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Alþingi
Erindi nr. Þ 136/801
komudagur 3.2.2009

Reykjavík 2. febrúar 2009

Nefndasvið Alþingis
Austurstræti 8 - 10
150 Reykjavík

Efni: Umsögn um frumvarp til laga um tóbaksvarnir, 162. mál, EES-reglur, varúðarmerkingar og auglýsingar.

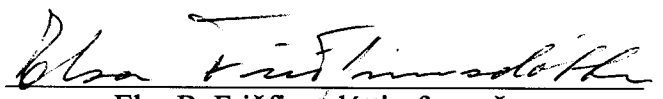
Stjórn Félags íslenskra hjúkrunarfræðinga (Fíh) þakkar fyrir að fá tækifæri til að veita umsögn um ofangreint frumvarp.

Í frumvarpinu er kveðið á um heimild til notkunar á myndum til að vara við skaðsemi reykinga á tóbaksumbúðum. Í alþjóðasáttmála Alþjóða heilbrigðismálastofnunarinnar (WHO) um forvarnir fyrir almenning, Framework Convention on Tobacco Control (FCTC) sem Íslendingar hafa undirritað, er hvatt til notkunar á varúðarmerkingum á tóbaksumbúðir. Í ár mun WHO fylgja þessu frekar eftir með áherslum á alþjóðlega reykleysisdeginum þann 31. maí 2009 undir yfirskriftinni „Tobacco Health Warnings“, sjá nánar á slóðinni: <http://www.who.int/tobacco/communications/events/wntd/2009/en/index.html>

Stjórn Fíh fagnar því þessari breytingu og hvetur til notkunar litmynda til viðbótar við þær varúðarmerkingar sem nú þegar eru til staðar. Það er vel stutt rannsóknum að viðvaranir í formi mynda séu áhrifaríkari til að vekja fólk frekar til umhugsunar um heilsutengda áhættuhegðun en eingöngu texti.

Virðingarfyllst,

F.h. stjórnar Félags íslenskra hjúkrunarfræðinga,


Elsa B. Friðfinnsdóttir, formaður

2.2.2009

Alþingi
Erindi nr. p 136/800
komudagur 3.2.2009

Heilbrigðisnefnd

FÍS hefur borist umsagnarbeiðni vegna máls 162, frumvarp til laga um tóbaksvarnir.

Félagið hefur engar athugasemdir.

Félagið þakkar fyrir að til þess sé leitað.

Virðingarfyllst,

Páll Rúnar M. Kristjánsson hdl.



- fyrir íslenska verslun

Alþingi, nefndarsvið
Heilbrigðisnefnd
Austurstræti 8-10
150 Reykjavík

Alþingi
Erindi nr. P 136/777
komudagur 23.1.2009

Garðabær 3. ~~apríl~~ 2008

**Umsógn vegna frumvarps til laga um tóbaksvarnir, 162. mál, EES-reglur,
varúðarmerkingar og auglýsingar.**

Á fundi heilbrigðisnefndar Hafnarfjarðar- og Kópavogssvæðis þann 19. janúar 2009
var ofangreint mál til umfjöllunar.

Heilbrigðisnefnd þakkar fyrir að hafa fengið tækifæri til að koma að sínum
sjónarmiðum og telur ekki þörf á gera athugasemd við frumvarpið

Virðingarfyllst,
f. h. heilbrigðisnefndar.

Guðmundur H. Einarsson

Guðmundur H. Einarsson,
framkvæmdastjóri.





HEILBRIGÐISEFTIRLIT
KJÓARSVÆÐIS

KJÓS



Alþingi

Erindi nr. P 136/784
komudagur 26.1.2009

Nefndasvið Alþingis
Austurstræti 8-10
150 Reykjavík

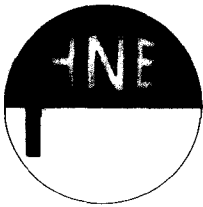
22. janúar 2009

**Umsögn um frumvarp til laga um tóbaksvarnir 162. mál, EES reglur,
varúðarmerkingar og auglýsingar.**

Ekki verður séð að breytingar á tóbaksvarnarlögum samkvæmt frumvarpinu leiði til
lakari tóbaksvarna. Ekki eru gerðar athugasemdir við frumvarpið.

Virðingarfyllst

Árni Davíðsson
heilbrigðisfulltrúi



HEILBRIGÐISEFTIRLIT NORÐURLANDS EYSTRÁ

Kt. 470199-2029 · Akureyrardeild · Furuvellir 1 · 600 Akureyri · Sími: 462 4431 · Fax: 461 2396 · Netfang: hne@hne.is
Húsavíkudeild · Garðarsbraut 19, 640 Húsavík · Símar: 464 2690 og 898 8340 · Fax: 464 1395 · Netfang: oggi@hne.is

Alþingi

Erindi nr. P 136/803

komudagur 3.2.2009

Akureyri, 29-01-2009

Heilbrigðis- og tryggingarnefnd Alþingis
Alþingi
150 Reykjavík

Einnig sent í tölvupósti.

Efni: Umsögn um 162. mál, frumvarp til laga um breytingu á lögum nr. 6/2002, um tóbaksvarnir.

Umsögn:

Heilbrigðisnefnd Norðurlands eystra bókaði á fundi sínum 21. janúar 2009 að hún gerir engar athugasemdir við fyrirhugaðar breytingar á tóbaksvarnarlögum.

Virðingarfyllst,

f.h. Heilbrigðiseftirlits Norðurlands eystra

Valdimar Brynjólfsson
framkvæmdastjóri



Austurvegur 56 - 800 Selfoss

Sími 480 8220 – Myndsendir 480 8201 – Netfang hs@sudurland.is – Kennitala 480284-0549

Alþingi
Erindi nr. P 136/766
komudagur 20.1.2009

Nefndasvið Alþingis
Austurstræti 8-10
150 REYKJAVÍK

Selfossi, 19. janúar 2009
0901041HS MBG

Efni: Umsögn vegna frumvarps til laga tóbaksvarnir.

Heilbrigðiseftirlit Suðurlands hefur mótttekið bréf yðar þar sem óskað er eftir umsögn frumvarps til laga um tóbaksvarnir, 162. mál, EES-regla, varúðarmerking og auglýsingar.

Heilbrigðiseftirlit Suðurlands gerir engar athugasemdir til frumvarpsins.

F.h. Heilbrigðiseftirlits Suðurlands,

María Berg Guðnadóttir

María Berg Guðnadóttir
heilbrigðisfulltrúi



Reykjavíkurborg
Umhverfis- og samgöngusvið

Heilbrigðisnefnd Alþingis
Nefndasvið Alþingis
150 REYKJAVÍK

Alþingi
Erindi nr. P / 36 / 799
komudagur 3.2. 2009

Reykjavík, 29. janúar 2009
Tilvísun: 2009010396

Umsögn um frumvarp til laga um breytingu á lögum nr. 6/2002 um tóbaksvarnir með síðari breytingum.

Vísað er til bréfs heilbrigðisnefndar Alþingis dags. 16. janúar s.l. þar sem óskað er umsagnar Heilbrigðisnefndar Reykjavíkur um frumvarp til laga um breytingu á lögum nr. 6/2002 um tóbaksvarnir með síðari breytingum.

Heilbrigðisnefnd Reykjavíkur gerir ekki athugasemdir við frumvarpið.

Virðingarfyllt
f.h. Heilbrigðisnefndar Reykjavíkur

Rósa Magnúsdóttir
deildarstjóri Umhverfiseftirlits

Alþingi
Erindi nr. P 136/1283
komudagur 12.3.2009

Heilbrigðisráðuneytið

Minnisblað

Viðtakandi: **Ríkisstjórn**
Sendandi: **Heilbrigðisráðherra**
Dagsetning: **07.10.2008**
Málsnúmer: **HTR04100048**
Bréfalykill: **03.02**

Efni: Frumvarp til laga um breytingu á lögum nr. 6/2002 um tóbaksvarnir

Með frumvarpi þessu er lagt til að gerðar verði tilteknar breytingar á tóbaksvarnarlögum sem nauðsynlegar eru til að mæta skuldbindingum okkar samkvæmt EES samningnum meðal annars um tilkynningaskyldu samkvæmt tilskipun 98/34 EB og til að samræma löggjöf okkar að öðrum tilskipunum Evrópuþingsins og ráðs Evrópusambandsins.

Í frumvarpinu er lagt til að ráðherra verði veitt heimild til að kveða á um upptöku varúðarmerkinga í formi litmynda á tóbaksumbúðir í samræmi við tilskipanir Evrópusamningsins þar um. Innan Evrópusambandsins hefur Belgía þegar tekið upp slíkar viðvörðunarkerkingar og fleiri lönd hafa hafið undirbúning að upptöku slíkra merkinga.

