



National Consultation Process Germany

German Manifesto

Results of the Berlin Conference, March 31st? April 2nd 2006

I. Introduction

Germany is known as a country with high smoking prevalence and loose regulations on smoking and tobacco. A societal group most affected by these circumstances are young people. According to the "Young people's health in context - Health behaviour in school-aged Children (HBSC) study", published by the World Health Organisation Regional Office for Europe (WHO-EURO), only Greenland had a higher rate of daily smokers among young people between 13 and 15 years of age in 2001/2002¹. We, as the German delegation of the "Young people: For a Life without Tobacco?" campaign, thus, are convinced that it is especially important for the German youth that further measures are taken to reduce tobacco consumption.

Even though daily smokers in Germany are a minority, it often seems as if they were a ruling one. As one example, a British scholar evaluating smoking behaviour in the German City Hamburg was astonished as she was asked whether it would be "ok" to sit in the non-smoking area of a restaurant². These examples and facts which we gathered from lectures and completed empirical research, pointed out to us that Germany is faced with a severe problem. Consequently, this manifesto, written by young and motivated German people, gives an incentive how problems could be overcome in the future.

In Germany 22% of the 12-25 year olds are daily smokers and 14% smoke occasionally. In addition to this shocking high numbers, young people also start surprisingly early to smoke in Germany. The average starting age among Germans is 13.6 years according to studies from the "Federal Centre for Health Education"³. Another severe problem is environmental tobacco smoke (ETS). Smoking evidently does not only concern to the actual consumer but also - still widely ignored - involves high risks and harms for non-smokers. In Germany 8.4 million non-smoking minors are affected by smoking in their environment at home. Among those aged 20 to 29, 70% to 80% are exposed to environmental tobacco smoke⁴.

Two thirds of the smokers interviewed in the drug affinity study (12-25 years) think or have thought about quitting smoking⁵. In addition to other empirical studies, we also conducted a small survey on our own. Due to the small sample size and local limitations we do not claim that this study is representative for young people in Germany. It is merely a small indicator of what young people, interviewed in Berlin (April 2006), think about smoking and tobacco related issues. In our sample the average age of first cigarette consumption is 14 years and, thus close to the value indicated in the drug affinity study report (13.6 years). In our survey a majority of 58.8% agreed that the European Union (EU) should take further measures to reduce tobacco consumption. Surprisingly nearly half of the young smokers (44%) were in favour of further EU measures. This opinion was supported by close to nine in ten of the young non-smokers (86%).

¹ WHO. 2004. Young people's health in context. Health Behaviour in School-aged Children (HBSC) study: international report from the 2001/2002 survey. Currie, Roberts, Morgan, Smith, Settertobulte, Samdal, Rasmussen (Eds). Copenhagen, Denmark.

² Oetama. 2003. Rauchen in Deutschland: Hamburg und seine studierenden Raucher. Southampton, UK. [Smoking in Germany: Hamburg and its studying smokers]

³ BZgA. 2004. Drug Affinity among Young People in the Federal Republic of Germany 2004. Cologne, Germany.

⁴ Deutsches Krebsforschungszentrum (Ed). 2005. Passivrauchen? Ein unterschätztes Gesundheitsrisiko. Heidelberg, Germany. [German Cancer Research Centre. Second-hand smoking? A underestimated health risk]

⁵ BZgA. 2004. Drug Affinity among Young People in the Federal Republic of Germany 2004. Cologne, Germany.

II. Goals

1. Environmental Tobacco Smoke

- a. Protection of the embryos, foetus, babies, children and minors, especially at home.
- b. Availability of ETS-free public transport, administration and closed public areas, especially in educational and care facilities.
- c. Introduction and implementation of labour safety measures on ETS and tobacco additives.

2. Prevention

- a. Prevention of any tobacco consumption by minors.
- b. Ensure equal opportunities for all members of society to avert use of tobacco with special consideration to higher-risk-groups.
- c. Reduction of tobacco use and its promotion by role models.
- d. Ban of all additives increasing addiction and health risks as well as carcinogenic and/or toxic products in main and side stream smoke.
- e. Permanent decline of health risks attributable to tobacco consumption, leading to an increase in Disability Adjusted Life Years (DALY)¹.

3. Cessation

- a. Frequent and sustainable cessation rates across Europe.
- b. Easy and equal access to cessation programmes.
- c. Equal and wide spread information as well as research on cessation techniques to assist those wanting to quit.

