



TrygFonden



Capacity Assessment on the Implementation of Effective Tobacco Control Policies in Denmark

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TABLE OF CONTENTS

Resumé og anbefalinger.....	4
Executive summary and recommendations	6
1. Introduction.....	8
2. Policy coordination and implementation	13
3. Countering tobacco industry interference.....	18
4. Increasing price through taxation.....	21
5. Protection from exposure to tobacco smoke.....	24
6. Warning people of the dangers of tobacco.....	27
7. Public awareness and mass media campaigns.....	29
8. Banning advertising, promotion and sponsorship.....	32
9. Helping smokers quit.....	35
Annex 1: Overview of recommendations.....	37
Annex 2: List of capacity assessment team members.....	39
Annex 3: Country focal point representatives.....	39
Annex 4: List of key stakeholders.....	39
References.....	41

RESUMÉ OG ANBEFALINGER

Andelen af rygere i Danmark er faldet konstant i flere årtier, men de seneste seks år er tallet stagneret. Hvert år er der mange, der lykkes med at holde op med at ryge. Men der er ligeså mange, der begynder eller genoptager rygningen. Rygning er derfor det væsentligste forebyggelige folkesundhedsproblem og medfører ca. 13.600 årlige dødsfald i Danmark. Udviklingen er særligt alarmerende på grund af især børn og unges udbredte rygning.

Det er både nødvendigt og muligt at styrke tobaksforebyggelsen i Danmark og få vendt udviklingen, så færre børn og unge begynder at ryge, og flere bliver røgfri.

Danmark har indført forskellige forebyggelsesinitiativer på tobaksområdet i løbet af de seneste årtier, og i 2004 ratificerede Danmark WHO's rammekonvention om tobak, FCTC, der er juridisk bindende, og som forpligter Danmark til at beskytte nuværende og kommende generationer mod konsekvenserne af tobaksbrug.

For at styrke og kvalificere den danske tobaksforebyggelse indledte partnerskabet Røgfri Fremtid i 2017 et samarbejde med WHO Regional Office for Europe (WHO Europe) og det europæiske netværk for tobaksforebyggelse (ENSP). Formålet var at vurdere, hvordan implementeringen af effektive og evidensbaserede tiltag i WHO FCTC kan forbedre den fremtidige danske tobaksforebyggelse. Et hold bestående af danske, internationale og WHO eksperter gennemførte i efteråret 2017 interviews med 40 centrale aktører i dansk tobaksforebyggelse. De væsentligste udfordringer og anbefalinger til en styrket tobaksforebyggelse blev identificeret med baggrund i interviewene og vurderinger af, i hvilket omfang centrale dele af WHO FCTC er implementeret i Danmark.

De væsentligste udfordringer i dansk tobaksforebyggelse

Følgende faktorer blev identificeret som de væsentligste udfordringer:

- Der er ingen overordnet strategi eller plan for at beskytte børn, unge og voksne mod tobak på trods af den nationale vision om, at ingen børn og unge skal ryge i 2030.
- Børn og unge er især udsatte for:
 - let adgang til cigaretter grundet lave priser
 - tobaksprodukternes attraktive indpakning
 - promovering af cigaretter ved salgssteder
 - eksponering for passiv rygning både på offentlige og private steder
- Tobaksindustrien har mulighed for at påvirke dansk sundhedspolitik og er ikke tilstrækkeligt reguleret med hensyn til gennemsigtighed, donationer eller virksomhedernes sociale ansvar (CSR).
- Danmark overholder ikke fuldt ud de vigtigste forpligtelser i WHO FCTC og anbefalingerne i de tilhørende guidelines.

De væsentligste anbefalinger

På baggrund af de udfordringer, der blev fremhævet af danske aktører, og anbefalingerne i WHO FCTC, anbefales de følgende prioriterede tiltag:

1. **National handleplan.** Der bør udvikles en overordnet strategi i form af en national handleplan til at beskytte børn, unge og voksne mod de skadelige effekter af tobak. For at nå visionen om en røgfri generation i 2030, er det nødvendigt med en koordineret indsats mellem bl.a. myndigheder, kommuner, regioner, organisationer og civilsamfund.
2. **Højere priser på tobak.** Højere afgifter på tobak er et af de mest effektive tiltag til at mindske rygning, især blandt børn og unge.
3. **Neutrale cigaretpakker og tobak under disken.** Indfør neutral indpakning af tobaksprodukter og forbud mod eksponering af tobak ved salgssteder. Det vil gøre cigaretter mindre attraktive især for børn og unge.
4. **Tilstrækkelig beskyttelse mod tobaksrøg.** Lov om røgfri miljøer bør omfatte alle uddannelsesfaciliteter, privat dagpleje, arbejdspladser (inklusive små værtshuse) og andre steder, der i dag er undtaget fra loven.
5. **Transparens og beskyttelse mod tobaksindustriens indflydelse.** Beskyt sundhedspolitik og anden politik relateret til tobaksforebyggelse mod indflydelse fra tobaksindustrien:
 - Begræns interaktioner mellem offentlige embedsmænd fra alle ministerier og styrelser, med repræsentanter for tobaksindustrien til de strengt nødvendige. Der skal være transparens omkring alle interaktioner med tobaksindustrien.
 - Beskyt børn og unge mod eksponering for tobaksindustriens markedsføring ved at sikre, at det nuværende reklameforbud omfatter alle former for tobaksreklame, promovring og sponsorater f.eks. i forbindelse med musikfestivaler.
 - Ratificér WHO FCTC Protokollen til eliminering af ulovlig handel med tobaksvarer for at sikre uafhængig kontrol af illegal handel med tobaksvarer. Undlad at indgå partnerskaber mellem myndigheder og tobaksindustrien.

EXECUTIVE SUMMARY AND RECOMMENDATIONS

Denmark has a relatively short history of tobacco control compared to other Nordic countries. A wide range of Danish tobacco control measures led to a continuous decline in the prevalence of smoking in the past decades. In 2004, Denmark ratified the legally binding treaty, the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). However, smoking still presents a major public health problem in Denmark, and is responsible for an estimated 13,600 deaths every year. In recent years, progress in Danish tobacco control has come to a halt and there has been no decline in smoking prevalence since 2011. This development is especially alarming due to widespread tobacco use among children and adolescents.

Further progress in Danish tobacco control is both necessary and possible. To drive progress in Danish tobacco control, in 2017 the Danish partnership Smokefree Future (Røgfri Fremtid) initiated a collaboration with the WHO Regional Office for Europe (WHO Europe) and the European Network for Smoking and Tobacco Prevention (ENSP) with the aim of assessing the capacity for advancing implementation of central measures of the WHO FCTC and developing recommendations for future Danish tobacco control. A team of national, international and WHO experts conducted interviews with key stakeholders from 40 Danish institutions and organisations involved with tobacco control. Through the interviews and assessment of the implementation of WHO FCTC provisions in Denmark, key challenges and recommendations for tobacco prevention in Denmark were identified.

Key challenges in Danish tobacco control

The following factors were found to be the most significant challenges to continued progress in tobacco control in Denmark:

- There is no overall strategy or plan to protect children, adolescents and adults from the harms of tobacco, despite the national vision of no children and adolescents smoking by 2030.
- Children and adolescents remain especially unprotected from:
 - the excessive affordability of cigarettes
 - the attractiveness of tobacco products in stylish packaging
 - the promotion of cigarettes at point of sale
 - exposure to second-hand smoke in public and private places
- The tobacco industry is influential in Danish policy-making and not properly regulated with respect to transparency, donations or corporate social responsibility (CSR) efforts.
- Denmark does not fully comply with key obligations of the WHO FCTC and recommendations of its implementation guidelines.

Key recommendations

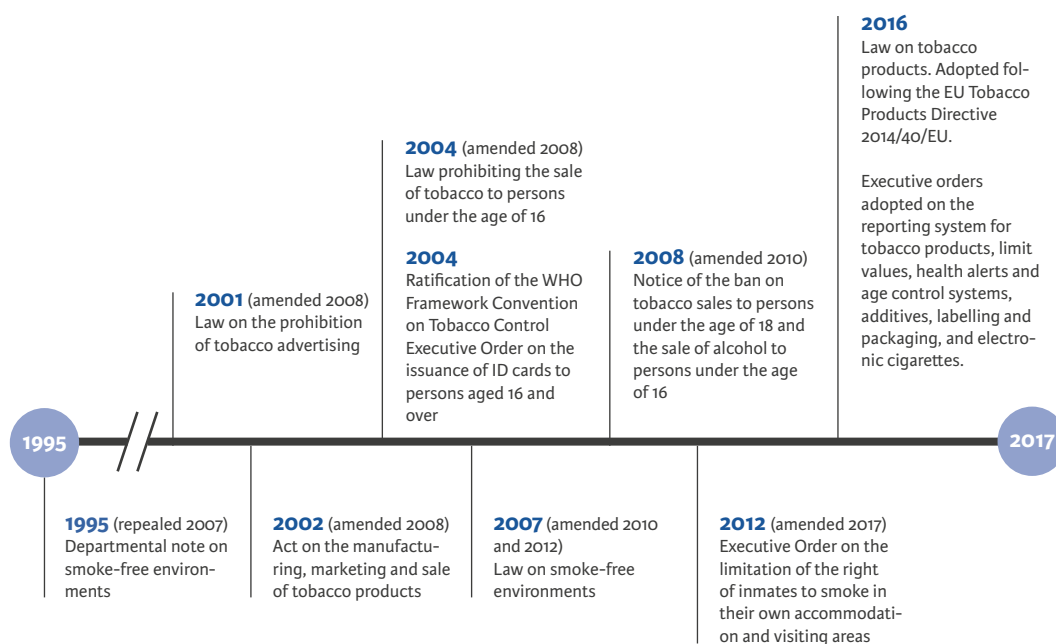
Based on the challenges highlighted by stakeholders and on the provisions of the WHO FCTC, the following recommendations have been made to ensure the sustainability of current initiatives and further progress in Danish tobacco control. These five recommendations should be considered as priorities:

1. Develop an overall, comprehensive strategy and implement a well-designed plan for the protection of children, adolescents and adults from the harms of tobacco on the road to a smoke-free generation by 2030. Reducing the prevalence of tobacco use will need the coordinated efforts and resources of both governmental and non-governmental organisations.
2. Decrease the affordability of cigarettes and other tobacco products by increasing tobacco taxes.
3. Adopt plain packaging and a point-of-sale display ban to diminish the attractiveness of tobacco products and to reduce the exposure to tobacco marketing in shops and supermarkets, especially among children and adolescents.
4. Ensure protection from exposure to second-hand smoke by creating a complete smoke-free environment in all educational facilities, private day care facilities, at workplaces (including bars) and all other public places.
5. Protect public health policy from the influence of the tobacco industry
 - Limit interactions of public officials of all branches of government and agencies with tobacco industry representatives to those that are strictly necessary for appropriate regulation. All interactions with the tobacco industry should be conducted transparently.
 - Protect children and adolescents from exposure to tobacco marketing by introducing a comprehensive ban on all forms of tobacco advertising, promotion and sponsorships.
 - Ratify the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products to ensure independent control with illegal tobacco products. Do not form partnerships with the tobacco industry.

INTRODUCTION

In Denmark, the proportion of smokers peaked in the early 1950's with 78 % of men smoking daily. Smoking among women peaked around 1970 with almost 50 % of women smoking on a daily basis. As a result of both regulatory measures in tobacco control (Table 1) and increasing awareness of smoking-related health risks, the proportion of daily smoking continuously declined in the following decades in line with global trends. However, in recent years, the decline in smoking prevalence has levelled off (Figure 1).¹ Denmark is now ranked 23 out of 35 European countries with respect to implementation of efficient tobacco control policies.²

Table 1 - Timeline of key policy measures in tobacco control 1995-2017

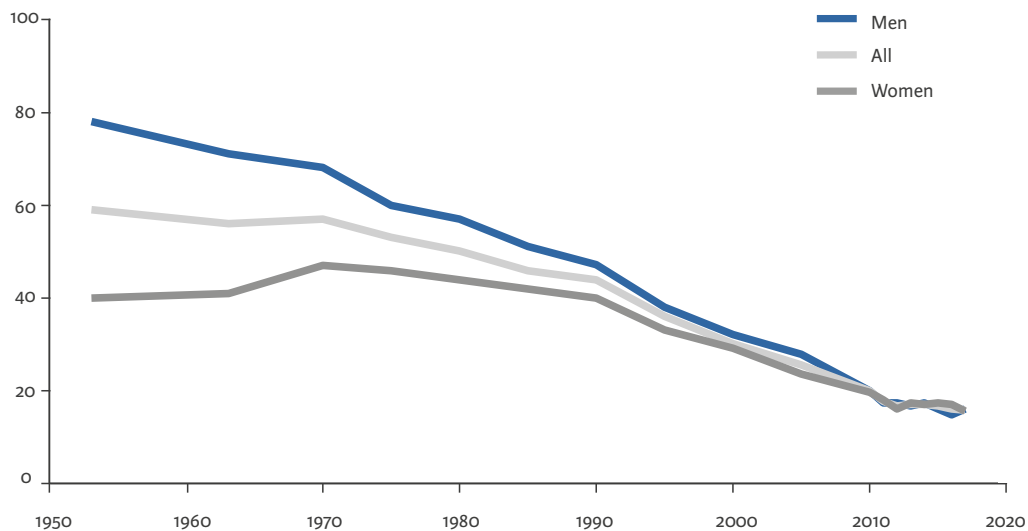


Smoking remains an important public health challenge in Denmark

Tobacco causes 13,600 deaths per year or 25 % of the total number of deaths in Denmark (Figure 2).³ Smokers and ex-smokers account for an additional cost of DKK 10 billion in treatment and care and extra costs of DKK 34 billion in lost productivity, compared to non-smokers.³

Cigarettes are the most consumed tobacco product in Denmark and 79 % of current smokers started smoking with cigarettes.⁴ The latest smoking survey indicates that after decades of decline in smoking prevalence rates, the proportion of daily smokers in Denmark has remained stagnant for the last six years at around 22 %.⁵

Figure 1 - Daily smoking among men and women 15 years or older, 1953-2017¹



High smoking prevalence among young people

80 % of Danish smokers in the age group 16-25 years were younger than 18 when they started smoking on a weekly basis.⁶

In 2014, 46 % of Danish boys and 45 % of girls attending senior high school (gymnasier) smoked daily or occasionally. The proportion of boys and girls attending vocational schools (erhvervsskoler) who smoked daily or occasionally reached an even more significant magnitude with 57 % of boys and 49 % of girls smoking.⁷ The National Institute of Public Health estimates that 40 children and adolescents start smoking every day in Denmark.⁸ Young people are thus at the centre of the tobacco epidemic in Denmark.

**Young people are
at the centre of the
tobacco epidemic in
Denmark**

Assessing national capacity to reverse the tobacco epidemic

Denmark has been a Party to the World Health Organization Framework Convention on Tobacco Control (WHO FCTC)⁹ since 16 December 2004.¹⁰ As such, Denmark has committed to implementing all provisions of the treaty, which are binding under international law. The Parties have adopted guidelines for the implementation of several WHO FCTC provisions. The guidelines are “*intended to help Parties meet their obligations under... the Convention,*” and they “*reflect the consolidated view of Parties.*”¹¹

Despite the achievements in tobacco control, tobacco remains a severe threat to public health in Denmark. In 2016, a number of Danish organisations therefore launched the Danish Endgame Partnership, Smokefree Future (Røgfri Fremtid) with the aim of reaching a maximum of 5 % adult smokers and no children and adolescent smokers in Denmark by 2030. The Danish government adopted the goal of a smoke-free generation, aiming to have no children or young people smoke by 2030.

As a step towards the vision of a smoke-free future, TrygFonden and the Danish Cancer Society initiated a collaboration with the World Health Organization Regional Office of Europe (WHO Europe) and the European Network for Smoking and Tobacco Prevention (ENSP) in 2017. The aim was to assess the capacity for implementing effective tobacco control measures in Denmark and to make practical recommendations to counter the tobacco epidemic based on the evidence-based measures and obligations of the WHO FCTC.

The capacity assessment on the implementation of effective tobacco control policies in Denmark (the capacity assessment) is carried out according to the WHO Operational Manual on planning, conduct and follow up of joint national capacity assessments.¹² The assessment is realised with inspiration from the Joint National Capacity Assessment on the Implementation of Effective Tobacco Control Policies in Norway carried out in 2010 at the request of the Norwegian Ministry of Health¹³ and from a corresponding capacity assessment in Estonia carried out in 2011.

The Danish capacity assessment is administered by the Country Focal Point, which consists of the Danish Cancer Society and ENSP, and supported by WHO Europe (Annex 3).

Between 28 September and 3 October 2017, a group of national, international and WHO experts in tobacco control (Annex 2) reviewed the status and present development efforts of key tobacco control policies by conducting interviews with 40 key stakeholders in Denmark (Annex 4). Through the stakeholder interviews and assessment of the implementation of WHO FCTC provisions in Denmark, a number of factors were highlighted as the most significant challenges to continued progress in tobacco control in Denmark. On this basis, recommendations were made for ensuring the sustainability of current initiatives and further progress in Danish tobacco control.

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first and only global public health treaty. The WHO FCTC was developed by countries in response to the globalization of the tobacco epidemic. Its objective is to *“protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke by providing a framework for tobacco control measures to be implemented by the Parties at the national, regional and international levels in order to reduce continually and substantially the prevalence of tobacco use and exposure to tobacco smoke.”*

The Convention entered into force in 2005. There are currently 181 Parties to the Convention.

