



Joint Action on Tobacco Control 2 (JATC 2)

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Work Package 9 – Best practices to develop an effective and comprehensive tobacco endgame strategy (Objective 9.3)

Case studies on potential best practices:

Interfederal strategy 2022-2028 towards a smokefree generation

Summary

In December 2022, Belgium's "Interfederal Strategy 2022-2028 for a Smoke-Free Generation" was signed. This political agreement was realised by extensive consultations between 24 different cabinets of the governing parties, both at the regional and federal levels. Behind this vision of a smoke-free generation is the concrete goal of drastically reducing tobacco use by 2040. This means reducing the number of daily tobacco users to 5% among the population aged 15 years and older; and reducing the number of people who start using tobacco products to 0% or close to 0%. By 2028, the target is to reduce daily tobacco consumption to 10% and daily consumption of tobacco products to 6% in the 15-24 year-olds age group. The strategy acts on different levels: product regulation, taxation, youth and education, prevention, help to quit, healthcare, and scientific research. Therefore, the strategy to be implemented must inevitably be transversal and multidisciplinary.

The case study builds on JATC-2 WP4 [M4.3-M4.4 Guidance on how to identify best practices in tobacco control in Europe](#). It has not been formally assessed as a best practice. Formally assessed best practices are available in the [EU Best Practice Portal](#).



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Context and justification

Over the past 40 years, legislative measures to discourage smoking have been gradually introduced in Belgium and tightened over the years as elsewhere in Europe and globally. In addition to the step-by-step implementation of the WHO Framework Convention on Tobacco Control and the transposition of Directive 2014/40/EU, strengthening tobacco control in Belgium included the introduction of standardized packaging for cigarettes, roll and water pipe tobacco, the ban on point-of-sale advertising, the ban on smoking in cars in the presence of minors and the increase of the age limit for the sale of tobacco from 16 to 18 years. Finally, the price, has increased with successive increases in excise duties. Many general provisions, such as the ban on sales to minors, the ban on advertising and the ban on smoking in enclosed public spaces, and ban on distance sales, apply to electronic cigarettes together with specific labelling and composition measures, stemming from Directive 2014/40/EU. These efforts resulted in an improvement in the rank on the European Tobacco Control Scale,¹ from rank 17 in 2016 to rank 10 in 2021 (with 59 out of 100 points). Epidemiological data point to a long-term decline in tobacco use in Belgium, but this development is still too slow and much remains to be done to permanently and more drastically reduce tobacco use in all age groups and social strata of the population. Investing in tobacco control to obtain a smokefree generation is not only a matter of improving public health but has an economic aspect as well. A study of 2012 estimated the direct costs² of tobacco use as 727 million euro while the indirect cost³ was calculated to be 746 million euro.

Overall goal and specific objectives

By 2040, the targets are

- reducing the number of daily tobacco users to 5% among the population aged 15 years and older;
- reducing the number of people who start using tobacco products to 0% or close to 0%.

By 2028, the target is to reduce daily tobacco consumption to 10% and daily consumption of tobacco products to 6% in the 15-24 years-old age group.

Methods

On request of Frank Vandenbroucke, Minister of Social Affairs and Public Health, the General Policy Cell (CGPD) was given the task in July 2021 to develop an interfederal tobacco policy with a priority focus on a 'tobacco-free generation'. A working group led by the Federal Public Service Health, Food chain safety and Environment ('FPS Health') consisting of various representatives of the offices of vice presidents, federated entities, the scientific institute of public health and various federal administrations met several times to draw up a joint strategy and action plan on tobacco control. Discussions were inspired by advisory reports of the national Superior Health Council (especially its latest advise on e-cigarettes) and on measures proposed by the national Alliance for a smoke-free generation. The articles of the WHO Framework Convention were used as structural basis to identify actions within different topics – General obligations (focus on art. 5); Measures relating to the reduction of demand for tobacco (focus on art 6, 8, 9, 10, 11, 12, 13 and 14); Measures relating to

¹ Available at: <https://www.tobaccocontrolscale.org/>

² Mainly healthcare costs

³ Mainly costs due to loss of productivity related to illness or premature death

the reduction of the supply of tobacco (focus on art 15 and 16); and Scientific and technical cooperation and communication of information (focus on art 20).

