asbestos, Rn, SiO<sub>2</sub>, PAH, As, Be, Cd, Cr<sup>VI</sup>, Ni, etc.)

SHS: domestic, occupational

Hazard ratio of death (95% CI) per natural-log unit change in cotinine (range from <DL to race-specific cut-offs), adjusted for sex, BMI, education, BMI, Race/ethnicity, and smoking history, NHANES 1999-2010 (Flores et al. 2016)

Mortality associated with serum cotinine, independent from SHS exposure history: Comparable hazard of unconscious exposure

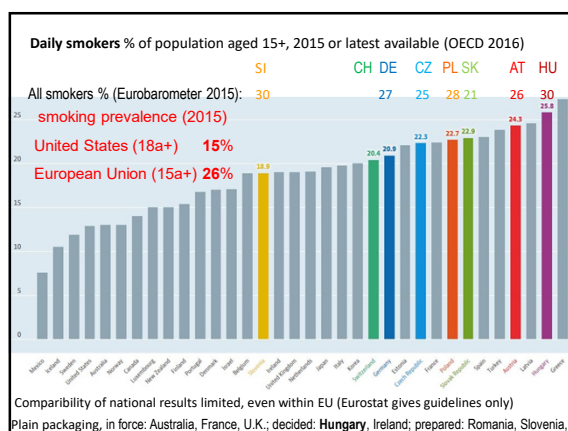


Lung cancer decrease expected from:

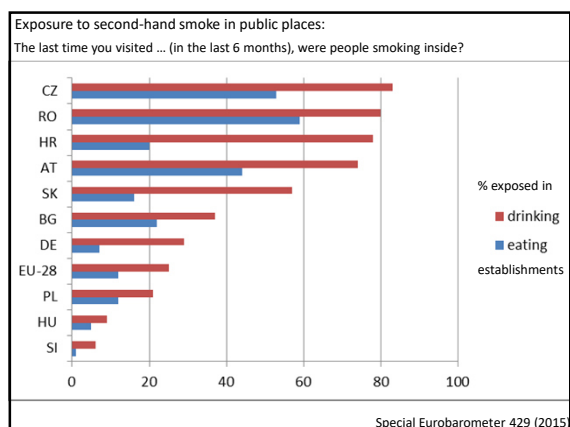
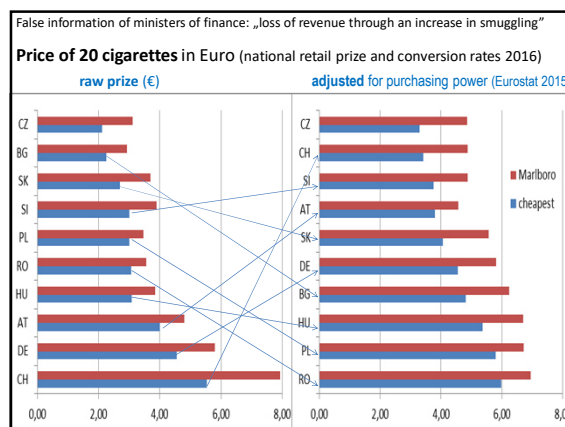
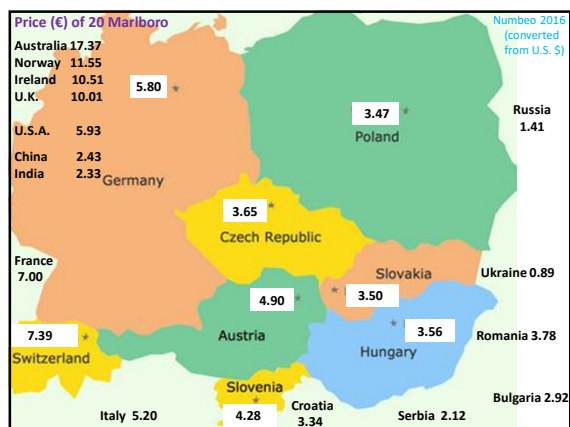
- Tobacco control according to WHO-FCTC (e.g. reform 2011 by Miklós Szócska)
- Reduction of PM<sub>2.5</sub> in ambient air (outdoor and indoor)
- Ban of asbestos, CICH<sub>2</sub>-O-CH<sub>2</sub>Cl, COCl<sub>2</sub>, and other occupational carcinogens
- ↓ As, Be, Cd, Cr<sup>VI</sup>, Ni, SiO<sub>2</sub>, soot, Rn and other environmental & occup. carcinogens

