Dutch tobacco control: Out of control?

FCTC Shadow Report 2011

Dutch tobacco control: Out of control?

FCTC Shadow Report 2011

COLOPHON

Title
Dutch Tobacco Control: Out of Control?

Subtitle
FCTC Shadow Report 2011

This report is an initiative of, funded by, and published by
KWF Kankerbestrijding (Dutch Cancer Society)
Hartstichting (Dutch Heart Foundation)
Astma Fonds (Asthma Foundation)

Text and compilation
Els Rennen, Marc C. Willemsen
Address inquiries to Marc Willemsen at
mc.willemsen@stivoro.nl

Photography
Hollandse Hoogte:
Joyce van Belkom (p. 28)
Flip Franssen (p. 33)
Marco Hillen (p. 52)
Gerlo Beernink (p. 53)

Design
hollandse meesters BNO, Utrecht

Printing
TDS, Schiedam

Publication date
January 2012
ISBN 9789071229237

The Netherlands: A Nirvana for the Tobacco Industry?

The Dutch government is one of the only governments in the world to voluntarily move backward in tobacco control. In recent years, progress in tobacco control has slowed in the Netherlands, and now effective measures taken in the past are being reversed. The Dutch government does not seem to care about the 23,000 Dutch men and women who die every year due to first- and second-hand tobacco smoke and seems to be more concerned about the health of the tobacco industry than the health of its citizens.

There is no longer a comprehensive tobacco control policy in the Netherlands. STIVORO, the Dutch non-governmental organization that serves as an expert centre for tobacco control, will lose its government funding in the coming years. In 2010, the new government announced its plan to weaken the smoke-free hospitality law. Immediately, exposure to tobacco smoke in the hospitality industry increased dramatically.

As of January 2011, the Dutch national health plan reimburses costs for effective tobacco dependency treatment. Since reimbursement took effect, the prevalence of smoking has dropped by 2%. This is the first drop in many years. Instead of embracing this result, in the spring of 2011 the Dutch Minister of Health announced that the pharmacological treatment of tobacco addiction would no longer be reimbursed and the reimbursement for behavioural treatment would decrease. People addicted to tobacco are in effect prevented from receiving effective treatment, while thankfully other addictions are still taken seriously. Smokers, in the eyes of the Dutch government, do not deserve treatment in battling this serious and deadly addiction. The Dutch Minister of Health stated that because she was able to stop smoking without treatment and because smokers save money when they stop smoking, smokers should pay for their own treatment.

The government will no longer support mass media campaigns about the dangers of first- and second-hand smoke. The March 2011 International Tobacco Control Policy Evaluation Project (ITC) Netherlands Survey shows that the majority of Dutch smokers do not think about the harm of tobacco smoke to themselves and others.[1] In comparison to the other countries in the survey, more Dutch smokers do not believe that second-hand smoke causes lung cancer. The ITC Netherlands Survey advises the Dutch government to increase, rather than discontinue, funding for mass media tobacco education campaigns.
Smokers might feel supported by the present policies, but actually they are being left to fend for themselves.

Nanny state saves smokers!

The Dutch government holds a position, similar to that of the tobacco industry, that smoking is a lifestyle habit and a personal choice and is therefore the choice of each individual person. The Dutch government's position is that it is not the job of government to protect the health of its citizens or to help people make healthy choices, not even when they concern products that kill half their users and seriously jeopardize the health of others. The present Dutch government sees tobacco control as the most patronizing form of policymaking. They feel that the government should not be a nanny to its citizens. However, there is nothing patronizing in keeping people from seriously harming themselves and others. It is the role of the government to protect the health of its citizens and save the lives of smokers and non-smokers!

The Netherlands in the hands of tobacco industry

The tobacco industry is definitely happy with the present Dutch government. British American Tobacco congratulated the Dutch health minister when she announced her opposition to the plain packaging of cigarettes. We can only imagine how happy they are with the other policies recently implemented in the Netherlands.
The Framework Convention on Tobacco Control

(FCTC) explicitly condemns contact between government and the tobacco industry during the development of tobacco control measures. In the autumn of 2011, the Dutch television programme 'Zembla' interviewed representatives of the tobacco industry who clearly stated how close their contacts were with Dutch politicians. Politicians kept the tobacco industry continually informed on the progress made on the above measures during the formation of the present government. The Minister of Health and the Dutch government, however, claim that there is limited contact with representatives of the tobacco industry. In the autumn of 2011 both the *Lancet* [2] and the *British Medical Journal* [3] published articles detailing the dangers of the position of the Dutch government and the influence of the tobacco industry on its policymaking. The Dutch government has little or no regard for the FCTC or the health of its citizens.

Dutch men and women deserve a country that cares more about the health of its people. The September 2011 United Nations High-Level Meeting on Non-Communicable diseases identified the critical importance of reducing the level of exposure of individuals and populations to the common modifiable risk factor for non-communicable diseases, namely, tobacco use. The conference also recognized the fundamental conflict of interest between the tobacco industry and public health. While most nations worldwide are increasing their efforts to control the tobacco epidemic, the Dutch government is moving backward, ignoring the recommendations of the World Health Organization and its obligations under the FCTC. I can only express the hope that the Dutch government realizes that their position on smoking is untenable and an international embarrassment.

This shadow report clearly shows how far the Dutch government is from achieving its obligations under the treaty it ratified, the FCTC. The Dutch government should remember the objectives of the FCTC, which are to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke. I can only hope that this report will increase the pressure on the Dutch government to reconsider their present position.

