

# Europe has pursued a progressive agenda of tobacco control, driven by the UK, Ireland and other states in Northern Europe

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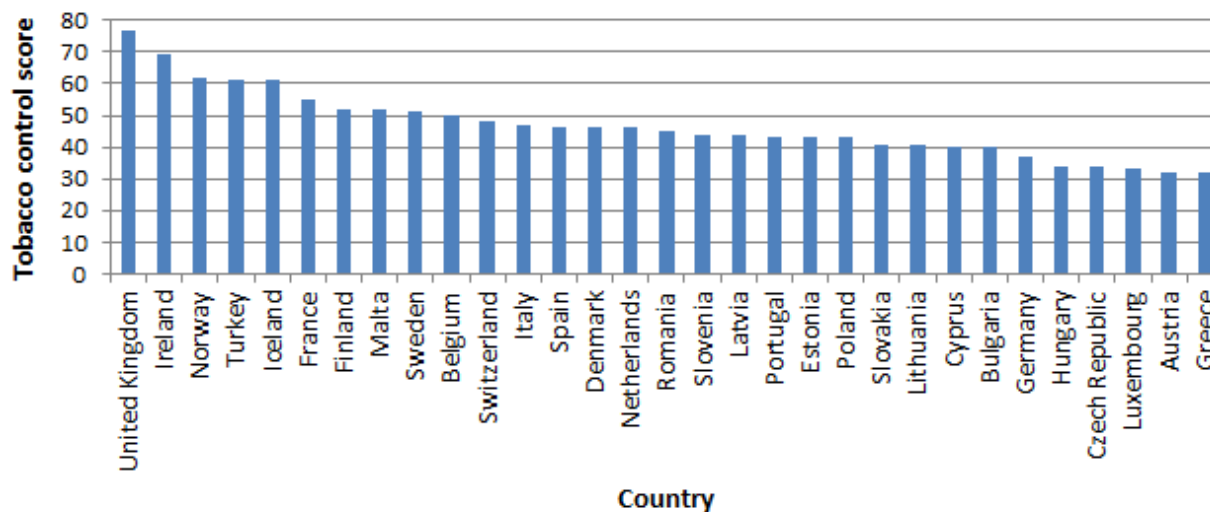
Restrictions placed on the use of tobacco products have increased across European countries over recent decades. **Donley Studlar** assesses the different approaches taken in different states, noting that the UK, Ireland and several Nordic countries have more restrictive approaches than other parts of Europe. He also writes that the relative success of public health campaigns against tobacco use may act as a model for future campaigns against other health dangers, such as alcohol and obesity.



In the wake of the controversy over [regulation of e-cigarettes](#) in the EU and the 50-year celebration of the landmark US Surgeon General's Report on the hazards of smoking, the status of tobacco policy across Europe deserves attention.

One of the most significant policy changes in recent decades has been the rise of restrictive tobacco control across the whole continent, endorsed and promulgated by the EU as well as individual member states. In the early part of this century, Australia, Canada, New Zealand, and the United States were considered world leaders, with European states generally lagging. Yet subsequently the Northwest perimeter of Europe, led by the UK and Ireland but also including most of the Nordic states, have become part of the tobacco control vanguard, as measured through several different indicators; while others may be laggards in some respects (see the Chart below).

**Chart: Tobacco control scores for European countries (2010)**



**Note:** The tobacco control score is calculated using a number of factors including the price of tobacco products, restrictions on the use of tobacco products in public places, spending on public information campaigns related to tobacco, restrictions on tobacco advertising, and health warnings on tobacco products.

**Source:** Adapted from Luk Joossens & Martin Raw 'The Tobacco Control Scale 2010 in Europe'.

I shall briefly discuss the factors that have been involved in the changes in policy: ideas (through scientific findings and diffusion), interests, institutions, and socioeconomic circumstances. The interaction between individual member states and the EU has led to much stronger tobacco control. The diverse membership of the EU, including recent members as well as those affiliated to it through inclusion in single market agreements has agreed on a progressive agenda of tobacco control measures, and even acted as a mostly-unified bloc in the negotiations for the [Framework Convention on Tobacco Control \(2003\)](#), the first international public health treaty.