Í frumvarpinu er lagt til að felld verði brott ákvæði um að þeir sem framleiða, flytja inn eða selja tóbak megi ekki á samþykkis heilbrigðis-og tryggingamálaráðherra gefa með orðum eða táknum sínar eigin upplýsingar á umbúðum um heilsufarsleg áhrif af neyslu hennar. Samkvæmt tilskipun 98/34 EB var ákvæðið tilkynningaskyld til Eftirlitsstofnunar EFTA en þeirri skyldu var ekki sinnt á sínum tíma. Með frumvarpi þessu og tilkynningu þess til Eftirlitsstofnunarinnar hefur þeirri tilkynningaskyldu nú verið sinnt. Við nánari athugun þykir ákvæðið óþarft enda tilgangur þess sá sami og í 2. málslíð 4. mgr.6. gr. Ákvæðið svo breytt hefur því ekki efnislegar breytingar í för með sér.

Í frumvarpinu er lagt til að orðalagi 2. og 3. málslíð 1. mgr 7. gr. laganna verði breytt þannig að heimilt verði að miðla upplýsingum um tóbaksvörur til þeirra sem selja tóbak í heildsölu eða smásölu enda sé þess gætt að upplýsingarnar séu ekki aðgengilegar neytendum eða öðrum. Sama á við um auglýsingar í ritum sem prentuð eru og gefin út utan EES svæðisins enda séu þau fyrst og fremst ætluð til dreifingar utan svæðisins og megintilgangur þeirra ekki að auglýsa tóbaksvörur.

Í frumvarpinu er bann við innflutningi, framleiðslu og sölu á leikföngum eða sælgæti sem er eftirlíking af sígarettum, vindlum eða reykjarpípum fellt úr 8. gr og er tekið upp sem nýr málslíður í 7. gr laganna. Með þeirri breytingu er lítið á sölu af þessu tagi sem óbeina tóbaksauglýsingu. Samkvæmt tilskipun 98/34 EB var ákvæðið tilkynningaskyld til Eftirlitsstofnunar EFTA en þeirri skyldu var ekki sinnt. Með frumvarpinu og tilkynningu þess til Eftirlitsstofnunarinnar hefur þeirri skyldu nú verið sinnt.

Ein athugasemd barst varðandi frumvarpsdrögin í lok tilkynningaferlisins. Athugasemdin

kom frá Eftirlitsstofnun EFTA varðandi 2. gr. frumvarpsins. Gerð er athugasemd við að Áfengis- og tóbaksverslun ríkisins væri heimilt að gefa út verðskrá fyrir tóbak, en samkvæmt tilskipun 95/59 EB og dómi Evrópudómstólsins sé það óheimilt. Í samráði við fjármálaráðuneytið var því ákveðið að fella brott úr texta 2. gr. frumvarpsins orðin "verðskrá fyrir tóbak".

Case handler: Joakim Zander
Tel: +32 (0)2 286 1873
E-mail: jza@eftasurv.int

Brussels, 18 January 2008
Case No: 63255
Event No: 460013

EFTA SURVEILLANCE
AUTHORITY

Dear Sirs,

Subject: Comments by the EFTA Surveillance Authority to the Icelandic Notification 2007/9026/IS

The Icelandic Notification 2007/9026/IS under the information procedure laid down in the Act referred to at point I of Chapter XIX of Annex II to the Agreement on the European Economic Area (Directive 98/34/EC of the European Parliament and of the Council of 22 June 1998 laying down a procedure for the provision of information in the field of technical standards and regulations, as amended), concerning a proposal for a regulation regarding requirements for the labelling, advertisement and pricing of tobacco products has prompted the EFTA Surveillance Authority (hereafter "the Authority") to make the following comments:

The notified draft regulation aims to establish rules relating to the labelling, advertisement and pricing of tobacco products in Iceland. Article 1 of the draft regulation states that the minister is empowered to take decisions on labelling which are in compliance with the Tobacco Directive¹ and the Commission decisions taken on the basis of the directive. The Icelandic Government has informed the Authority that the Tobacco Directive has been fully implemented in Iceland.

The parts of Article 2 of the notified draft that relate to the advertising of tobacco products appear to be concurrent with EEA law. However, Article 2 also states that the Icelandic Government shall issue a "price list" for tobacco products. In this regard the Authority would like to emphasise that if such a price list aims at fixing retail prices for tobacco products, it is not in compliance with EEA law. Article 9(1) of Council Directive 95/59/EC of 27 November 1995 on taxes other than turnover taxes which affect the consumption of manufactured tobacco states that manufacturers or their agents shall be free to set the maximum retail price for tobacco products. The Court of Justice of the European Communities (hereafter "ECJ") has held that the fixing of minimum prices inevitably affects the setting of maximum retail prices and is therefore in breach of Directive 95/59.²

Furthermore, the ECJ has ruled that the fixing of prices of tobacco products is not necessary in order to achieve the legitimate aim of lowering the consumption of said products.³ Higher retail prices lead to increased profit margins for the tobacco

¹ Directive 2001/37/EC of the European parliament and of the Council of 5 July 2001 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco products

² Case 302/00 *Commission v France* [2002] ECR I-2055, para. 15 and Case C-216/98 *Commission v Greece* [2000] ECR I-8921, para. 21.

³ Case C-216/98 *Commission v Greece*, para. 31.

manufacturers, while adjusting the taxation level is a more effective way to achieve the stated aim.⁴

The Authority invites the Icelandic Government to take note of the observations contained in this letter.

For the EFTA Surveillance Authority,

Yours faithfully,



Kristján Andri Stefánsson
College Member

⁴ Ibid, para. 32.

ÍSÍ ÍÞRÓTTA- OG ÓLYMPIÚSAMBAND ÍSLANDS
THE NATIONAL OLYMPIC AND SPORTS ASSOCIATION OF ICELAND

Íþróttamiðstöðinni Laugardal, Engjavegi 6, 104 Reykjavík,
Sími/Tel. +354 514 4000, Fax +354 514 4001, isi@isi.is, www.isi.is, www.olympic.is



Alþingi
Erindi nr. Þ 136/794
komudagur 29.1.2009

**Nefndasvið Alþingis
Austurstræti 8-10
150 Reykjavík**

Reykjavík, 26. janúar 2009

**Varðar: Frumvarp til laga um tóbaksvarnir, 162. mál, EES-reglur,
varúðarmerking og auglýsingar.**

Íþróttá- og Ólympíusamband Íslands fagnar ofangreindu frumvarpi til laga um tóbaksvarnir sem vonandi hvetur fólk enn frekar til að láta af reykingum með skýrari skilaboðum um skaðsemi þeirra.

Þetta tilkynnist hér með.

Með kveðju,
ÍSÍÞRÓTTA- OG ÓLYMPIÚSAMBAND ÍSLANDS

Líney Rut Halldórsdóttir
framkvæmdastjóri

ÓLYMPIUFJÖLSKYLDAN

SIOVA

VISA

GLITNIR

ICELANDAIR
WWW.ICELANDAIR.IS

Alþingi
Erindi nr. P 136/804
komudagur 4.2.2009



Til Nefndasviðs Alþingis
Heilbrigðisnefndar
b.t. Eiríks Áka Eggertssonar

2. febrúar 2009

Umsögn um frumvarp til laga um breytingu á lögum nr. 6/2002, um tóbaksvarnir, með síðari breytingum, 162. mál.

Fyrir hönd Krabbameinsfélags Íslands vil ég lýsa yfir ánægju með efni þessa frumvarps og legg til að það verði samþykkt.

Efni þess hefur lengi verið baráttumál krabbameinsfélaga og læt ég fylgja í viðhengi röksemdarfærslu frá Luk Joossens. Luk hefur um árabíl unnið ötullega að tóbaksvörnum hjá Belgíska krabbameinsfélaginu og eins hjá Samtökum evrópskra krabbameinsfélaga (ECL). Hann hefur hlotið viðurkenningu Alþjóðsamtaka krabbameinsfélaga (UICC) fyrir starf sitt. Í erindi Luks er getið 11 landa sem þá höfðu tekið upp þær myndrænu viðvaranir sem ofangreint frumvarp leggur til. Nú hafa a.m.k. 23 lönd tekið þetta upp.

Einnig bendi ég á eftirfarandi slóð:

<http://www.tobaccolabels.ca/>

Við vonum að auknar og betri merkingar forði fleirum frá því að byrja reykingar og að þær hvetji þá sem þegar reykja til að hætta. Einnig fögnum við banni gegn innflutningi leikfanga eða sælgætis sem höfða til barna en líkjast tóbaki eða pípum.

Með vinsemd og bestu kveðjum,

Guðrún Agnarsdóttir
forstjóri Krabbameinsfélags Íslands

Ten reasons for introducing pictorial health warnings on tobacco products.

Presentation of Luk Joossens, Advocacy Officer of ECL at the Portuguese Parliament on 21st November 2007.

The first guiding principle of the WHO's Framework Convention on Tobacco control (FCTC) is that every person should be informed of the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke (Article 4, §1).

The ten reasons to inform smokers through the use of pictorial warnings on tobacco products are the following.