Laurent Huber
Director
Framework Convention Alliance FCA

THIS REPORT IS ENDORSED BY:

CONTENTS

SAMENVATTING

Het WHO Kaderverdrag inzake Tabaksontmoediging (Framework Convention on Tobacco Control, FCTC) is het eerste internationale verdrag op het gebied van de volksgezondheid. Het verdrag is een reactie op de wereldwijde tabaksepidemie en beoogt de tabaksconsumptie te verminderen. Het verdrag trad in werking op 27 februari 2005. Nederland heeft het verdrag in 2005 geratificeerd en heeft zich hiermee juridisch gebonden aan het implementeren van een aantal concrete maatregelen om tabaksgebruik te ontmoedigen. Overheden zijn verplicht periodiek aan de WHO te rapporteren over de voortgang van de implementatie. Het onderhavige schaduwrapport neemt de laatste Nederlandse overheidsrapportage als uitgangspunt en onderzoekt kritisch op welke punten de Nederlandse overheid in 2011 voldeed aan haar verplichtingen voortkomend uit het Kaderverdrag. Dit is het eerste schaduwrapport voor Nederland en is een initiatief van KWF Kankerbestrijding, Astma Fonds en Hartstichting. Naast een analyse van de stand van zaken geeft dit rapport ook aanbevelingen. Wij hebben de intentie om over enkele jaren een tweede schaduwrapport te publiceren waarin we nagegaan op welke punten het tabaksbeleid in Nederland is verbeterd of verslechterd ten opzicht van peiljaar 2011. Hieronder worden de belangrijkste resultaten en aanbevelingen samengevat.

De WHO verwacht dat Nederland **allesomvattende multisectorale nationale strategieën, plannen en programma's voor tabaksontmoediging** ontwikkelt (Artikel 5.1). In 2011 was er geen sprake van een dergelijk samenhangend overheidsbeleid. In plaats daarvan wordt tabaksgebruik steeds meer geïntegreerd met andere leefstijlonderwerpen, zoals alcohol en bewegen. Eveneens ontbreekt een **nationaal coördinatiemechanisme** voor tabaksontmoediging (Artikel 5.2). De trend is juist om het beleid verder te decentraliseren.
Artikel 5.3 schrijft voor dat landen maatregelen nemen om hun tabaksontmoedigingsbeleid te **beschermen tegen commerciële en andere gevestigde belangen** van de tabaksindustrie. De situatie in Nederland is zorgwekkend. Regelmatig vindt overleg plaats met de tabaksindustrie over aspecten van tabaksbeleid. De overheid vindt het zelfs een teken van goed beleid om de industrie te betrekken vanuit de gedachte dat de meningen van gezondheidsorganisaties en tabaksindustrie tegen elkaar afgewogen moeten worden. Wij adviseren dat Nederland maatregelen neemt om het tabaksbeleid af te schermen van commerciële en andere belangen van de tabaksindustrie.

Prijs- en belastingmaatregelen (Artikel 6) zijn in het verleden ingezet, maar niet expliciet vanwege gezondheidsbevordering. Accijnsverhogingen waren relatief gering, waardoor het effect op tabaksconsumptie beperkt was. Verhogingen van 10% van de kleinhandelsprijs worden aanbevolen Daarnaast wordt geadviseerd de accijns op shag te verhogen zodat de prijs van shag in lijn komt te liggen met die van sigaretten.

In een aantal fases zijn in de afgelopen decennia maatregelen genomen om de bevolking te **beschermen tegen blootstelling aan tabaksrook** (Artikel 8). In 2008 werden de rookverboden uitgebreid naar de horeca. Echter, in 2011 werd een uitzondering voor kleine bars en cafés ingevoerd. Mede hierdoor wordt inmiddels in veel horecagelegenheden weer gerookt. Door het invoeren van deze uitzondering doet Nederland een stap achteruit in plaats van vooruit. Nederland gaat hiermee lijnrecht in tegen FCTC artikel 8.

Nederland is niet van plan op korte termijn de **ingrediënten van tabak** te **reguleren** (Artikel 9 en 10). Toevoegingen die het product aantrekkelijker maken zijn nog niet verboden. Hoewel Nederland de nodige stappen heeft ondernomen om tabaksfabrikanten te verplichten informatie te verschaffen over toevoegingen aan tabak, is dit proces nog niet afgerond. Informatie over toevoegingen is nog niet openbaar voor het algemene publiek.

Nederland loopt steeds meer achter bij andere landen wat betreft de **verpakking en etikettering** van tabaksproducten (Artikel 11). Hoewel Nederland een van de eerste landen was dat tekstuele gezondheidswaarschuwingen invoerde (in 2002), zijn de waarschuwingen sindsdien niet meer gewijzigd en voldoen niet aan de FCTC eisen. De overheid moet zo snel mogelijk nieuwe waarschuwingen invoeren, bij voor-

keur grafische waarschuwingen, die ten minste 50%, maar liefst 80%, van de oppervlakte van de verpakking beslaan. De overheid zou de invoering van generieke verpakkingen (geen merklogo's) moeten overwegen. De sigarettenverpakking is momenteel het belangrijkste marketingmiddel van de tabaksindustrie.

Er zijn in de afgelopen jaren meerdere campagnes geweest om het **publiek bewustzijn** over roken te beïnvloeden (Artikel 12), maar hierbij is onvoldoende aandacht geweest voor de gezondheidsrisico's van roken en meeroken. In 2011 heeft de overheid de financiering van massamediale voorlichtingscampagnes over roken volledig stopgezet. De overheid gaat in tegen Artikel 12 dat de overheid oproept om breed toegankelijke campagnes te voeren om het publiek bewust te maken van de gezondheidsrisico's, inbegrepen die van blootstelling aan meeroken.

Nederland heeft nog geen volledig verbod op **tabaksreclame, -promotie en –sponsoring** (Artikel 13). Nederland zou de zichtbaarheid van tabaksproducten in winkels het aanbanden moeten leggen, reclame voor tabak op winkelpuien moeten verbieden, scherper moeten toezien op (internet)reclame en sigarettenautomaten moeten verbieden. Ook met betrekking tot FCTC artikel 13 loopt Nederland steeds meer uit de pas bij andere landen.

Nederland heeft weliswaar een klinische richtlijn voor de **behandeling van tabakverslaving** (Artikel 14), maar er ontbreekt een nationale strategie om stoppen met roken te stimuleren en rokers te ondersteunen. Een positieve ontwikkeling was opnemen van de vergoeding van farmacologische ondersteuning als aanvulling op gedragsmatige hulp bij het stoppen met roken in het basispakket van de zorgverzekeringen. Echter, deze vergoeding wordt in 2012 weer uit het pakket gehaald. Met het afschaffen van de vergoeding zet Nederland een stap achteruit in plaats van vooruit met betrekking tot implementatie van artikel 14.

