

PPACTE Project Logo:



Beneficiaries:

Name /Project position	Address	Email	Phone:	Fax
Professor Luke Clancy Project Partner Leader Work-package 1	TFRI The Digital Depot, Thomas Street, Dublin 8 Ireland	lclancy@tri.ie	+353(01)4893638	353(01)4893640
Dr. Silvano Gallus, Project Partner Leader Work-package 2	IRFMN Department of Epidemiology Via La Masa, 19- 20156 Milan, Italy	gallus@marionegri.it	+39(02)39014657	
Professor Gunnar Rosenqvist. Proje Partner, Leader Work-package 3	THL Centre for Health Economics 4 Lintulahdenkuja, Helsinki Post code 00530, Finland	gunnar.rosenqvist@hanken.fi		358-50-3670841

Dr David Levy, Project Partner Leader Work-package 4	HBSA 11720 Beltsville Drive, Suite 900, Calverton, MD 20705, USA	levy@pire.org	(301) 775-2733	(301) 775-2799
Dr. Anna Gilmore. Project Partner Leader Work-package 5	University of Bath Claverton Down BA2 7AY United Kingdom	A.Gilmore@bath.ac.uk	+441225 386810	+441225383833
Ms. Fiona Godfrey, Project Partner Leader Work-package 6	The Union Paris France	fgodfrey@theunion.org	+ 35 22 668 3302	
Dr Maria Leon Roux, Project Partner, Leader Work-package 7	International Agency for Research on Cancer, 150 cours Albert Thomas, 69372 Lyon cedex 08, France	leonrouxm@iarc.fr	+33(4)72738171	+33(4)72738320
Dr. Esteve Fernandez Project Partner	Institute Catala d'Oncologia	efernandez@ico.scs.es	+34932607780	

Press Releases/ Articles:

Irish anti-smoking measures saved 1,700 lives, study shows

RONAN McGREEVY

Tue, Jun 12, 2012

MORE THAN 1,700 people who would have died from tobacco-related illnesses are alive because of anti-smoking laws in Ireland, a new study reveals.

Measures such as significant hikes in the price of tobacco and the workplace smoking ban, introduced in Ireland in 2004, have prolonged the lives of 1,716 people.

The figures, published last week in Tobacco Control Journal, part of the British Medical Journal, relate to a period between 1998 and 2010.

The information forms the first of 11 studies to examine the effects of smoking cessation measures in European countries.

One of the authors of the report, Prof Luke Clancy, said price hikes were the most significant factor in making people quit smoking in Ireland.

He said it was a surprise that the second-biggest factor in making people quit was the workplace ban, which was controversially introduced in 2004.

The measure was brought in to protect workers from second-hand smoke and was not expected to be a deterrent to smoking in its own right.

Ireland scored poorly on media campaigns and smoking cessation services which, for instance, the UK is very strong on, he said.

Prof Clancy said 1,000 fewer people in Ireland die each year from smoking-related illnesses than in 1998.

At present, about 5,500 people die of such illnesses every year; 20 years ago the figure was 6,500.

He attributed the big decrease to advances in the treatment of strokes, cardiovascular problems and cancer which are brought on by smoking, but also the continuing decrease in smoking from a peak in 1975 of more than 50 per cent of the adult population.

The figure at present is about half that.

The survey predicted that rates of smoking will be at 20 per cent by 2040, resulting in 27,768 fewer deaths by that time.

However, if smoking rates were halved, the number of lives saved would be closer to 40,000, Prof Clancy maintained.

Finland is the first country in the world to set a target of having a smoke-free society by 2040.

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2000 fewer deaths from tobacco related disease since 1998....

A research paper published in 'Tobacco Control' by the British Medical Journal (BMJ) shows that tobacco control policies implemented in Ireland between 1998 and 2010 have contributed to a reduction in smoking prevalence, and also shows close to 2000 fewer 'Smoking Attributable Deaths' (SAD's) over the same period. The researches makes an estimate, based on current policies, of over 50,000 less smoking attributable deaths by 2040.

Professor Luke Clancy, Director of the TobaccoFree Research Institute and one of the authors of the research said today, "In the last decade or so, Ireland has made immense strides in the area of tobacco control. We have introduced Smokefree Workplaces to the world; we have extended marketing restrictions; improved health warnings; raised taxes and increased the availability of cessation services. It will be important for Government and others to have it established that there are positive outcomes to these measures; despite the ongoing efforts of profit seeking vested interests to continually block health measures, when tobacco sales might be affected"

The research was based on the SimSmoke model, which selects one baseline year – before major policy interventions commence. (1998 in this case) In 1998 we had the first National Survey and Attitudes t Nutrition (SLAN) survey, and this provided us with accurate baseline date, on which to base the research.

Professor Clancy went on to say, "our research shows a relative decrease in male (18 years and over) smoking prevalence from 33.4% to 26.1% of the population over the period under review; a relative decline over the 12 year period on 21.8%. The relative decrease for females was from 31% to 25.1%; a relative decline of 19%. These are positive statistics; however we must not become complacent, as we are dealing with an addictive product from a highly profitable industry that will use every possible means, through marketing and promotion in new and established media, to market a this product which kills and injures thousands of our citizens annually"

The research suggests that increased mass media campaigns and increased cessation services are likely to make the greatest contribution to reduced prevalence in the coming years.

Ends

For contact: Professor Luke Clancy: 086-8364337

This study was part of the PRACTE project which was funded by Fp7 Health-F2-2009 223323.

Full article on: tobaccocontrol.bmj.com - "The effect of tobacco control policies on smoking prevalence and smoking-attributable deaths in Ireland using the IrelandSS simulation model"
Laura M Currie, Kenneth Blackman, Luke Clancy, David T Levy

Press Release

Europe must introduce increased tobacco taxes to save lives and generate revenues

BRUSSELS, 26 April 2012 – An international group of health economists and tobacco control experts called today for a radical increase in the taxation of all tobacco products as the most effective way to make them inaccessible to European consumers.

This is one of a series of 15 policy recommendations addressed to the European Commission and member states by the *Pricing Policies and Control of Tobacco in Europe* (PPACTE) consortium. They were unveiled at an event at the Permanent Representation of Ireland to the EU which brought together Council officials, European Commission representatives and Members of the European Parliament as well as the tobacco control community.

They also recommend that there be full alignment of tax rates, so that fine-cut tobacco for roll-your-own cigarettes (and also pipe tobacco) is taxed at the same rate as manufactured cigarettes. Other recommendations include banning the sale of cigarettes below cost and low-price-based marketing, application of an ad valorem tax of minimum 80% and ideally 83%, maintenance of the embargo on snus and the launch of an investigation by the European Commission of illegal sales of snus. A full list of the recommendations is available on the [PPACTE website](#).

These recommendations are timed to coincide with the on-going review of the Tobacco Products Directive, and stems from PPACTE's research confirmation that taxation is a key tool to reduce tobacco consumption and related diseases. "Through the research surveys that we have conducted, we found that there is a high level of support from European citizens for substantial increases in tobacco taxes particularly if some of the revenue is used for the treatment of Tobacco Dependence", noted Professor Luke Clancy Director General of the Tobacco Free Research Institute and coordinator of the PPACTE consortium.

Mrs Patricia Reilly, Member of the Cabinet of European Commissioner for Research, Innovation and Science Maire Geoghegan-Quinn said "I very much welcome the publication today of the outcome of the PPACTE research project, which has been running for 3 years and is funded under the European Commission's 7th Framework Programme. Reliable scientific data is essential to underpinning effective policy-making, and I am confident that the data published today is a valuable addition to the resources available in this area".

The PPACTE project carried out research over a three-year period in order to produce evidence-based policy recommendations to improve market regulation of tobacco products to achieve more effective and equitable control of tobacco use in Europe. The Project concluded that future EU legislation could maximize the potential of taxation to improve tobacco control and thereby reduce deaths from tobacco.

