



# Tobacco control for cancer prevention

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### SFP Main partners



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## List of endorsing organisations



Belgium/EU: Association of European Cancer Leagues (ECL)

Belgium/EU: Standing Committee of European Doctors (CPME)

Belgium: Alliance pour une société sans tabac

Belgium: Kom op tegen Kanker

France: Comité National Contre Le Tabagisme (CNCT)

Germany: German Smokefree Alliance (ABNR)

Israel: Smoke Free Israel

Kosovo: Kosovo Advocacy and Development Center (KADC)

Lithuania: NTAKK, Lithuanian Tobacco and Alcohol Control Coalition

Romania: Asociația Generația România Sănătoasă 2035

Slovenia: No Excuse Slovenia

Slovenia: Slovenian Coalition for Public Health, Environment and Tobacco Control

Spain: XQNS!

Sweden: Tobaksfakta - Independent Think Tank

The Netherlands/EU: European Medical Students' Association (EMSA)

The Netherlands: Health Funds for a Smokefree Netherlands

UK : FRESH

Ukraine: NGO Advocacy Center 'Life'

### Key messages

Tobacco use is the most preventable risk factor for multiple cancers as well as other non-communicable diseases (NCDs). We call on the European Commission and EU Member States governments to include the following considerations in its prevention measures for cancer and other NCDs:

- 1.** Primordial as well as primary prevention including tobacco control measures should be a pillar of any effective strategy to fight against cancer and other NCDs. Tobacco control should be at the core of Europe's Beating Cancer Plan and its Cancer Research Mission.
- 2.** By implementing the measures enshrined in the World Health Organisation Framework Convention on Tobacco Control (FCTC) public health will benefit from a long-term, sustainable reduction in the burden of cancer and other NCDs.
- 3.** In order to protect present and future generations, children and young people, the EU and its Member states should adopt the goal of achieving a Tobacco Free Europe.



## Introduction

Tobacco is the largest and most preventable risk factor for cancer and NCDs. Cancer is the cause of 26% of all deaths in the EU, second leading cause of mortality (after cardiovascular disease which accounts for 36% of all EU deaths).<sup>1</sup> Tobacco use is accountable for about 1 in 7 of all deaths in the EU, including 22% of all cancer-related deaths and 10% of cardiovascular deaths.<sup>2</sup> Effective tobacco control measures could eliminate up to 90% of current lung cancers in the long term.<sup>3</sup>

The fight against NCDs is enshrined at global level in the Sustainable Development Goals, with SDG target 3.4 requiring all countries to *“reduce by one third premature mortality from non-communicable diseases through prevention and treatment”*. The Sustainable Development Agenda recognises tobacco control as a key factor in achieving that goal, with SDG target 3.A calling on all countries to *“Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate”*. Global NCD targets commit all countries to reduce current tobacco use by 30% in all people aged 15 or more by 2025. Under current trends, only 6 EU countries will meet that target.<sup>4</sup>

The fight against cancer has been on the EU policy agenda for three decades with multiple policy and legislative initiatives having made great and important strides in reducing the toll of cancer in European societies. Tobacco use has been listed in the European Code Against Cancer since its inception, as a main preventable cause of cancer. One of the main priorities of the European Commission’s agenda for the 2019-2024 mandate is to help enable Europe to beat cancer.

In 2019, the European Commission announced a Cancer Mission in its research programme, and committed to developing a comprehensive European Beating Cancer Plan within the first year of its mandate. These commitments have been adopted at the highest political levels and have received the full support of the European Commission President, Vice-Presidents and the Commissioner for Health. This initiative was one of the flagship issues in the 2019 European elections campaign for the current Commission.