¹ „The disability-adjusted life year (DALY) definition, measurement and potential use by the World Bank 1993“ from http://www-wds.worldbank.org/servlet/WDS_IBank_Servlet?pcont=details&eid=000009265_3970311114344;

The DALY is the only quantitative indicator of burden of disease that reflects the total amount of healthy life lost to all causes, whether from premature mortality or from some degree of disability during a period of time.?

III. Implementation

1. Environmental Tobacco Smoke

According to the German Cancer Research Centre (DKFZ) indoor tobacco smoke is not only a public disturbance but a potentially deadly health risk. In Germany, each year Environmental Tobacco Smoke (ETS) leads to at least 3.300 preventable deaths and countless cases of chronic and acute disease. Over 8 million minors under the age of 18 live in a household where at least one parent smokes at home. Further 8.5 million people are exposed to ETS at their working place.

We

- a. require national and EU-institutions to implement awareness campaigns focusing on legal guardians to prevent exposure to environmental tobacco smoke at home, as
 - I. the safety of all those who can not deliberately avoid the exposure especially at home must be safeguarded,
 - II. this is further supported by our survey showing nearly two thirds of the questioned youths were exposed to second hand smoke at their homes and/or workplace,
 - III. evidence has shown that ETS causes - in addition to the general risks and harms - higher rates of behavioural and learning impairment and a doubled risk on sudden infant death syndrome (SIDS)¹;
- b. ask the European Union, all Member States, Regions and local administrations to ensure that all public financed and managed facilities, including all public transport, are free of ETS, as supported by over 56% of the surveyed youths;
 - I. ask the European Union to take the lead in tobacco control and prevention, as supported by 69% of the youth representatives surveyed in Germany;
 - II. ask local and national authorities to ensure that youth and children are not exposed to ETS in kindergartens, schools, home care facilities and universities, as supported by a vast majority of the youths represented in our survey (over 70%);
- c. ask national, regional and local authorities to implement the right to ETS-free working space in all professions and services, without special derogations of any kind, safeguarding the long-term health and safety of employees in all Member States;
 - I. The implementation must not exclude employees in restaurants, bars, pubs and public and private clubs, as a majority of the German population (59%) would support a ban of smoking in restaurants². However, the youth in our non-representative survey did not favour a smoking ban in discos, clubs and bars;
- d. ask the European Commission, DG Employment & DG Enterprise, to monitor and control the implementation of labour safety measures including ETS in all professions and services, including the introduction and implementation of sound "occupational exposure limits" (OEL), for all professions and services without derogations for ETS and tobacco additives.

2. Prevention:

Every tenth death among adults is attributable to tobacco use in the world. Smoking is the single largest preventable cause of disease and premature death in developed countries.³ In Germany Tobacco use is very high with 35% daily and occasional smokers in the 12 to 25 year old age group.⁴ Smokers starting at a young age have significantly lower cessation rates, and are thus at a higher health risk⁵. To prevent further increase, especially among minors, the 86% of the young non-smokers who firmly intend not to smoke⁶ must be protected against the vice and the 13% that could imagine to start smoking in the near future⁷ should be addressed by special prevention measures.

We

- a. require the ban of all means of tobacco advertisement, promotion and sponsoring, with special regards to the European-wide implementation of the smoking promotion ban as proposed by the European Commission;
 - I. according to the German Cancer Research Centre (DKFZ) 57% of the general population would favour of a complete ban of tobacco advertisement.⁸
 - II. Rightly E. Foote asked in 1988, how it may be that an advertisement, which is to be seen, increases the consumption of every other product, but on some magical way not works on tobacco products;⁹
- b. request to ensure that the delivery of tobacco products to young people below the legal age limit is prohibited and that retailers are legally held responsible.
 - I. demand the ban of all means of non-age controlled tobacco supply, i.e. cigarette vending machines and internet sale;
 - II. In Germany approximately 500.000 vending machines are often placed on the way to schools and on other public places. The planned conversion to a bank card based system to limit access to customers above the age limit is insufficient;
 - III. Our own survey has shown that 53% of young people asked, asked for the sale of tobacco products to be limited to young people over the age of 18, and only 36% calling for an age limit of 16 years;
- c. ask for the interdiction of uncontrolled tobacco sale,
 - I. to reduce the ubiquitous access possibilities and temptations by introducing specialized licensed tobacco retailers comparable to the alcohol delivery points in some EU members states, e.g. Sweden with the governmental licensed and controlled system of alcohol retail („Systembolaget“), a radically appearing but apparently successful method in the struggle against alcohol supply to minors was found. A respective system should be established on European level for all tobacco-products;
- d. request all prevention programmes to ensure equal opportunities to all members of society, regardless of gender, age, religion or social status;
- e. request consistent EU-labelling of all cigarette packages with clear statements and pictures;
 - I. Visible warnings on cigarette packs, using e.g. pictures and statements like those used in Canada, Brazil and other countries throughout the world proved to be valid health communication tools, with the potential to disrupt the powerful cigarette brand

imagery associated with tobacco packaging.^{10,11,12}

II: in our survey 70% of the people asked have demanded to depict the negative consequences of tobacco consumption in text and especially picture on the packing of tobacco much more drastically than currently used in Germany and other European countries;