WHO Framework Convention on Tobacco Control

Structure of the report

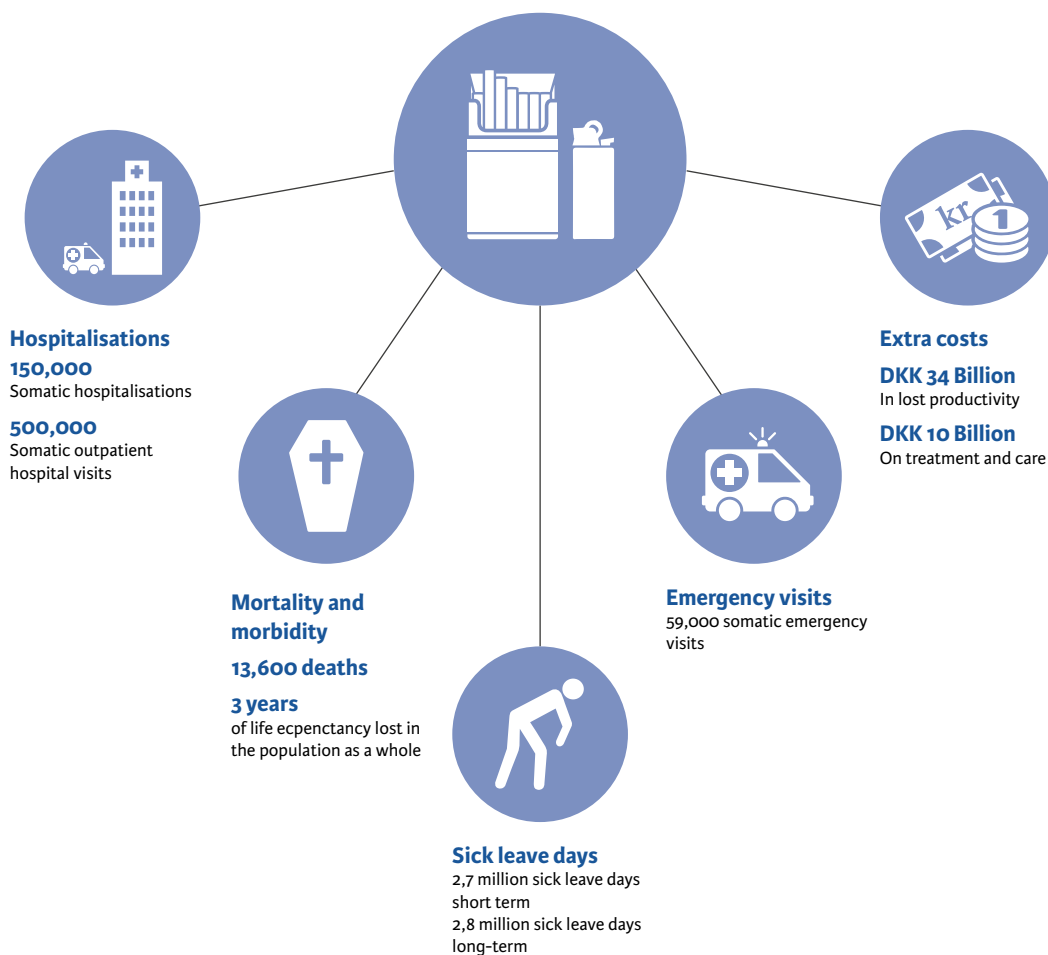
The report first examines the status of the tobacco epidemic in Denmark and characterises its main features. It then analyses the following policies, which are key evidence-based measures of the WHO FCTC:

- Coordination and implementation of comprehensive tobacco control interventions (WHO FCTC Art. 5.1 and 5.2)
- Countering the tobacco industry interference (WHO FCTC Art. 5.3 and guidelines)
- Increasing the real price of tobacco products through taxation (WHO FCTC Art. 6 and guidelines)
- Protection from the exposure to tobacco smoke (WHO FCTC Art. 8 and guidelines)
- Warning people of the dangers of tobacco (WHO FCTC Art. 11 and 12 and guidelines)
- Banning tobacco advertising, promotion and sponsorship (WHO FCTC Art. 13 and guidelines)
- Helping smokers quit (WHO FCTC Art. 14 and guidelines)

For the analysis of each policy, the report includes the following sections:

- **Policy status and development.** The section provides a summary of the present status and planned development of the policy in question, based on a thorough review of documents made available by the Country Focal Point before the country visit (e.g. the Tobacco Control Country Profile and the WHO report on the global tobacco epidemic 2017) and on the stakeholder interviews.
- **Key findings.** The section provides a summary of the most critical aspects discovered through stakeholder interviews and other Danish tobacco control sources. Where applicable, the report describes the essential factors for the success in implementing present policies and developing future ones.
- **Recommendations.** The section specifies actions required to improve the design, implementation and enforcement of the policy in question.

Figure 2 - Consequences of smoking in Denmark³



POLICY COORDINATION AND IMPLEMENTATION



WHO FCTC Articles 5.1 and 5.2

Each Party shall develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes... a) establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control; and b) adopt and implement effective legislative, executive, administrative and/or other measures and cooperate, as appropriate, with other Parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke.

Policy status and development

Governmental coordination and implementation agencies at national level

The Ministry of Health (Sundheds- og Ældreministeriet) is responsible for the implementation of the policies and laws passed in Parliament. The Ministry of Health has an estimated 1.5 full-time employees working on tobacco control supported by other staff members as needed.

The Danish Health Authority (Sundhedsstyrelsen), under the Ministry of Health, provides evidence-based recommendations concerning measures such as smoking cessation, smoke-free environments and prevention of smoking initiation to the Ministry of Health and municipalities etc.¹⁴ The Danish Health Authority has a Health Promotion unit that consists of approximately 25 full-time employees, of which an estimated 1.5 full-time employees are dedicated to tobacco control.

The Danish Safety Technology Authority (Sikkerhedsstyrelsen) under the Ministry of Industry, Business and Financial Affairs (Erhvervsministeriet), and the Danish Health Authority carry out the implementation of the Danish regulations on tobacco, including regulation resulting from the implementation of the EU Tobacco Products Directive (2014/40/EU) (EU TPD). The Danish Safety Technology Authority carries out inspection of tobacco products in retail. In 2017, the Authority monitored the implementation of the EU TPD with 6.7 full-time employees working on tobacco and 5.7 full-time employees working on e-cigarettes, herbal cigarettes and new tobacco products.

The Ministry of Justice (Justitsministeriet) has the main responsibility for the regulation of illegal sales to minors and the primary control of the illegal sale of snus. The police are responsible for the enforcement of regulations related to the illegal sale of these products.

The Ministry of Taxation (Skatteministeriet) is responsible for implementation of regulation on tobacco taxation. The customs department (SKAT) is responsible for border control.

The Danish Working Environment Authority (Arbejdstilsynet) is the main enforcement agency of the law on smoke-free environments. The Working Environment Authority performs routine inspections at workplaces and targeted inspections in response to complaints.

The Consumer Ombudsman (Forbrugerombudsmanden) supervises compliance with legislation on advertising, promotion and sponsorship of tobacco products and Electronic Nicotine Delivery Systems (ENDS). The Consumer Ombudsman has a team of 16 case investigators for all topics under its purview. In 2016, the agency finalised four cases related to tobacco.

Municipalities and regions

Denmark has five regions and 98 municipalities. According to the Health Act,¹⁵ the municipalities are responsible for citizen-based health promotion and prevention. In Denmark, publically funded smoking cessation counselling is primarily the responsibility of individual municipalities. The regions are responsible for patient oriented prevention at hospitals and from general practitioners and consultants as well as for providing advice to municipalities.¹⁶

In tobacco control, the Danish Health Authority recommends that municipalities implement measures that involve smoking cessation, more smoke-free environments and prevention of smoking initiation.¹⁷

Civil society

The Danish Network for Tobacco Prevention was established in 1997 and includes 17 organisations of health care professionals, NGOs, patient organisations, researchers and municipal networks active in tobacco control, including the Danish Health Authority.

Out of the main NGOs working on tobacco control, the Danish Cancer Society has one unit dedicated to tobacco control with an estimated 17 full-time employees, while the Danish Heart Foundation has three full-time employees and the Danish Lung Foundation has one full-time employee working on tobacco control. Other NGOs have employees working on tobacco control along with other prevention subjects. Furthermore, the Danish partnership Smokefree Future currently includes 53 organisations, institutions, municipalities and private companies working towards the aim of a smoke-free Denmark by 2030.

National tobacco control coordination bodies

The Danish Health Authority takes on a coordinating function between both governmental and non-governmental players involved in tobacco control. However, this is not an official task assigned to the Danish Health Authority.

National strategies and plans of action

In 2016, the Danish government adopted the goal of a smoke-free generation, which aims to have no children or adolescents smoke by 2030. The existing Cancer Plan IV for 2017-2020 sets the following objectives to achieve the smoke-free generation goal:

- Support smoke-free school hours at all schools and educational establishments, which are attended by young people under 18 years of age. No separate funding is allocated to this objective.
- Set up a voluntary partnership with the business community to ensure a more effective enforcement of the ban on underage sales of tobacco and alcohol.
- Initiate a campaign targeting smoking among children and young people. DKK 14 million has been allocated to this objective for 2017-2020.
- Fund nicotine replacement therapy and prescription cessation medication for participants in municipal smoking cessation courses.¹⁸ DKK 26.5 million has been allocated to this objective for 2017-2019 through the grant “Satspuljemidler,^{19, 20} The allocation was based on the findings from the national grant “Storrygerpuljen”.
- Provide smoking cessation services for cancer patients.

No formal strategy, sub goals or milestones have been set for reaching the goal of a smoke-free generation by 2030.