During the launch, former European Commissioner for Health and Consumers, David Byrne, highlighted the urgency of "tackling tobacco as key risk factor for many of the chronic diseases affecting European citizens and our healthcare systems".

Smoking is the largest single cause of preventable premature death and disease, accounting for some 650 000 premature deaths each year in the European Union. Price and tax measures are recognized by the International Monetary Fund, the World Bank and the World Health Organization (WHO) as important instruments for reducing tobacco use, while generating revenue for governments.

PPACTE is a multinational consortium funded by the 7th European Framework Programme for Research and Development (FP7) and comprising the Tobacco Free Research Institute (Ireland), Mario Negri Institute for Pharmacological Research (Italy), University of Bath's School of Health (UK), the National Institute for Health

and Welfare (Finland), Pacific Institute for Research and Evaluation (US), Catalan Institute of Oncology (Spain), WHO International Agency for Research and Cancer (France) and the International Lung Against Tuberculosis and Lung Disease (France).

More information on the PPACTE project and the full list of policy recommendations is available at <http://www.ppacte.eu/>.

For press enquiries call:

Prof Luke Clancy, Director General, Tobacco Free Research Institute, Project Coordinator
Tel: +353 1 4893638, GSM: +353868364337
lclancy@tri.ie

Sheila Keogan, Research and Communications, Tobacco Free Research Institute
Tel: +353 1 4893637, GSM: +353876887678
skeogan@tri.ie

Sofia Marchã, Burson-Marsteller, Consultant to Tobacco Free Research Institute
Tel: +32 (0) 27 43 6694, GSM: +32 (0) 48 757 80 25
Sofia.marcha@bm.com

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RTÉ News

Report calls for higher tax on 'roll-your-own' cigarettes

Updated: 21:43, Thursday, 26 April 2012



The report says an increase in tobacco tax could save lives

The study, funded by the European Commission, says it is a policy that could boost revenues for the Government, while also saving lives.

The report also calls for the tax rate on roll-your-own tobacco to be increased to match manufactured cigarettes, because the recession has led many smokers to switch to the cheaper product.

The co-ordinator of the consortium that ran the study, Professor Luke Clancy, said EU governments should "double the minimum monetary tax level on cigarettes".

He said they should then increase it each year above the cost of living rate.

Professor Clancy, who is also the Director General of the Tobacco Free Research Institute, said roll-your-own tobacco is "much cheaper than cigarettes and this has to be changed".

Asked how much a packet of cigarettes should increase by in December's Budget, Professor Clancy suggested €1.

However, he added that a meeting of international health economists and tobacco control experts, which met in Brussels today to discuss the report, had been told that New Zealand plans to increase the price of a packet of cigarettes to €41.

Asked how Government revenues could be boosted, when an increase in tax would likely result in lower consumption, Professor Clancy said the higher price paid by those who continued to smoke would more than cover the funding gap.

Professor Clancy said that the Health Minister's proposals to ban smoking in public parks and beaches were good because they would "de-normalise" smoking.

However, he said "empirical research" proved that price matters when it comes to members of the public ending their smoking habit

PPACTE: Pricing Policies and Control of Tobacco in Europe



"For the first time in the history of the EU, world experts in the economics of tobacco joined with tobacco control experts to plan a strategy to optimise tobacco taxation and help create a healthy European community. The chance to spend three years in close collaboration with these outstanding scientists interested in tobacco control with a common objective was a rare privilege."

Prof. Luke Clancy
TobaccoFree Research Institute



Project Dashboard

Project start date: 1 February 2009

Project end date: 30 April 2012

Supported under thematic area: Health

Project length: 39 months

Total cost: €3.8 million

EU contribution: €3 million

Consortium partners from 7 countries: Ireland, Italy, United States, France, Finland, Spain and the UK

Background to the PPACTE Project

The PPACTE programme is a collaborative project examining the impact of tobacco prices and taxes and the effect of fiscal policy on tobacco control in Europe in order to offer recommendations to Member States and to the European Commission.

The project's objectives were to develop evidence-based policy recommendations to improve market regulation of tobacco products for more effective and equitable control of tobacco use in Europe.

Taxing cigarettes is regarded as the most powerful tobacco control intervention available to reduce smoking. However, it is imperative to know the size of this effect and how high prices need to go to achieve maximum reduction in smoking and what are the consequences for revenue collection of increasing prices. The differing tax rates and free movement of citizens and of goods in the EU complicates this relationship, as does neighbouring countries bordering the EU with very much lower priced cigarettes and the possibility of illicit trade.

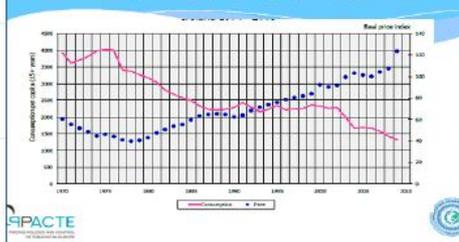
This project offers advice to the European Commission and Member States about the best ways to handle this situation to create a fair, effective and equitable tax regimen. To achieve this, an international consortium was formed, consisting of world renowned health economists, epidemiologists, economic and health modeling experts, public health experts, tobacco control specialists and policy makers. Seven workpackages were identified.

Outcomes

The project will produce the following:

- An 18 Member State survey of prevalence of smoking but also of attitudes to smoking and price of tobacco products. It will also produce the only independent survey of smuggling by three established methods in these member states.
- The largest and most comprehensive econometric analysis of price elasticity of demand for cigarettes ever performed, which is crucial for understanding the effect of price on smoking.
- Using the SimSmoke model, the project will predict the effect of tobacco control interventions on prevalence of smoking over the next 20 years.
- The response of the industry to tax and price increases is hugely important in mitigating the tobacco industry's efforts to undermine tobacco control policies through price. For this reason, the project shall study former reactions and stakeholder interviews to offer advice on strategies to counteract industry interventions. These will be delivered through a number of reports of the findings and a special policy document with strong recommendations for action.
- As well as a handbook on tobacco taxation, toolkits on how to estimate elasticity of demand for tobacco products and how to model the effects of tobacco control interventions will also be made available to all Member States.

Cigarette consumption and real price Index Ireland 1970-2009



How the Project is Helping Ireland

Ireland has one of the highest taxes on cigarettes in Europe and the robustness of the demand elasticity estimates for Ireland will give confidence to the Minister for Finance in his continuing reliance on tobacco tax increases for tobacco control and increased tax revenue. The strengthening of tobacco control capacity and the network created will hugely benefit future reduction in smoking in Ireland and consequent improved health.

Prof. Luke Clancy, Project Coordinator and Director General of the Tobacco-Free Research Institute, comments:

"For the first time in the history of the EU, world experts in the economics of tobacco joined with tobacco control experts to plan a strategy to optimise tobacco taxation and help create a healthy European community. The chance to spend three years in close collaboration with these outstanding scientists interested in tobacco control with a common objective was a rare privilege.

Undoubtedly one of the highlights of the project was the finding of starkly different smuggling rates from those in the literature and the acceptance of the need and benefit of increased tobacco taxes all over Europe".

Prof. Clancy further highlights the involvement of Enterprise Ireland in the development of the Institute's proposal, stressing the quality of the support and facilitation they received, which was invaluable to the success of the application.

Further Information

Prof. Luke Clancy, Director General of TobaccoFree Research Institute (TIFR), t: +353 (0)1 489 3638, e: lclancy@trf.ie

Project website: <http://www.ppacte.eu>

Member organisations of the National Support Network for FP7 in Ireland



Veronkorotukset on tehokas keino vähentää tupakointia

10.5.2012

Veronkorotukset on yksi parhaimmista keinoista vähentää tupakointia, tupakan aiheuttamia haittoja kansanterveydelle ja tupakoinnista johtuvia terveysmenoja, kertoo Eurooppalainen tutkimushanke. Hankkeen mukaan tupakan verotuksen tasainen, inflaatiota ja tulotason kasvua suurempi korottaminen vähentää tehokkaasti kulutusta.