- f. ask all youth organisations to take a stake in tobacco control by actively partaking in the promotion of smoking prevention by supporting non-smoking behaviour within peer groups,
 - I. as “28 % of young people whose friends are predominantly smokers want to give up smoking in the next 30 days. In peer groups the willingness to stop [... smoking...] is substantially greater with 37 % of young smokers saying they would like to stop smoking in the near future“¹³;
- g. request a ban on all additives increasing addiction and health risk as well as carcinogenic and/or toxic products in mainstream and side stream smoke;
 - I. especially including those additives aiming to attract younger consumers by facilitating inhalation, enhancing and smoothening the taste and/or increasing nicotine absorption.
 - II. furthermore tobacco and all products added to cigarettes or produced during combustion must be regulated under the REACH programme and thus be monitored and controlled by the EU as all other chemicals; only allowing the use of those chemicals considered harmless and safe in consumption and combustion (conditions of main and side stream smoke).
 - III. our survey has shown that more than 60% of young people do not know cocoa or urea are used in cigarettes and for certain much more do not know that many added substances have addiction intensifying or poisonous effects;
- h. calls upon an EU directive on declaration and labelling of all substances contained in tobacco products and substances created by their combustion, as well as the known effects, the respective side effects and interactions (e.g. with oral anti-contraceptives) as e.g. already used in over-the-counter and prescription medications;
 - I. this labelling has either to be attached to the outside of the packing or as a package insert;
 - II. the labelling obligation has to be enforced to all tobacco products distributed in the European Union;
- i. call upon the integration of role models such as celebrities, and youth opinion leaders in EU wide prevention and cessation campaigns;
- j. ask national governments to follow a policy of regular tax increases on all tobacco products;
 - I. according to information of the World Bank, tax increases of about 10% will bring forward an approximate consumption decrease of about 13%.
 - II. to avoid smuggle within the European Union based on different tax rates between the member states it is important to implement a collective pricing policy in all EU member states.

3. Cessation

According to data raised by the Federal Centre of Health Education (BZgA), in 2004, 35 % of 12 to 25 years-old youth members smoke either regularly (21%) or occasionally (14%). Nearly two thirds of the young smokers (64%) declared that they would like to stop smoking, with 29% intending to give up within the next 30 days¹⁴. The World Health Organization defines tobacco addiction as a disease in the International Classification of Diseases (ICD).

We

- a. require all national and EU-institutions to recognize tobacco addiction as a disease, as classified in ICD-10;
 - I. State of the art scientific evidence has shown that among 12 to 13 year old smoking beginners first symptoms of addiction and withdrawal are already seen after just a few weeks of smoking;¹⁵
- b. request the inclusion of visible reference to toll-free quit lines (information hotlines) and websites on all cigarette packages providing up-to-date counselling advice and cessation techniques for all smokers willing to reduce or stop, as it proved to be an effective health communication tool in several countries, e.g. in the Netherlands;¹⁶
- c. call upon national institutions to implement free of charge large scale gender and age specific cessation programmes, based on state-of-the-art scientific evidence and supervised by health care professionals under the national health care scheme;
 - I. require all cessation programmes to offer equal opportunities to all members of societies, regardless of gender, age, religion or social status;
- e. demand evidence based education on cessation programmes to all personnel involved in youth education, care and healthcare enabling them to provide accurate and up-to-date information with direct access to youth;
- f. urge all formal and informal education and care facilities including primary and secondary education to implement information on the risks of tobacco use as well as cessation programmes in the regular curriculum, acknowledging the limitations of teachers' or social workers' access to some vulnerable groups;
- g. urge youth organizations, youth centres and sport organizations to also offer health education, including information and advise on existing cessation programmes and offer counselling services to those willing to reduce or quit, since evidence suggests that in the 12 to 25 age group peer-to-peer attention is paramount;
- h. demand the European Commission, DG Research and DG Health & Consumer Protection, to promote and fund research on gender and age specific cessation programmes involving youth organizations on local, national and European level;
 - I. respective funding opportunities should be introduced to the Framework Programme 7 and the Public Health Grant;

- II. the results should be actively divulged to the public including the youth organizations and mass media;
- i. ask for the introduction of an independent Tobacco and Health department in Brussels under the European Centre for Disease Control and Prevention (ECDC) to monitor tobacco use and cessation as well as to supervise, control and coordinate the implementation of evidence based prevention and cessation programmes on national and EU level, using the latest epidemiological data;

¹ Clonhoffs-Chohen HF et al. (1995)

² German Cancer Research Centre (2006)

³ WHO Regional Office for Europe, European Strategy for Tobacco Control, Copenhagen 2002

⁴ BZgA, Drug Affinity among Young People in the Federal Republic of Germany 2004, Cologne 2004.