Maatregelen om de **illegale handel** (Artikel 15) in tabaksproducten aan te pakken vereisen een internationale aanpak. Op het moment wordt er internationaal gewerkt aan een FCTC protocol voor het uitbannen van de illegale handel in tabaksproducten. Nederland werkt op Europees niveau samen aan het terugdringen van illegale handel. Nederland voldoet aan dit artikel.

Nederland ontmoedigt met verschillende maatregelen de **verkoop aan minderjarigen** (Artikel 16) Nederland voldoet aan dit artikel, hoewel de controle op verkoop aan minderjarigen kan verbeteren. Een noodzakelijke aanvullende stap is het verbieden van sigarettenautomaten.

De directe **subsidies aan tabaksboeren** in Europa zijn afgebouwd (Artikel 17). In Nederland wordt vrijwel geen tabak verbouwd op commerciële basis, maar Nederland huisvest wel enkele van de grootste fabrieken van tabak in de wereld.

Bescherming van het milieu (Artikel 18) heeft nog weinig prioriteit voor de overheid. De overheid besteedt geen enkele aandacht aan de gevolgen van de fabricage en consumptie van tabak voor het milieu in Nederland en wereldwijd.

De Nederlandse overheid heeft nooit overwogen of actie ondernomen om de **tabaksindustrie juridisch aan te klagen** voor de schade die zij veroorzaakt aan de samenleving (Artikel 19).

Nederland heeft een lange historie op het gebied van het **onderzoek en monitoren van tabaksgebruik** (Artikel 20). Sinds 1976 wordt het tabaksgebruik onder volwassenen en adolescenten nauwgezet gevolgd en de resultaten worden gedeeld met nationale en internationale organisaties. Nederland voldoet hiermee aan de vereisten van Artikel 20 met betrekking tot het monitoren. Het is echter onduidelijk of deze monitors in de toekomst worden voortgezet. Wat wetenschappelijk onderzoek betreft blijft nog veel te wensen over. Nederland heeft geen apart fonds voor wetenschappelijk onderzoek op het gebied van tabaksontmoediging en geen onderzoeksprogramma. Het wetenschappelijk onderzoek op dit gebied zou beter gecoördineerd kunnen worden.

De **verslaglegging** door de Nederlandse overheid aan de WHO (Artikel 21) over de voortgang van de implementatie van de FCTC maatregelen zijn erg

beknopt. Die kunnen uitgebreider.
Nederland zou haar **internationale samenwerking** op het gebied van tabaksontmoediging met andere partijen en in het bijzonder ontwikkelingslanden en landen met een overgangseconomie (Artikel 22) verder kunnen intensiveren.

De Nederlandse overheid investeert steeds minder geld in tabaksontmoedigingsbeleid. Sinds 2003 nemen de **financiële middelen** (Artikel 26) af. Dit beperkt een optimale implementatie van veel FCTC artikelen in Nederland

Belangrijkste aanbevelingen

Ontwikkel een samenhangend tabaksontmoedigingsbeleid en neem maatregelen om dit te beschermen tegen beïnvloeding door de tabaksindustrie

Verhoog de tabaksaccijns met stappen die groot genoeg zijn om tabaksconsumptie te verlagen

Beëindig uitzonderingen op het rookverbod en verbeter de handhaving

Verbied het gebruik van toevoegingen aan tabaksproducten

Maak informatie over ingrediënten van tabaksproducten openbaar

Vernieuw de gezondheidswaarschuwingen op tabaksproducten en maak gebruik van afbeeldingen

Voer voorlichtingscampagnes over de gezondheidsrisico's van roken en meeroken

Versterk het huidige reclame- en promotieverbod voor tabaksproducten, inclusief verkooppunten

Ontwikkel een nationale strategie voor stoppen met roken, inclusief vergoeding van de behandeling van tabaksverslaving

Verbied sigarettenautomaten

Besteed aandacht aan de milieu-impact van tabaksproductie en -consumptie.

Stel een fonds in voor tabaksonderzoek en coördineer wetenschappelijk onderzoek op dit gebied.

Besteed meer financiën aan tabaksontmoediging in kader van het FCTC

Beoordeling van de belangrijkste FCTC maatregelen in Nederland in 2011

Ontbreekt of is verslechterd	Voldoet aan minimale FCTC eisen, maar kan beter	Voldoet aan FCTC
Samenhangend nationaal tabaksbeleid (Art. 5.1)		
Centrale coördinatie en regie (Art 5.2)		
Bescherming tegen invloed tabaksindustrie (Art 5.3)		
	Prijs- en belastingmaatregelen (Art. 6)	
Bescherming tegen blootstelling aan tabaksrook (Art. 8)		
	Regulering ingrediënten (Art. 9 & Art. 10)	
Verpakking en etikettering (Art. 11)		
Bewustwordingscampagnes (Art. 12)		
	Reclame, promotie en sponsoring (Art. 13)	
Behandeling tabaksverslaving, inclusief vergoeding (Art. 14)		
	Verkoop aan minderjarigen (Art. 16)	
		Monitoring tabaksgebruik (Art. 20)
	Coördinatie wetenschappelijk onderzoek (Art. 20)	
Financiële middelen (Art. 26)		

SUMMARY

The WHO Framework Convention on Tobacco Control (FCTC) is the first international treaty on public health. The treaty is a response to the worldwide tobacco pandemic. The treaty came into force on February 27, 2005. The Netherlands ratified it in 2005 and is legally committed to implementing a number of concrete measures to control tobacco use. Governments are required to periodically report to the WHO about their progress in implementing FCTC. This shadow report takes the latest official Dutch progress report as its starting point and critically examines the Dutch government's FCTC obligations. This is the first shadow report for the Netherlands. This report is an initiative of the Dutch Cancer Society (KWF Kankerbestrijding), the Asthma Foundation (Astma Fonds), and the Dutch Heart Foundation (Hartstichting). It will provide an overview of current Dutch tobacco control measures, as well as an overview of which FCTC obligations and recommendations have been sufficiently implemented and which aspects need more attention. We intend to produce a second shadow report within a few years, to assess improvements and deteriorations over time. The main results and recommendations are summarized below.