Tupakan kulutus ei reagoi kovin vahvasti hinnankorotuksiin, mutta veroinstrumentin pitkäjänteinen ja johdonmukainen käyttö on hyvä keino vähentää tupakan kulutusta, kertovat Pricing Policies and Control of Tobacco in Europe (PPACTE) -hankkeen tulokset. Hankkeessa tutkittiin 11 läntisen Euroopan maan kokemuksia tupakan hinnankorotusten vaikutuksista kulutukseen.

PPACTE-hankkeen tulosten mukaan savukkeiden reaalihinnan nousu 10 prosentilla vähentää eri maissa savukkeiden kysyntää noin 3–4 prosenttia. Tämä lisää tupakkaveron tuottoa valtiolle ja tulee vähentämään ajanmittaan tupakan aiheuttamaa sairastavuutta ja sen aiheuttamia menoja. Irtotupakan veronkorotusten tulee olla savukkeiden veronkorotuksia suuremmat, sillä savukkeiden kuluttajat siirtyvät helposti irtotupakan kuluttajiksi. Savukkeiden kymmenen prosentin hinnankorotus lisää irtotupakan kulutusta Suomessa 17 prosenttia.

Hinnan lisäksi kotitalouksien käytettävissä olevat tulot vaikuttavat merkittävästi tupakkatuotteiden kysyntään. Käytettävissä olevien reaalityulojen kasvu 10 prosentilla lisää savukkeiden kysyntää keskimäärin 3–4 prosenttia, mutta vähentää irtotupakan kysyntää. Tulojen kasvaessa irtotupakan käyttäjillä näyttää olevan taipumus siirtyä savukkeisiin.

Tupakan verotuksen harmonisointi Euroopan maissa on PPACTE-hankkeen mukaan tärkeää, jotta matkustajatuonti ja salakuljetus eivät heikentäisi verotuksen vaikutusta ja vähentäisi valtion verotuloja.

Hinnan ohella myös tiedon lisääntyminen tupakoinnin terveyshaitoista ja tupakoinnin rajoittamistoimenpiteet ovat selvästi vähentäneet tupakan kulutusta. Useimmissa tutkituissa maissa tupakoinnin rajoitukset vähensivät savukkeiden kulutusta. Jos tupakoinnin rajoitusten indeksi (0–100) kasvaa maassa 10 pisteellä, savukkeiden kulutuksen arvioidaan vähenevän 2–3 prosenttia.

Esimerkiksi Suomessa tupakkalain säätämisen jälkeen toteutetut tupakoinnin rajoittamistoimet, kuten työpaikatupakoinnin kieltäminen ja ravintolatupakoinnin rajoittaminen ja täyskielto ovat tutkimuksen selvästi vähentäneet savukkeiden kulutusta, mutta yksittäisten toimien merkitystä ja tehoa on vaikeaa erikseen arvioida.

Suomi on toteuttanut monet keskeiset tupakoinnin rajoittamistoimenpiteet ennen useimpia vanhoja

EU-maita. Vasta 1990-luvun puolivälissä monet EU-maat ryhtyivät toteuttamaan toimia, jotka Suomessa oli toteutettu jo kaksikymmentä vuotta aiemmin tupakkalain myötä. Suomi on säilyttänyt johtavan asemansa tupakoinnin ehkäisyssä pitkälle 2000-luvulle, vain Irlanti ja Iso-Britannia ovat ajaneet ohi.

Lähde:

Lien Nguyen, Gunnar Rosenqvist, Markku Pekurinen (2012). Demand for Tobacco in Europe. An Econometric Analysis of 11 Countries for the PPACTE Project. [Ekonometrinen analyysi tupakkatuotteiden kysynnästä 11 Euroopan maassa]. Terveyden ja hyvinvoinnin laitos (THL). Raportti 6/2012. Juvenes Print – Tampereen yliopisto paino Oy.

Lisätietoja:

Gunnar Rosenqvist

professori
THL, Hanken

puh. 040 5313 549
gunnar.rosenqvist(at)hanken.fi

Markku Pekurinen

tutkimusprofessori
THL

puh. 050 3670 841
markku.pekurinen(at)thl.fi

Lien Nguyen

erikoistutkija
THL

puh. 040 1781 403
lien.nguyen(at)thl.fi

Terveyden ja hyvinvoinnin laitoksen (THL) 020-alkuiset puhelinnumerot poistuvat käytöstä 9.5.2012. Tilalle tulee valtionhallinnon uusi 0295-alkuinen numerointi. THL:n viestintä palvelee teitä

numerossa 029 524 6161 arkisin kello 9-16. V

* DRAFT RELEASE – NOT FOR FURTHER DISTRIBUTION *

Experts express concern at mounting evidence that Netherlands is diverging from rest of Europe on health protection and tobacco control

* As other countries seek to tighten tobacco control provisions, Netherlands government diluting protection for its citizens, potentially leading to more than 124,000 preventable deaths between 2011 and 2040 *

(Thursday 19th May, 2011, Amsterdam, The Netherlands): Leading public health experts today expressed alarm that the government of the Netherlands is diluting existing provisions for tobacco control and support for smoking cessation.

In recent months, the Dutch government has overturned a full ban on smoking in public places in order to permit smoking in some hospitality outlets. In addition, it has announced an end to public health communications campaigns regarding the dangers of smoking and cut funding for STIVORO, the Netherlands' main tobacco control advocacy group. Recent comments from Anne Mulder, a spokesperson on healthcare for one of the governing parties, indicate that the Government may also be about to withdraw funding for smoking cessation aids from 2012. An announcement to that effect, and on the future of public health in the Netherlands, is expected on Friday 20th May.

Professor Geoffrey T. Fong, the Chief Principal Investigator of the ITC Project (which conducts research to evaluate the implementation of the Framework Convention on Tobacco Control (FCTC) across 20 countries, including the Netherlands), commented: "These are truly retrograde steps. The government asserts that their policies support freedom of choice, but ITC Project research suggests that is not the case. The assumption and condition of libertarianism is that well-informed people can make their own choices. Yet even now, smokers in the Netherlands are comparatively ill-informed about the risks of smoking*. In spite of this, the government is reducing the information available to consumers, refusing to introduce graphic pack warnings and reducing assistance for smokers who want to quit. Consequently, Dutch citizens will not have the knowledge they need to make informed decisions about their health, nor helped when they want to make positive choices. Arguably, their degree of choice is being radically diminished, not enhanced, by these measures."

Professor Fong's reservations were echoed by other public health and tobacco control experts who are concerned that tobacco control is being sidelined in the Netherlands, despite the country's status as a signatory to World Health Organisation's Framework Convention on Tobacco Control (FCTC).

Florence Berteletti Kemp, Director of the Smokefree Partnership, a tobacco control organization focusing on tobacco control in the EU, said, "I am appalled by the attitude of the Dutch government and the Health Minister. None of their policies are evidence based; we know that as knowledge increases, so does public support for effective measures to combat smoking, such as a smokefree hospitality sector. It is not surprising that in the Netherlands, where knowledge of the harms of tobacco is so low, the comprehensive smoke-free law has been weakened by the Government. In other countries, such as Ireland and France, people are already convinced of the damage caused by smoking and passive smoking, and such measures are well-received. In this respect, the Netherlands has fallen out of step with the rest of Europe, where the consensus is to

move forward in efforts to protect the health of fellow Europeans. Several other European governments are extending and tightening their tobacco control measures, such as the full ban on smoking in public places introduced in Spain at the start of the year. The reason for taking such action is that research proves that inaction is deadly and half measures have been proven not to work. We urge the government of the Netherlands to reconsider its actions, in order to increase real choice for its citizens. But is the Dutch government only listening to the Tobacco industry?"