Tobacco control relies on strong scientific consensus about both the risks of tobacco consumption and the positive impact of tobacco control measures. Beyond that, public opinion data shows the EU population supports tobacco control measures of plain packaging, advertising bans and other tobacco control measures.<sup>5</sup>



## Tobacco consumption and cancer risk

In recent years, the effectiveness of cancer care has improved and overall cancer survival rates have reached record highs.<sup>8</sup> However, the rising incidence of cancer cases and deaths remains a widespread concern, and more focus is needed on prevention. Tobacco consumption remains the single most important risk factor for cancer,<sup>9</sup> and is responsible for more than 22% of cancer-related deaths worldwide.<sup>10 11</sup>

Tobacco consumption is responsible for increasing the risk of developing 16 types of cancer<sup>12</sup> and is the leading risk factor for trachea, bronchus, lung cancer,<sup>13</sup> oral cancer,<sup>14 15</sup> and colorectal cancer.<sup>16</sup> Specifically, in the case of the EU, lung cancer, where smoking is the main risk factor, is the most common cause of cancer death among men (25% of all cancer deaths) and the second most common among women<sup>17</sup>. Lung cancer in the EU accounted for some 273 000 deaths out of 1 320 000 deaths from cancer in total in 2015.<sup>18</sup> Furthermore, tobacco consumption increases the relapse and recurrence of cancer.<sup>19</sup>

Despite a decrease in smoking prevalence in recent years, 26 % of adults and 29% of 15-24 year-olds in the EU smoke,<sup>20</sup> these rates being the second highest in the world after the EURO region prevalence.<sup>21</sup> The EU has low gender difference in tobacco use (30% of men, 22% of women)<sup>22</sup> and 9 in 10 smokers in Europe are daily users.<sup>23</sup> 93% of EU smokers have started before the age of 25.<sup>24</sup>

**Exposure to second-hand smoke** significantly increases the risk of non-smokers and children of developing cancer and increases by 20 to 30% the risk of developing lung cancer<sup>25</sup>. Children and babies also remain vulnerable to third-hand smoke, the lasting residues, particles of smoke and cigarettes.<sup>26</sup>

**Socio-economic as well as gender gaps in tobacco consumption and cancer development represent ongoing concerns.** As an example, the EU has witnessed a significant increase in lung cancer rates by 20% over the past 10 years, generated by the rise in the number of women affected.<sup>27</sup> This factor can be explained by the increase in female smoking several decades after men, leading to a gender gap in cancer prevalence and an ongoing higher prevalence for men.<sup>28</sup>

Up to **9 in 10 deaths from trachea, bronchus and lung cancer** in the EU are related to tobacco consumption<sup>6</sup>.

Smokers are **8 to 10 times more likely to die from lung cancer** than non-smokers<sup>7</sup>.

## Tobacco control, a pillar of effective cancer prevention

Prevention (especially primordial and primary prevention) is a crucial factor in reducing the number of cases and deaths in cancer and other non-communicable diseases (NCDs).

**Effective prevention strategies must include the highly effective and cost effective tobacco control measures enshrined in the FCTC.**

European and national policies and measures to eliminate tobacco consumption should be actively pursued. Such measures need to target youth tobacco consumption initiation as well as effective tobacco cessation programmes.

**Primordial prevention** focuses on a population approach, targeting social and environmental conditions, decreasing exposure to risk factors (e.g., tobacco advertising) as much as possible.<sup>29</sup>

**Primary prevention** is eliminating or reducing exposure to recognised risk factors in targeted populations to prevent a disease before health effects occur through measures (e.g., tobacco cessation) altering risk behaviour.<sup>30</sup>

Primordial and primary prevention are important means to improve public health and are cost-effective in reducing the burden of cancer and NCDs globally.<sup>31</sup>