The WHO expects that The Netherlands will develop a **national comprehensive tobacco control policy** (Article 5). In 2011, no such comprehensive governmental policy existed. Instead, the government has increasingly integrated tobacco use with lifestyle issues such as alcohol consumption and physical inactivity. Tobacco control faces the risk of disappearing as a separate approach.

It is unclear which organization currently represents the **national focal point** for developing and coordinating such a strategy (Article 5.2). The current trend is to decentralize tobacco policy.

Under Article 5.3, countries are required to take measures to protect tobacco control policies from **tobacco industry interference**. The situation in the Netherlands with respect to Article 5.3 is worrying, with the tobacco industry being routinely consulted on tobacco control issues. The government even holds the view that it is good to consult the industry so as to seek a 'balanced' opinion on tobacco control matters. We advise the Dutch government to take decisive measures to shield Dutch tobacco control policy from tobacco industry interference.

Price and tax measures (Article 6) have been applied a couple of times, but not for public health reasons. Tax increases were relatively small increments, having only marginal impact on tobacco consumption. A 10% increase in the retail price is recommended. Also, taxes on roll-your-own tobacco should be increased so the prices of cigarettes and roll-your-own tobacco correspond.

The Dutch government has taken a number of measures to protect the people against **exposure to tobacco smoke**. Smoking was banned in workplaces and public venues before FCTC ratification, and the ban was extended to the hospitality industry in 2008. However, in 2011 an exemption to this ban was introduced, allowing smoking in small bars. This resulted in massive smoking throughout the hospitality sector. By allowing this exception, the Netherlands took a step backward with respect to protecting the people from smoking, which is in contradiction of Article 8 of the FCTC.

The Netherlands has no intention to improve the current **tobacco product regulation** (Article 9 & 10). Additives that make tobacco products more attractive are not yet prohibited. Although the Netherlands has taken the necessary steps to make cigarette producers disclose information about ingredients to the government, this process had not yet been completed. Information on the toxic ingredients of tobacco products are not yet made available to the public.

The Netherlands increasingly lags behind other countries with respect to the **packaging and labelling** of tobacco products (Article 11). Although the Netherlands was the first EU country to introduce health warnings (in 2002), these have not been changed since then and do not comply with FCTC requirements. The Dutch government should implement new sets of warning labels as soon as possible. The warning labels should preferably be pictorial and should cover at least 50%, but preferably 80%, of the principal display areas. The Dutch government should take

plain packaging into consideration. The cigarette pack is an important marketing tool for the tobacco industry.

Although there have been several **public awareness** campaigns (Article 12) regarding tobacco, important topics have been systematically ignored, especially mass media campaigns to warn the public about the health risks of tobacco consumption and the risks of exposure to tobacco smoke. In 2011, the Government cut its funding of mass media educational campaigns for tobacco control completely. The Government's acts go against Article 12, which expects the Government to promote broad access to public awareness programmes on the health risks of tobacco, including exposure to tobacco smoke.

The Netherlands does not yet have a comprehensive ban on tobacco **advertisement, promotion, and sponsorship** (Article 13). The Dutch government should ban the display and visibility of tobacco products at points of sale, should ban their advertisement on the façades and on the insides of points of sale and ban tobacco vending machines. With respect to Article 13 of FCTC, the Netherlands is increasingly falling behind other countries.

Clinical guidelines for **tobacco dependence treatment** (Article 14) have been developed and implemented in the Netherlands, but no clear national strategy exists with respect to the provision of cessation support to smokers. Although reimbursement of pharmacological support as an adjunct to behavioural cessation support was introduced in 2011, this reimbursement ends on January 1, 2012. By ending reimbursement for integrated smoking cessation treatment The Netherlands is taking a step backward instead of forward with respect to the implementation of Article 14.
Measures to eliminate **illicit trade** in tobacco (Article 15) exceed national policy and need an international approach. Currently, an international protocol is being developed to eliminate illicit trade. The Netherlands cooperates on a European level to reduce illicit tobacco trade and complies with this FCTC article.

The Netherlands has taken several measures to prevent tobacco **sales to minors** (Article 16). The Netherlands complies with Article 16, although the enforcement of the 16-year age limit to buy cigarettes can be improved. A necessary next step is to ban vending machines.

Direct subsidies to **tobacco growers** have faded out in Europe (Article 17). In the Netherlands, hardly any commercial tobacco cultivation exists, but some of the largest tobacco production plants are located on Dutch soil.

Protection of the environment (Article 18) is not a major concern for the Dutch government. The Dutch government has not paid any attention to the environmental impact of tobacco growing and production in the Netherlands and worldwide.

The Dutch government has never considered nor taken legislative action against the tobacco industry for **liability** for the damage they cause to society (Article 19).

The Netherlands has a particularly long history of **research and surveillance** into patterns of tobacco consumption (Article 20). Since 1976, tobacco use in the adult and youth population has been closely monitored and the results have been shared with national and international organizations and bodies. The Netherlands fulfils the requirements of Article 20 with respect to surveillance. However, it is unclear whether the surveillance instruments will continue in the future. With respect to scientific research, improvements are needed. No separate fund for scientific tobacco control research, or research programme, exists in the Netherlands. Tobacco control research could be better coordinated.

The **reporting of information** (Article 21) by means of the official progress reports by the government to the WHO could be much more elaborate.

The Netherlands could intensify its **international cooperation** on tobacco control (Article 22) with other Parties and especially with developing countries.

The Dutch government invests less and less in tobacco control. **Financial resources** (Article 26) for national

tobacco control have decreased since 2003. This seriously limits the implementation of many FCTC articles in the Netherlands.

Main recommendations

Develop a comprehensive tobacco control policy and take measures to prevent interference from the tobacco industry.

Raise tobacco excise duties in large enough increments to reduce tobacco consumption.

End exemptions from smoke-free legislation and improve enforcement.

