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On 22 June 2010, the CPME Board adopted the "CPME Response to the public consultation on the Possible Revision of the Tobacco Products Directive 2001/37/EC" (CPME 2010/106 Final EN)

CPME response to the European Commission consultation on the Possible Revision of the Tobacco Products Directive 2001/37/EC

Introduction

The Standing Committee of European Doctors (CPME) is pleased to be given the possibility to contribute to this process and welcomes the Commission's current evaluation of Directive 2001/37/EC as a valuable opportunity to highlight a number of areas that need clarification and revision in the interest of public health.

First of all, European Doctors want to point out that, in the area of tobacco control, the priority should be to get all Member States fully implement the provisions of the Directive as well as adopt and implement the WHO Framework Convention on Tobacco Control (FCTC).

CPME advocates for comprehensive tobacco control strategies at EU and Member State level including high taxation, bans on direct and indirect advertising, smoking bans in public places and workplaces including bars, clubs and restaurants, prevention and cessation programs. CPME is particularly concerned about the recruitment of young people to smoking and believes that more efforts should be made in view to prevent the youngest ones to start smoking.

Moreover, CPME believes that regulatory authorities should lower the allowed concentration levels of carcinogens present in all smokeless tobacco products available on the market, as they do for other consumer products.

In the long term, the European doctors advocate that all tobacco and nicotine delivery products are classified as dangerous drugs and controlled accordingly[1].

Response to the Consultation specific questions

Extend the scope of the Directive

CPME very much agree with the problem definition and strongly support Option number 2, to extend the scope of the directive in order to include novel forms of oral tobacco, herbal cigarettes and electronic nicotine delivery systems (ENDS).

All tobacco and nicotine products, which have not been scientifically proven to be Nicotine Replacement Therapy (NRT) products should be subjected, under tobacco control laws, to regulation of contents and labeling, age restriction, prohibitions against public use and restrictions on advertising, promotion and sponsorship.

[1] CPME Position paper CPME 2009/016 FINAL on Legal control of tobacco products

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CPME is indeed highly concerned about the recent trends in smokeless tobacco and nicotine products, some of which fall into dangerous regulatory gaps. They should be clearly differentiated from NRT products and claims imputing health benefits, reduced harm or use in smoking cessation should be prohibited until (if ever) they are scientifically proven.
European doctors urge regulators to act rapidly and apply age restrictions to these products.
Independent scientific research should be conducted concerning their toxicology and addictive effects of, as well as on the effects on those who do not consume it but are exposed, for example to the smoke of herbal cigarettes or the steam of ENDS.

CPME strongly recommends that the use of ENDS, all kinds of tobacco products and cigarette-like products are banned in public places by the same smoke free regulations which restrict the places in which smoking is allowed.
CPME stresses four reasons:

- First, there is no evidence that the use of ENDS or cigarette-like products will not expose non-users to toxic emissions.
- Second, if smokers start using ENDS or other smokeless tobacco products in public places where smoking is prohibited, their nicotine dependence will clearly be sustained and this will make it even more difficult for them to quit.
- Third, there is no evidence that smokeless tobacco products will help to quit smoking. Instead, evidence-based counseling and treatment, including pharmacotherapy, should be available to help consumers succeed at quitting.
- Fourth, cigarette-like products have similar harmful effects as regular cigarettes.

<u>Smokeless tobacco products</u>

CPME very much agree with the problem definition and strongly support Option number 3, to extend the current ban on "snus" to all types of smokeless tobacco products.

See CPME response to the question on the scope of the directive.

CPME emphasizes the need for more robust independent and scientific research is on the physical and psychological addictive effects of these products. They should be clearly differentiated from NRT products and claims imputing health benefits, reduced harm or use in smoking cessation should be prohibited until (if ever) they are scientifically proven.

CPME believes that it is very likely that if smokers start using smokeless tobacco products in public places where smoking is prohibited, their nicotine dependence will clearly be sustained and this will make it even more difficult for them to quit.

<u>Consumer information</u>

CPME agrees with the problem definition.

CPME emphasizes that there are no "less harmful cigarettes", irrespective of the nicotine or carbon monoxide yields. Any type of cigarette, tobacco product or cigarette-like should be addressed as a very harmful substance with high risks for consumer's health. Tobacco products packaging and labelling should not mislead the consumer, create erroneous impression about their health hazards or create the false impression that a particular tobacco product is less harmful than another, as in the use of terms such as "light", "mild", "low tar", etc. (Ref. FCTC Art. 11)

Water pipes should be included in this directive and regulated accordingly with the same smoke free regulations concerning their use, advertisement, packages and health warnings.

CPME is in favor of improving consumer information and believes that option 2a) and 2c) would address the problem effectively.

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Concerning option 2b) : CPME does not think that information on the levels of tar, nicotine and carbon monoxide (TNCO) should be removed, but completed with qualitative information about hazardous content and "stop smoking" help lines. It should be ensured that the data on the quantities of TNCO is accurate.

Reporting and registration of ingredients

CPME agrees with the problem definition. Health concerns regarding the mis-reporting of industry should however be added to the problem definition.

CPME supports Arts. 9 and 10 of the FCTC highlighting that comprehensive disclosure of the physical, chemical and design characteristics of all tobacco products should be required and made public.

Regulation of ingredients

CPME agrees with the problem definition

CPME supports Option 3 :
Ingredients used in the manufacturing of tobacco products should be regulated and listed in a transparent and unified way.

Access to tobacco products

CPME agrees with the problem definition and is very concerned about cross-border sale of tobacco products via the internet that definitely undermines tobacco control efforts as well as the fight against tobacco smuggling. Cross-border retail sales of tobacco products should be banned over the internet, including a ban on postal delivery of tobacco to consumers.

Tobacco products vending machines jeopardize authorities control efforts and provide an easy mean for youngsters to bypass legal age restrictions. The fight against the use of tobacco products by young people should be the first priority. Therefore and because restricting the use of vending machines to adults is unrealistic, CPME strongly advocates banning them in all Member States.

The display of tobacco products can constitute a stimulus for consumers but also for non-smokers to buy these products. Therefore, CPME believes it should be restricted.

CPME is in favour of options 3a, 3b and 3c.

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