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KNMG viewpoint

# Tobacco Discouragement

Towards a smoke-free society

**KNMG viewpoint Tobacco Discouragement. Towards a smoke-free society** by the Royal Dutch Medical Association (KNMG), adopted by the Board of the Federation in *March 2016* and *effective* as from *March 2016*.

The federation of medical practitioners KNMG represents over 59,000 physicians and students of medicine. The KNMG member organisations include De Geneeskundestudent (Association of Medical Students), Federatie Medisch Specialisten (Dutch Federation of Medical Specialists), Koepel Artsen Maatschappij en Gezondheid (Umbrella Organisation for Physicians and Health - KAMG), Landelijke vereniging van Artsen in Dienstverband (National Society of Employee Physicians - LAD), Landelijke Huisartsen Vereniging (National Society of General Practitioners - LHV), Nederlandse Vereniging voor Arbeids- en Bedrijfsgeneeskunde (Netherlands Society of Occupational Medicine - NVAB), Nederlandse Vereniging voor Verzekeringsgeneeskunde (Netherlands Society of Insurance Medicine - NVVG), and Verenso (the Dutch Association of Elderly Care Physicians and Social Geriatricians).

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# Summary

Every day, doctors deal with patients who become ill or die as a consequence of smoking. Smoking is the leading preventable cause of illness and death in the Netherlands, and some twenty thousand people die each year as a result of smoking. In the Netherlands, nineteen thousand people are diagnosed with smoking-related cancers each year. Passive smoking is also very damaging. Every day, a hundred children start smoking. And smoking during pregnancy can lead to miscarriages and babies born with low birth weights and abnormalities, among other things.

## Effective measures to counter tobacco addiction

Smoking is not a question of choice; it is an addiction. Quitting therefore means beating an addiction, and this is precisely how it should be approached. The KNMG endorses the measures set out in the WHO Framework Convention on Tobacco Control (FCTC), which the Netherlands has ratified alongside other countries. The KNMG is calling for a sizeable increase in the excise duty on tobacco and a reduction in tobacco points of sale. Tobacco products do not belong on the shelves of supermarkets, filling stations, book stores or drugstores. The only appropriate vendors are small tobacconists. The KNMG is also urging a complete ban on the visible display of tobacco products and the replacement of all brand-specific cigarette packaging designs with plain packaging. Furthermore, the KNMG wants an end to the influence of the tobacco industry. More in particular, it is essential that the tobacco industry is in no way involved in the development of tobacco policy at either the local or national level.

## Expanding knowledge of harmful effects of smoking and passive smoking

Awareness of the harmful effects of smoking and passive smoking and of smoking during pregnancy is relatively low in the Netherlands. As such, knowledge of these effects must be expanded. The KNMG is calling on the government to conduct long-term and repeated mass media campaigns to alert citizens to the harmful effects of tobacco products and to discourage tobacco use.

## Doctors as advisers and role models

Doctors are role models for their patients and an important source of information about the harmful effects of smoking. It is furthermore their duty to encourage patients to quit smoking and to support them in this process. Doctors can personally assist patients to stop smoking or can refer them, for example to a qualified quit-smoking consultant. It is essential that the government and healthcare insurers furnish the conditions required to quit smoking. The KNMG asks doctors to exercise their influence to discourage tobacco use, both within and outside their medical practice.

## Growing up smoke-free

Children and adolescents must be prevented from taking up smoking. Growing up in a smoke-free environment can help. In concrete terms, this means schoolyards, sport fields, playgrounds, amusement parks and cars all need to be smoke-free. This will pave the way to a smoke-free public environment and, ultimately, to a fully smoke-free society. The KNMG has drawn up this Position on Tobacco Discouragement in an effort to contribute to this goal.

# KNMG viewpoint Tobacco Discouragement

In January 1971, four associations of medical specialists (cardiologists, internists, pulmonologists and ENT specialists) sent a twelve page letter to the then State Secretary for Health, Dr Krusinga. It was an elaborately substantiated appeal to the government to take action. 'Given that the alarming rise of smoking-related diseases is continuing unabated, we do not believe it responsible for the medical associations to remain silent any longer.' ('Het rookgordijn' by Joop Bouma, Feb. 2003).

It is now 45 years and nearly 1 million Dutch smoking-related deaths later.