Prohibit the use of additives in tobacco products

Disclose information about tobacco product ingredients to the public .

Renew messages on warning labels and include pictorials.

Run mass media campaigns about the risks of smoking and exposure to second-hand smoke.

Ban tobacco advertisement and promotion comprehensively, including at points of sale.

Develop a national smoking cessation strategy including reimbursement of tobacco dependence treatment.

Ban cigarette vending machines.

Pay attention to the environmental impact of tobacco production and consumption.

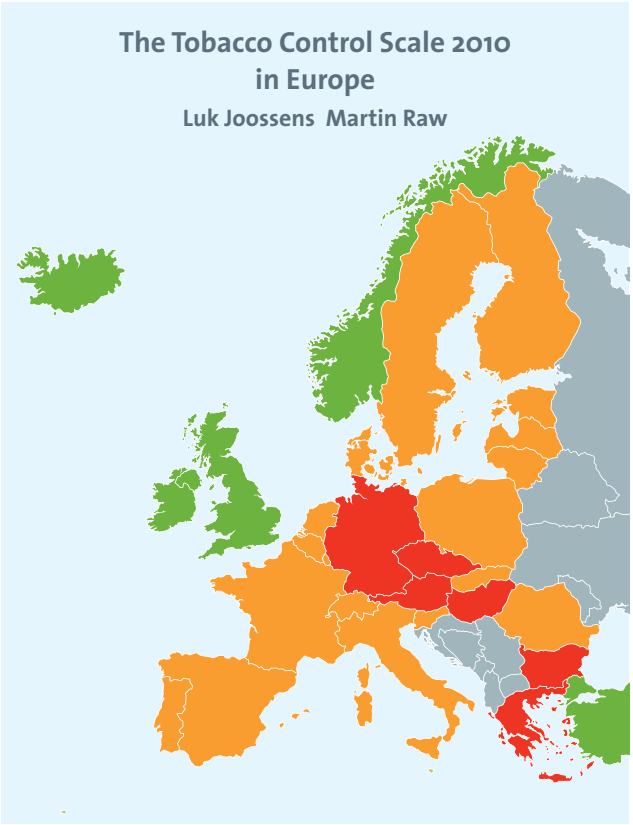
Establish a tobacco control fund and coordinate scientific tobacco control research.

Allocate more financial resources for tobacco control as part of the FCTC.

Evaluation of the most important FCTC measures in The Netherlands in 2011

Stalled or eroded	Conforms to minimum FCTC standards, but can improve	Exceeds minimum FCTC standards
Comprehensive national tobacco control policy (Art. 5.1)		
Central coordination (Art. 5.2)		
Protection against vested interests of tobacco industry (Art. 5.3)		
	Tax and price measures (Art. 6)	
Protection against exposure to tobacco smoke (Art. 8)		
	Tobacco product regulation (Art. 9 & Art. 10)	
Packaging and labelling (Art. 11)		
Public awareness campaigns (Art. 12)		
	advertisement, promotion, and sponsorship (Art. 13)	
Tobacco dependence treatment, including reimbursement (Art. 14)		
	Sales to minors (Art. 16)	
		Surveillance of tobacco use (Art. 20)
	Coordination of scientific research (Art. 20)	
Financial resources (Art. 22 & 26)		

Tobacco use in the Netherlands decreased during the 1980s and 1990s, but has stabilized since 2004 at around 28% [4]. Yearly, more than 19,000 people die of smoking-related diseases in the Netherlands [5] and several thousand deaths are believed to be caused by exposure to tobacco smoke [6]. To further decrease tobacco use and exposure to tobacco smoke, a comprehensive tobacco control policy is needed. The Tobacco Control Scale (TCS), which compares the implementation of tobacco control policies in 30 European countries, showed that the Netherlands is in the middle segment with rank 7 in 2004, rank 10 in 2005, rank 14 in 2007, and rank 13 in 2010 [7-9]. Research showed that a higher TCS score is associated with a lower prevalence of smokers in the population [10]. The development of national comprehensive tobacco control policies is strongly supported by the WHO Framework Convention on Tobacco Control (FCTC).



The FCTC is the first international public health treaty. It was initiated as a response to the growing global tobacco epidemic and is *an evidence-based treaty that reaffirms the right of all people to the highest standard of health* [11]. Negotiations took place under the auspices of the World Health Organization. The World Health Assembly adopted the FCTC on May 21, 2003 and the treaty came into force on February 27, 2005. In addition to the treaty text, guidelines have been developed to guide the implementation of specific articles (5.3, 8, 11, 12, 13 and 14). Partial guidelines for Articles 9/10 are available and guidelines for Article 6 and 17/18 are in progress. A protocol for combating illicit trade (Article 15) is under negotiation.

The Netherlands was in favour of a global treaty during the realization process of the Convention, as stated in a letter from the State Secretary for Foreign Affairs to the House of Representatives in November 2002: *The Netherlands recognizes that the tobacco problem is a global problem that needs collective action. For that reason the Netherlands is an advocate of a strong, global Framework Convention on Tobacco Control (FCTC).* [12] In December 2004, the Minister of Foreign Affairs, Ben Bot, submitted the FCTC to the House of Representatives for approval. After answering some questions, there was no request for a parliamentary debate about the treaty and the FCTC was approved for ratification [13]. The Netherlands ratified the FCTC on January 27, 2005.

The Framework Convention is a treaty between national governments and is legally binding for parties that ratified the Convention, but there are no sanctions when the obligations of the Convention are not met. National governments are responsible for implementing FCTC, while the WHO monitors and supervises progress. To this end, Parties to the FCTC must provide progress reports to the WHO after two and five years of FCTC implementation (for the Dutch reports see the WHO website [14]). The frequency of subsequent progress reports will be at regular two-year intervals. As a counterpart to the official country reports, shadow reporting is an instrument used by non-governmental parties to monitor governmental implementation of FCTC. Shadow reporting is done in several countries on the national level, and the Framework Convention

Alliance (FCA) monitors implementation on the global level [15]. FCA is an international civil society alliance that helps to implement FCTC worldwide and critically monitors FCTC implementation by national governments. Research underlines the importance of an independent, non-governmental monitoring of FCTC implementation [16].