⁵ David J. DeWit, Dec. 1997, Health Education & Behavior

⁶ BZgA, Drug Affinity among Young People in the Federal Republic of Germany 2004, Cologne 2004.

⁷ BZgA, Drug Affinity among Young People in the Federal Republic of Germany 2004, Cologne 2004.

⁸ Deutsches Krebsforschungszentrum, Rauchen und Soziale Ungerechtigkeit- Konsequenzen für die Tabakkontrollpolitik. Heidelberg, 2004 [German Cancer Research Centre. Smoking and social injustice – consequences on tobacco control policy]

⁹ Emerson Foote, former CEO of Mc Cann- Erickson, 1988

¹⁰ Devlin E, Anderson S, Hastings G, MacFadyen L. Targeting smokers via tobacco product labelling: opportunities and challenges for Pan European health promotion. *Health Promotion International* 2005, 20 (1), 41-49

¹¹ Borland, R. Tobacco health warnings of smoking related cognition's and behaviours. *Addiction* 1997, 92, 1427–1435.

¹² Hammond D, Fong GT, McDonald PT, Cameron R and Brown KS. Impact of the graphic Canadian warning labels on adult smoking behaviour. *Tobacco Control* 2003;12:391-395

¹³ Federal Centre for health Education (BzGA), Drug affinity among young people in the Federal Republic of Germany, Cologne, 2004.

¹⁴ Federal Centre for Health Education (BZgA), Drug Affinity among Young People in the Federal Republic of Germany 2004

¹⁵ DiFranza JR, Rigotti NA, McNeill AD. et al. (2000). Initial symptoms of nicotine dependence in adolescents. *Tobacco Control*, 2000;9 (3), 313-319

¹⁶ Willemsen MC, Simons C, Zeeman G (2002) Impact of the new EU health warnings on the Dutch quit line. *Tobacco Control*; 2002;11:381–382

Conclusion

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family”, Universal Declaration of Human Rights, Art. 25¹

Affirming the strong evidence that tobacco is the single largest preventable cause of disease and premature death in developed countries² the conference participants conclude that all efforts must be taken to prevent the youth from health risks and harms caused by tobacco use and environmental tobacco smoke. Prevention and cessation measures must be implemented and made accessible free of charge for all groups of society, independent of gender, age, religion or social status. To attain a considerable increase in disability adjusted life years non-smokers and smokers must be actively involved in the process. The aim is to achieve a society of non-smokers and smokers in which neither of both groups feels unnecessarily isolated, discriminated against or infringed in their personal freedoms and rights.³ To ensure the rights laid down in the Universal Declaration of Human Rights⁴, especially articles 3 and 25, all persons (especially children) must not be involuntarily exposed to ETS. Where other peoples' health⁵ is not harmed or disturbed, smoking shall be permitted under the personal freedom of choice as far as the smokers are legally entitled and responsible for the possible consequences. To enable adults to make an informed decision on whether to start smoking or not, information about smoking and its consequences is essential and should be easily accessible to everyone.

Finally, we would like to conclude that good health still is the number one desire of men and women when asked to rank their aspirations⁶ and as of all rights cherished by human beings and enshrined in international law, none is more fundamental than the right to health.⁷

¹ Universal Declaration of Human Rights, adopted and proclaimed by United Nations? General Assembly resolution 217 A (III) of 10 December 1948.(<http://www.un.org/Overview/rights.html>)

² Universal Declaration of Human Rights, adopted and proclaimed by United Nations? General Assembly resolution 217 A (III) of 10 December 1948.(<http://www.un.org/Overview/rights.html>)

³ European Strategy for Tobacco Control, WHO Regional Office for Europe, 2002, Copenhagen, Denmark

⁴ as laid down in the Universal Declaration of Human Rights,

⁵ as defined in the preamble of the Constitution of the World Health Organization, Basic Documents, 43rd ed., 2001

⁶ Millenium Poll, United Nations 2000

⁷ Constitution of the World Health Organization, Basic Documents, 43rd ed., 2001 at 1.

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