- 1) Legally possible: according to Commission Decision of 5 September 2003 on the use of colour photographs or other illustrations as health warnings on tobacco packages, EU Member States are allowed to use pictorial health warnings on tobacco products.
- 2) Technically possible: pictorial health warnings on cigarette packs exist already in eleven countries: Canada, Brazil, Thailand, Venezuela, Chile, Uruguay, Singapore, Jordan, Australia, New Zealand and Belgium.
- 3) Cost-effective for Governments: pictorial health warnings represent a cost for the tobacco industry, but not for governments.
- 4) Eye-catching: this in line with the saying that "a picture tells more than a thousand words."
- 5) Informative: research in four countries among 9058 smokers in 2002 showed that in Canada, where pictorial warnings include information about the risks of impotence, smokers were 2.68 times more likely to agree that smoking causes impotence compared to smokers from the US, UK and Australia.[HYPERLINK \l "BM__ftn1"\[1\]](#)
- 6) Additional support for smokers who want to stop smoking: 43% of Belgian smokers who want to quit smoking within a year said the new pictorial warnings increased their motivation to quit smoking in 2007.[HYPERLINK \l "BM__ftn2"\[2\]](#)
- 7) Less attractive for youngsters: 48% of Belgian smokers, aged 15 to 17 year, think the new warnings make the packages look less attractive.[HYPERLINK \l "BM__ftn3"\[3\]](#)
- 8) Improves a comprehensive tobacco advertising ban: tobacco packs are important promotional vehicles. Pictorial health warnings are an important step towards generic packaging which is consistent with the intention to ban all tobacco promotions.[HYPERLINK \l "BM__ftn4"\[4\]](#)
- 9) Provides useful information on how to quit: All cigarette packs in Brazil include pictorial warnings and a toll-free number that smokers can call for help to quit smoking. In most European countries the number of the quit-line is only mentioned in one of the 14 health warnings. 50% of the smokers in Belgium would like the number of the quit-line to be printed on all cigarette packs.
- 10) Important element of a comprehensive tobacco control policy: pictorial health warnings on tobacco products make the product less attractive and target smokers by providing them with information on tobacco-related health risks. They are an essential component of a comprehensive tobacco control programme.

The question remains why governments are so reluctant to make pictorial health warnings obligatory on all tobacco products. A concern could be that shocking pictures are not the best way to inform smokers. Qualitative research in the UK has shown that images tended to be effective where they conveyed shock, immediacy and empathy. Smokers tended to always favour 'shock' images that were disturbing or unpleasant to look up.[HYPERLINK \l "BM__ftn5"\[5\]](#) Research in Belgium provided similar results.[HYPERLINK \l "BM__ftn6"\[6\]](#) Warnings judged to have the most impact are those that were felt to be the most graphic and most distributing. The reality is that there are 10 good reasons to introduce pictorial health warnings on



Alþingi
Eiríkur Áki Eggertsson, nefndarritari
Skrifstofa Alþingis
Kirkjustræti
150 Reykjavík

Seltjarnarnesi, 30. janúar 2009
2009010244/91/MH/aba

Efni: Umsögn um frumvarp til laga um um breytingar á lögum nr. 6/2002, um tóbaksvarnir, með síðari breytingum.

Landlæknisembættið þakkar veitt tækifæri til umsagnar um ofangreint frumvarp.

Með frumvarpinu er lagt til að gerðar verði tilteknar breytingar á tóbaksvarnalögum sem nauðsynlegar eru taldar til að mæta skuldbindingum okkar samkvæmt EES-samningnum, m.a. um tilkynningarskyldu samkvæmt tilskipun 98/34/EB og til að samræma löggjöf okkar að öðrum tilskipunum Evrópuþingsins og ráðs Evrópusambandsins.

Ein af áhrifameiri forvörnum sem hægt er að beita til að bæta heilsu íslensku þjóðarinnar, draga úr tíðni sjúkdóma og fækka dauðsföllum, er að vinna að því að draga tóbaksneyslu. Landlæknisembættið telur að frumvarpið komi enn frekar á framfæri við fólk hversu skaðleg tóbaksnotkun er. Landlæknisembættið á fulltrúa í tóbaksvarnarráði, sem heyrir undir lýðheilsustöð, og tekur undir það sem fram kemur í umsögn Lýðheilsustöðvar.

Í þessu sambandi skal upplýst að landlæknir telur rétt að breytingar verði gerðar á reglugerð nr. 236/2003 um um viðvörunarmerkingar á tóbaki og mælingarog hámark skaðlegra tóbaksefna. Þar segir í IV. kafla 14. gr.:

Framleiðendur og innflytjendur tóbaksvara skulu árlega, í fyrsta sinn eigi síðar en 30. september 2003, láta landlækni í té skrá yfir öll innihaldsefni, ásamt magni þeirra, sem eru notuð við framleiðslu á þessum tóbaksvörum, eftir vöruheiti og tegund. Skránni skal fylgja:

1. yfirlýsing þar sem greint er frá ástæðum fyrir því að viðkomandi innihaldsefnum er bætt í þessar tóbaksvörur,
2. skýring á virkni innihaldsefnanna og flokkun þeirra,
3. eiturefnafræðilegar upplýsingar sem framleiðandinn eða innflytjandinn hefur aðgang að um innihaldsefnið í brunnu eða óbrunnu formi þeirra, eftir því sem við á, einkum að því er varðar áhrif þeirra á heilsu, að teknu tilliti m.a. til allra ávanabindandi áhrifa. Í skrá þessari skal innihaldsefnum vörunnar raðað eftir þyngd.

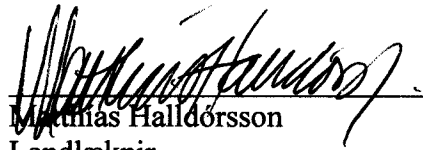
Landlæknir skal tryggja á viðhlítandi hátt miðlun þeirra upplýsinga sem veittar eru í samræmi við þessa grein, í því skyni að fræða neytendur. Samt sem áður skal tekið viðeigandi tillit til verndunar upplýsinga um sérstakar framleiðsluáðferðir sem eru viðskiptaleyndarmál.

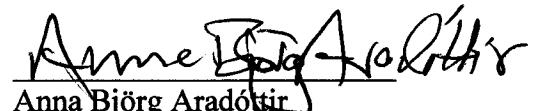
Landlæknir skal tryggja að almenningur hafi aðgang að skránni yfir innihaldsefni hvernar vöru, þar sem fram kemur m.a. hve mikla tjöru, nikótín og kolsýring hún gefur frá sér.

Landlæknir skal árlega senda heilbrigðis- og tryggingamálaráðuneytinu öll gögn og upplýsingar sem lagðar eru fram samkvæmt þessari grein.

Landlæknisembættið telur ekki að það þetta verkefni falli undir skilgreint hlutverk landlæknis, skv. lögum nr. 41/2007. Þetta fellur betur að hlutverki Umhverfisstofnunar sem eftirlitsaðila með innihaldi vöru eða Lýðheilsustöðvar sem á að annast tóbaksvarnir.

Virðingarfyllst,


Matthías Halldórsson
Landlæknir


Anna Björg Aradóttir
yfirhjúkrunarfræðingut

Afrit: Heilbrigðisráðuneyti



Alþingi
Erindi nr. P 136/806
komudagur 4.2.2009

Nefndarsvið Alþingis
b.t. heilbrigðisnefndar
Austurstræti 8-10
150 Reykjavík

Landspítala, 3. febrúar 2009
Tilv.: 40.13/DH

Umsögn Landspítala um frumvarp til laga um breytingu á lögum nr. 6/2002, um tóbaksvarnir, þskj. 190, 162. mál.

Athugasemdir við einstaka greinar frumvarpsins

1. gr.

- a.** Samkvæmt ákvæðinu setur ráðherra nánari ákvæði um merkingar í reglugerð, eins og verið hefur. Lagt er til að í reglugerð ráðherra verði kveðið á um að óheimilt sé að tiltaka magn hvers innihaldsefnis á sígarettupakka og að einungis verði heimilt að tilgreina hvaða efni sígarettunnar innihaldi. Rökin fyrir þessari tillögu eru m.a. að birting á magni innihaldsefna getur gefið neytendum villandi upplýsingar að því leyti að þeir líti svo á að ef minna magn t.d. nikótíns eða tjöru er í einni tegund sígarettugerðar að þá sé sú tegund „hollari“ en önnur. Auk þess hefur verið sýnt fram á að mælingar sem gerðar eru á magni innihaldsefna í sígarettum eru ekki í samræmi við raunverulegt magn efna sem neytendur fá með reykingum og því villandi hvað varðar raunverulega hættu sem neytendum stafar af. Í þessu sambandi má m.a. vísa í skýrslu sem unnin var í nóvember 2007 í University of Waterloo, *Tobacco Packaging and Labelling: A Review of Evidence*, bls. iv (sjá nánar www.tobaccolabels.ca/constitu).

Einnig má benda á að í tilvitnaðri skýrslu, bls. 26, er fjallað um þá hugmynd að allir sígarettupakkar hafi sama útlit óháð tegund og framleiðanda („Plain“ Packaging) www.tobaccolabels.ca/prohibit. Ávinniningur af þessu væri að draga úr villandi áhrifum auglýsinga/markaðssetningar á neytendur. Í því sambandi má sem dæmi

nefna að sýnt hefur verið fram á að neytendur hafa tilhneigingu til að tengja ljósbláan lit við „light“ sígarettur, en raunin er ekki sú. Einnig hefur verið sýnt fram á (sjá tilvitnaða skýrslu) að einfaldar umbúðir draga úr áhrifum markaðssetningar gagnvart unglíngum og undirstrika viðvörunartexta og aðrar merkingar á sígarettupökkum.