In 2016, the Danish government adopted the goal of a smoke-free generation, which aims to have no children or adolescents smoke by 2030

Key findings

There is no comprehensive national action plan or strategy to reach the goal of a smoke-free generation by 2030

Denmark has no comprehensive national tobacco control plan aimed at achieving the goal of a smoke-free generation by 2030. The current tobacco control activities funded under Cancer Plan IV are insufficient to have an impact on tobacco prevalence to a degree that will lead to the realization of the goal. They do not live up to the WHO FCTC Article 5.1 obligation to “*develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes.*”

There is a strong local political will to work on tobacco control

Several stakeholders noted that there seems to be more political interest in advancing the tobacco control agenda in the regions and municipalities than there is at national level, although the means and political reach at local level are more limited. Both the Local Government Denmark (Kommunernes Landsforening) and the Regions of Denmark (Danske Regioner) have recently launched prevention initiatives, which emphasise the need for efficient and well coordinated tobacco control within regions and municipalities and call for further national action in tobacco control.^{21, 22}

There is no sufficiently funded coordinating mechanism for tobacco control

The Danish Health Authority along with the Ministry of Health are currently the main actors responsible for coordinating tobacco control activities in Denmark. However, with an estimated total of three full-time employees dedicated to tobacco control, their resources are inadequate for the task as a coordinating mechanism with an overview of tobacco control in Denmark.

Activities of organised civil society have not yet reached their full potential

Civil society organisations have great potential to influence national tobacco control policy and express both the will and determination for united action to decrease the prevalence of tobacco. In the stakeholder interviews, many organisations noted a sense of momentum for creating change in the field of tobacco control and were inspired by new voices and a renewed focus on the potential for reducing the massive negative consequences of tobacco on health, the economy and social equality.

More research in tobacco control is needed

The stakeholder interviews demonstrated a need for further coordination in tobacco control research and for more studies on tobacco control interventions, policies and advocacy possibilities, adapted to the Danish context.

Denmark has not fully implemented the WHO FCTC

The WHO FCTC is an evidence-based treaty to which Denmark is legally bound. However, Denmark has not fully implemented the treaty, and both governmental and non-governmental actors in tobacco control seem to have a low awareness of the WHO FCTC obligations and its implementation guidelines.

This concerns the WHO FCTC provisions on general obligations (Article 5), price and tax measures to reduce the demand for tobacco (Article 6), protection from exposure to tobacco-smoke (Article 8), packaging and labelling of tobacco products (Article 11), education, communication, training and public awareness (Article 12), tobacco advertisement, promotion and sponsorship (Article 13), demand reduction measures concerning tobacco dependence and cessation (Article 14) and illicit trade in tobacco products (Article 15). In stakeholder interviews it was furthermore noted that the ban on tobacco sales to minors (Article 16) is currently not properly enforced.

Recommendations

Adopt a comprehensive national action plan or strategy for tobacco control

In order to reduce the prevalence of smoking, the government and parliament, in consultation with relevant ministerial departments and civil society, should set up a comprehensive national action plan for tobacco control. According to WHO FCTC Article 5 *“Each Party shall develop, implement, periodically update and review comprehensive national tobacco control strategies, plans and programme in accordance with this Convention and the protocols to which it is a Party.”*

Reducing the prevalence of tobacco will need the coordinated efforts and resources of all governmental organisations under a well-designed national plan. The national plan should set specific targets and strategies for short and long-term action. As well as programs directed at the overall community, special attention should be paid to reducing smoking among children and adolescents, as well as among high-risk groups including socially disadvantaged citizens and pregnant women. The action plan should outline recommendations, re-

sponsibilities, necessary actions, monitoring and timeframe. Key measures of the plan should be the full implementation of the FCTC including the prioritized measures recommended in this assessment.

The government should set up a stronger national coordinating mechanism

Establishing mechanisms to coordinate a multisectoral approach based on the treaty's provisions, guidelines and protocol with the involvement of the different stakeholders and the strong leadership of the Ministry of Health would improve and strengthen the current tobacco control. The government needs to pay special attention to the coordination of interministerial efforts as tobacco control not only applies to the health ministry and agencies, but also to other relevant government programmes and agencies, including those that deal with taxation and commerce. As mandated by WHO FCTC Article 5.2.a, Denmark should *“reinforce and finance a national coordinating mechanism or focal points for tobacco control.”*

Denmark should provide more human and financial resources for tobacco control

The current levels of government funding to tobacco control do not allow a sufficient workforce to monitor current tobacco control activities, propose new efforts and liaise with relevant partners in tobacco control, all of which are necessary to reach the goal of a smoke-free generation by 2030. The budget allocation to tobacco control from the government should reflect the magnitude and urgency of the problem – the country's largest preventable cause of death and disease – and should be adjusted to the current goal and future strategies adopted to reach a smoke-free generation by 2030.

It is further recommended that additional resources are allocated to improve funding and coordination of the national research environment in tobacco control.

Reducing the prevalence of tobacco will need the coordinated efforts and resources of all governmental and non-governmental organisations under a well-designed plan

Civil society should participate more actively in tobacco control activities

Civil society in Denmark can play a much more active role in promoting tobacco control activities and can be a strong partner for the government by working towards common goals. This role may include promoting new legislative initiatives and their enforcement or helping to build public support for new policy proposals. While civil society organisations are already quite numerous and involved in the tobacco agenda, NGOs and health professional associations should look to strengthen their coordination through joint action and by speaking with one voice in support of the common goal. The Smokefree Future partnership is a potential platform for this, and the partnership should be strengthened through the participation of new stakeholders and common activities.

To achieve the goal of a smoke-free generation by 2030, Denmark should strengthen the protection of children and adolescents from tobacco and fully implement the WHO FCTC

The WHO FCTC and its guidelines provide a roadmap of cost-effective, evidence-based and intersectoral tobacco control measures. The Danish government should take a stronger leadership role in implementing all the provisions of the WHO FCTC as soon as possible, particularly in order to address the interministerial and intersectoral issues arising from the implementation of the WHO FCTC.

COUNTERING TOBACCO INDUSTRY INTERFERENCE



WHO FCTC Article 5.3

In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law.

Policy status and development

British American Tobacco, Philip Morris and Japan Tobacco are the major tobacco companies in Denmark, that dominate the cigarette market.²³ British American Tobacco is the owner of leading local brands like Prince, LA, Kings, Look and Cecil, which were acquired in the takeover of the Danish tobacco manufacturer House of Prince in 2008. Cigarette production by British American Tobacco in Denmark ended in 2011.

According to WHO FCTC Article 5.3, Denmark is obliged to protect the setting and implementation of public health policies from the commercial and other vested interests of the tobacco industry. Its guidelines²⁴ and later the United Nations General Assembly has clearly indicated that there is a fundamental conflict between the interests of the tobacco industry have and the interests of public health policy.²⁵

In Denmark, no explicit measures exist to avoid the interference of the tobacco industry in public health policies, or the possibility to influence policy-makers or the public. Only general rules and codes of conduct have been identified, which solely concern public employees and which are not specific to tobacco.²⁶

Key findings

The tobacco industry is actively working to influence policymakers and the public. However, only a small part of their activities are known

Representatives from the tobacco industry have advanced their own propositions in response to proposals for tobacco control legislation and have sought to influence policy in direct contravention of Article 5.3, including through media statements on various topics e.g. promotion of smoking in TV-series²⁷ and of unproven harm reduction products.²⁸ However, the stakeholders interviewed indicated that only a small part of the tobacco industry marketing strategies and how they try to influence tobacco control policy are known.

Interactions between the government and the tobacco industry lack transparency

No formal rules or adopted guidelines requiring transparency of meetings and activities held between government or parliamentary representatives and the tobacco industry were identified.

The government works with the tobacco industry on illicit trade, but has not ratified the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products

The Danish government has not ratified the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products (the Protocol). It has engaged in a partnership with the tobacco industry with the proclaimed objective “to fight contraband and counterfeiting of tobacco products.”²⁹

Article 8 of the Protocol indicates that the responsibility for the tracking and tracing of tobacco products cannot be assigned or delegated to the tobacco industry because their operations are the subject of control under these provisions. Therefore, each Party must limit its interaction with the tobacco companies to the minimum that is strictly necessary.

A WHO report shows evidence indicating that tobacco industry representatives have developed joint and individual strategies to interfere with the implementation of Protocol policies.³⁰ The same report highlights the fact that tobacco companies have been accused of direct and indirect involvement with cigarette smuggling.^{31, 32, 33}

The tobacco industry strategically works to appear socially responsible

According to the Article 5.3 guidelines, “the tobacco industry conducts activities described as socially responsible to distance its image from the lethal nature of the product it produces and sells or to interfere with the setting and implementation of public health policies.”³⁴

In Denmark, one example of this approach is demonstrated through the proclaimed wish of Philip Morris to help people go smoke-free. The company has actively targeted the parliamentary health committee and was granted a meeting to present the committee with their novel heated tobacco products and their vision of a smoke-free world.^{35, 36}

The tobacco industry is actively working to influence policymakers and the public

Recommendations

Raise awareness of the methods and tactics of the tobacco industry

Both NGOs and the government need to increase awareness among the public and all branches of the government about the need to protect public health policies related to tobacco from the interests of the tobacco industry. The strategies and tactics used by the tobacco industry to interfere with public health policies related to tobacco need to be denounced and monitored as specified in the Article 5.3 guidelines.

Establish immediate measures to limit interactions of public officials and civil servants with the tobacco industry and ensure the transparency of any interactions that occur

The Article 5.3 guidelines recommend that Parties “interact with the tobacco industry only when and to the extent strictly necessary to enable them to effectively regulate the tobacco industry and tobacco products.” If interactions with the tobacco industry are necessary, governments should ensure that such interactions are

limited to the role set out in Article 5.3, conducted transparently and in public and that records of such interactions are disclosed to the public. All the propositions of the Article 5.3 guidelines should be fully implemented in Denmark.

