

Presidenza del Consiglio dei Ministri



MOTION

AGAINST TOBACCO ADDICTION

27 September 2019

According to the World Health Organization (WHO) data, tobacco smoking is the second leading cause of death in the world and the main cause of avoidable death. The association with tumors of the lung, oral cavity and throat, esophagus, pancreas, colon, bladder, prostate, kidney, breast, ovaries and some types of leukemia has long been recognized. The WHO estimates that 8 million people lose their lives every year due to smoking, and 1.2 million non-smokers die due to exposure to passive smoking. Cigarette smoking accounts for 85-90% of all lung cancers.

The Report "Cancer numbers in Italy 2019" shows that in 2019, 42,500 new lung cancer diagnoses are expected in Italy (29,500 in men and 13,000 in women). The 5-year lung cancer survival of patients is 16% in Italy, negatively affected by the large proportion of patients diagnosed at an advanced stage. The 10-year survival of lung cancer patients in Italy stands at 12% (11% among men and 15% among women). Including the various causes (tobacco; environmental or professional exposures to radon, asbestos and heavy metals such as chromium, cadmium and arsenic that produce an increased risk; exposure to atmospheric particulate matter and air pollution; chronic inflammatory processes; ...) the possibility of dying from lung cancer in Italy is 1/11 in men and 1/45 in women. The relative risk of smokers compared to non smokers increases by about 14 times and further increases up to 20 times in heavy smokers (over 20 cigarettes per day). Non-smokers exposed to passive smoking (that is, the involuntary inhalation of substances from other people's smoke) have an increased relative risk of developing lung cancer during their lifetime¹.

Given the above, with regard to the fight against tobacco use, the latest statistical studies indicate that in Italy there are still 11.6 million smokers. Of the total Italian population aged 14 and over, 23.3% of men and 15% of women² smoke. It is estimated that more than 70,000 deaths a year are attributed to tobacco smoke with over 25% of these deaths in subjects between 35 and 65 years of age, representing an important potential for cancer, respiratory and cardiovascular diseases, which determine 12% of all deaths and 22% of cancer deaths.

The Italian Committee for Bioethics (ICB) has already addressed, in detail, the bioethical issue in the 2003 opinion on *Tobacco use*.

With this motion the ICB expresses its concern and points out to the competent institutions that, in the intervening period (16 years), the mortality and morbidity related to tobacco use have not decreased, on the contrary they have increased. All this has happened and continues to happen, confirming that the health education and prevention activities that have been undertaken are insufficient.

Furthermore, for some years the tobacco industry has been promoting new cigarettes with heated tobacco and increasing its market towards the electronic cigarette. These new generation products are advertised as being less toxic, through misleading advertising.

¹ Italian Association of Medical Oncology (AIOM), Italian Association of Cancer Registries (AIRTUM), Progress of Health Authorities for Health in Italy: Passi surveillance (PASSI), Italian Society of Pathological Anatomy and Diagnostic Cytology (SIAPEC-IAP), *The numbers of cancer in Italy*, 2019.

² Data provided in June 2019 by the National Centre on Addiction and Doping of the National Institute of Health (ISS) based on the "2019 National Smoking Report", whose data is currently being published in the magazine "Tabaccologia".

The cigarette packets of heated tobacco products for example, do not contain those "shock images" found on traditional packets, and the disinformation spread by the tobacco companies regarding heated tobacco cigarettes and electronic cigarettes is defined as posing a real and present threat.

The WHO in its recent report on smoking wanted to emphasise the harmfulness of these products for the health not only of smokers, but also of third parties, as they release toxic compounds into the air and include additives whose effect is not yet known³. Above all, it is not yet clear whether the use of this new-generation of products help to stop smoking.

However, it is possible to ascertain that the majority of consumers of electronic cigarettes use them in parallel with traditional cigarettes: smoking conventional cigarette where it is possible to do so and "vaping" with e-cigarettes in places where smoking is prohibited. In this new generation of products, although combustion is not required, nicotine is still present in the product (with the exception of flavoured vaping⁴), it generates addiction, which limits individual freedom, it is responsible for cardiovascular and cerebrovascular diseases and it is one of the most recent barriers to the fight against smoking.