2. gr.

- a. Athygli vekur að með ákvæðinu er felld út heimild í tóbaksvarnarlögum til handa Áfengis- og tóbaksverslun ríkisins að gefa út verðskrá fyrir tóbak.

f.h. forstjóra Landspítala


Dagrún Hálfánardóttir, lögfræðingur

Afrit:

Hulda Gunnlaugsdóttir, forstjóri Landspítala

Alþingi
Erindi nr. Þ 136/793
komudagur. 29.1.2009
Reykjavík 23. janúar 2009

Nefndarsvið Alþingis
Austurstræti 8-10
150 Reykjavík

Framkvæmdastjórn Landsambands eldri borgara hefur á fundi sínum þann 23. janúar 2009 fjallað um frumvarp til laga um tóbaksvarnir, 162. mál, EES-reglur, varúðarmerking og auglýsingar. Stjórnin styður þær breytingar sem lagt er til að verði gerðar á tóbaksvarnarlögum sem nauðsynlegar eru taldar til að mæta skuldbindingum okkar samkvæmt EES-samningum meðal annars um tilkynningarskyldu samkvæmt tilskipun 98/34/EB og til að samræma löggjöf okkar öðrum tilskipunum Evrópuþingsins og ráðs Evrópusambandsins.

Fyrir hönd Landssambands eldri borgara

Valgerður Katrín Jónsdóttir
Framkvæmdastjóri LEB

Alþingi
Erindi nr. Þ 136/798
komudagur 3.2.2009



Alþingi
Eiríkur Áki Eggertsson
Nefndarritari
Skrifstofa Alþingis
Kirkjustræti
150 Reykjavík

Reykjavík, 26.01.2009
Tilv. 006/2009 - 0.02.01
VJ

Efni: Umsögn um frumvarp til laga um um breytingar á lögum nr. 6/2002, um tóbaksvarnir, með síðari tíma breytingumtóbaksvarnir, 162. mál.

Lýðheilsustöð þakkar veitt tækifæri til umsagnar um ofangreint frumvarp.

Með frumvarpinu er lagt til að gerðar verði tilteknar breytingar á tóbaksvarnalögum sem nauðsynlegar eru taldar til að mæta skuldbindingum okkar samkvæmt EES-samningnum, m.a. um tilkynningarskyldu samkvæmt tilskipun 98/34/EB og til að samræma löggjöf okkar að öðrum tilskipunum Evrópuþingsins og ráðs Evrópusambandsins.

Ein áhrifamesta forvörnin sem hægt er að beita til að bæta heilsu íslensku þjóðarinnar, draga úr tíðni sjúkdóma og fækka dauðsföllum, er að vinna mjög vel að því að draga úr neyslu á tóbaki. Með slíku forvarnarstarfi er hægt að vinna markvisst gegn þeim áhættuþætti sem heilsu þjóðarinnar stendur hvað mest ógn af.

Fjölmargar þjóðir heims hafa tekið höndum saman um að spyrna við þeim heilsufarslega og þjóðfélagslega kostnaði sem hlýst af tóbaksneyslu ár hvert. Einn liður í að ná til reykingamanna er að hafa aðvaranir um skaðsemi reykinga á hverjum pakka af tóbaki. Það, að hafa slíkar merkingar í formi mynda á pökkunum, gerir okkur kleift að ná til allra sem reykja, óháð tungumáli og lestrargetu og er því bæði hagkvæm og skilvirk aðferð til að koma upplýsingum áleiðis til reykingafólks (Joossens, 2007).

Fyrsti alþjóðasáttmáli WHO um forvarnir fyrir almenning, The Framework Convention on Tobacco Control (FCTC) sem Íslendingar hafa undirritað og staðfest kveður á um að aðvaranir ættu að þekja að minnsta kosti 50% af yfirborði hvers pakka af tóbaki en verði að þekja að minnsta kosti 30% af fram- og bakhlið hvers pakka, ásamt þeim valmöguleika að nota myndir sem aðvörun. Nú þegar hafa mörg lönd farið að tilmælum WHO og nota myndir á tóbaksvörur sem aðvörun um skaðsemi reykinga í sínu landi. Ráðleggingar WHO kveða einnig á um að nauðsynlegt sé að leiðbeina fólki sem reykir, hvar hægt sé að fá aðstoð við að hætta að reykja (WHO, 2005).

Evrópusambandið hefur samþykkt tillögur WHO um myndamerkingar sem ráðleggingar um tóbaksvarnir fyrir löndin innan sambandsins. Af aðildarlöndunum má nefna að Belgía og Bretland hafa farið að þessum tilmælum og merkja nú tóbakspakka með myndum. Íslendingar hafa samþykkt að stefna að því að innleiða ákvörðun Evrópusambandsins, 2003/641/EC frá 5. september 2003, um tóbaksvarnir þar sem vísað er til tilskipunar 2001/37/EC, frá 5. júní 2001. Í þeirri ákvörðun er mælt með notkun litmynda til viðbótar við þær heilsuáðvaranir sem nú þegar eru til staðar á tóbaksvörum (European Commission's Warnings, 2007).

Kanadamenn eru í broddi fylkingar þeirra sem sýnt hafa gott fordæmi með myndum og viðvörðunarkerkingum á tóbaksvörum. Þar í landi var strax árið 2000 sett lög um aðvaranir í formi **mynda um skaðsemi reykinga og upplýsinga um aðstoð við að hætta að reykja skyldu vera á hverjum pakka af tóbaki**. Rannsókn kanadíska krabbameinsfélagsins sýnir að aðvaranir á pökkum í formi mynda letja reykingafólk til að reykja og það sem meira er um vert, hvetur það til að hætta að reykja. Önnur mjög mikilvæg niðurstaða rannsóknarinnar er að það hefur sýnt sig að í samanburði við texta eru myndir mun áhrifaríkari leið, en textinn til að vara við skaðsemi tóbaks (Kyle, 2007).

Niðurstöður rannsókna sem gerðar hafa verið eftir lagabreytingu þessa í Kanada, hafa gefið skýrar vísbendingar um gagnsemi mynda sem aðvörunar. Þær undirstrika einnig mikilvægi þess að stefnumótandi aðilar, innan heilbrigðiskerfisins, viðhaldi settri stefnu enda er hún greinilega að skila sér í því að fleiri reykingamenn eru að hætta að reykja og fleiri að reyna að hætta að reykja (Hammond, Fong, McDonald, Brown, Cameron, 2004; Hammond, Fong, McNeill, Borland, Cummings, 2006; Kyle, 2007).

Sífelld bætast við fleiri rannsóknaniðurstöður sem gefa vísbendingar um að aðvaranir í formi mynda vekji fólk frekar til umhugsunar um heilsutengda áhættuhegðun en eingöngu texti. Myndir fangi frekar athygli fólks, það verður meðvitaðra um áhættuna og sýnir frekar tilfinningaviðbrögð við því að sjá mynd. Þannig séu myndir eftirminnalegri í huga fólks og því öflugri leið til þess að hvetja fólk til að hætta að reykja (Commonwealth of Australia, 2003; Health Canada, 1999; Hammond, Fong, McNeill, Borland, Cummings, 2006).

Að lokum; ýmsar rannsóknir hafa sýnt að áhrifamáttur merkinga á tóbaksvörum fer eftir **stærð** þeirra, **staðsetningu** merkinga á pakkanum og af hvaða **tegund** þær eru. Eftir því sem merkingarnar eru **meira áberandi** og **auðskiljanlegri**, sbr. skilaboð í formi mynda, þeim mun meiri áhrif hafa merkingarnar til að hvetja reykingarfólk til að hætta að reykja og gera fleiri tilraunir til þess að hætta. Eins hefur það sýnt sig að aðvaranir um skaðsemi eiga sinn líftíma og skipta þarf reglulega um skilaboð til að þær haldi gildi sínu sem forvörn (Hammond, Fong, Borland, Cummings, McNeill, Driezen, 2007; Henderson, 2000; Joossens, 2007).

Segja má að hér sannist hið fornkvæða; að mynd segi meira en þúsund orð.