The government should prohibit, or at least mandate the disclosure of, the tobacco industry’s donations of funds and in-kind contributions to political parties, trade unions or their foundations, and think tanks

The Article 5.3 guidelines recommend that governments should have effective measures to prohibit contributions from the tobacco industry or any entity working to further its interests to political parties, candidates or campaigns, or it should require full disclosure of such contributions. The Danish government should therefore prohibit donations from the tobacco industry or, as a minimum, disclose to the public all details of such contributions.

Governments should have effective measures to prohibit contributions from the tobacco industry

Do not invest in the tobacco industry

According to the guidelines of Article 5.3, Parties should not invest in the tobacco industry or related ventures.

Monitor the activities of the tobacco industry

Monitoring the implementation of WHO FCTC Article 5.3 and the activities of the tobacco industry is essential to ensure efficient tobacco control policies. It is crucial to keep up to date with changes in the country’s tobacco market in order to anticipate opposition to new tobacco control policies. Governmental organisations and members of civil society not affiliated with the tobacco industry must monitor the market development, marketing strategies and public affairs activities of the tobacco industry, including for instance the development of new and flavoured products with special appeal to young people. Existing guidelines for industry monitoring are available.^{37, 38, 39, 40}

The activities of the tobacco industry to appear socially responsible fall under the scope of advertising, promotion and sponsorship within the WHO FCTC

Ratify the WHO FCTC Protocol on illicit trade and cease the partnership with the tobacco industry

Following the Protocol, Denmark should establish a track and trace system that is independent of the tobacco industry, and it should cease all agreements with the tobacco industry in the fight against illicit trade.

The CSR strategies of the tobacco industry should be denormalised and if possible regulated

According to Article 5.3 guidelines, the activities of the tobacco industry to appear socially responsible fall under the scope of advertising, promotion and sponsorship within the WHO FCTC. In line with the guidelines, it is recommended that the Danish government ensure that all branches of government and the public are well informed of the true purpose of such activities. In addition, it is recommended that the Danish government does not endorse, support or form partnerships with or participate in such CSR activities.

INCREASING PRICE THROUGH TAXATION



WHO FCTC Article 6

The Parties recognize that price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons ... each Party should ... adopt or maintain ... tax policies and, where appropriate, price policies, on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption.

Policy status and development

Cigarettes are subject to a specific excise tax of DKK 1.18 (EUR 0.16) per stick and 1 % of the retail price (excise rate). Tobacco products are also subject to a value added tax rate of 20 % on the retail price. The total tax rate is 79.7 % of the Weighted Average Price of the tobacco product. Fine cut smoking tobacco, used for rolling cigarettes, is subject to a specific excise duty of DKK 788.50 (EUR 105.9) per kg.⁴¹ The average price for a pack of 20 cigarettes is DKK 40.35 (EUR 5.42) (December 2017).⁴²

In January 2014, the Danish government increased tobacco taxes to the current level, which represented an increase of DKK 0.40 (EUR 0.05) per average pack of 20 cigarettes.⁴³ Since the 1980s, prices of tobacco products have followed a price development similar to other consumer goods, and when corrected for the development in disposable household income they have become more affordable.⁴⁴

Key findings

Denmark is the EU member state with the second most affordable cigarettes

The most popular brand of cigarettes in Denmark is 3.4 times more affordable than in the EU country with most expensive cigarettes.⁴⁵ A vast amount of research shows that higher taxes and prices on tobacco leads to reductions in overall tobacco use, especially among young people and people with low incomes.^{46,47} Although the affordability of cigarettes has

Higher taxes and prices on tobacco leads to reductions in overall tobacco use, especially among young people

decreased since 2008 in Denmark (but not since 2014), 18 EU member states have decreased affordability at a faster rate than Denmark.⁴⁵

The price difference between the cheapest and the premium cigarette brand is too broad in Denmark

The price difference between the cheapest and the premium brand of cigarettes¹ indicates the scope that smokers have to move to cheaper brands when price increases occur. In Denmark, the price of the cheapest cigarette brand is 79 % of the price of the premium cigarette brand. Compared to the other EU member states, Denmark is placed 16th out of 28 in terms of price dispersion between the cheapest and premium cigarette brands.⁴⁸

Denmark is the EU member state with the second most affordable cigarettes

The guidelines for the implementation of Article 6 (Article 6 guidelines) note, “*Parties should ensure that tax systems are designed in a way that minimizes the incentive for users to shift to cheaper products in the same product category or to cheaper tobacco product categories as a response to tax or retail price increases or other related market effects.*”

There is a general concern that the increase of tobacco taxes leads to cross-border and illicit trade

In the public debate on increasing tobacco taxes and prices there is a general concern that higher prices will lead to increased cross-border trade and illicit trade.^{49, 50, 51} However, illicit trade does not increase as a result of tobacco taxation. Article 6 guidelines note that many Parties have raised tobacco taxes effectively and experienced revenue increases without increases in illicit trade. A WHO review further finds no association between high tobacco taxes and high levels of illicit trade. Illicit trade is more common in countries where governance is poor, whether taxes are high or low.⁵² Cross-border trade is particularly an issue when great disparities in prices exist in neighbouring countries. The WHO therefore recommends: “*Raising tobacco taxes and prices should be a coordinated effort with neighbouring countries; this is a key point within the WHO FCTC. The new Protocol to Eliminate Illicit Trade in Tobacco Products, currently open for ratification, facilitates cross-border cooperation for effective control.*”⁵³

A majority of the Danish population supports higher prices on tobacco products

The public is supportive of price increases for tobacco

A majority of the Danish population supports higher prices on tobacco products: 64 % are positive towards increasing the price to 60 DKK per 20 cigarettes, corresponding to a 50 % price increase.⁵⁴

¹ Expressed as the share of cheapest brand price in premium brand price in international dollars at purchasing power parity.

Recommendations

Decrease the affordability of cigarettes by increasing tobacco taxes at regular intervals

As mandated by the WHO FCTC, tax policies and price policies on tobacco products should be set in order to contribute to the reduction of tobacco consumption. This is particularly important to protect young people and low-income groups from the dangers of tobacco, as these groups are generally more responsive to changes in the price of tobacco products.⁵⁵

As recommended by Article 6 guidelines, *“Parties should establish coherent long-term policies on their tobacco taxation structure and monitor (these policies) on a regular basis including targets for their tax rates, in order to achieve their public health and fiscal objectives within a certain period of time.”*

Adopt similar tax burdens for different tobacco products

All tobacco products should be taxed in a comparable way to avoid the risk of smokers shifting to cheaper brands or to cheaper tobacco products following a tax increase on one product (i.e. shifting from cigarettes to roll-your-own tobacco) (Article 6 guidelines).

Ratify the WHO FCTC Protocol on illicit trade to curb illicit trade and cross-border trade

According to the Protocol to Eliminate Illicit Trade in Tobacco Products, tobacco tax increases should be accompanied by *“stronger, cooperative systems to curb illicit tobacco trade. This includes measures such as licensing, regulations on international transit, and sanctions applicable to those complicit in illicit tobacco trade.”*

PROTECTION FROM EXPOSURE TO TOBACCO SMOKE



WHO FCTC Article 8

Each Party shall adopt and implement ... measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Policy status and development

The smoke-free environments Act of 2007⁵⁶ as amended in 2012⁵⁷ mandates protection of people from exposure to second-hand smoke. Smoking is prohibited in workplaces and public places and since 1 April 2017, smoking is banned in prisons.⁵⁸ The smoking ban is, however, subject to several exemptions. Smoking is allowed in designated smoking rooms and smoking cabins in workplaces and in bars and pubs of less than 40 m². Smoking is not prohibited in workplaces that function as the private home of residents e.g. nursing homes. Other exemptions to the smoking ban include schools in which the majority of students are over 18 years old, such as the majority of vocational schools. Smoking is allowed in private day care homes outside of day care hours and in rooms other than those, which the children primarily use. Smoking is also allowed in homeless shelters.

60 % of health care workers report being exposed to second-hand smoke at work

The smoke-free environments law sets out minimum standards for smoke-free environments and workplaces are free to introduce rules that ensure better protection from tobacco smoke. Private workplaces can choose to establish smoking rooms, but many work places, especially public ones, choose to be completely smoke-free indoors.

Although the law on smoke-free environments allows smoking rooms or cabins in workplaces, three out of five Danish regions and 21 of the 98 Danish municipalities have implemented a “smoke-free work hours” policy. This means that employees in the regional or municipal workplaces in question are not allowed to smoke during work hours. Three out of the 21 municipalities have implemented a complete “smoke-free work hours” policy and 18 have adopted a weaker policy where smoking is allowed for employees who have self-paid breaks.

The agencies in charge of enforcing the legislation to protect Danes from second-hand smoke are the Danish Working Environment Authority under the Law on the Working Environment as well as the Danish Maritime Authority and the Ministry of Transport, Building and Housing.