## Smoking is an addiction

Until 2004, the dominant view was that smoking was a bad and ill-advised habit. Today, smoking is seen as an addiction. Therefore it cannot be asserted that smoking is a 'free choice'. Of all the hundreds of known harmful substances present in tobacco and tobacco smoke, nicotine is the addictive component. Nicotine is highly addictive, both physically and mentally. Nicotine's addictive power can be compared with substances such as heroin and cocaine.<sup>1</sup> The younger a person is when they begin using nicotine (usually through smoking), the more serious the addiction is on average.<sup>2</sup> Smoking cessation should be viewed from the perspective of beating an addiction, with the associated phenomena such as 'dependency', 'habituation' and 'withdrawal symptoms'.<sup>3</sup>

## Illness and death through smoking

In 2014, the total number of smokers aged 12 and above in the Netherlands was around 3,6 million.<sup>4</sup> Smoking is still the most important cause of illness and death in the Netherlands, with 13,1% of the total disease burden being due to smoking. More than half of people who continue smoking die from the consequences. In the Netherlands, this is around 20,000 people annually. A major Australian study recently concluded that two-thirds of smokers die as a result of their habit.<sup>5</sup>

In other words, they die of a disease caused by smoking. Each year, 19,000 people in the Netherlands develop cancer as a result of smoking, making smoking the most significant risk factor in developing cancer. In addition to cancer, smoking causes other diseases, including cardiovascular disease, respiratory illnesses and complaints, diabetes, complications from surgery, reduced fertility (both male and female), cataract and blindness. On average, smokers die ten years sooner than non-smokers. Twenty percent of people with the lowest level of education are daily smokers, while that figure for people with the highest level of education (university or higher professional education) is thirteen percent.<sup>6</sup> The healthcare costs associated with diseases caused by smoking amount to nearly three billion euros annually in the Netherlands.

## Passive smoking is also very damaging

Passive smoking (second-hand smoke) is the inhalation of tobacco smoke from the environment. Just like active smoking passive smoking is extremely harmful to health. Annual deaths in the Netherlands that can be attributed to passive smoking is estimated to be in the several thousand as a result of heart conditions and several hundred as a result of lung cancer.<sup>7</sup> For the sake of comparison, around 570 people die in road accidents in the Netherlands each year.<sup>8</sup> In the Netherlands, knowledge of the health effects of passive smoking is low compared with other European countries: just 61% of Dutch smokers realise that passive smoking is dangerous and only 9% regularly consider the damage they cause others.<sup>9, 10</sup>

## Smoking during pregnancy

Smoking during pregnancy brings serious risks for both mother and child.<sup>11</sup> Smoking can result in the death of the baby (through miscarriage, premature birth, still birth, cot death), serious health problems (e.g. congenital abnormality of the face, locomotor system, heart, limbs, digestive system, skull and eyes, etc.), reduced lung function, an excessively low birth weight, and thus

a weaker child. During pregnancy, smoking by the mother can lead to serious complications such as low-lying placenta,<sup>12</sup> placental abruption,<sup>13</sup> premature breaking of the water<sup>14</sup> and ectopic pregnancy. As soon as smoking ceases, the risks for mother and child decrease rapidly.<sup>15</sup>

### Protecting children and adolescents from tobacco

Given the addictive character of tobacco, it is important to focus on both effectively supporting those trying to quit and preventing children and adolescents from becoming smokers. Because children are still developing, they are more vulnerable to tobacco smoke than adults. Children who grow up in an environment characterised by regular smoking have a greater chance of developing asthma, bronchitis, ear infections, coughs, tightness of the chest and meningitis. Moreover, they have a higher likelihood of becoming smokers themselves later on.<sup>16</sup> Every day around 100 children start smoking. Young people can be protected by ensuring that they come into contact with tobacco and the temptation to start smoking as little as possible. To accomplish this, it is vital that tobacco products and tobacco smoke are both physically and visually eliminated as far as possible from the environment of children and adolescents and are made to be as unattractive as possible.

### KNMG supports the WHO Framework Convention on Tobacco Control

In 2003, the World Health Organisation developed a treaty in response to the worldwide health problem caused by tobacco use. This Framework Convention on Tobacco Control (FCTC),<sup>17</sup> which has since been signed by 168 countries, obliges countries to implement effective tobacco discouragement measures aimed at reducing tobacco consumption and exposure to tobacco smoke. The treaty includes measures whose effectiveness is supported by strong scientific evidence. This package of measures is collectively known as 'MPOWER',<sup>18</sup> an abbreviation formed by the first letter of each measure:

- ▶ *Monitoring*: tracking tobacco usage figures and prevention policy
- ▶ *Protect*: protecting people from tobacco smoke
- ▶ *Offer help*: offering help to quit tobacco use
- ▶ *Warn*: warning about the dangers of tobacco
- ▶ *Enforce bans*: prohibiting tobacco advertising, promotion and sponsorship
- ▶ *Raise taxes*: raising excise duty on tobacco

The Netherlands ratified the treaty in January 2005. The International Tobacco Control Policy Evaluation Project (ITC Project)<sup>19</sup> evaluates the effectiveness of the implementation of the FCTC in 22 countries.