This is the first FCTC shadow report in the Netherlands. The report is an initiative of the Dutch Cancer Society (KWF Kankerbestrijding), the Asthma Foundation (Astma Fonds), and the Dutch Heart Foundation (Hartstichting). This shadow report provides an overview of the current Dutch tobacco control measures, as well as an overview of the FCTC obligations and recommendations that are being sufficiently implemented and those that still need attention. The idea is to repeat this every two or three years, to assess changes in FCTC tobacco control policy implementation over time.

The WHO provided six evidence-based measures for tobacco control, the MPOWER package, to guide countries in constructing a comprehensive package of evidence-based tobacco control interventions. These measures are related to particular FCTC Articles, i.e. Articles 6, 8, 11-14, and 20 (see Table 1). However, FCTC consists of many more Articles. Articles 5, 9, 10, 15-19, 21, 22, and 26 are expected to facilitate and support the implementation of the MPOWER measures or strengthen their effects. These articles are all covered by the shadow report, although we concentrated most of our efforts (due to time constraints) on the articles that are most important to control tobacco, i.e., the MPOWER articles (Table 1) and article 5.
The remaining FCTC Articles are statements of principles or are connected with treaty administration (i.e. Articles 1-4, 7, 23-25, 27-38) and are not included.

Table 1
MPOWER measures and the corresponding FCTC Articles

MPOWER	FCTC Article
Monitor tobacco use and prevention policies	20
Protect people from tobacco smoke	8
Offer help to quit tobacco use	14
Warn about the dangers of tobacco	11 & 12
Enforce bans on tobacco advertisement, promotion and sponsorship	13
Raise taxes on tobacco	6

The main research questions for this shadow report were:
1) What is the current status of implementation of the FCTC and its guidelines in the Netherlands?
2) What are points of improvement for Dutch tobacco control policy?

In each chapter, we describe the measures being taken in the Netherlands relating to the topic of a particular FCTC article in more detail, and give recommendations for improvements.

METHOD

Data were compiled and collected from April to September 2011. Data included government documents, documents from relevant organisations, and newspaper articles. An internet search was conducted to determine and explore additional resources and relevant information. When necessary, information was collected by approaching experts and government officials for clarification of existing information and to provide additional information. Experts from the following organizations provided information for this report: the Ministry of Health, Welfare and Sport, the Ministry of Finance, the Ministry of Infrastructure and the Environment, the National Institute for Public Health and the Environment (RIVM), the Food and Consumer Product Safety Authority (nVWA), the Dutch Cancer Society (KWF Kankerbestrijding), and STIVORO, the Dutch Expert Centre on Tobacco Control. In addition, several consultation rounds were organized in which draft versions of the report were discussed with experts from STIVORO, the Dutch Cancer Society, the Dutch Heart Foundation, and the Asthma Foundation. Finally, all endorsing partners were requested to check the report as well. Some provided comments that resulted in some minor changes to the text of the report.

FCTC Article-by-Article Review

General obligations

National tobacco control programme

Article 5.1: "Each Party shall develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes."

In 2006, the first National Programme on Tobacco Control 2006-2010 was sent to parliament by Hans Hoogervorst, at that time the Minister of Health, Welfare and Sport [17]. This document was the result of collaboration between the Ministry of Health, Welfare and Sport, the Dutch Cancer Society (KWF Kankerbestrijding), the Dutch Heart Foundation (Hartstichting), and the Asthma Foundation (Astma Fonds). This plan was ambitious, aiming to reduce smoking prevalence from 28% in 2004, to 25% in 2007, and to 20% in 2010. Although various options for tobacco control were described, there was no real comprehensive five-year plan. The Ministry of Health did not take the lead, but rather positioned itself as a coalition partner. The lack of leadership and central coordination of the activities, together with inadequate financial resources, were instrumental in the failure to reach the targets: smoking prevalence remained at 27% in 2010. The collaboration between government and NGOs has further weakened and the government has not published a new comprehensive tobacco control policy document.

Coordination mechanism

Article 5.2(a): "Each Party shall establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control."

The Ministry of Health, Welfare and Sport is in charge of tobacco control policy development and implementation and assigns projects to municipalities or (health) organizations. Although four public servants (3 FTE) in the Ministry of Health, Welfare and Sport are responsible for tobacco control, there is no clear separate unit for tobacco control. The department of Nutrition, Health Protection and Prevention is responsible for several topics, including tobacco, which belongs to the cluster Lifestyle and Coordination Prevention. Therefore, a clear national coordination mechanism that does justice to the importance of tobacco control for public health and recognizes the complexities of developing and implementing a comprehensive tobacco policy compliant with FCTC is surely lacking.

Other ministries also deal with tobacco control issues; however they seldom take a public-health perspective on such matters. Tobacco control policy is not integrated government-wide. In the 1970s, temporary interdepartmental tobacco committees were established to advise the government about tobacco control issues: the Interdepartmental Task Force on Tobacco Advertisement (1970-1979) and the Interdepartmental Committee on the Restriction of Tobacco Use (1979-1981) [18]. To coordinate implementation of FCTC measures by different Ministries, it might be useful to establish an interdepartmental committee again.

Article 5.2(b): "Each Party shall adopt and implement effective measures and cooperate with other Parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke."

The Dutch government approaches tobacco control policy as part of a larger prevention policy. In the national bill on health policy 'Gezondheid dichtbij' (Health nearby) from 2011 [19], smoking is one of five major areas of public health policy. What this means in practice, however, is hardly specified. Prevention of tobacco use will be integrated with other matters, such as prevention of substance abuse and prevention of inactivity, and will be decentralized as much as possible (part of the responsibilities of municipalities). This is reflected in a new structure for grants to health-promoting institutes. Due to government cuts the available resources for tobacco control will decrease significantly, and subsidies to STIVORO, the national expert centre on tobacco control, will be cut completely from 2013 onwards. Part of the funds will be relocated to other organizations, although the funds will be significantly reduced (about 65% in 2014). The Netherlands now faces the serious risk of

general knowledge on tobacco education and control becoming fragmented, of national tobacco control strategy becoming diluted, and expertise in this field getting lost.