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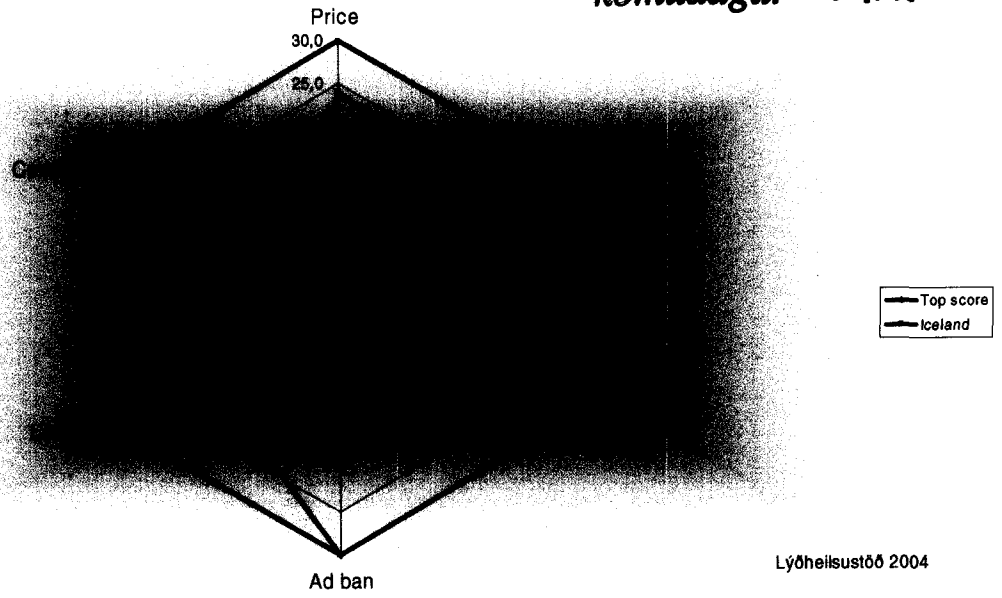
Virðingarfyllt



Þóroldur Þórlindsson

Forstjóri Lyðheilsustöðvar

Alþingi
Erindi nr. P 134/882
komudagur 19.2.2009



Lýðheilsustöð 2004



Canada

2000-present

Health Effects sex - impotence, clever



Canada

2000-present

Health Effects stroke - diseased organ, brain, stroke, gross

Other Warnings used in Testing and Development**



Canada

2006

Health Effects other - cervical cancer, lived experience



Canada

2006

Addiction - cigarette addiction uncontrollable



Canada

2006

Addiction - cigs as jail bars, clever



Canada

2006

Addiction - death, gravestone, clever



Canada

2006

Addiction - lived experience



Canada

2006

Addiction - promoting healthy living



Canada

2006

Addiction - quitting, lived experience



Canada

2006

Addiction - teens hooked on cigs, clever

[Click here](#) for more Canadian warnings used in testing and development.

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Progress in Tobacco Control in 30 European Countries, 2005 to 2007

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Responsible editor: Swiss Cancer League, Effingerstrasse 40, CH-3001 Berne

Introduction

In this report we describe the results of a survey of tobacco control activity in 30 European countries in 2007, using the Tobacco Control Scale (TCS), first described in our 2006 paper, *The Tobacco Control Scale: a new scale to measure country activity* (1). A description of how the scale was constructed and the original survey methodology can be found in this paper, and the scale itself is reproduced in Table 1. We here report the results of the 2007 survey, compare them with the results of the 2005 survey, and discuss the changes and reasons for them.

The TCS, which quantifies the implementation of tobacco control policies at country level, is based on six policies described by the World Bank (2), which they say should be prioritised in a comprehensive tobacco control programme. The six policies are:

- price increases through higher taxes on cigarettes and other tobacco products;
- bans/restrictions on smoking in public and work places;
- better consumer information, including public information campaigns, media coverage, and publicising research findings;
- comprehensive bans on the advertising and promotion of all tobacco products, logos and brand names;
- large, direct health warning labels on cigarette boxes and other tobacco products;
- treatment to help dependent smokers stop, including increased access to medications.

Table 1. The Tobacco Control Scale (TCS)

Price of cigarettes and other tobacco products	30
The price of Marlboro in January 2005, taking into account Gross Domestic Product per capita expressed in Purchasing Power Standards (PPS). Country with highest price ratio receives 15 points. (see notes)	15
The price of a packet of cigarettes in the most popular price category in January 2005, taking into account Gross Domestic Product per capita expressed in the PPS. Country with highest price ratio receives 15 points.	15
Smoke-free work and other public places on 1 July 2005	22
Complete ban without exceptions (no smoking rooms); enforced	10
Complete ban, but with closed, ventilated, designated smoking rooms; enforced	8
Complete ban, but with ventilated, designated smoking rooms; enforced	6
Meaningful restrictions; enforced	4
Legislation, but not enforced	2
Complete ban; enforced	8
Complete ban, but with closed, ventilated, designated smoking rooms; enforced	6
Meaningful restrictions; enforced	4
Legislation, but not enforced	2
Complete ban in domestic trains without exceptions	1
Complete ban in other public transport without exceptions	1
Complete ban in educational, health, government and cultural places without exceptions	2
OR Ban in educational, health, government and cultural places, but with designated smoking areas or rooms	1
Spending on public information campaigns in 2004	15
Tobacco control spending by the government in 2004, as a proportion of Gross Domestic Product (GDP). Country with highest ratio receives 15 points (see notes).	
Comprehensive bans on advertising and promotion on 1 July 2005	13
Complete ban on tobacco advertising on television	3
Complete ban on outdoor advertising (e.g. posters)	2
Complete ban on advertising in print media (e.g. newspapers and magazines)	2
Complete ban on indirect advertising (e.g. cigarette branded clothes, watches, etc)	2
Ban on point of sale advertising	1
Ban on cinema advertising	1
Ban on sponsorship	1
Ban on internet advertising	½
Ban on radio advertising	½
Large direct health warning labels on 1 July 2005	10

10% or less of packet	1
11 – 25% of packet	2
26 – 40% of packet	3
41% or more of packet	4
Treatment to help dependent smokers stop	10
Well funded national quitline or well funded quitlines in all major regions of country OR National quitline with limited funding or a patch work of small local quitlines	2 1
Cessation support network covering whole country (3); free (3)	6
Cessation support network, but only in selected areas, e.g. major cities (2); free (3)	5
Cessation support network covering whole country (3), partially free (2)	5
Cessation support network, but very limited, just a few centres (1), free (3)	4
Cessation support network, but only in selected areas, e.g. major cities (2), partially free (2)	4
Cessation support network covering whole country (3), not free (0)	3
Cessation support network, but very limited, just a few centres (1), partially free (2)	3
Cessation support network, but only in selected areas, e.g. major cities (2); not free (0)	2
Cessation support network, just a few centres (1), not free (0)	1
Reimbursement of pharmaceutical treatment products OR Partial reimbursement of pharmaceutical treatment products	2 1
Maximum possible score	100

Table notes. **Cigarette price:** Gross Domestic Product can be expressed in PPS (purchasing Power Standard). PPS per capita has been used to take account of real purchasing power in different countries; points are awarded using the same method as for public information campaign spending. **Public information campaign spending:** the top country, the UK, is awarded 15 points; the UK ratio (spending/GDP) is then divided by 15 and the resulting number receives 1 point; countries achieve points for multiples of that number. **Advertising:** television is the medium most used for tobacco advertising in countries with no advertising restrictions; outdoor advertising (e.g. posters) is a prominently used medium when television advertising is banned; indirect advertising (e.g. clothing, watches, or other products with cigarette branding, is the industry's favoured loophole when there are otherwise comprehensive advertising bans. **Why rankings for price and spending?** PPS takes account of affordability within a country. This introduces a (constantly changing) ratio, rather than absolute figures. In order to simplify this abstract ratio ranking system, we attributed the highest score to the country with the highest ratio. The method is best understood by consulting the raw data and resulting points scored, on the website.

Methods

In 2005 the European Network for Smoking Prevention (ENSP) provided a grant to LJ to re-run a survey, originally conducted in 2005, to measure tobacco control activity at country level in Europe (3). The questionnaire was sent to the ENSP correspondents, who had agreed to fill in their country data. They were nominated by ENSP because they were the official country representatives to ENSP, members of their national coalition and thus knowledgeable about tobacco control (Table 2). During 2007 the survey was repeated with the same 30 European countries, with financial support from the Swiss Cancer League.

Table 2: National correspondents who filled in the TCS questionnaire in 2007

Country	Name	Organisation
Austria	Manfred Neuberger	University of Vienna
Belgium	Luk Joossens	Belgian Foundation against Cancer
Bulgaria	George Kotarov	National Centre of Public Health
Cyprus	Stelios Sycallides	Cyprus National Coalition for the Prevention of Smoking
Czech Rep.	Eva Kralikova	Czech Coalition against Tobacco, Charles University of Prague
Denmark	Jørgen Falk	National Board of Health.
Estonia	Andrus Lipand	Ministry of Social Affairs of Estonia
Finland	Mervi Hara	Suomen ASH
France	Gérard Dubois	French Alliance against Tobacco
Germany	Martina Poetschke-Langer	German Cancer Research Centre
Greece	Maria Pilali & ENSP reports on EU smoke-free and advertising legislation	Hellenic Cancer Society
Hungary	Tibor Szilagyi	Health 21 Hungarian Foundation
Iceland	Bara Sigurjonsdottir	Tobacco Control Task Force of Iceland
Ireland	Valerie Coghlan	ASH Ireland
Italy	Elizabeth Tamang	Centro Regionale di Referimento per la Prevenzione (CRP), Regione del Veneto
Latvia	Janis Caunitis	Health Promotion Centre
Lithuania	Aurelijus Veryga	Kaunas University of Medicine
Luxembourg	Marina Tomasic	Fondation Luxembourgeoise contre le Cancer
Malta	Anne Buttigieg	Health Promotion Department
Netherlands	Marc Willemsen	Foundation on Smoking or Health (Stivoro)
Norway	Siri Naesheim/Rita Lindbak	Directorate for Health and Social Affairs
Poland	Witold Zatonski/Jolanta Smolis	Cancer Centre and Institute of Oncology
Portugal	Luis Reis Lopes	Portuguese Smoking Prevention Council
Romania	Mihaela Haratau & ENSP	Romtens Foundation

	reports on EU smoke-free and advertising legislation	
Slovakia	Darina Sedlakova	WHO Country Office in Slovakia
Slovenia	Ann Luin/Mihaela Lovse & ENSP reports on EU smoke-free and advertising legislation	Slovenian coalition for tobacco control
Spain	Teresa Salvador-Llivina	National Committee for Smoking Prevention (CNPT)
Sweden	Margaretha Haglund	National Institute of Public Health
Switzerland	Verena El Fehri	Association Suisse pour la Prévention du Tabagisme
United Kingdom	Amanda Sandford/Allison Brisbane	ASH and ASH Scotland