The work of the Danish Working Environment Authority in supervising enforcement of the smoke-free environments law takes place in association with the Authority's routine visits to companies, and they can be part of a risk-based supervision or a sample check.⁵⁹ In 2017, the Working Environment Authority made 319 orders relating to the smoke-free environments law.⁶⁰

Key findings

Exposure to second-hand smoke is still a challenge and some groups are heavily exposed to second-hand smoke

Smoking in small bars and pubs presents a significant source of exposure to second-hand smoke for patrons and workers. About a third (34%) of Danes who visited a bar in 2016 reported seeing smoking.⁶¹

Exposure to second-hand smoke in other workplaces is seemingly less frequent than exposure to second-hand smoke in bars. In 2017, 9 % of Danish employees reported that indoor smoking took place at their workplace and 6 % reported that there were designated smoking rooms or cabins at their workplace.⁶² Some groups are particularly exposed to second-hand smoke in their work environment. Among health care workers, 60 % report being exposed to second-hand smoke at work.⁶³

Children in private spaces such as homes and cars are not protected against exposure to second-hand smoke. In 2017, 80 % of the general population had smoke-free homes and 54 % of smokers never allowed smoking inside their home. 4 % of smokers reported that they had smoked inside cars when children were present.⁶⁴ Danish research has found that there is a significantly higher likelihood for a child to be exposed to second-hand smoke at home if the parent has a low level of education compared to a higher level of education.⁶⁵

The Danish population is generally in favour of more comprehensive smoking restrictions

In Denmark, 73 % of the population supports the current smoke-free environments law and 14 % does not support it.⁶⁶ There is also support for a complete ban on smoking in private day care homes (69 % support) and for banning smoking in private cars when children are present (71 % support).⁶⁷ Interviewed stakeholders were very interested in seeing national legislation on smoke-free school hours with a ban on tobacco use – both indoors and outdoors for students and teachers.

Legal smoke-free provisions do not comply with WHO FCTC Article 8 guidelines

Denmark does not comply with the international standards set forth by the WHO FCTC in the guidelines for the implementation of WHO FCTC Article 8 (Article 8 guidelines).⁶⁸ The guidelines state that “*all indoor workplaces and indoor public places should be smoke free,*” and that “*legislation is necessary to protect people from exposure to tobacco smoke. Voluntary smoke free policies have repeatedly been shown to be ineffective and do not provide adequate protection.*”

Recommendations

Improve legislation to protect children and adults from exposure to second-hand smoke

The objective of WHO FCTC Article 8 is to protect non-smokers fully and without exceptions. To this end, the scientific evidence shows that only well enforced legislation in all workplaces and public places can protect non-smokers fully from the harmful effects of second hand smoke. A comprehensive smoking ban would ensure better compliance and understanding among government agencies and the general population.

To be comprehensive the ban must eliminate the option of creating smoking rooms in workplaces, whether ventilated or not, and it must eliminate exemptions to the smoking ban in small bars, at vocational schools, in private day care homes, as well as in other public places. This should be supplemented with the introduction of smoke-free school hours, including assistance to schools with implementation and appropriate enforcement strategies.

Protect minors from second-hand smoke in private homes and cars through evidence-based mass media campaigns and by legislation as appropriate

The level of protection of minors from second-hand smoke needs to be improved. As children and adolescents are less likely to have the choice to avoid exposure in private spaces such as homes and cars, protecting their health becomes a matter of human rights.^{69,70}

Parents and caregivers of children should be informed of the health risks of children exposed to second-hand smoke. They should be advised that only completely smoke-free homes and cars offer adequate protection for children and they should be advised not to smoke near children – even when outside. Denmark should consider adopting legislation to further protect children in indoor private spaces such as Norwegian and Icelandic legislation, which obliges parents and caregivers to protect children against exposure to second-hand smoke.^{71,72}

Inform the public about the dangers of exposure to second-hand smoke and of necessary actions to reduce exposure to second-hand smoke in private and public spaces

Independent of a possible improvement to the smoke-free legislation, there is a need for regular campaigns that enhance information to the public about the dangers of exposure to second-hand smoke and the necessary actions needed to reduce exposure to second-hand smoke in private and public spaces.

The government should, along with NGOs and relevant stakeholders,

1. develop and implement an evidence-based communications strategy in order to improve protection of children from exposure to second-hand smoke in private spaces;
2. raise awareness and mobilise support among key stakeholders and the public for eliminating the exemptions to the smoking ban; and
3. protect employees and citizens against the dangers of second-hand smoke.

**... only well enforced
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second hand smoke**

WARNING PEOPLE OF THE DANGERS OF TOBACCO



WHO FCTC Article 11

Each Party shall ... ensure that tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading [or] deceptive ... Each Party shall ... ensure that ... tobacco products ... carry health warnings describing the harmful effects of tobacco use.

Policy status and development

Following provisions of the EU Tobacco Products Directive, since 2016 Danish law has mandated 15 rotating pictorial health warnings that appear on cigarette packaging covering 65 % of the principal display areas on the front and rear of the pack, as well as the display of the telephone number and website of the national quit line on tobacco packaging. Denmark uses warnings from the EU picture library.⁷³

However, the EU Tobacco Products Directive allows Member States to go beyond the obligatory measures on packaging⁷⁴ and implement plain packaging of tobacco products.⁷⁵

Key findings

Denmark has not implemented plain packaging

Plain packaging is recommended in the guidelines for the implementation of the WHO FCTC articles 11 and 13.^{76,77} Article 11 guidelines state, “Parties should consider adopting measures to restrict or prohibit the use of logos, colours, brand images or promotional information on packaging other than brand names and product names displayed in a standard colour and font style (plain packaging). This may increase the noticeability and effectiveness of health warnings and messages, prevent the package from detracting attention from them, and address industry package design techniques that may suggest that some products are less harmful than others.”

Independent comprehensive reviews of experimental evidence prior to introducing legislative proposals from the United Kingdom and Ireland, as well as the 2016 post implementation review of Australian plain packaging, conclude that plain packaging is effective for reaching its objectives as part of a comprehensive approach.^{78,79,80}

Field experiments with adult smokers in the United Kingdom and France have found that plain packaging is associated with less positive perceptions of the pack and product, lower brand attachment and less positive feelings about smoking.^{81,82}

The Danish Health Authority estimates that the 2016 smoking prevalence in Denmark would have been 20.5 % and that there would have been 26,313 fewer smokers in the age group 15+ years if plain packaging of tobacco products had been introduced in Denmark 34 months prior to 2016 (subject to model uncertainty). This compares to a smoking prevalence of 21.1 % in the fourth quarter of 2016.⁸³

Recommendations

Implement plain packaging

Denmark should introduce plain packaging. To prepare the implementation of plain packaging it is recommended to carry out independent reviews of the effects of plain packaging in a national context and closely follow international development in the area.

**Plain packaging
would lead to 26,313
fewer smokers per
year in Denmark**

PUBLIC AWARENESS AND MASS MEDIA CAMPAIGNS



WHO FCTC Article 12

Each Party shall promote and strengthen public awareness of tobacco control issues, using all available communication tools, as appropriate.

Policy status and development

As a part of Cancer Plan IV, the Danish government has allocated DKK 14 million to a media campaign targeted towards children and adolescents and run on social media channels used by the target group. The campaign is administered by the Danish Health Authority and runs throughout 2017-2020.

Government funded national campaigns since 2009:

Year	Name	Purpose
2009/2010, 2011, 2012	“Every cigarette is doing you damage” (Hver eneste cigaret skader dig)	Smoking cessation campaign.
2012-2013	“Smoking – Quit now” (Rygning – Skod det nu)	The campaign was targeted at preventing smoking among young people.
2015, 2016	“Help to stop smoking” (Hjælp til Rygestop): Smoking cessation campaign launched within the Grant “Forstærket indsats over for storrygere”	The campaign addressed adult heavy smokers (≥ 15 cigarettes per day) of lower education and pregnant women who smoke. The purpose was to enhance their motivation to quit, to seek help from their municipality and via the National quit line, and to raise awareness of available cessation support.
2017 (-2020)	“BUT WHY”	The campaign aimed to change attitudes towards smoking and hereby prevent young people from taking up smoking. The first campaign wave has appeared in social media.

The external evaluation of “Every cigarette is doing you damage” shows that the campaign had a significant impact on the population. The campaign was in particular seen by smokers. 40 % of smokers stated that the campaign gave them new knowledge about the health impact of smoking. The campaign caused 40 % of smokers to consider quitting smoking and more than 10 % of smokers to make an attempt to quit.⁸⁴

The internal evaluation of the campaign “Help to stop smoking” (3rd boost), showed that awareness of the campaign and of the national quit line increased during the campaign period. However, the evaluation found that the reference to the national quit line on cigarette packs was particularly instrumental in achieving this. While more than half of evaluation respondents found the campaign good or very good, 38 % found the campaign to be relevant and 23 % had adjusted their behaviour accordingly.

Examples of tobacco control campaigns administered by NGOs include “Cool without Smoke” (Cool uden Røg) (2015-2016) and “Say No” (Sig Nej) (2017) (part of Smokefree Future).

Year	Name	Purpose
2015, 2016	“Cool without Smoke” (Cool uden Røg)	The campaign aimed to prevent smoking initiation and promote smoking cessation among young people by focusing on smoking without blame. A secondary target was to increase knowledge and use of the smoking cessation programme XHALE.
2017	“No” (Nej) (part of Smokefree Future partnership)	The campaign aimed to address smoking among young people and was targeted young people (15-17 years) and their parents.