De tabaksfabrikanten besluiten een geheime lobbyclub op te richten

Protection from tobacco industry interference

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."

"Parties should 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." (Recommendation 2.1 of the implementation guidelines for ARTICLE 5.3)

In the Five Year Implementation Report to the WHO in April 2010, the government stated that *no official legislation or actions are taken to implement the guidelines on Article 5.3; nevertheless we try to act within the spirit of the guidelines.* [20]. The tobacco industry is approached as any other stakeholder, and the government holds consultations with tobacco corporations when this is considered necessary.

According to Ben Bot, Minister of Foreign Affairs when FCTC was ratified, Article 5.3 was about 'being alert' to the influence of the tobacco industry [21]. This might have opened a door for the industry to interpret this favourably as not being excluded at all. The then Minister of Health, Welfare and Sport, Hans Hoogervorst, stated in a letter to the House of Representatives: *The tobacco industry has repeatedly asked me for cooperation in policy making for tobacco control. In a letter dated March 9 this year to the VNK* (Vereniging Nederlandse Kerftabakindustrie, Dutch Leaf Tobacco Association)*, I outlined why cooperation with the industry is not desirable. I have however added that this does not totally exclude contacts between the government and the tobacco industry, but these contacts will only relate to implementation issues* [22].

Like Hoogervorst, his successor Ab Klink (in office from February 2007 - October 2010) did not explicitly exclude the tobacco industry from consultation processes. From March 26 until July 10, 2007 the Ministry of Health, Welfare and Sport initiated a consultation round about the implementation of smoke-free legislation in the hospitality industry [23]. Consultations with several stakeholders took place, in which they received information about the proposed legislation and could express their arguments to the Minister. The consultation with representatives of the Confederation of Netherlands Industry and Employers (VNO-NCW) and the tobacco industry was held on July 10, 2007. For the tobacco industry, 'Stichting Sigarettenindustrie' (SSI; branch organization for the cigarette industry) and the 'Vereniging Nederlandse Kerftabakindustrie' (VNK; Dutch Leaf Tobacco Association) were present [23]. These consultations are clearly not in line with recommendation 2.1 of the Article 5.3 guidelines.

Contacts also take place in the context of EU tobacco control policy making. The European Union is one of the key facilitators of the working group to elaborate guidelines on Article 9 and 10 (product directive). The Netherlands is involved in the development of these guidelines. At the beginning of 2010, the Dutch Ministry of Health invited the Dutch tobacco industry to express their point of view with respect to these guidelines, as part of the EU consultation process in which RIVM and STIVORO were also invited to give their expert advice. For the industry, SSI, VNK as well as the NVS (cigar industry) and Philip Morris Benelux participated.

Recently, more details about contacts with the tobacco industry surfaced, thanks to a Dutch television documentary entitled 'Minister van Tabak' ('Minister of Tobacco') [24]. Alexander van Voorst Vader, lobbyist for the roll-your-own tobacco sector, reported that he had regular contacts with civil servants from the Ministry of Health in charge of tobacco control, but also with the Director-General of the Ministry of Health, Welfare and Sports, and with Edith Schippers when she was a member of the parliament and in her current role of Minister of Health as well. Also, Willem Jan Roelofs, from SSI, the branch organization for the cigarette industry, has stated that he has regular contact with civil servants from the Ministry of Health to exchange arguments: letters, symposia, visits to tobacco factories, and other meetings [24]. Wiel Maessen, chairman of the Dutch branch of Forces, an international smokers' organisation, has disclosed that he has had frequent contacts with Minister Schippers by e-mail and in face-to-face meetings [24].
In response to questions from MPs about the 'Minister van Tabak' documentary, Minister Schippers declared [25] 'There is contact when it is believed to be necessary (…) Since the start of the present government there have been acquaintance meetings with Philip Morris, the SSI, VNK, and the platform on Points of Sale Tobacco (PVT). This was because of a change in contact persons on both sides. In addition, there was a working visit of civil servants to a tobacco factory (…) and there was a meeting at the civil servant level with Japan Tobacco International on a number of technical issues related to information on tobacco ingredients (…) There were four exchanges of letters with the tobacco industry (SSI, VNK, PVT). The letters dealt with international developments in the FCTC and the possible revision of the European Product Directive. Once a month there is telephone or mail contact, usually initiated by the industry. In the past months there was telephone or mail contact (…) to answer questions of the European Commission on production volume and sales within the tobacco sector and on the implementation of the RIP cigarette.'

An example of a country that took decisive measures to comply with Article 5.3 is the Philippines, with a Joint Order to Protect the Bureaucracy against Tobacco Industry Interference [26]. This Order states that any interaction with the tobacco industry is prohibited unless strictly necessary. Government personnel should inform their agencies if they plan to work for the tobacco industry after leaving their positions. Government agencies have to report any donations offered by the tobacco industry. Administrative disciplinary action will be taken in case of violation of the regulations. The Tobacco Control Plan of the UK also includes provisions to protect their tobacco control policy from industry interference [27].

> "Where interactions with the tobacco industry are necessary, Parties should ensure that such interactions are conducted transparently. Whenever possible, interactions should be conducted in public, for example through public hearings, public notice of interactions, disclosure of records of such interactions to the public." (Recommendation 2.2 of the implementation guidelines for Article 5.3)

No governmental actions have yet been taken to ensure the transparency of contacts with the tobacco industry. The consultations are not open to the public and agendas or notes are not available. The only way in which citizens can receive information is by making a request under the General Information (Public Access) Act (comparable with the Freedom of Information Act in other countries), but this is complicated and takes at least three months with no guarantee that relevant information will actually be disclosed. Other countries increasingly make their contacts with the tobacco industry transparent. One example is Australia, which publishes these contacts on a government website [28].

Conflicts of interest

"Avoid conflicts of interest for government officials and employees." (Recommendation 4 of the implementation guidelines for Article 5.3)

In the Netherlands, no specific measures have been taken to avoid conflicts of interest. Some additional examples of government officials with connections to the tobacco industry are described below.