Therefore, the Committee once again wishes to draw the attention of Society to the negative individual and collective consequences that tobacco consumption generates, all the more in that perspective which, while moving from respect for individual freedom, presupposes that each of us should be fully aware that we must not cause "harm to others" by our behaviour, especially considering the health implications of passive smoking.

From a bioethical point of view, this situation is even more relevant in certain circumstances (mother-foetus, minors living with adults who are heavy smokers, etc.).

The State has the task of jointly protecting individuals and the community, respecting the fundamental rights of the person.

Faced with this situation, there is no health education program to increase citizens' awareness of the consequences of smoking, to limit the number of smokers to benefit individual and collective health and to contribute to the sustainability of the National Health Service.

There is a tendency to imitate behaviours linked with this kind of consumption: in a social environment where most people smoke it is difficult to abstain and vice versa. The desire often comes from a need for affirmation and socialization. The fact that the socio-cultural environment has a certain impact is also demonstrated by the correlation of the habit of smoking with education levels (for example, in the lower-level education group there are more smokers).

Adequate information, focusing attention on "healthy" behaviours, propaganda campaigns on various levels and in different situations that help to raise awareness about smoking and a clear public commitment in the fight against smoking can have a pragmatic purpose in this matter, and lead to a progressive decrease in the percentage of smokers. Moreover, the difficulty of containing this phenomenon stems from taking note of the fact that there are, behind the consumption of tobacco, also the vested national and international

³ World Health Organization (WHO), *Report on the Global Tobacco Epidemic*, 2019.

⁴ Whose toxicity is however undisputable, so much so that recently the Trump administration, in taking remedial action against the epidemic of diseases and deaths related to electronic cigarettes, announced its intention to ban flavored e-cigarettes in what has been baptized as the great "vaping" crisis.

interests linked to the production and sale of cigarettes (state revenues, tobacco multinationals, people in developing countries survive by growing tobacco).

With this motion the Committee intends to remind the Government and Parliament of the need to make headway with action aimed at discouraging tobacco use, in order to:

1. Promote proper information on the dangers of tobacco use for oneself and others (passive smoking) and, consequently, render the anti-smoking campaign effective in all schools and in the workplace, providing guidelines, educational paths, with the aid of specialized personnel, such as doctors, psychologists, sociologists and the mass media, and increase the number of the few anti-smoking centres currently in Italy.

2. Promote research for the evaluation and application of restrictive measures. There is evidence that an increase in the price of cigarettes and other tobaccos, through the increase of excise duties, leads both to a reduction in the consumption of these products and in the initiation of smoking in young people, and also produces an increase –that is by no means insignificant - in tax revenues. Furthermore, it is shown that in Italy the increase in the price of tobacco is an effective, viable⁵ strategy, highly acceptable to society. It is therefore important and urgent to adopt fiscal policies, considered by the WHO as the most effective strategy for tobacco control. However, it is important that there are no significant price differences among the different types of tobacco. An increase in taxation would simply make smokers switch to consuming the cheapest product. This is the case for fine-cut tobacco intended for hand rolling cigarettes, which costs almost half as much as packaged cigarettes, and which is increasingly used in Italy, especially by young people. These tax policies should also be implemented for heated tobacco products⁶ as well as for electronic cigarettes.

The ICB deems it appropriate that studies should also be promoted on the socio-economic-cultural evolution of our society due to the influences that this evolution can exert on tobacco consumption styles, in order to provide useful knowledge to guide prevention policies, as well as restrictive policies.

3. Prevent the serious damage caused by passive smoking to the population, by extending the smoking ban⁷ to include external places, where children and pregnant women are also present, such as: public gardens, outdoor entertainment venues, equipped beaches, stadiums, sports fields, outdoor restaurants.