The Tobacco Control Scale (TCS), showing the points allocated to each policy, with a maximum score of 100, is shown in Table 1. The right column of the blue rows shows the maximum points that can be scored for each policy. The questionnaire asked about legislation in force on 1 July 2007, price data on 1 January 2007, and the 2006 tobacco control budget. Any legislation, price increases or funding introduced or enforced after those dates are not included.

The following data sources (apart from the questionnaire) were used to score the scale:

- The price of a pack of 20 cigarettes in the most popular price category on 1 January 2007 was based on the 2007 European Commission report "Excise duty tables"(4)
- GDP expressed in Purchasing Power Standards (PPS) per capita and GDP in 2006, and country population data on 1 January 2006 were collected from the statistical office of the European Union (5)
- The tobacco legislation database of the Regional Office for Europe of the World Health Organization
- The WHO European Tobacco Control Report 2007 (6)
- The ENSP report on smoke-free provisions (7)
- The ENSP report on tobacco advertising legislation in Europe (8).

As in 2005 the most common problem in assigning points remained the subjectivity involved in assessing enforcement/implementation and so again we relied in general on the judgment of our correspondents, familiar with the situation in their country.

Results

The results are shown in Tables 3 to 6. Table 3 shows the average sub-scale and total scores in 2005 and 2007; Table 4 shows the TCS scores for the 30 countries in 2007; Table 5 shows the TCS scores for the 30 countries in 2005 (1); and Table 6 compares scores and ranks from 2005 and 2007 and shows how much a country's score and rank has risen or fallen.

Table 3: Average TCS total and sub-scale scores on 1 July 2005 and 1 July 2007 for all 30 countries

	1 July 2005	1 July 2007
Total TCS score (100)	47	52
Price (30)	17	17
Smoke free public places (22)	8	11
Tobacco control spending (15)	2	3
Comprehensive advertising ban (13)	9	11
Health warnings (10)	6	6
Treatment (10)	5	5

Table notes: conventional rounding: .5 and more up, <.5 down; maximum possible score in brackets.

Table 4: European countries ranked by total TCS score in 2007

Rank	Country	Price (30)	Public place bans (22)	Public info. campaign spending (15)	Advertising bans (13)	Health warnings (10)	Treatment (10)
1	UK	30	21	15	11	6	10
2=	Ireland	23	21	3	12	6	9
2=	Iceland	22	17	14	13	6	2
4	Norway	22	17	4	13	6	4
5	Malta	22	17	3	12	7	1
6	Sweden	19	15	1	13	6	7
7	France	21	12	3	11	6	6
8=	Finland	17	12	2	13	7	7
8=	Belgium	16	13	3	12	9	5
10	Italy	17	17	1	10	6	6
11	Estonia	11	13	5	13	6	8
12	Spain	12	15	5	12	6	5
13	Bulgaria	22	8	0	12	6	6
14=	Netherlands	14	9	4	12	6	5
14=	Romania	18	8	1	12	6	5
14=	Poland	14	12	0	12	6	6
17	Slovakia	17	8	0	11	6	6
18	Switzerland	14	6	10	4	6	7
19	Cyprus	17	6	-	12	6	5
20	Denmark	16	3	3	10	6	7
21	Lithuania	10	14	-	10	6	4
22	Hungary	14	6	-	10	6	7
23	Portugal	20	5	-	10	6	1
24	Latvia	9	12	4	9	6	1
25=	Czech Rep.	13	6	0	10	6	5
25=	Slovenia	12	6	0	12	6	4
27	Germany	19	2	0	5	6	5
28=	Greece	15	7	0	4	6	4
28=	Luxembourg	6	11	0	9	7	3
30	Austria	13	4	0	9	6	3

Bold – EU; shaded = countries that increased their score by 10 points or more

Table 5: European countries ranked by total TCS score in 2005

Rank	Country	Price (30)	Public place bans (22)	Public info. campaign spending (15)	Advertising bans (13)	Health warnings (10)	Treatment (10)	Total (100)
1	Ireland	23	21	3	12	6	9	74
2	UK	30	1	15	11	6	10	73
3	Norway	26	17	5	13	6	4	71
4	Iceland	25	11	13	13	6	2	70
5	Malta	19	17	3	9	7	7	62
6	Sweden	19	15	2	13	6	5	60
7	Finland	18	12	1	13	7	7	58
8	Italy	16	17	2	10	6	6	57
9	France	23	6	4	11	6	6	56
10	Netherlands	16	9	4	12	6	5	52
11	Cyprus	21	6	1	12	6	5	51
12=	Poland	16	10	0	12	6	6	50
12=	Belgium	16	8	2	12	7	5	50
14	Slovakia	18	8	0	11	6	6	49
15	Hungary	17	6	1	10	6	7	47
16	Bulgaria *	19	6	0	9	6	6	46
17=	Estonia	14	9	2	11	1	8	45
17=	Denmark	17	3	2	10	6	7	45
19	Portugal	17	5	-	10	6	1	39
20=	Greece	17	7	0	4	6	4	38
20=	Czech Rep.	12	6	0	9	6	5	38
22	Germany	20	2	0	4	6	4	36
22=	Slovenia	13	6	0	7	6	4	36
24	Switzerland	15	5	4	4	3	4	35
25	Lithuania	11	6	1	9	6	1	34
26=	Spain	12	3	3	3	6	4	31
26=	Austria	14	4	0	4	6	3	31
28	Latvia	9	6	1	6	6	1	29
29	Romania *	13	6	0	0	3	5	27
30	Luxembourg	7	4	0	5	7	3	26

Bold – EU; asterisk – accepted to join EU; other – non EU; --- no data. The 10 countries which joined the EU in 2004 are: Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia, Slovenia.

Table 6: Comparison of 2005 and 2007 total TCS scores and ranks

Country	2007 rank	2005 rank	Change in rank	2005 score	2007 score	Change in score
Ireland	2=	1	▼1	74	74	---
Iceland	2=	4	▲2	70	74	▲4
Norway	4	3	▼1	71	66	▼5
Malta	5	5	---	62	62	---
Sweden	6	6	▲1	60	61	▲1
France	7	9	▲2	56	59	▲3
Finland	8=	7	▼1	58	58	---
Belgium	8=	12	▲4	50	58	▲8
Italy	10	8	▼2	57	57	---
Bulgaria	13	16	▲3	46	54	▲8
Netherlands	14=	10	▼4	52	50	▼2
Poland	14=	12	▼2	50	50	---
Slovakia	17	14	▼3	49	48	▼1
Cyprus	19	11	▼8	51	46	▼5
Denmark	20	17	▼3	45	45	---
Hungary	22	15	▼7	47	43	▼4
Portugal	23	19	▼4	39	42	▲3
Czech Rep.	25=	20	▼5	38	40	▲2
Slovenia	25=	22	▼3	36	40	▲4
Germany	27	22	▼5	36	37	▲1
Greece	28=	20	▼8	38	36	▼2
Austria	30	26	▼4	31	35	▲4

Grey: countries that increased total TCS score by 10 points or more.

Table 3 shows that the average overall score has risen over the two years, although not by much, from 47 to 52, just 5 points out of the scale maximum of 100. Furthermore, only three of the six sub-scales show increases – smoke-free public places, tobacco control spending and advertising bans – and again they are small. There is no increase in average scores for price, health warnings and treatment.

The most notable results in the main table (Table 4) are the sharp increases in scores in a handful of countries: UK, Estonia, Spain, Romania, Switzerland, Lithuania, Latvia and Luxembourg. In the table we have highlighted in shading countries that increased their score by 10 points or more. The biggest gain is shown by the UK, as a result of introducing laws

banning smoking in public places, first in Scotland in March 2006, then in Wales and Northern Ireland in April 2007, and finally in England on 1 July 2007. The score for this policy rises from 1 point in 2005 to 21 points (maximum is 22 points), taking the UK into top place at the expense of Ireland. Table 6 summarises the changes in scores and shows, perhaps surprisingly, that several countries have actually lost points. Norway and Cyprus lost 5 points each, both mainly points on prices. In Norway, for example, a pack of cigarettes went up to € 8, but taking into account the cost and standard of living, which rose even more, this did not represent a real increase.