Lung cancer increase expected from:

- Tobacco marketing, affordability
- Gateways to nicotine addiction (shisha, e-cigarettes, etc.)
- Earlier start of regular smoking (additives, advertisement, deregulation)
- Undermining of cessation (alternatives: reduction, dual use)



ranking (2010 ranking)		Price (30)	place bans (22)	campaign spending (15)	Advertising bans (13)	Health warnings (10)	Treatment (10)	Total (100)
1 (1)	UK	27	21	3	10	4	9	74
2 (2)	Ireland	24	21	1	12	5	7	70
3 (4)	Ireland	20	17	12	12	4	1	66
4 (3)	Norway	20	17	3	12	4	5	61
5 (4)	Turkey	21	19	7	7	5	5	57
5 (6)	France	20	17	1	9	4	6	57
7 (13)	Spain	15	21	1	9	4	6	56
7 (7)	Malta	17	18	10	4	7	56	
9 (7)	Finland	15	17	3	12	2	6	55
10 (new)	Ukraine	20	17		12	4		53
11 (9)	Sweden	17	15		10	1	5	48
11 (27)	Hungary	15	13		11	3	6	48
15 (2-4)	Bulgaria	18	15		10	1	2	46
18 (11)	Switzerland	13	11	7	2	5	7	45
19 (16)	Romania	19	7		8	3	7	44
20 (17)	Slovenia	12	15		9	1	6	43
20 (19)	Poland	14	11		9	1	8	43
26 (new)	Croatia	14	12		11	1	2	40
27 (22)	Slovakia	13	10		9	1	6	39
31 (27)	Czech Rep.	12	9		8	1	4	34
33 (26)	Germany	14	11		4	1	2	32
34 (30)	Austria	11	8		7	1	4	31



**Austria:** **Retained 2014 the FCTC Protocol to Eliminate illicit trade in tobacco products (EU 2016).** Banned advertising, mailing and use of e-cigarettes where smoking is forbidden. Smokefree hospitality industry 2016. Enforcement? No advertising ban and display ban at point of sale, no ban of vending machines. No enforced age control (test purchases), legal age still 16 years. Free cigarettes allowed for introduction of new sorts, Insuff. smoke-free environments: premises of schools, hospitals, health care centers, playgrounds, cars carrying children, tram stations, work-places (not office-like). No tobacco tax earmarked for tobacco prevention (regular funding only for quitline). Weak transparency law (article 5.3 FCTC ). No smoking prevention and cessation in the curricula of health professionals, TV time. Rare surveys on smoking prevalence, no cotinine tests for risk groups. Scientific evaluations of efficacy and effectiveness only for smoking cessation programs

**Germany:** Smokefree hospitality industry in 3 (of 16) counties. Ignores EU advertising ban (billboards), hides picture warnings at point of sale

**Switzerland:** Levy of 2 cents for tobacco prevention from each pack of 20 cigarettes sold. No ratification of FCTC, hosts headquarters of Big Tobacco (sued Uruguay), advertising