Luk Joossens, Advocacy Officer of the Association of European Cancer Leagues, said: "In 1992, we saw the Netherlands (together with Germany, the UK, and Denmark) form a blocking minority against an EU-wide advertising ban on tobacco products. Over time, those governments eventually decided to act in the best interests of their people and support such a ban. However, the Netherlands is now taking the same stance with respect to the new EU directive on tobacco product regulation, with Health Minister Schippers declaring that she is very much against pictorial health warnings on cigarette packs. This is in spite of the fact that two-thirds of Dutch people support the introduction of such warnings, that they have been proven to work in other countries, and that they have already been adopted in 40 countries around the world. The Netherlands' government is out of step with popular opinion, the available evidence and the strategy of the European Union."

Public health experts within the Netherlands are also alarmed: Marc Willemsen, Professor in tobacco control research at the University of Maastricht and Principal Investigator of the ITC Netherlands Project commented: "As a signatory to the FCTC, the Netherlands has a duty to inform its people about the dangers of smoking and support them in their efforts to quit. Failure to do so will only lead to a health and social tragedy, with lives and economic activity cut short. The ITC Netherlands Report published in March was prescient in demonstrating the need to invest heavily in improving the knowledge of Dutch smokers, and more generally to support tobacco control efforts. But the current government appears to be doing precisely the opposite, and the country is thus on the path of increasing the burden of sickness and death in a country where already over 3.7 million people smoke and 19,000 people die every year as a consequence of smoking. In times of economic difficulty it is tempting to cut back on public health expenditure, but in the long term we will see this is a false economy and future generations will not thank us."

An inevitable increase in the number of preventable deaths was confirmed by Professor Luke Clancy, Director General of the TobaccoFree Research Institute in Ireland and project leader of the PPACTE project. Professor Clancy explained: "From the data we can conclude that comprehensive tobacco control policies in the Netherlands could lead to a 29% (relative) reduction in smoking prevalence between 2011 and 2020. This would save 2,850 lives (by averting premature deaths) in the year 2020 alone. Between 2011 and 2020, at least 16,000, lives could be saved; between 2011 and 2040, at least 145,000 lives could be saved. Tobacco control, fundamentally, is about saving lives – which surely outweighs any political ideology."

Note for editors:

About the ITC Netherlands Project

The ITC Netherlands Project is an extensive research and evaluation effort to examine the effects of tobacco control policy domains in the Netherlands. This is achieved by following a group of over 2,000 smokers and non-smokers over time in each country, using established measures of tobacco control impact. The ITC Netherlands Project is part of the overall ITC Project (see below). In the Netherlands, the ITC Netherlands Project is being conducted on behalf of and in cooperation with STIVORO by Maastricht University (CAPHRI), led by Professor Marc Willemsen. The fieldwork is carried out by TNS NIPO. The researchers collaborate with the University of Amsterdam (ASCoR), Leiden University Medical Center and the University of Waterloo in Canada. Internationally, the ITC Project is coordinated by the University of Waterloo.

*Key Findings:

The report entitled, *ITC Netherlands Survey: A Report on Smokers' Awareness of the Health Risks of Smoking and Exposure to Second-hand Smoke*, released in March 2011, found that Dutch smokers possess poor levels of awareness regarding the health harms of smoking and second-hand smoke:

Only 61% of Dutch smokers agree that second-hand smoke is dangerous to non-smokers, compared with 96% of smokers in France, 89% of smokers in Germany and 83% of smokers



**3m Euro Tobacco Research Contract for TFRI,
The Digital Depot, Dublin.**

The TobaccoFree Research Institute Ireland (TFRI) is to coordinate a 3m euro research contract on a project entitled, Pricing Policies and control of Tobacco in Europe.(PPACTE) The first meetings designed to launch the project will be held at the Digital Depot, Dublin on Thursday 26th and Friday 27th February.

PPACTE “Pricing Policies and control of Tobacco in Europe“ is a collaborative 3 year project being funded by the European Commission’s Seventh Framework Programme for Research and Technological Development (FP7).

PPACTE will look at the impact of price and taxes on the effect of fiscal policy and tobacco control in Europe and offer recommendations to Member States (MS) and to the European Commission. PPACTE

will provide an understanding of how to use pricing policies for the effective and equitable control of tobacco in Europe, which is imperative for addressing the disease burden caused by tobacco use. However, it is complicated by the diversity between MS in terms of their stage in the tobacco epidemic and their level of Tobacco Control development as well as their current economic, cultural, and political environment.

Professor Luke Clancy, Director of RIFTFS said today, “The EU’s FP7 structure has allowed TFRI to bring together a multidisciplinary team with some of the best health economists, epidemiologists, public health specialists and tobacco control policy experts under its leadership – to work on this project. The partners are: TFRI (Coordinator), Ireland, IARC France, THL Finland, IRFMN Italy, IUATLD France, UoB UK, ICO Spain and HBSA USA”.

This project will provide the most comprehensive analysis of the effectiveness of tobacco pricing policy to date, which will be available and applicable to each MS in the EU.

The consortium involved in this project leverages the best people from around the world in one team to address a hugely important topic. An additional benefit to Ireland is that the project will increase funding for high level jobs here in Tobacco control and thus build research capacity in this important area.

Coordinator: TobaccoFree Research Institute Ireland (TFRI)
The Digital Depot, Thomas Street, Dublin 8. www.tri.ie
EU funding: 3 million euro
Project Duration: 3 years

**ENDS: Further information contact / interview:
Professor Luke Clancy, 086 8364337**

Below are Figures tables and Graphs from the PPACTE project:

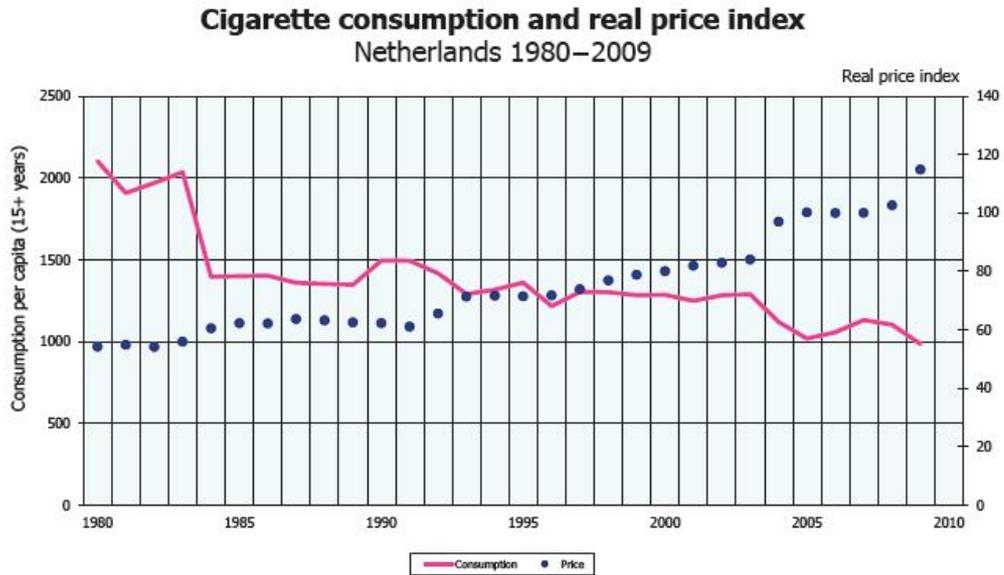


Figure 1 Netherlands,

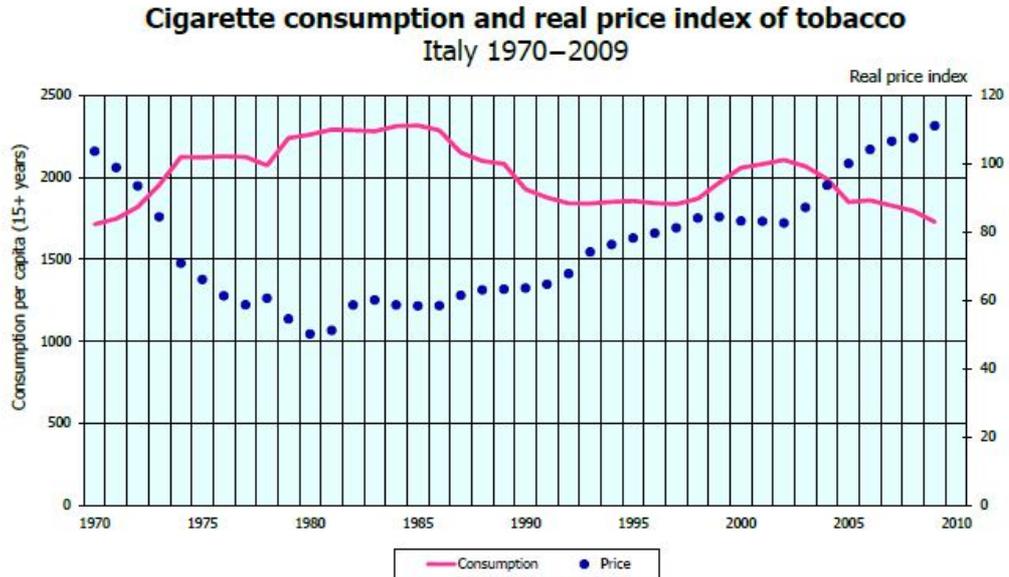


Figure 2 Italy

Country	Excise as percentage of retail price in 2010	Absolute change in annual smoking-attributable deaths (deaths averted) due to a tax increase			
		2020	2030	2040	Cumulative
Poland	68	502	1302	1572	27 094
Czech Republic	64	383	907	1042	19 008
Spain	64	807	2241	2881	46 737
Turkey	63.6	1900	5878	8729	124 915
France	63.6	1277	3470	4511	73 568
Great Britain	63	1234	2957	3493	62 753
Ireland	63	128	357	467	7474
Germany	60	3121	7596	8582	158 468
Finland	60	210	513	585	10 702
Italy	58.5	2138	5021	5519	105 204
Netherlands	57	830	1960	2149	40 839
Sweden	52	445	953	938	19 873
Ukraine	43.3	7804	17 193	18 258	362 542
Russian Federation	21.5	31 111	75 654	96 273	1 619 165

Not valid for direct comparison among countries, given differences in model assumptions and data inputs

Table 2.1. Absolute change in annual smoking-attributable deaths (deaths averted) if tax is increased to 70% of price relative to the status quo

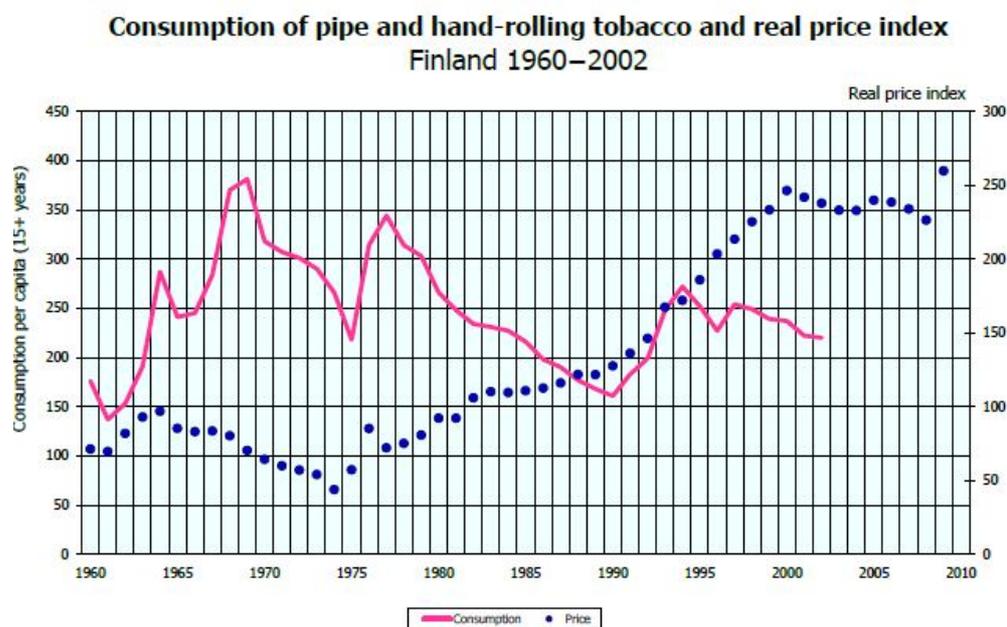


Figure 2.12 Finland

Country	Excise as percentage of retail price in 2010	Smoking prevalence at status quo 2010 (%)	2011	2020	2030	2040
Poland	68	35.5	-2.0	-2.7	-3.4	-4.2
Czech Republic	64	34.6	-5.1	-6.6	-8.3	-9.9
Spain	64	31.7	-4.5	-6.1	-8.4	-10.3
Turkey	63.6	43.4	-5.6	-6.9	-8.2	-9.3
France	63.6	27.1	-5.7	-7.5	-9.3	-10.6
Great Britain	63	22.8	-5.6	-7.5	-9.4	-11.1
Ireland	63	26.1	-6.7	-8.6	-10.8	-12.9
Germany	60	31.3	-6.0	-7.5	-9.0	-10.4
Finland	60	25.2	-9.1	-12.4	-15.7	-18.5
Italy	58.5	26.8	-7.3	-9.0	-10.9	-12.6
Netherlands	57	29.6	-8.3	-10.3	-12.5	-14.5
Sweden	52	12.6	-11.5	-13.7	-16.7	-20.0
Ukraine	43.3	49.6	-18.3	-20.3	-23.0	-25.7
Russian Federation	21.5	61.1	-17.7	-22.7	-28.2	-32.5

Not valid for direct comparison among countries, given differences in model assumptions and data inputs

Prevalence estimates for ages ≥ 15 in Czech Republic, Finland and Turkey; 16–85 in Sweden; ≥ 16 in Spain; ≥ 18 in France, Ireland, the Netherlands, Poland, the Russian Federation and Ukraine; and 18–85 in Germany, Italy and the Great Britain

Table 2.2. Percentage change in male smoking prevalence if tax is increased to 70% of price with all other policies held constant at 2010 levels

Country	Excise as percentage of retail price in 2010	Smoking prevalence at status quo (2010)	2011	2020	2030	2040
Poland	68	24.1	-1.9	-2.5	-3.1	-3.6
Czech Republic	64	23.1	-4.8	-6.0	-7.4	-8.7
Spain	64	21.7	-4.8	-6.4	-8.4	-10.1
Turkey	63.6	16.1	-5.8	-7.0	-8.2	-9.2
France	63.6	22.9	-5.5	-6.8	-8.2	-9.6
Great Britain	63	20.5	-5.6	-7.5	-9.4	-10.9
Ireland	63	25.1	-6.9	-8.6	-10.5	-12.4
Finland	60	18.6	-9.3	-12.0	-14.8	-17.6
Germany	60	21.4	-6.0	-7.4	-8.8	-10.1
Italy	58.5	15.0	-7.1	-8.4	-10.0	-11.6
Netherlands	57	24.9	-8.2	-10.1	-12.0	-13.7
Sweden	52	20.9	-12.4	-15.0	-17.9	-20.9
Ukraine	43.3	16.1	-18.4	-20.0	-22.1	-24.6
Russian Federation	21.5	16.6	-18.1	-22.0	-26.3	-29.9

Not valid for direct comparison among countries, given differences in model assumptions and data inputs