Estonia increased their scores mainly on smoke-free public places and better health warnings. **Spain** increased their overall score by a huge 24 points, mainly on smoke-free public places and an advertising ban. **Romania** almost doubled its overall score from 27 to 50, improving on price, an advertising ban and health warnings. **Switzerland** improved their tobacco control spending, health warnings and treatment provision. **Lithuania** improved a lot on smoke-free public places, and a little on treatment. **Latvia** increased their score a lot on smoke-free public places, and modestly on tobacco control spending, and advertising restrictions. Finally **Luxembourg** moved off the bottom of the table, to be replaced by Austria, by increasing their smoke-free public places and advertising restrictions scores.

Discussion

Overall there has been a big improvement in Europe in the last two years because of the 2003 EU directive banning tobacco advertising, and because of new smoke-free laws. The adoption by the European Parliament and Council in 2003 of Directive 2003/33/EC banning tobacco advertising and sponsorship with a cross-border dimension in all EU Member States was a very important development, and resulted in strengthening the legislation on advertising in many European countries (9). The adoption of laws banning smoking in public places was feared by the tobacco industry decades ago and in our 2006 paper we showed that the financial world concurred with this judgement and rated smoke-free legislation as having a significant impact on the market.

The importance of smoke-free laws

Trade analysts *Citigroup Smith Barney* made the following comment on the Irish market in September 2004: "Once again, the month-by-month data continues to look worrying. Overall, we believe the ban has probably reduced consumption by 5%. It will also make recruiting new smokers, and marketing to all smokers, much harder, we believe" (10). In April 2005 they said: "Investors currently are most concerned about the impact of bans in bars and public places. The impact in Ireland has been quite severe, probably between 5-7% on volume" (11).

The investment bank *Morgan Stanley* speculated on the possible impact of a smoking ban in the UK: "According to our estimates a complete UK smoking ban may reduce consumption by an incremental 4%-5%, but we would expect manufacturers to offset the impact of lost volumes through price increases, an approach which seems to have worked in Ireland" (12). Even the impact of the Italian law, which is less strict than the Irish ban and which allows closed, designated and ventilated smoking rooms, was feared by the stock analysts. *Morgan Stanley* described the situation in Italy in their 29 June 2005 analysis thus: "Italy. Indications from the most recent Nielson retail data that despite increasingly warmer weather – which would presumably moderate the adverse impact of the January 2005 indoor smoking ban – the pace of cigarette consumption decline has unfortunately not significantly moderated" (13). Data from

Italy show that 28.3 million kg of cigarettes were sold in the period January to April 2005, compared with 31.1 in the same period in 2004, a reduction of 9% (14).

Comments on individual countries

Here we comment briefly on individual countries, in reverse order of their ranking.

30. Austria. In 1997 Austria voted with Germany against the EU directive on tobacco advertising and continues to follow the same weak approach to tobacco control as Germany. Smoke-free legislation is currently being considered.

28. Luxembourg. Despite being the richest country in the EU, Luxembourg has very low taxes on tobacco products in order to attract cross-border shopping from neighbouring countries. In 2005 89% of all cigarettes sold in Luxembourg were bought by foreigners (15). Luxembourg made progress in 2006 by banning tobacco advertising and introducing legislation banning smoking in public places and restaurants.

28. Greece. According to the World Health Organization, Greece has the highest per capita consumption of cigarettes in the world in 2006 (16). Tobacco control is clearly not on the political agenda.

27. Germany. Germany has long been the biggest problem for tobacco control in Europe, having well established connections with the tobacco industry (17), but there are possible positive signs recently. They ratified the FCTC early and have increased tax on tobacco products three times in recent years. Smoke-free legislation was introduced in two Länder on 1 August 2007. However, they currently have weak legislation on smoke-free environments and on tobacco advertising.

25. Slovenia. Slovenia was dynamic on tobacco control legislation in the 1990s, but has been less so in recent years. On a more positive note, smoke-free legislation came into force in August 2007.

25. Czech Republic. There is a strong tobacco industry presence in the Czech Republic and a negative attitude towards tobacco control. The Senate refused to ratify the FCTC in June 2005.

24. Latvia. There has been progress on smoke-free legislation, but Latvia has very low tobacco taxes and has done almost nothing to increase them in line with EU requirements on tax.

23. Portugal. Little activity on tobacco control legislation, and although there is new smoke-free legislation, which is due to come into effect on 1 January 2008, the law remains weak, certainly in bars and restaurants.

22. Hungary. Hungary was active on tobacco control legislation at the beginning of this decade and is reviewing its legislation now.

21. Lithuania. As with Latvia, Lithuania has low taxes on tobacco products, but introduced ambitious smoke-free legislation in January 2007.

20. Denmark. Denmark is the only Scandinavian country where tobacco control is not high on the political agenda. New smoke-free legislation came into force in August 2007, but regrettably it contains exceptions, such as allowing smoking in individual offices at work.

19. Cyprus. Cyprus has ongoing problems adopting and enforcing smoke-free legislation.

18. Switzerland. Home country of the international tobacco companies, Switzerland has weak tobacco advertising legislation and has not ratified the FCTC. In April 2004 a fund was established by law to support tobacco control activities (Fonds de Prévention du Tabagisme), financed by an obligatory contribution from the tobacco industry of CHF 0.026 per pack of cigarettes. In 2006 the budget of the fund was about € 11 million (6).

17. Slovakia. Slovakia has maintained a low profile on tobacco control but smoke-free legislation is now under review.

14. Poland. Poland was a shining example to the world in the 1990s and had a positive impact in Central and Eastern Europe. However, it only ratified the FCTC in September 2006 and is lacking new legislative processes in recent years. Smoke-free legislation is under review.

14. Romania. When Romania joined the EU in January 2007, it adopted comprehensive legislation on labelling, smoke-free public places and advertising, although enforcement of the legislation remains a big problem. In 2006 a "sin tax" of 30% on tobacco and alcohol sales was introduced, which is to start in 2007 and will generate between € 100 million and € 200 million each year. How much will be allocated to tobacco control remains to be seen (18). Romania will introduce pictorial health warnings on cigarette packs from 1 July 2008.

14. Netherlands. Active in passing tobacco control legislation at the beginning of the decade, but has slowed down between 2004 and 2006. The Netherlands will enforce new smoke-free legislation in bars and restaurants in July 2008. However, smoking rooms are allowed with no restrictions on their size.

13. Bulgaria. Bulgaria has introduced comprehensive tobacco control legislation but enforcement remains a problem, and it has high smoking prevalence. A positive development is that 1% of tobacco and alcohol excise duties will be used to finance national programmes on tobacco, alcohol and drugs from 2007 to 2010.

12. Spain. In 2005 Spain adopted an advertising ban and comprehensive legislation on smoke-free public places, although the legislation on smoking in bars and restaurants is weak and ineffective.

11. Estonia. Despite the high smoking prevalence in the Baltic countries, progress has been made in tobacco control in Estonia, which recently adopted smoke-free legislation.

10. Italy. Italy surprised the whole world in 2005, not only by adopting smoke-free legislation for bars and restaurants but because it is well respected. However, Italy has not yet ratified the FCTC (at the time of going to press in August 2007).

8. Belgium. Belgium is the first European country to introduce pictorial health warnings on cigarette packets and it has adopted several new tobacco control laws in recent years as result of a federal action plan against tobacco. However, the legislation on smoking in bars is complex, weak and confusing.

8. Finland. For many years a leader in tobacco control, Finland has in recent years been much less dynamic. It granted an unnecessarily long transition period – until June 2009 – for the implementation of its smoke-free legislation in restaurants.

7. France. France banned tobacco advertising in 1991, increased tobacco tax significantly in 2003 and is now implementing smoke-free legislation in two stages in 2007 and 2008.

6. Sweden. Sweden has the lowest daily smoking prevalence rate in Europe, but the highest use of smokeless tobacco (snus) by men in Europe. Sweden has a good record on tobacco control but should increase funding on tobacco control activities.

5. Malta. High tobacco prices and comprehensive smoke-free legislation mean that Malta remains highly ranked.

4. Norway. Norway was the first country to adopt comprehensive smoke-free legislation, but its legislation came into force after Ireland. It has been and remains one of the strong leaders of tobacco control in Europe since the 1960s.

2. Iceland. Iceland has adopted very comprehensive tobacco control legislation and has the highest spending on tobacco control per capita in Europe at € 2.20 per capita in 2006. The law obliges the government to spend at least 0.9% of the total amount spent on tobacco on tobacco control.

2. Ireland. In March 2004 Ireland led the way in Europe by becoming the first country to implement smoke-free legislation in pubs and restaurants. It had an enormous impact in the rest of Europe, not least because as with Italy, many people could not really imagine smoke-free bars.

1. UK. The UK is doing well on all six of the World Bank tobacco control policies, and has invested £ 30 million in 2007 introducing and promoting its new smoke-free legislation. We hope there is no risk of it becoming a victim of its own success by deciding to reduce investment in tobacco control policy in the coming years, as it will be important to sustain this comprehensive approach and continue to invest in hard-hitting mass media campaigns.