### Reduce the influence of the tobacco industry

In 2008,<sup>20</sup> the World Health Organisation reported on the worldwide influence of the tobacco industry. The goal of the tobacco industry is to maximise both tobacco use and the number of people who start using tobacco, and to ensure that consumers continue their tobacco use. The industry deploys a number of strategies to achieve this goal, such as providing financial assistance to scientists to subsequently manipulate results, intimidating opponents of the tobacco lobby, establishing right-to-smoke action groups, exercising political influence to counter legislation, litigating against tobacco discouragement policy and legislation, tracking social trends in order to anticipate them and manipulating the media. As proposed in the WHO's Framework Convention on Tobacco Control (FCTC), it is vital that the influence exercised by the tobacco industry be reduced. In particular, the tobacco industry must be in no way involved in the formation of tobacco policy by local and national authorities.

## Measures

### 1. Raising excise duties

Raising the prices of and excise duties levied on tobacco products is one of the most effective measures for reducing tobacco consumption. An increase of excise duty by 10% results in a 4% drop in use.<sup>21</sup> There should be no price or excise-duty differentiation between cigarettes and hand-rolling tobacco. The KNMG argues for a one-time significant hike in excise duty on cigarettes and smoking tobacco (hand-rolling tobacco), followed by an annual increase. At the level of the European Union, the KNMG also argues for higher minimum excise duties and higher minimum excise duty percentages to limit the price differences between European member states, thereby discouraging the cross-border purchase of tobacco products.

### 2. Reducing points of sale

The KNMG believes that tobacco products – products that are very harmful to health – do not belong in supermarkets, filling stations, book stores and drugstores. Tobacco products should only be available from small tobacconists. As a reduction in the number of points of sale in the short term does not seem feasible, the KNMG is arguing for a ‘display ban’ and ‘plain packaging’ as intermediate measures.

#### Display ban

Tobacco displays,<sup>a</sup> also known as ‘power walls’, have become one of the tobacco industry’s key channels for promoting their products. Current literature<sup>22</sup> has identified a link between exposure to tobacco displays and smoking-related behaviour: they increase the likelihood of young people picking up the habit of smoking, increase use among those who already smoke and reduce the probability of quitting successfully. It has also been established that tobacco displays increase the susceptibility of young people to pick up smoking, stimulate the spontaneous purchase of tobacco and have a normalising

effect by influencing the perception of smoking (for example, simply due to the fact that tobacco displays are found in stores that also carry items such as postage stamps, milk or magazines, creating the impression that tobacco is a normal and socially accepted product). Experiences from other countries show that imposing limitations on the display of tobacco products at points of sale is feasible and can count on broad support from the population. The KNMG argues for a complete display ban, which means removing all tobacco products from the view of customers.<sup>b</sup>

#### Plain packaging

Plain packaging<sup>c</sup> means the standardisation of the appearance of tobacco products, with tobacco packaging in a uniform colour and without branding. The introduction of neutral packaging is recommended in Article 11 of the new European Tobacco Products Directive<sup>23</sup> and in Article 13 of the WHO FCTC.<sup>17</sup> This new European Tobacco Products Directive requires all member states to include a combined health warning (pictures and text) on all tobacco products intended to be smoked as of 2016. The KNMG supports the introduction of these health warnings. The directive does not, however, make uniform packaging compulsory, though standard neutral packaging would have a major impact: it makes tobacco products less attractive to both children and adults; it boosts the authority and effectiveness of health warnings; it ends the misleading of consumers and will result in fewer smokers.<sup>24, 25</sup> In Australia, plain packaging was introduced with large health warnings (both pictures and text) in late 2012. A recent study published in the Medical Journal of Australia shows that up to now the measures introduced have already had the desired result.<sup>26</sup> The KNMG therefore calls for the introduction of plain packaging.