The evaluation of “Cool without Smoke” showed that 50 % of 16-25 year olds had seen the campaign in 2015-2016, and after seeing it 17 % of them had thought about whether smoking is cool or not. 15 % knew of the youth smoking cessation programme XHALE after seeing the campaign. The campaign “No” was evaluated exclusively with regards to social media response.

Key findings

Government-funded campaigns focus on high-risk groups

The mass media campaigns administered by the Danish Health Authority since 2009 have focused on high-risk groups.

Recommendations

Ensure a current and evidence-based background for development and evaluation of future campaigns

To increase the potential impact of future campaigns in tobacco control, campaign administrators should ensure that education, communication and training programmes “*undergo rigorous pre-testing, monitoring and evaluation at local, national/federal, regional and/or international level.*” Evaluation of campaigns should be as current and evidence-based as possible (Article 12 guidelines). Campaigns should be based on research that is up to date with the current media landscape including dissemination in various social media channels.

Campaigns should be based on research that is up to date with the current media landscape

There is very strong evidence that media campaigns directed specifically towards children have limited impact

Mass media campaigns with strong graphic images demonstrating the harms of tobacco are shown to be effective with mass audiences, including subgroups, and targeted campaigns for different socioeconomic groups are not required

Creative media strategies and good media planning can reach smokers in all socioeconomic groups, and are particularly effective in reaching those in lower socioeconomic groups. There is also very strong evidence that while media campaigns directed specifically towards children have limited impact, sustained, hard-hitting, adequately funded media campaigns directed at adults also reach young people and are effective in reducing smoking among this group.^{85, 86}

Campaign administrators should note the recommendation of the Article 12 guidelines to disseminate the message “as widely as possible”, and run hard-hitting, sustained, community-wide media campaigns. It is essential that funding for such campaigns is adequate both to ensure appropriate reach and to be consistent with the urgency and magnitude of the problem.

Additional evidence-based information campaigns are needed in support of some of the new policies proposed in this report

NGOs and the Danish Health Authority need to consider increasing awareness and public support for a number of the specific tobacco control policies proposed in this report, including information on tobacco industry tactics.

Campaign administrators should disseminate the message “as widely as possible”, and run hard-hitting, sustained, community-wide media campaigns

BANNING ADVERTISING, PROMOTION AND SPONSORSHIP



WHO FCTC Article 13

Each Party shall ... undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship.

Policy status and development

Direct tobacco advertising is banned in Denmark except at retailer point of sales, e.g. shops and supermarkets. However, the following forms of promotion of tobacco are allowed:

- Branding of tobacco packaging
- Display of products at point of sale
- Appearance of tobacco products in TV and/or films and when they do, anti-tobacco advertisements are not required
- Vending machines (no complete ban)
- Internet sales of tobacco products

In addition, tobacco companies are allowed to fund or make contributions (including in-kind contributions) to smoking prevention media campaigns, including those directed at young people. Tobacco companies are not prohibited from conducting CSR activities. According to Article 5.3 guidelines, these activities fall under the scope of advertising, promotion and sponsorship within the WHO FCTC.

Key findings

The existing legislation on tobacco advertising, promotion and sponsorship is well-intentioned however not comprehensive enough

The existing legislation on tobacco advertising, promotion and sponsorship does not cover certain forms of promotion to which children and young people are most susceptible. These include branding of tobacco packaging and display of products at point of sale. As a result of the tight rules against tobacco advertising, the point-of-sale display of tobacco in retail establishments remains a way for the tobacco industry to advertise its products by ensuring high visibility of tobacco products and using the pack as an advertising tool.

The tobacco industry uses legislation gaps to promote their products

There is clear evidence both from within Denmark and from other countries that tobacco companies seek out and exploit any possible legislative loopholes in their efforts to promote their products.⁸⁷ The Office of the Danish Consumer Ombudsman has prosecuted possible cases of illegal promotion of tobacco products. However, the Ombudsman has been unsuccessful in convicting flagrant cases of promotion due to the limitations of the Danish legislation in regulating advertising, promotion and sponsorship of tobacco. These cases have involved the promotion of tobacco at cultural events and the display of tobacco products in illuminated power walls in convenience stores.⁸⁸

Young people more frequently exposed to point-of-sale tobacco displays are around 1.6 times more likely to experiment with smoking

The tobacco industry promotes their products at music festivals and other cultural events

The tobacco industry pays music festivals large sums through undisclosed agreements in exchange for exclusive rights and activities.^{89, 90} The industry uses music festivals to promote new products, which seem to specifically target adolescents. A study of Roskilde Festival in 2009 concluded that 9 % of people who had never smoked started smoking at the festival. An additional 24 % of ex-smokers that had not smoked for more than a year relapsed into smoking while attending the festival.⁹¹

There is increasing concern and lack of monitoring of online promotion of tobacco products

There is an increasing concern among stakeholders in Danish tobacco control about the promotion of tobacco products via the internet and social media. However, no data from these tobacco industry marketing strategies have been published in Denmark. It has been documented globally that tobacco companies often promote their products on online sites with a large number of children and adolescent users, such as Facebook and YouTube and as product placement in gaming videos.^{92, 93}

Recommendations

Ban the display of tobacco products at point-of-sale

As recommended by the guidelines for the implementation of WHO FCTC Article 13 (Article 13 guidelines), Denmark needs to ensure that there are no promotional elements at the point of sale for tobacco products. Therefore, Denmark should introduce a total ban on any display and on the visibility of tobacco products at points of sale, including fixed retail outlets and street vendors.

Only the textual listing of products and their prices, without any promotional elements, and in a form strictly regulated by the government should be allowed.

A recent meta-analysis found that young people more frequently exposed to point-of-sale tobacco displays are around 1.6 times more likely to ex-

Tobacco companies promote their products on online sites with a large number of children and adolescent users, such as Facebook and YouTube and as product placement in gaming videos

periment with smoking and around 1.3 times more likely to be susceptible to smoking in the future, compared with those less frequently exposed.⁹⁴ Banning point-of-sale tobacco displays reduces the exposure of tobacco marketing among children and adolescents, and is likely to reduce impulse purchases and provide a supportive environment for smokers wanting to quit. Countries that have implemented bans have seen large reductions in smokers' reported exposure to advertising, with impulse purchases also reduced.⁹⁵

Implement a comprehensive ban on advertising, promotion and sponsorships

According to the definitions in Article 1 of the WHO FCTC, a comprehensive ban on all tobacco advertising, promotion and sponsorship applies to all forms of commercial communication, recommendation or action and all forms of contribution to any event, activity or individual with the aim, effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly. This includes, but is not limited to, a ban on contributions from the tobacco industry to music festivals or other events, activities and individuals, a complete ban on vending machines and a ban on internet sales of tobacco.

HELPING SMOKERS QUIT



WHO FCTC Article 14

Each Party ... shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence.

Policy status and development

Denmark has a national toll-free telephone quit line (Stoplinien) providing counselling and/or referral to municipal cessation services. The service is operated by trained smoking cessation professionals using motivational interviewing. Internet based, tailored smoking cessation programmes are available for adult and young smokers free of charge. The effects of the smoking cessation services offered by the municipalities are monitored by the WHO Collaborating Centre “Rygestopbasen”.

Most municipalities offer one or more free smoking cessation services, primarily in municipal settings, but some also at pharmacies, hospitals or in agreement with private providers. In 2016, there were 10,272 participants on all national smoking cessation courses, and 1.1 % of smokers in Denmark received quality assured smoking cessation treatment.⁹⁶ The Danish Health Authority recommends that municipal smoking cessation services reach 5 % of the smokers in each municipality per year.⁹⁷ The Danish Health Authority published the national smoking cessation guidelines in 2011⁹⁸ and further recommendations for smoking cessation in 2016.⁹⁹

A recent study in Denmark found that 33 % of smokers who attended smoking cessation courses, succeeded in quitting and were continuously abstinent after 6 months.¹⁰⁰

There are considerable differences in attendance at smoking cessation courses and in success rates across the municipalities.¹⁰¹

In 2017, the self assessed status of smoking cessation services across all municipalities found that the most commonly offered service was referral to national cessation services (92 % of the municipalities) and group-based smoking cessation courses (86 % of the municipalities). 51 % of the municipalities offered smoking cessation specifically targeting pregnant women. 68 % of the municipalities offered cessation services, where the municipality actively contacted citizens and informed about the possibility of smoking cessation services, mainly in educational facilities with a high number of smokers (i.e. vocational schools).¹⁰²

Key findings

The majority of Danish smokers want to stop smoking

61 % of the daily smokers in Denmark would like to stop smoking.¹⁰³

Denmark has a comprehensive smoking cessation approach

Compared to other EU countries, Denmark offers a comprehensive package of smoking cessation services.¹⁰⁴

61 % of the daily smokers in Denmark would like to stop smoking

Recommendations

Ensure a minimum of effective smoking cessation services to all citizens and strengthen national coordination across municipalities

Smoking cessation services offered across municipalities should be standardised based on lessons learnt from most effective municipal services. All health care workers should be *“trained to record tobacco use, give brief advice, encourage a quit attempt, and refer tobacco users to specialised tobacco dependence treatment services where appropriate.”* (Article 14 guidelines). Article 14 guidelines highlights that *“Parties should ... ensure that all tobacco users are identified and provided with at least brief advice.”*