4. Provide adequate information for users of electronic cigarettes with regard to the expected benefits of helping smokers to break the habit given that this is not backed by scientific evidence and that such products are not risk-free for the smoker and those nearby. Therefore, the ICB recommends extending the

⁵ In Italy the cost of a pack of cigarettes is in line with the European average, but it is half compared to the price in the United Kingdom, Ireland and Norway and, is in any case, much lower than in countries such as France, Sweden, Switzerland, Iceland.

⁶ So-called heated-tobacco cigarettes or heat-not-burn cigarettes are electronic devices which, unlike electronic cigarettes, contain tobacco leaf. The cigarette is heated to a high temperature, but does not burn directly.

⁷ On the basis of law n. 3 of 16 January 2003, the smoking ban is already in force in all enclosed public and private premises, excluding private residences and premises suitable for smokers.

restrictions imposed in our country also to heated tobacco products and electronic cigarettes.

5. Raise awareness and attention on the fact that the cigarette butts, usually discarded on roads, beaches, public parks, given the lack of available disposal receptacles, represent a persistent and continuous cause of environmental pollution as they are made of cellulose acetate, a substance characterized by a very low biodegradability. Lighting a cigarette releases the toxic effect of more than 4000 chemicals and carcinogens present, a part of these remains in the filter and in the part of the cigarette not smoked. A report by the Italian National Agency for New Technologies, Energy and Sustainable Economic Development (ENEA) on the occasion of the European Week for Waste Reduction (2017)⁸ assessing the potential harmful effects of cigarette butts, points out that in our country there is a cultural and regulatory void regarding this threat. Its resolution depends not only on a reduction in cigarette consumption, but on the requirement for conscious and responsible behaviour on the part of users and municipalities, local administrators, employers who should not only issue rules of conduct, but also install, as with other types of waste, special bins for cigarette butts.

6. Inhibit any form of advertising, even hidden advertising, of products and brands related to tobacco and electronic cigarettes, including the acceptance of sponsorship by tobacco producers also to political foundations or research institutes.

7. Increase research projects, supported by public funds, transparent and free from partisan conditioning, involving doctors, psychologists, anthropologists, advertisers, for the purpose of gaining a better knowledge of the obscure or little-known sides of smoking (e.g. addiction mechanisms), in order to increase primary prevention tools.

8. Given the revenue that the State derives from the sale of cigarettes and similar products, it should envisage the possibility for the National Health Service to reimburse drugs for the treatment of smoking and provide greater resources for treating the addiction.

The ICB believes that these interventions must be urgently activated in light of their great importance for public health. However, it is essential, to take the utmost care with each of them in order to avoid the stigmatization of smokers, and make the delivery of smoking prevention campaigns more effective.

Furthermore, full regard should be given to the principle according to which social prevention must always prevail, which is based on the overall environmental risks involved, compared to prevention which only burdens the individual.

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The text was drafted by Profs. Silvio Garattini and Lorenzo d'Avack.

⁸ This topic was discussed even more recently (January 2019) at the ENEA headquarters during the study day "*The environmental impact of tobacco smoke. The cigarette butt: a forgotten toxic waste*".

The motion was discussed and voted in the plenary session of 27 September 2019 by Profs.: Salvatore Amato, Luisella Battaglia, Stefano Canestrari, Cinzia Caporale, Carlo Casonato, Lorenzo d'Avack, Riccardo Di Segni, Silvio Garattini, Mariapia Garavaglia, Maurizio Mori, Assunta Morresi, Laura Palazzani, Massimo Sargiacomo, Luca Savarino, Lucetta Scaraffia

Profs. Tamara Pitch, Monica Toraldo di Francia and Grazia Zuffa abstained.

Profs.: Carlo Caltagirone, Bruno Dallapiccola, Antonio Da Re, Mario De Curtis, Marianna Gensabella, Lucio Romano, Massimo Sargiacomo, absent from the plenary session, subsequently assented.

Despite their not having the right to vote assent was given by: Prof. Carlo Petrini, the delegate for the President of the National Institute of Health; Prof. Paola Di Giulio, the delegate for the President of the Superior Health Council; Dr. Maurizio Benato, the delegate for the President of the National Federation of MDs and Dentists Colleges, and Dr. Amedeo Cesta, the delegate for the President of the National Research Council.