**Czech Rep.:** Followed TPD, attempts to improve tobacco legislation, up to now unsuccessful

**Slovakia:** Some progress (following EU directives), insufficient legislation and enforcement

**Croatia:** Efforts (advertising, public places), enforcement insufficient, Oreskovic met BAT

**Slovenia:** Mainly smokefree hospitality venues, still problems with TPD, advertising & sponsoring

**Poland:** Taxation, quitting improved, partly smokefree public places, enforcement still insufficient

**Romania:** Taxation, labelling improved, smokefree environments need enforcement

**Bulgaria:** Considerable improvement of legislation, enforcement needed (e.g. drinking venues)

**Hungary:** Highest recent improvement of legislation, point of sale, prevention budget lacking

**Curbing the Epidemic**  
Governments and the Economics of Tobacco Control

↑ Tax (80% of retail price) publish health effects prominent warning labels comprehensive ad bans smoke-free (work, public) access to cessation therapies

**mpower**  
fresh and alive

Monitor tobacco use and prevention policies  
Protect people from tobacco smoke  
Offer help to quit tob. use  
Warn about the dangers  
Enforce bans on tob. ads, promotion, sponsorship  
Raise taxes on tobacco

**Making tobacco a thing of the past**  
Roadmap of actions to strengthen implementation of the WHO Framework Convention on Tobacco Control in the European Region (2013 - 2020)

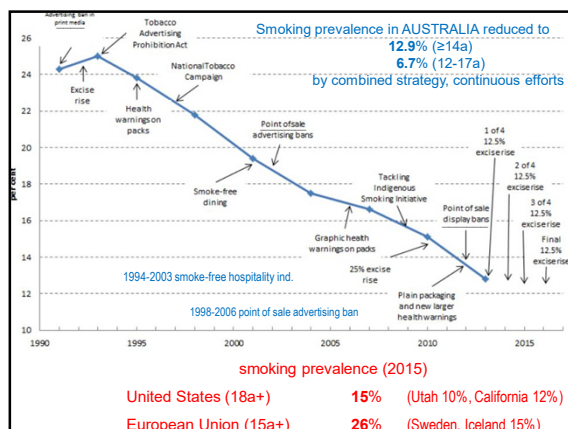
Implementation of FCTC (art.5.3)  
Responding to new challenges  
Reshaping social norms  
Support by member states + WHO  
assessing progress, gaps, trends, ...  
working together: partnerships, coop

**Background of tobacco industry influence on government and media**

- close connections to ministry of **finance**: important tax payer, "helper" to save budget, common interest to combat smuggling, raise legal sales (A: economic loss of 750 million € / yr) price of cigarettes included in basket of representative goods and services measuring inflation
- close connections to ministry of **economy**, chamber of commerce, etc., liberal, national and conservative parties supporting free trade (WTO stronger than WHO)
- sponsoring of political **parties** (election campaigns), business for marketing & **advertising**
- approaching **smoking leaders** of political parties, unions, etc., offering help (smoking rooms,...)
- sponsoring of **media**, events, journalists, and pressure groups (effect on politicians)
- control of distribution system for **newspapers** via tobacco shops
- hiring handicapped as **tobaccoists** (reversal of victim - offender relationship)
- make the hospitality industry to speaker of the tobacco industry

**Main obstacles against tobacco control**

Tobacco industry & trade: **corruption** of politicians and media manipulation of public opinion with help of addicts  
Reactionary policy, intimidation (lobbies) and neglect  
Resignation of experts, no national agencies for TC



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### TAKE HOME MESSAGE

Focus on prevention, young people, denormalize smoking (like spitting)

- Tobacco Control NGOs and volunteers in Central Europe need support by international foundations like Bloomberg, B. Gates, etc.
- Governments need advice by WHO-Europe to cooperate with NGOs, tobacco tax ↑, marketing ↓, found a national TC agency
- Media need better information on tactics of tobacco industry + allies  
 Public opinion manipulated with the help of others: hospitality industry, tobacco shops, advertising & marketing ind., chamber of commerce, think tanks, reactionary parties, etc.  
 (see Oreskes & Conway: „Merchants of Doubt“ and [www.aerzteinitiative.at](http://www.aerzteinitiative.at))

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