Coordination should be improved between actors involved with smoking cessation services to further improve the common standard of services and the referral system. Article 14 guidelines note that Parties should *“Ensure that the national coordinating mechanism or focal point facilitates the strengthening or creation of a programme to promote tobacco cessation and provide tobacco dependence treatment.”*

Take a proactive approach to smoking cessation as social inequality in smoking is increasing and find new ways to reach smokers from lower social economic groups

As social inequality in smoking is increasing,¹⁰⁵ smoking cessation services should prioritise reaching citizens with a lower social economic status, vulnerable groups such as pregnant women and those with pre-existing conditions. Proactive rather than passive services should be strengthened and standardised across municipalities. Over the past 25 years, multiple large randomised trials conducted in various settings demonstrate that telephone-based counselling, especially when proactive call back to quitters was included, increased cessation rates in the long-term.¹⁰⁶

Annex 1 : Overview of the recommendations

Chapter 2

Policy coordination and implementation

- Adopt a comprehensive national action plan or strategy for tobacco control
- The government should set up a stronger national coordinating mechanism
- Denmark should provide more human and financial resources for tobacco control
- Civil society should participate more actively in tobacco control activities
- To achieve the goal of a smoke-free generation by 2030, Denmark should strengthen the protection of children and adolescents from tobacco and fully implement the WHO FCTC

Chapter 3

Countering tobacco industry interference

- Raise awareness of the methods and tactics of the tobacco industry
- Establish immediate measures to limit interactions of public officials and civil servants with the tobacco industry and ensure the transparency of any interactions that occur
- The government should prohibit, or at least mandate the disclosure of the tobacco industry's donations of funds and in-kind contributions to political parties, trade unions or their foundations, and think tanks
- Do not invest in the tobacco industry
- Monitor the activities of the tobacco industry
- Ratify the WHO FCTC protocol on illicit trade and cease the partnership with the tobacco industry
- The CSR strategies of the tobacco industry should be denormalised and if possible regulated

Chapter 4

Increasing price through taxation

- Decrease the affordability of cigarettes by increasing tobacco taxes at regular intervals
- Adopt similar tax burdens for different tobacco products
- Ratify the "Protocol to eliminate illicit trade" to curb illicit trade and cross-border trade

Chapter 5

Protection from exposure to tobacco smoke

- Improve legislation to protect children and adults from exposure to second-hand smoke
- Protect minors from second-hand smoke in private homes and cars through evidence-based mass media campaigns and by legislation as appropriate
- Inform the public about the dangers of exposure to second-hand smoke and of necessary actions to reduce exposure to second-hand smoke in private and public spaces

Chapter 6

Warning people of the dangers of tobacco

- Implement plain packaging

Chapter 7

Public awareness and mass media campaigns

- Ensure a current and evidence-based background for development and evaluation of future campaigns
- Mass media campaigns with strong graphic images demonstrating the harms of tobacco are shown to be effective with mass audiences, including subgroups, and targeted campaigns for different socioeconomic groups are not required
- Additional evidence-based information campaigns are needed in support of some of the new policies proposed in this report

Chapter 8

Banning advertising, promotion and sponsorship

- Ban the display of tobacco products at point-of-sale
- Implement a comprehensive ban on advertising, promotion and sponsorships

Chapter 9

Helping smokers quit

- Ensure a minimum of effective smoking cessation services to all citizens and strengthen national coordination across municipalities
- Take a proactive approach to smoking cessation as social inequality in smoking is increasing and find new ways to reach smokers from lower social economic groups

Annex 2: List of capacity assessment team members

- **Armando Peruga**, World Health Organization consultant on tobacco control and researcher at the Centre for Epidemiology and Health Policy of the University of El Desarrollo, Santiago, Chile
- **Kristina Mauer-Stender**, Programme Manager, Tobacco Control, World Health Organization Regional Office for Europe, Copenhagen, Denmark
- **Mike Daube**, Professor, Curtin University, Perth, Australia
- **Mervi Hara**, Executive Director, ASH Finland, Helsinki, Finland
- **Knud Juel**, Professor Emeritus, National Institute of Public Health, Copenhagen, Denmark
- **Charlotta Pisinger**, Associate Professor, Senior Researcher, Centre for Prevention and Health, Capital Region Denmark, Glostrup, Denmark
- **Hanne Vibjerg**, Head of Section, Danish Health Authority, Copenhagen, Denmark
- **Jørgen Falk**, Independent consultant on tobacco control, Copenhagen, Denmark
- **Céline Brassart Olsen**, PhD Fellow, University of Copenhagen, Copenhagen, Denmark

Annex 3: Country focal point representatives

- **Astrid Knudsen**, Analysis and development consultant, Danish Cancer Society, Copenhagen, Denmark
- **Andrea Glahn**, Project leader, Danish Cancer Society, Copenhagen, Denmark

Annex 4: List of key stakeholders

Name	Position	Institution/Organisation	
Peter Hamborg Faarbæk	Health policy advisor	3F	Trade Union 3F
Jacob Buch	Director of Supervision	Arbejdstilsynet	Danish Working Environment Agency
Christine Højer Eriksen	Advisor, nurse	Astma-Allergi Danmark	Danish Asthma and Allergy Association
Per Larsen	Chair	Børnerådet	Children's Council
Lisbeth Holm Olsen	Advisor	Center for forebyggelse i praksis	Center for Prevention in Practice
Ole Hilberg	Chair	Dansk Lungemedicinsk Selskab	Danish Society of Respiratory Medicine
Maja Bertram	Chair	Dansk Selskab for Folkesundhed	Danish Association for Public Health
Dina Schrøder	Advisor	Dansk Sygeplejeråd	Danish Nurses Council
Bodil Hoier	Educational consultant	Danske Erhvervsskoler og gymnasier	Association of Danish Vocational and High Schools
Inge Ibsen	Chief Physician	Familieambulatoriet Region Syddanmark	Family Clinic, South Denmark Region
Karen Stæhr	Chair of sector	FOA	Trade Union FOA
Christina Toftegaard Nielsen	Consumer Ombudsman	Forbrugerombudsmanden	Danish Consumer Ombudsman
Arne Høst	Chief physician and clinical lecturer	H.C. Andersens Børnehospital Odense Universitetshospital	Children's Hospital Odense University Hospital
Simon Rask	Chief consultant	Hjerteforeningen	Danish Heart Foundation
Dorthe Crüger	Chair	Kræftens Bekæmpelse	Danish Cancer Society
Niels Them Kjær	Head of project	Kræftens Bekæmpelse, Tobaksforebyggelse	Danish Cancer Society, Tobacco Prevention Unit
Else Smith	Chair	Kræftens Bekæmpelses Forebyggelsesudvalg	Prevention Council Danish Cancer Society

Name	Position	Institution/Organisation	
Camilla Kjærager	Consultant	Københavns Kommune	Municipality of Copenhagen
Anne Brandt	CEO	Lungeforeningen	Danish Lung Foundation
Andreas Rudkjøbing	Chair	Lægeforeningen	Danish Medical Association
Flemming Møller Mortensen	Member of Parliament, Health spokesperson for the Danish Social Democratic Party	Folketinget	Danish Parliament
Jane Heitmann	Member of Parliament, Health spokesperson for Venstre	Folketinget	Danish Parliament
Anders Linde Seekjær	Health coordinator	Odense Kommune	Municipality of Odense
Lisbeth Søbæk Hansen	Chair	Patientforeningen Lungekræft	Association of Lung Cancer Patients
Niels Ulrich Holm	Vice-chair	Praktiserende Lægers Organisation (PLO)	Danish Union of General Practice
Hanne Heegaard	Senior reseacher, midwife and PhD	Rigshospitalet	Rigshospitalet
Sascha Maria Löwenstein	Legal principal	Sikkerhedsstyrelsen	Danish Safety Technology Authority
Morten Grønbæk	CEO	Statens Institut for Folkesundhed	National Institute of Public health
Henrik Wiben Pihlmann	Project lead	Stoptlinien	National quit line
Frederik Birket Smith Maja Kring Schjørring	CEO Director of secretariat	Strøm Musikfestival	Strøm Music Festival
Uffe Nymark Breum	Board member	Sund By Netværket	Healthy Cities Network
Ninna Thomsen	Chair	Sundheds- og Omsorgsborgmester Københavns Kommune	Mayor of Health and Care Municipality
Jakob Krogh	Head of department	Sundheds- og Ældreministeriet	Ministry of Health
Jette Jul Bruun	Head of department	Sundhedsstyrelsen	Danish Health Authority
Ellen Nøhr	Professor of gynecology and obstetrical nursing	Syddansk Universitet	South Denmark University
Dorte Jeppe Jensen Charlotte Groule	Odontological advisor Chair of the health committee	Tandlægeforeningen	Dental Association
Bo Danielsen	School leader	Tandplejeruddannelsen	School of Dental Hygienists
Anders Hede	Head of research	TrygFonden	TrygFonden
Helle Stuart	Project manager	Vallensbæk Kommune	Municipality Vallensbæk
Pernille Bendtsen	Head of the secretariat	Vidensråd for Forebyggelse	Council on Health and Disease Prevention

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World Health Organization Regional Office for Europe

UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark
Tel: +45 45 33 70 00 Fax: +45 45 33 70 01
Email: eucontact@who.int
Website: www.euro.who.int