Prevalence estimates for ages ≥ 15 in Czech Republic, Finland and Turkey; 16–85 in Sweden; ≥ 16 in Spain; ≥ 18 in France, Ireland, the Netherlands, Poland, the Russian Federation and Ukraine; and 18–85 in Germany, Italy and the Great Britain

Table 2.3. Percentage change in female smoking prevalence if tax is increased to 70% of price, with all other policies held constant at 2010 levels

Cigarette consumption and real price index
Ireland 1970–2009

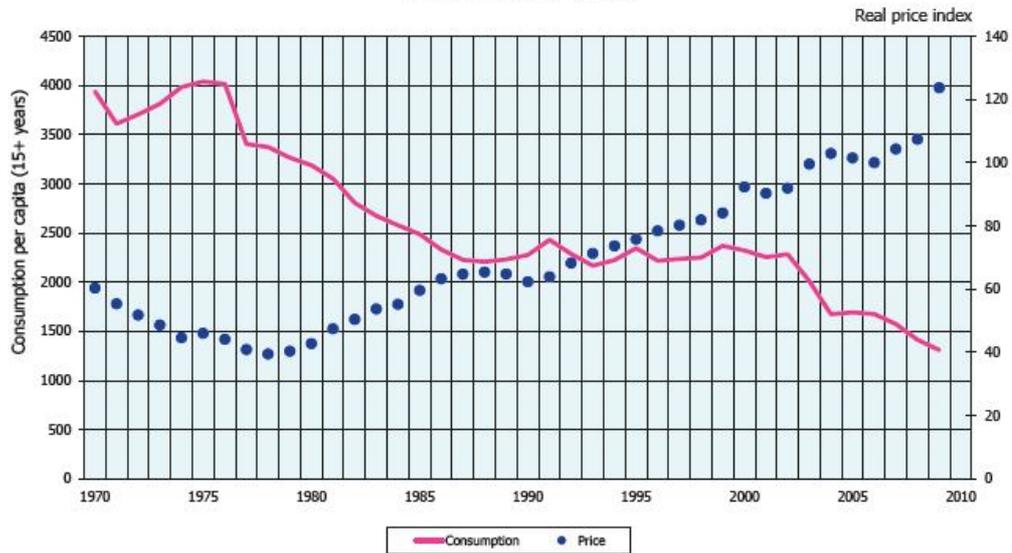


Figure 3 Ireland

Cigarette consumption and real price index
United Kingdom 1953–2009

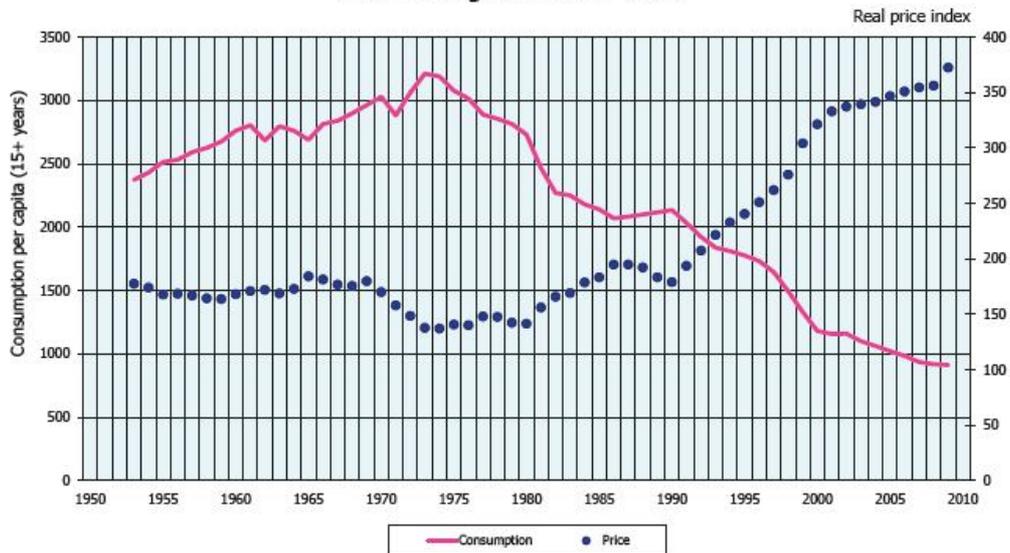


Figure 4 United Kingdom

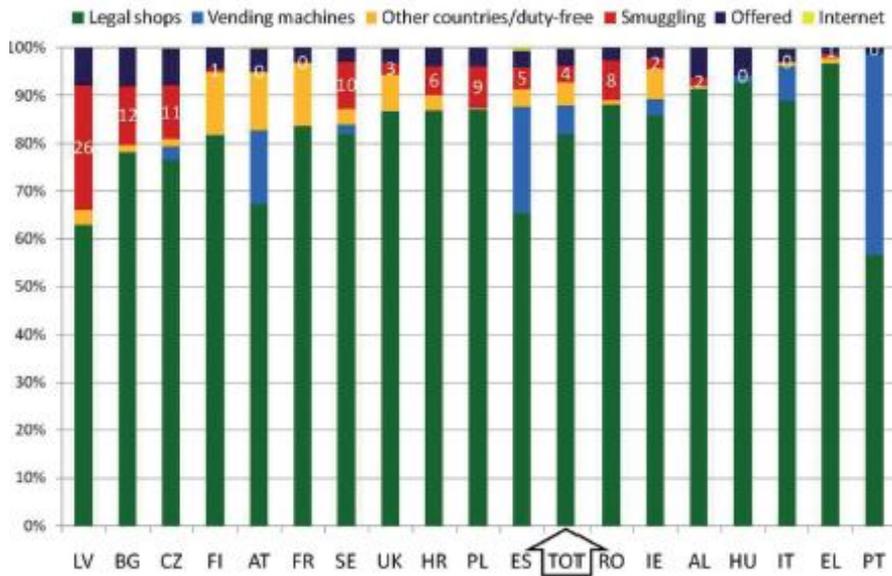


Figure 4.1. Percentage distribution of current smokers according to where they bought their packs of cigarettes during the past 30 days, overall* and by country, sorted by percentage buying from legal shops and from vending machines (ascending order).

Data from PPACTE WP2 Survey, 2010 - UK refers specifically to England

* Computed by weighting each country in proportion to the population aged ≥ 15 years

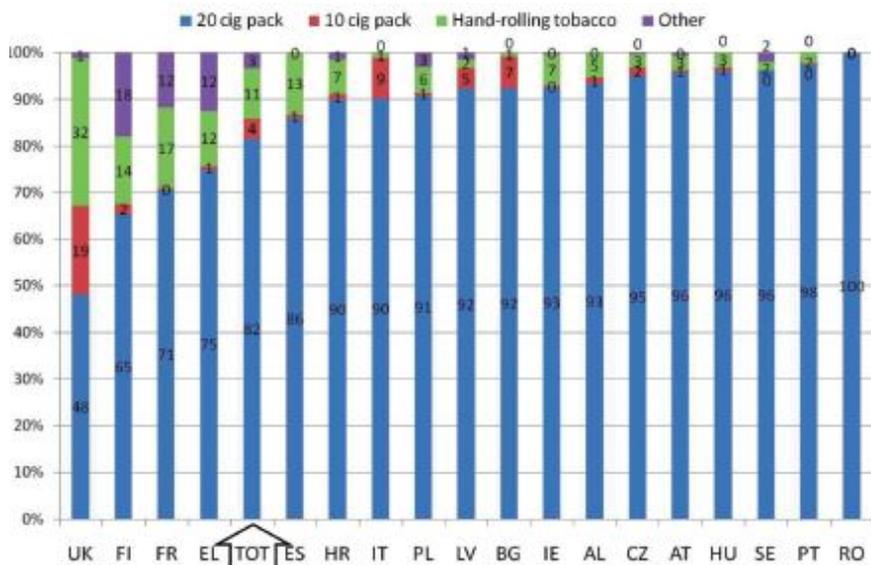


Figure 4.2. Percentage distribution of current smokers according to the type of their latest pack of cigarettes, overall* and by country, sorted by '20-cigarette pack' (ascending order).