As a result of the working group's discussions the draft 2022-2028 interfederal strategy for a smokefree generation⁴ was prepared: a summary for each identified action was provided containing a short description of the context, the target groups, the competent authority, partners to be involved, budget, timing, indicator(s) and a more detailed description of the action itself. The interfederal strategy was endorsed on 14 December 2022 and as of 2023, the implementation of the plan started. The working group continued to gather regularly to discuss the implementation.

Coordination and implementation responsibilities

For each measure, the responsible organisation was identified and a timing was set. FPS Health ensures the coordination of the plan by regularly organising 'tobacco workgroup' meetings, and assembling all responsible organizations. Summaries of the analyses that were foreseen in the Strategy (e.g., on elaboration of smoke-free places to outdoor environments such as sport grounds, entrances of public buildings, events, terraces and during activities of youth movement organisations) were presented and if agreed upon, included in the further implementation of the strategy. The tobacco workgroup meetings also allow to keep track of the implementation, and identify barriers or risks for delays in the implementation. Some measures that were agreed upon earlier had to be readjusted: e.g. some actions were aborted, and the timing of other actions was modified (display ban and reduction of sales in large supermarkets will be implemented sooner than initially foreseen).

FPS Health is the driver for actions related to minimising tobacco industry interference, analysing and implementing outdoor smokefree policies, product regulation (packaging, labelling, composition), reducing the number of points of sale, introducing display ban and enforcement.

FPS Finance takes the lead in taxation policies. Regional governments take care of actions in prevention: sensibilisation and support in quitting smoking.

Sciensano takes the lead in scientific support: impact assessment and monitoring.

Involvement of target population and stakeholders

National and regional public health authorities: development, implementation, evaluation

Local public health authorities, health care professionals: implementation

Researchers: implementation, monitoring and evaluation

Civil society: proposition of measures (but not a member of the working group)

Outcomes

The implementation is still ongoing and the outcomes related to reducing the number of daily tobacco users and the number of people who start using tobacco products cannot be reported yet. In the meantime, the main current outcomes are already published legislation (June 2024): outdoor smoke-free areas, smoke-free entrances, display ban, reduction of points of sale (temporary point

⁴ The Interfederal strategy 2022-2028 for a smokefree generation can be consulted in Dutch (<https://overlegorganen.gezondheid.belgie.be/nl/documenten/interfederale-strategie-2022-2028-voor-ee-rookvrije-generatie>) and French (<https://organesdeconcertation.sante.belgique.be/fr/documents/strategie-interfederale-2022-2028-pour-une-generation-sans-tabac>)

of sales, ban on sales in large supermarkets), additional requirements to a labelling provisions for tobacco products, a ban on disposable e-cigarettes, an obligation to ask for proof of age when the buyer looks younger than 25 and more stringent sanctions.

Ongoing: legislation on plain packaging, insert for tobacco products containing messages on quitting tobacco/nicotine use.

Monitoring and evaluation

The Strategy foresees a yearly monitoring of lifestyle factors (including tobacco use), but this is not implemented yet due to budgetary restrictions. It still needs to be discussed in 2025 at halfway through the Strategy, when also new prevalence data will be available. Sciensano also works on developing models to predict the impact of measures identified in the Strategy. A first study will show the predicted impact of the foreseen reduction in points of sale and potential future scenarios for further reduction. A report on the implementation of the strategy must be provided in 2025. Based on this evaluation, the strategy can be adjusted.

Sustainability and funding

There is a strong commitment of the personnel in the key organisation that coordinates the implementation of the Strategy. Participation of the federal and regional administrations should ensure sustainability, but elections (June 2024) might impact the composition of the working group. Currently, the strategy lacks corresponding structural financing which might endanger the swift implementation of the identified measures. Actions from the Strategy are financed by the state budget but are also (very) partly self-financed through fines (paid when non-compliant products are put on the market) and notification fee (procedure foreseen in the TPD).

Equity and ethical principles

Several target groups needing special focus in tobacco control were identified during the preparation of the Strategy: e.g. children and adolescents, population with lower education, people with mental vulnerability, pregnant women. Although the staff working at departments of public health apply article 5.3 of the WHO FCTC, this is not yet fully implemented throughout the organisations involved in the working group. The implementation of article 5.3 and an analysis of the feasibility to introduce a transparency register were identified as priorities within the Strategy.