Areas for improvement

We think that one of the lessons of tobacco control over the last few decades is that it is important to keep the pressure up and maintain a high level of activity. In fact our data bear this out in the sense that several countries that maintained their tobacco control score nevertheless slipped down the table, as other countries improved their scores and overtook them.

According to the stock analysts *Morgan Stanley*: “Of the various measures available to governments in reducing demand for tobacco, clearly the one that concerns the cigarette companies the most is rising taxation” (19). High price remains the most effective tobacco control measure, thus it is important to note that the price of tobacco products varies greatly in Europe. On 1 January 2007 a pack of Marlboro cigarettes ranged from € 1.17 in Latvia to almost € 7.89 in the UK and € 8.17 in Norway. Some European countries (France, Germany and the Netherlands) increased tobacco product taxes substantially in 2004, with a considerable effect on prevalence. However, the effect has been weakened as a result of cross-border shopping, so we recommend that the number of cigarettes that can be imported for personal consumption between EU countries, now at least 800 cigarettes, should be reduced to 200 per person.

According to *Morgan Stanley* again: “The other two regulatory environment changes that concern the industry the most are homogenous packaging and below-the-counter sales. Both would significantly restrict the industry’s ability to promote their products” (19). Countries in the European Union have the option of requiring picture-based warnings on tobacco products (20). Pictorial warnings are a cost-effective way to inform smokers about tobacco products (21).

So far Belgium is the only EU country to require pictorial warnings on cigarette packets (since 1 June 2007). Picture warnings are under consideration in other EU countries. Pictorial health warnings should become mandatory on the two main sides of tobacco products for all EU countries. The pictures should be renewed on a regular basis, with the aim that the whole pack would become a platform for mandatory health promotion messages.

On the basis of the research reviewed in our introduction and our results, there are some serious short-comings in tobacco control in Europe at the moment. There is an urgent need for more investment. In the EU only the UK spent more than € 2 per capita per year on tobacco control. The 2004 ASPECT report recommended that EU Member States immediately increase per capita spending by € 1-€ 3 (22).

No European country had banned smoking in bars and restaurants by January 2004. By July 2007 ten countries had introduced smoke-free bars and restaurants, and more countries are planning to do so. The most comprehensive European smoke-free legislation (a complete ban on smoking at the workplace – including bars and restaurants – with no exemptions at all) has been introduced in Ireland, Scotland and England. Genuinely comprehensive smoke-free legislation, which includes a total ban in all work places (including bars and restaurants), public places (including health and educational facilities) and public transport, should be a priority for every European country.

Most European countries have adopted smoke-free legislation which does not comply with the guidelines agreed at the second Conference of the Parties (COP2) of the World Health Organization’s Framework Convention of Tobacco Control (FCTC), held in Bangkok in July 2007 (23). The guidelines emphasise that effective protection of health requires the creation of 100% smoke-free environments and that ventilation and designated smoking rooms are not acceptable approaches.

Recommendations

On the basis of our results and the discussion above we have five recommendations for implementation by 2010.

1. Tobacco control programmes should be comprehensive and should include at least the six measures described in the introduction.
2. Countries should spend a minimum of € 3 per capita per year on tobacco control.
3. Countries should introduce comprehensive smoke-free legislation in line with the guidelines of Article 8 of the WHO FCTC, adopted at the second Conference of the Parties in Bangkok, July 2007. It should include a total ban on smoking in work and public places, including bars, restaurants, health and educational facilities, and public transport.
4. Regular increases in tobacco taxes should be policy at EU and Member State levels, and the number of cigarettes that can be imported for personal consumption between EU countries should be reduced to 200 per person.
5. Pictorial health warnings on the two main sides of tobacco product packages should be mandatory for all EU countries. The pictures should be renewed on a regular basis, with the aim that the whole pack would become a platform for mandatory health promotion messages.

Acknowledgements

This project received financial support from the Swiss Cancer League, to whom we are extremely grateful. We warmly thank the panel of experts and ENSP correspondents for their crucial contribution to the project and the ENSP for the printing of the report, presented at the 4th European Conference Tobacco or Health in Basel, October 2007.



LÆKNAFÉLAG ÍSLANDS

ICELANDIC MEDICAL ASSOCIATION

Alþingi
Erindi nr. P 136/802
komudagur 3.2.2009

Nefndasvið Alþingis
Heilbrigðisnefnd
Austurstræti 8-10
150 Reykjavík

Kópavogi, 30. janúar 2009

Efni: Umsögn um frumvarp til laga um tóbaksvarnir, 162. mál.

Læknafélag Íslands hefur fengið ofangreint frumvarp til umsagnar. Félagið er hlynt efni frumvarpsins.

Virðingarfyllst,
f.h. Læknafélags Íslands

Birna Jónsdóttir
formaður

Alþingi
Erindi nr. Þ 136/642
komudagur 7.1. 2009



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The Althing Health Committee
The Althing Offices
Austurstraeti 8-10
150 Reykjavík
Iceland

Stockholm, 11 December 2008

Subject: Philip Morris views on the possible introduction of pictorial health warnings

I am writing to you on behalf of Philip Morris AB as the Althing Health Committee is reviewing a bill for amendments to Act No. 6/2002 on tobacco prevention, which include the possibility to introduce pictorial health warnings on tobacco products sold in Iceland.

I would like to emphasize that we fully support clear and conspicuous health warnings for all tobacco product packaging. The content of these warnings should be determined by the health authorities. Tobacco products are addictive and cause serious diseases and consumers should be reminded of this. If the government/health authorities decide that pictures should be included in the warnings to illustrate the health effects of smoking, then we defer to the government on that decision. However, there are several factors that we respectfully wish to highlight in this regard:

- **Product Groups:** All tobacco products are harmful and cause disease and there would be no public health or other rationale for applying different warning requirements to different categories of tobacco products. We therefore believe that pictorial health warnings should be applied to all tobacco products sold in Iceland, i.e. cigarettes, roll-your-own tobacco, cigarillos etc. To require only manufactured cigarettes to carry the pictorial health warning could result in distortions to trade and lead to confusion among consumers. We also believe that the same rules should apply to all tobacco products at the same time.

- **Size of Warnings:** We agree that warnings should be clear and visible and do not dispute the right of the government to require us to set aside a substantial part of our consumer packaging for health warnings. However, we must retain enough of our packaging in order to be able to differentiate both our trade marks and our pack design from the products of our competitors. Currently the health warnings cover 30% of the front of the pack and 40% of the back, excluding in both cases the 3-4 mm black border around the warning. We believe that the current size of the warnings is sufficient for the warnings to be clear and prominent.

- **Number of Picture Warnings:** Based on our interpretation of Directive 2001/37/EC, Commission Directive C (2003) 3184 and Commission Decision C (2005) 1452, the Member States may chose to replace all or some of the 14 existing additional warnings with pictures selected from the Source Library. From a technical perspective, application of all available 42 images would be difficult to implement. We therefore suggest not to use all 42 images from the library, but to use one from each set of three, resulting in 14 pictures in total. The choice of the warnings should of course be determined by the Government. We believe that the warnings chosen should be rotated so that each appears on a regular basis. By mirroring the policy on written health warnings, it will allow for the pictorial warnings to be rotated in such a way as to guarantee their regular appearance.

- **Time-frame:** The new law should allow enough time for the production to be changed to new packaging and for retailers to sell out existing inventory with the former, non-pictorial warnings. As of the date the law is final, we estimate that we would need approximately 10 months to change production to the new pictorial warnings. An additional period would then be needed to ship the products to Iceland and for retailers to sell out existing inventory. Our current estimate is that approximately 12 months would be needed for that. Consequently we believe that a total transition period of 22 months would be sufficient.

We hope that the Health Committee will take the above points into consideration when considering and finalizing the law, and would be happy to meet with you or provide you with further information if you wish.

Yours sincerely,



Ulrika Dennerborg
Manager Corporate Affairs Sweden and Iceland



Alþingi
Erindi nr. P 136/788
komudagur 26.1.2009

UMBOÐSMAÐUR BARNA

Nefndasvið Alþingis
b.t. heilbrigðisnefndar
Austurstræti 8-10
150 Reykjavík

Reykjavík, 26. janúar 2009

Efni: Frumvarp til laga um breytingu á lögum nr. 6/2002, um tóbaksvarnir, með síðari breytingum

Vísað er til bréfs heilbrigðisnefndar Alþingis, dagsett 16. janúar 2009, þar sem óskað er eftir umsögn umboðsmanns barna um ofangreint frumvarp.

Umboðsmaður barna fagnar allri viðleitni til þess að efla forvarnir gegn tóbaksnotkun, enda er mikilvægt að sporna við tóbaksnotkun ungs fólks. Undirrituð vonar því að sú áætlun að taka upp sterkari viðvörðunarkerkingar á tóbaksumbúðir verði að veruleika. Að öðru leyti felur frumvarpið ekki í sér efnislega breytingu sem varðar börn með beinum hætti og gerir undirrituð því engar athugasemdir.

Virðingarfyllst,

Margrét María Sigurðardóttir,
umboðsmaður barna