Data from PPACTE WP2 Survey, 2010 - UK refers specifically to England

* Computed by weighting each country in proportion to the population aged ≥ 15 years

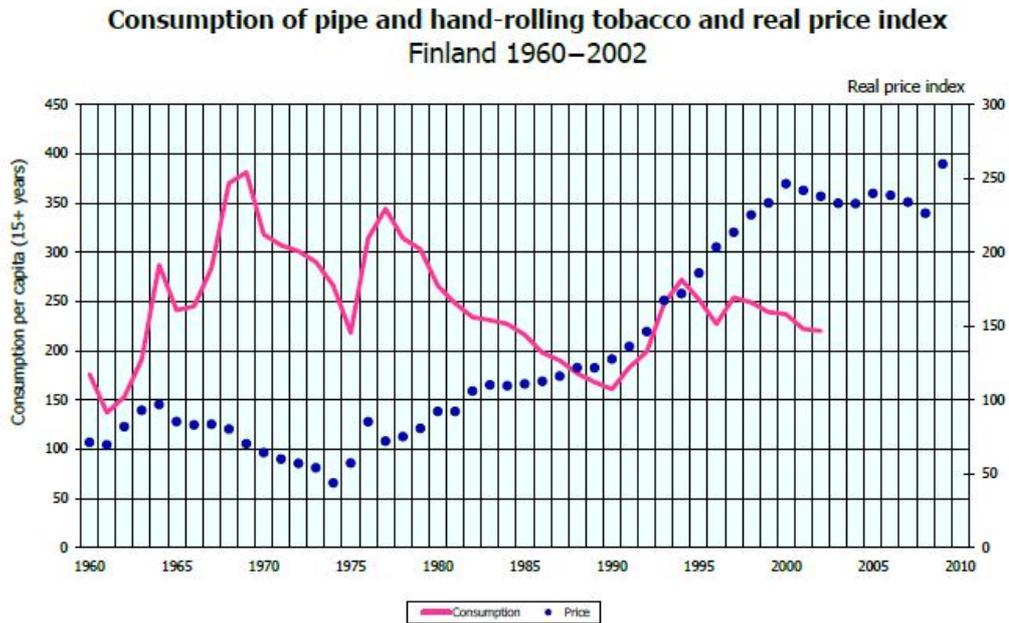


Figure 5. Finland

Aims	Arguments
Oppose any further large-scale increase in total tax incidence (68, 69).	<ul style="list-style-type: none"> • Large price increases driven by a rapid tax increase would increase smuggling (67). • Smuggling could reduce government revenue from tax; therefore, there is no guarantee that revenue would increase with European Union harmonization (67). • The minimum excise tax level is to be reviewed by the European Commission in 1996, so the target level of 57% might be changed or removed by 2000 (67).
Oppose the 57% minimum excise level required by the European Union (68, 69).	<ul style="list-style-type: none"> • Avoid promoting, endorsing or even mentioning this requirement when lobbying governments (68, 69).
Encourage derogation for implementing the minimum excise incidence of 57%, for at least 5 years after integration into the European Union (69, 70).	<ul style="list-style-type: none"> • The European Union white paper on central and eastern Europe encourages gradual adoption of European Union legislation and preservation of macroeconomic stability during accession (67). • Rapid restructuring of the tax systems would result in unsustainable price increases, which could seriously damage the economies of the accession countries (67). • The European Union permits acceding countries to request derogations (67).

Table 5.2. Transnational tobacco companies' tax harmonization goals and arguments for central European countries (Czech Republic, Hungary, Poland, Romania, Slovakia)

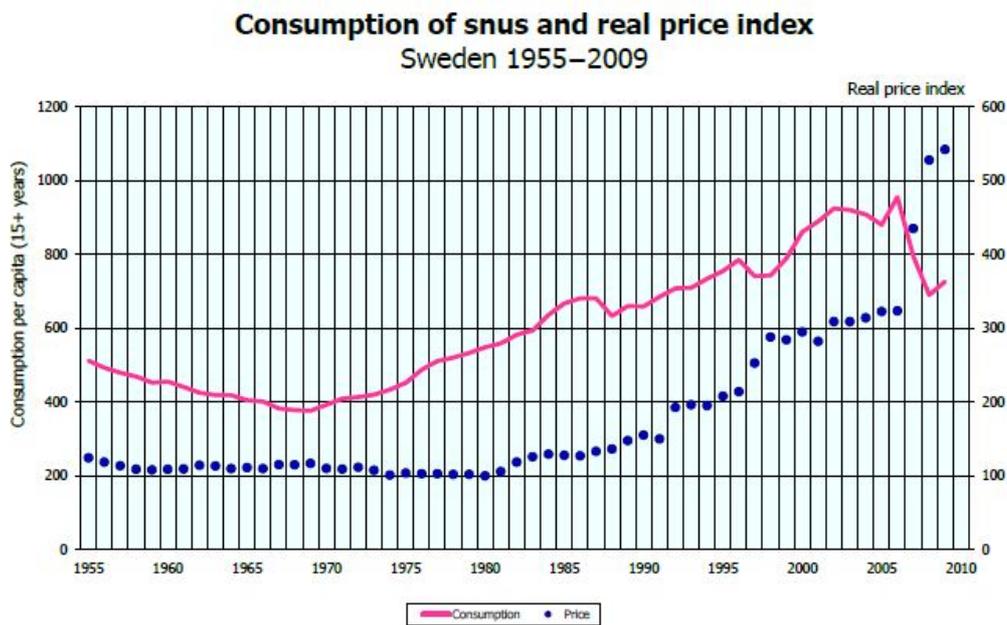


Figure 6 Sweden

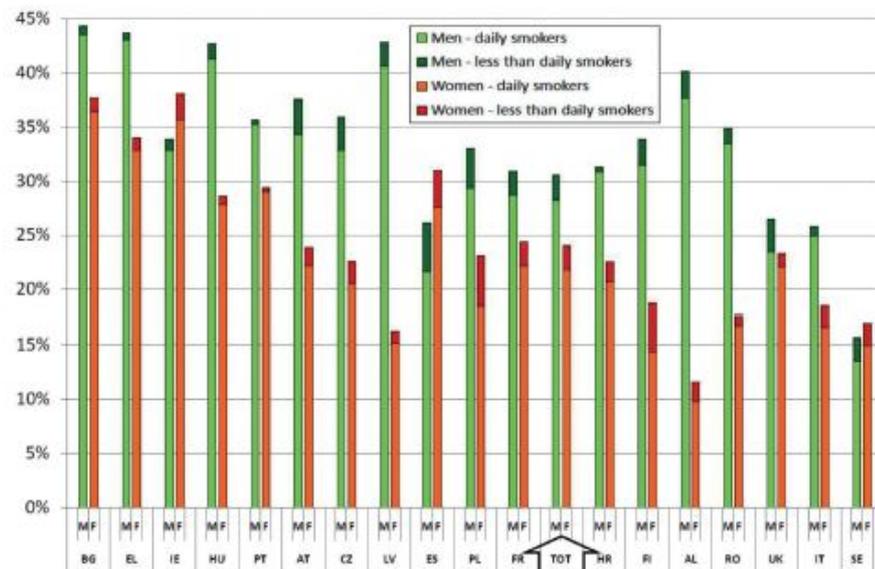


Figure 6.1. Sex-specific prevalences of current smokers, overall* and by country, sorted by prevalence of current smokers of each sex (descending order)

Data from PPACTE WP2 Survey, 2010 - UK refers specifically to England

*Computed by weighting each country in proportion to the population aged ≥ 15 years