While the EU has acted as a convergent force through its directives and recommendations, the stimulus for more restrictive tobacco control measures has usually come from individual states moving ahead, such as Ireland with its workplace smoking ban in 2004 as well as Finland earlier with its advertising ban, Sweden with its rotating warning labels, Iceland with pictorial warnings, and several states, notably the United Kingdom, with high and increasing taxation on cigarettes. All of these innovations were resisted by the still-powerful tobacco industry, often closely tied to government in several European countries, and its allies in sales and hospitality. Since the EU became active through its '[Europe Against Cancer](#)' programme in 1985, there has been more pooling of knowledge and active diffusion of policies through both the EU and country-to-country interactions.

Taxes are generally considered the most effective policy instrument for reducing smoking, even if the behaviour is addictive. Since 1992 the EU has harmonised minimum tax policies across its members. Nevertheless, there are still substantial price variations for tobacco across the member countries. Furthermore, high taxation regimes such as the United Kingdom and Ireland have suffered from smuggling as a way of avoiding the taxes.

While pictorial health warning labels on packages were introduced elsewhere, the EU endorsed them on a permissive basis in the [Tobacco Products Directive \(2003\)](#), facilitating their adoption by EU members and associates. As of 2013, thirteen of these countries have introduced such labels, and Ireland recently announced an ambition to become only the second country in the world (after Australia) to introduce 'plain packaging' of cigarettes, a measure also being considered in the UK. While these and a host of other restrictive measures on taxes, advertising, promotions, sales, education, cessation, and smuggling have been passed in one country after another, new issues have arisen, such as limiting smoking in outdoor areas and rental housing, minimum numbers of cigarettes in a package, sweet-flavoured cigarettes, and especially the introduction of e-cigarettes.

E-cigarettes, a non-tobacco product that contains addictive but non-disease causing nicotine, apparently help some smokers in cessation efforts, but they have not been extensively tested for safety. In late 2013, an agreement was reached on the new EU Tobacco Products Directive, which will impose safety and quality requirements on ingredients as well as advertising limitations and information mandates. But e-cigarettes will only be regulated as medicines if they exceed a certain concentration of nicotine. The EU will publish a study on the potential health risks of this product by 2016. This debate has revealed the fissures in the tobacco control movement, between the neo-prohibitionists who want to eliminate all 'cigarette-like' products and those who espouse a harm minimisation (harm regulation) approach, arguing that those practices that reduce regular smoking should be encouraged.

The other emerging battle front in tobacco policy is tobacco companies' attempts to combat trade restrictions, especially plain packaging, by having tobacco products included in international trade and investment agreements as a 'normal product'. This would allow them to pursue litigation against product and trade restrictions in the World Trade Organization.

EU countries constitute the second-largest manufacturers of cigarettes in the world. Because its tobacco agriculture is of poor quality, it suffers from declining markets, and its CAP subsidies have largely been eliminated, the EU region is the world's largest tobacco leaf importer. The tobacco industry remains a strong economic presence in some major European countries, including the three major manufacturing countries; the United Kingdom, Netherlands, and especially Germany. Nevertheless, over the past 30 years anti-tobacco organisations, some of them subsidised as 'public interest' groups by member state governments or the EU, along with allied health departments, have increasingly achieved sway over tobacco policy.

Smoking prevalence rates in European countries gradually have been reduced. However, prevalence is still high in some countries (an EU average of 28 per cent in 2012, according to Eurobarometer), and different surveys find widely ranging rates for the same jurisdictions. The lowest smoking rates are in Northwest Europe, led by Sweden, while the higher ones, especially for men, are concentrated in more agrarian and tobacco-growing regions in Southern Europe, as well as in Central and Eastern Europe.

In general, social factors as well as government policies are important in smoking prevalence, as indicated by a low correlation between stronger tobacco control regimes and smoking prevalence. Support for restrictive tobacco control measures, as revealed by [periodic Eurobarometers](#) on the topic, has grown incrementally over the years. In general, tobacco policy has been led by elites – active anti-smoking NGOs and committed health ministers and bureaucracies. A more passive public has accepted this through ‘permissive consensus’, not resisting measures governments have introduced.

Thus policy learning through the slow accretion of scientific reports, especially large-scale epidemiologic studies, and diffusion across anti-tobacco NGOs, as well as governments, have led to a ‘moving consensus’ of policy between the EU and its member and affiliated states. While tobacco is still a legal product and policy variation still exists, this situation is far removed from government policy timidity when the first widely publicised government reports on the hazards of smoking appeared a half century ago. Now there is discussion of further campaigns against other public health dangers, such as alcohol and obesity, based on a public health model judged as largely successful on tobacco.

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*Note: This article gives the views of the author, and not the position of EUROPP – European Politics and Policy, nor of the London School of Economics.*

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