### Effective prevention with tobacco control at its core would help reduce or eliminate:

#### ⇒ The death and suffering caused by cancer :

- About 90% of lung cancers are directly related to tobacco smoking;<sup>32</sup> accordingly these could be eradicated by eliminating tobacco consumption. Deaths related to the other types of cancer identified as related to tobacco consumption could also be limited.
- Alongside preserving human lives, effective prevention would also benefit overall human well-being and improve long-term health by avoiding the accompanying symptoms and pain, as well as the physical and mental suffering endured by cancer patients and their families.<sup>33</sup>
- **Tobacco cessation** is beneficial in primary prevention of disease (prevention before health problems occur), secondary prevention (prevention after diagnosis but before damage) and tertiary prevention (prevention after damage from disease).<sup>34</sup>
- **Studies quantifying the potential impact of tobacco prevalence on cancer incidence showed that hundreds of thousands of cancer cases could be prevented through reducing tobacco use.**<sup>35</sup>

#### ⇒ Inequalities in health:

Significant disparities remain in the exposure to risk factors depending on gender, socio-economic status and age:

- Children and teenagers are more vulnerable to the health effects and risks of tobacco use and second-hand smoke.<sup>36</sup>
  - Socially disadvantaged populations and lower-income households have higher tobacco consumption rates and are more vulnerable to risk factors and cancer, but also have difficulties accessing necessary treatments and healthcare services.<sup>37</sup> According to EU data, over four in ten (43%) of those who say they have trouble paying bills ‘most of the time’ are smokers, compared with just over a fifth (22%) of those who say they ‘never’ have trouble paying bills.<sup>38</sup>
  - Disparities in gender are also a concern with smoking prevalence in women being on the rise in 2018.<sup>39</sup> This is also highly relevant due to the harmful effects of smoking and second-hand smoke for women during pregnancy.<sup>40</sup>
  - Members of the LGBT community have a higher smoking prevalence than heterosexual individuals and remain particularly vulnerable to advertising, tobacco use and cancer.<sup>41</sup>
- ⇒ **Economic cost:**
- Up to one-fifth of health spending in EU countries is considered a burden on society and on healthcare systems. In the EU, tobacco use leads to numerous losses, amounting to 9.9 million life-years lost prematurely, 7.3 billion EUR in productivity losses and 25.3 billion EUR in healthcare costs.<sup>42</sup>
  - The prevalence of cancer rates also entails a significant pressure on healthcare professionals (HCPs).<sup>43</sup>
  - **Preventing the preventable** through effective measures, including tobacco control,<sup>44</sup> would also generate healthcare savings (in both human resources and funds) which in turn could be dedicated to other health aspects in need of funding, leading to overall improvements in and increased resilience of healthcare systems.

## What are comprehensive tobacco control policies?

Policies such as excise taxes, clean indoor-air laws, tobacco sale restrictions, advertisement bans, plain packaging and education contribute to reducing smoking and tobacco consumption rates.<sup>49</sup>

Those policies are enshrined in the World Health Organisation Framework Convention on Tobacco Control (FCTC),<sup>50</sup> to which the EU and its Member States are Parties, and consist of **comprehensive, all-of-government plans for tobacco control** including:

- ⇒ **Effective tobacco taxation measures** to reduce affordability and attractiveness of tobacco products;
- ⇒ **Banning tobacco sales to minors;**
- ⇒ Measures **to protect non-smokers from exposure** to tobacco smoke;
- ⇒ Large graphic **health warnings** on tobacco packaging;
- ⇒ **Bans on tobacco advertising, promotion or sponsorship;**
- ⇒ Raising **awareness and providing access to information on the risks of tobacco use**, ensuring that such information is tailored to the relevant audience (e.g., teenagers and young adults)
- ⇒ Ensuring access to **effective tobacco cessation** support and services;
- ⇒ **Effective measures to fight illicit trade**, including national, regional or global tracking and tracing systems.
- ⇒ **Monitoring tobacco use**, trends, and policy assessment, and exchange information with other Parties

**Tobacco taxation policies are proven to be the most effective and direct means of reducing smoking prevalence and the number of cancer deaths.** They are however amongst the least implemented tobacco control measures.<sup>45</sup>