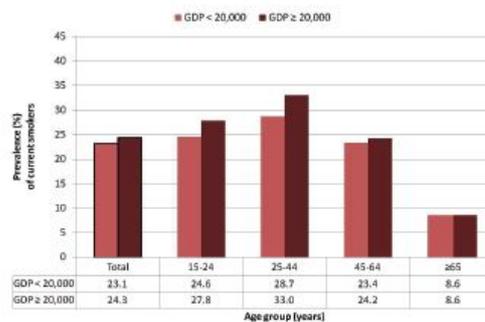
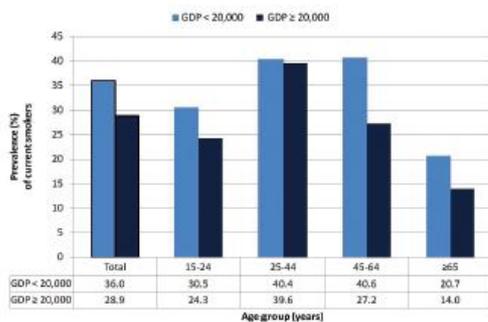
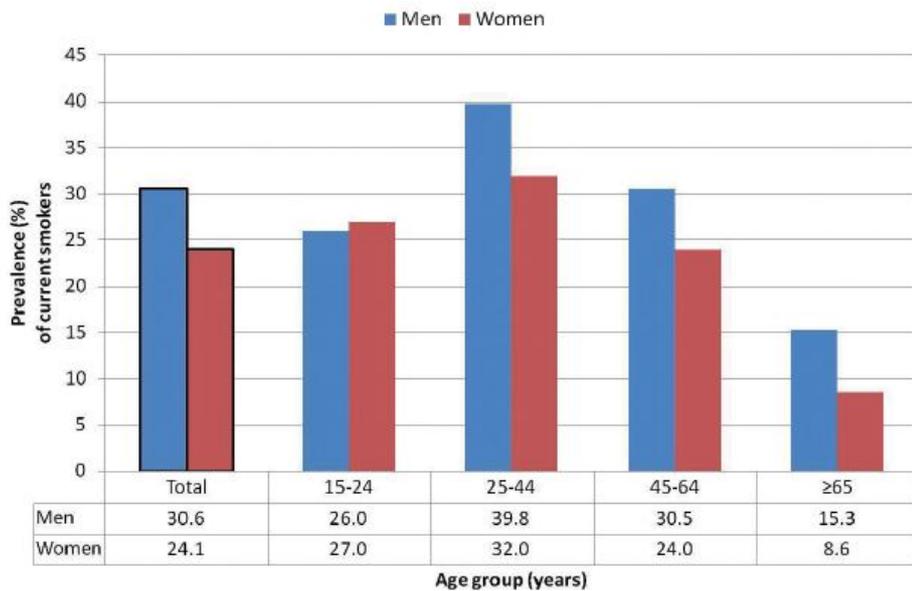


Figure 6.2. Sex-specific percentage prevalences of current smokers, overall* and according to age group in the total sample Data from PPACTE WP2 Survey, 2010

*Computed by weighting each country in proportion to the population aged ≥ 15 years

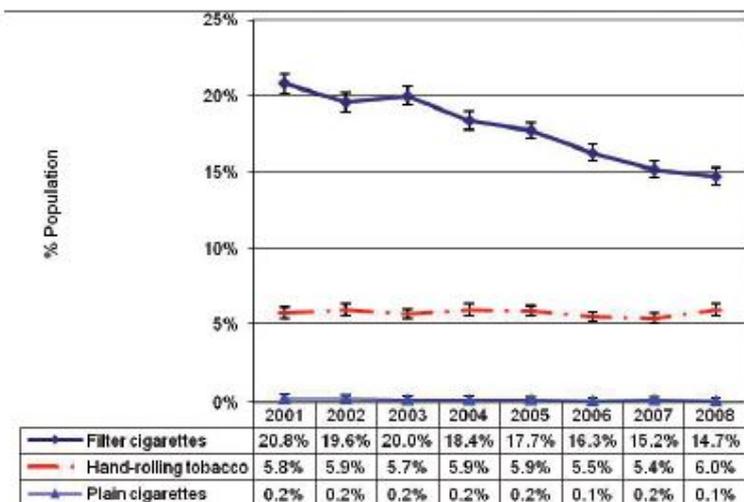


Figure 6.3 Smoking trends in the population of the Great Britain, 2001-2008: Proportions of the population smoking filter cigarettes and hand-rolling tobacco

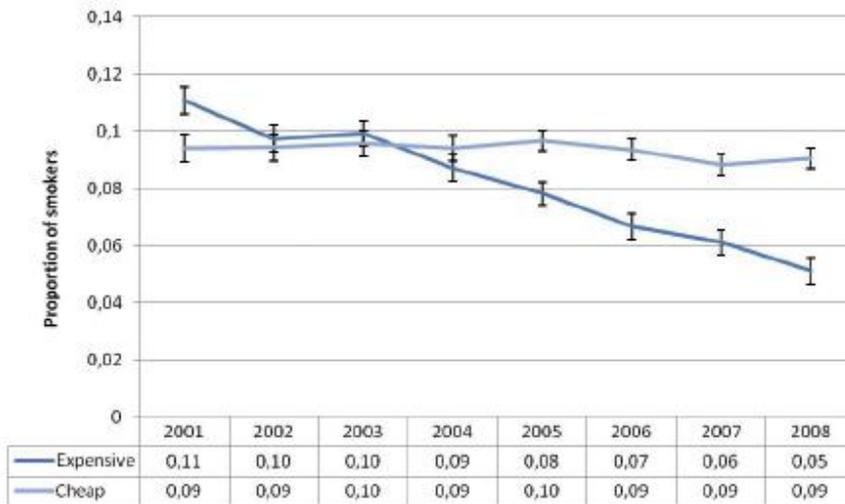


Figure 6.4. Smoking trends in the population of the Great Britain, 2001–2008: proportions of the population smoking cheap (economy and ultra-low-price) and expensive (premium and mid-price) cigarettes

From reference (47) The proportions presented do not add up exactly to the proportions who smoke filter cigarettes shown in Figure 6.3 because we were unable to allocate all filter cigarette brands to a price category, general household surveys did not identify a brand for each smoker or, for a few brands identified, we were unable to obtain price data.

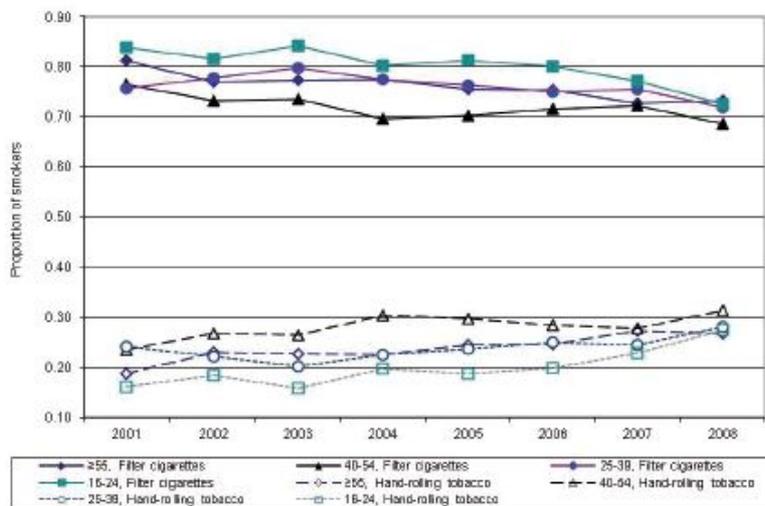


Figure 6.5. Smoking trends in the population of the Great Britain 2001–2008: proportions of smokers smoking filter cigarettes and hand-rolling tobacco, by age group