### 3. Smoke-free environment

The majority of the population does not smoke, but the smoking minority of the population

a A tobacco display refers to the display of tobacco products at points of sale.

b With the exception of small tobacconists.

c The term ‘plain packaging’ refers to the removal of all branding (colours, imagery, corporate logos, trademarks), resulting in all packages having the same neutral appearance.

influences the air quality. Passive smoking is also harmful to health. The KNMG believes that each person has the right to a smoke-free environment. Moreover, smoke-free environments increase the chance that children will not start smoking. A child can only grow up smoke and passive smoke-free if the environment in which the child grows up is also smoke and passive smoke-free. This environment begins in the mother's womb and expands as the child gets older. The KNMG explicitly argues for the near-term establishment of smoke-free environments where children are present: in the schoolyard, on sport fields, in playgrounds, at daycare centres, on the beach, at amusement parks, on terraces and in vehicles, with the ultimate goal being a fully smoke-free public environment.

#### 4. Expanding knowledge

Compared to their fellow European citizens, Dutch people know the least about the consequences of smoking and passive smoking for health.<sup>10</sup> Influencing the social norm is an indispensable ingredient in the total tobacco discouragement policy. The more non-smoking becomes the norm, the greater the support for policy measures that can curb the damage caused by smoking. This requires a population that is knowledgeable about the dangers of smoking and passive smoking. But the population also needs to be knowledgeable about the influence of the tobacco industry and their many strategies to undermine tobacco-discouragement policies and to maximise the use of tobacco products.<sup>18,27</sup> In order to reverse the Netherlands' lagging performance in this area, the government will need to regularly and frequently run mass media campaigns over an extended period of time. It has been scientifically demonstrated that ongoing campaigns have a long-term effect on the social norm and public support for measures.<sup>28</sup> Conspicuous information (e.g. posters, video screens) on the importance of quitting smoking must be available in hospitals, health centres, doctor's surgeries and other healthcare-related institutions. Where possible, doctors should propagate their knowledge on the harmful effects of smoking on health, as is also included in CanMeds under 5.2: *The medical specialist promotes the health of patients and of*

*the community as a whole.*<sup>29</sup> Doctors should be familiar with the existing guidelines for treating patients who wish to quit smoking.

#### 5. Smoking cessation advice from doctors

It has been demonstrated that receiving advice to quit smoking from doctors or other healthcare professionals pushes up cessation figures. Research shows that fewer than one in five Dutch smokers has been advised by a doctor or other healthcare professional on ways to quit smoking.<sup>10</sup> The KNMG calls on doctors to advise smokers to quit. Doctors can themselves provide the assistance to help patients stop smoking in accordance with the applicable professional standards or should explain to patients the various options for seeking help to quit, e.g. by referring them to [thuisarts.nl](http://thuisarts.nl), [stoppen-met-roken.nl](http://stoppen-met-roken.nl) or to a qualified quit-smoking consultant listed in the Quit-Smoking Quality Register (Kwaliteitsregister Stoppen met Roken). It is essential that the government and healthcare insurers create the necessary preconditions to support people to quit smoking.

#### 6. Doctors in the lead

'Medical leadership is enabling change in healthcare through yourself, others and society.'<sup>30</sup> This is the motto of the Medical Leadership Framework (Raamwerk Medisch Leiderschap). It states that the doctor strives to act as a role model for others and deploys his or her own influence for the benefit of patients and society. The KNMG calls on doctors to act as role models and to exert their influence to discourage tobacco use both within and beyond their own work environment. For example, doctors could advocate making the outdoor areas of hospitals and health centres smoke-free, but there is also a role for doctors to play in making sports fields and schools etc. smoke-free.



## Electronic cigarette

The electronic cigarette, or e-cigarette, is an electronic device that imitates how a cigarette works. Instead of tobacco, the e-cigarette contains a tank with a solution known as 'e-liquid', which may or may not contain nicotine. This solution is heated and the user inhales the vapour released. The e-cigarette does not contain tobacco and falls under the Commodities Act in the Netherlands. Using a e-cigarette is referred to as 'vaping'.<sup>31</sup> The e-cigarette is not a harmless product, but it is less harmful than a traditional cigarette.<sup>32</sup> The e-cigarette may be a potential aid in helping people to quit smoking or play a role in reducing the harm of smoking. However, this is not supported by sufficient scientific evidence.<sup>32, 33</sup> A formal position on the e-cigarette will be taken when more scientific evidence becomes available. The KNMG is of the opinion, however, that non-vaping is the norm.

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The KNMG physicians' federation represents over 59.000 physicians and medical students. The eight KNMG member organisations:



The logo for the Royal Dutch Medical Association (KNMG) is displayed in a black, elegant serif font. The letters 'k', 'n', and 'm' are lowercase, while 'g' is lowercase with a decorative flourish. A thin, light blue diagonal line runs from the top right corner towards the bottom right, passing behind the 'g'.

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