As an example, the target set by the World Health Organisation to reach a 30% reduction in the current smoking prevalence by 2025<sup>46</sup> will not be reached by the European Union, with most EU countries at risk of missing it.<sup>47</sup>

Specifically, an EU **taxation policy can help achieve this target** through an increase in excise duties, which, according to estimates would lead to 18.5 million fewer smokers and about 65% increase in tobacco tax revenue.<sup>48</sup>



## Policy Recommendations for Europe's Beating Cancer Plan

The Prevention pillar of the Beating Cancer Plan must be recognised as an important steppingstone to improve the status quo on cancer in the EU and help achieve SDG 3 and global targets for non-communicable diseases. In light of the crucial role tobacco control has for cancer and NCD prevention and to achieve SDG targets, the Beating Cancer Plan must ensure that:

- ⇒ **Implementation of the FCTC is strengthened** at EU level and at national level through all policy instruments available; in particular, FCTC obligations must be taken into account in policy design through a whole-of-government approach.
  - **The EU tobacco control policy should be recognised for its contribution to improving citizens' health.** Directives currently undergoing evaluation and review, namely the EU Tobacco Tax Directive (2011/64/EU) and the EU Tobacco Products Directive (2014/40/EU) play a crucial role in the improvement of European public health in general and for cancer prevention in particular.
  - **The current evaluation processes should include a review of the EU Tobacco Advertising Directive (2003/33/EU)** with an aim to reinforce the existing framework and reduce the ability of the tobacco industry to market and promote its products to children and young people.
- ⇒ **An overall objective to reduce health inequalities** among vulnerable groups within EU countries and across the EU is pursued through “raising the floor” in terms of human health protection through effective tobacco control measures at EU level.
- ⇒ **The Beating Cancer Plan must also apply a Health in all Policies (HiaP) principle** at EU level and include the implementation of a health impact assessments early in policy design.



## The importance of public health research for tobacco control

Article 20 of the FCTC requires Parties to develop and promote national research programmes, but also national, regional and global health surveillance programmes as well as exchanging tobacco control-related information.<sup>51</sup> Article 22 requires Parties to cooperate on the implementation of the FCTC and on the exchange of information, expertise and research to strengthen tobacco control policies<sup>52</sup>, and therefore coordinate strategies and knowledge to lead to enhanced tobacco control and cancer prevention.

Horizon Europe is the EU's research and innovation programme post 2021. It includes an objective to focus on cancer research and research for prevention through the Cancer Mission, one of the five broad societal mission areas identified in this Framework.<sup>5354</sup> **Tobacco control research should be part of the Cancer Mission work on the Horizon Europe framework.**

SFP has identified a need for investment in independent policy research as an integral part of tobacco control with benefits to <sup>55</sup>:

- ⇒ Evaluating the links and providing evidence-based information and data on the effects of tobacco consumption on incidence of cancer and other NCDs;
- ⇒ Helping to model and determine effective policies to tackle tobacco consumption;
- ⇒ Monitoring current tobacco control policies and their implementation;
- ⇒ Evaluating the effects of policies and measures on the prevalence of tobacco and tobacco-induced diseases and providing data on the impact of tobacco control on public health and the economy;
- ⇒ Identifying policy loopholes, and informing the design, implementation and revision of policies.

In light of the ongoing work on the Horizon Europe Programme and the objectives of its Cancer Mission, it is imperative to recognise the importance of research on tobacco control and its role for reducing all preventable deaths from NCDs. This also includes policy-focused research on population level practices. Currently, tobacco control research does not incorporate policy interventions; furthermore, it is also unevenly distributed across the EU. To improve the status quo:

- ⇒ EU policy-makers should **recognise the role of tobacco control in cancer and NCD prevention** as part of the Horizon Europe Programme and its Mission on Cancer.
- ⇒ EU policy-makers should support the setting up of a European research infrastructure to promote **multi-disciplinary cross-border collaboration**, helping to fill the gaps in tobacco control policy research.



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