Hans Hillen, Minister of Defence since October 2010, worked as a consultant for British American Tobacco (BAT) from June 2008 until October 2010. In this period, he was also a member of the Dutch Senate. BAT was reported to be an indirect financer of the legal opposition of café owners to the smoke-free legislation implemented in July 2008.[29] According to a spokesman for BAT, Hillen played a major role in their strategic plan [30]. Reactions to this news in the media mainly concerned the fact that Hillen did not report this in his list of additional functions, which every senator has to provide according to law.
The government did not take further steps to prevent conflicts of interest in the future.

Another person with a conflict of interest is Elco Brinkman. He is currently a member of the Dutch Senate, but previously was a member of the supervisory board of Philip Morris Holland [31]. From 1982-1989, he was Minister of Health, Welfare, and Sport. Professor Sijbren Cnossen, who currently works for the Netherlands Bureau for Economic Policy Analysis (CPB), has worked as a paid consultant for the tobacco industry [32]. The Confederation of European Community Cigarette Manufacturers (CECCM) recruited him both as a consultant and to provide a liaison with Dutch tax authorities at a political and official level when the Netherlands held the Presidency of the EC Council. In 2009-2010 he advised the government about the new fiscal system including the excise duties on tobacco.

Cooperation with other countries

ARTICLE 5.4: "Parties shall cooperate in the formulation of proposed measures, procedures and guidelines for the implementation of the Convention."

In accordance with this Article, the Dutch government participated in working groups for the development of FCTC guidelines. The Netherlands was a key facilitator for the working group on Article 5.3, and a partner for the working groups on Article 13 and Article 6. Also, the Netherlands is involved in the development of the guidelines for Articles 9 and 10, of which the European Union is a key facilitator.

Recommendations

It is strongly recommended that the Dutch government develop a national, comprehensive tobacco control policy and strategy, including a long-term comprehensive view on tobacco control. Such a strategy is lacking in the Netherlands. In addition to this, accompanying plans and programmes should be developed and implemented. An example of such a comprehensive strategy is the Tobacco Control Plan of the UK [27].

The Dutch government should establish a separate national unit for tobacco control to implement the tobacco control strategy and plans, and to coordinate the tobacco control measures of different parties in the field of tobacco control. Currently, there is no such separate unit within the government.

It is strongly advised that the Dutch government develop a clear policy for civil servants to prevent interference by the tobacco industry, including strict conditions under which consultations with the tobacco industry may be conducted. Currently, the tobacco industry is routinely consulted on tobacco policy issues. No measures to protect tobacco control policies from the influence of the tobacco industry have been taken.

The Dutch government should inform the general public about meetings and other contacts with the tobacco industry and its representatives, and what the meetings were about. This should be done in an accessible way, for instance on a government website. At the moment, the Government does not proactively inform the public about its contacts with the tobacco industry.

Price and tax measures

> "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." Article 6.1

> "Each Party should take account of its national health objectives concerning tobacco control and adopt or maintain, as appropriate, measures which may include: implementing tax and price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption." Article 6.2(a)

The excise duties on tobacco products have been raised several times since FCTC ratification. The main reason for these increases in excise duty was financial: to increase income for the Dutch treasury. The possible reduction of tobacco consumption was not an objective of the tax policies, but was regarded as a positive side effect [33]. The effects of tobacco consumption have been limited because most of the excise duty increases have been too small to have an effect.

> Each Party should take account of its national health objectives concerning tobacco control and adopt or maintain, as appropriate, measures which may include: prohibiting or restricting sales to and/or importations by international travellers of tax- and duty-free tobacco products." Article 6.2(b)

Restrictions in line with article 6.2(b) are set. Persons who travel from another country within the EU to the Netherlands are allowed to bring 800 cigarettes, 400 cigarillos or cigars, or 1 kg of fine cut tobacco without paying excise duty. From outside the EU, the limits are lower: 200 cigarettes, 250 g fine cut tobacco, 100 cigarillos, or 50 cigars. Tax-free sales of tobacco products to travellers travelling by air or by sea with a destination outside the EU take place in tax-free shops (Article 66b, Excise Duty Act). There have been discussions on eliminating tax-free sales of tobacco. So far no action has been taken.

Excise duties

> "Parties shall provide rates of taxation for tobacco products and trends in tobacco consumption in their periodic reports to the Conference of the Parties (COP)." Article 6.3

Rates of taxation were reported in the five-year implementation report to the COP. The Netherlands has an excise duty system for tobacco products in conformance with EU directives [34]. For cigarettes, the excise duty is a combination of an ad valorem excise and a specific excise. Together this is 65.90% of the Tax Included Retail Selling Price (TIRSP) [35]. See Table 2. Likewise, fine cut smoking tobacco, to which roll-your-own tobacco belongs, is subject to a combination of excises, which currently is 13.00% of TIRSP ad valorem excise and a specific excise of EUR 50.45 per kg. This makes roll-your-own tobacco much cheaper than factory-made cigarettes. On cigars and cigarillos, only an ad valorem excise of 5% of TIRSP is applied. For all those products, the rates are lower than advised by the WHO. The level of specific excise should be 70% of retail prices in order to have an effect on reducing tobacco use [36].

Table 2

Excise duty levels and prices of cigarettes in EU countries, as of 1 July 2011 [35]

Country	Specific excise (per 1000 cigarettes) EUR	Ad valorem excise (% of TIRSP)	WAP (per 1000 cigarettes) EUR	Minimum excise duty: specific + ad valorem excise (excl. VAT) (% of WAP)
United Kingdom	178.60	16.50	313.51	73.47
Bulgaria	51.64	23.00	112.49	68.91
Estonia	38.35	33.00	110.25	67.78
Poland	40.22	31.41	116.04	66.07
Netherlands	135.66	8.59	236.72	65.90
Latvia	35.22	34.00	110.59	65.85
Greece	19.66	52.45	156.56	65.00
Slovakia	55.70	23.00	132.78	64.95
Spain	12.70	57.00	166.52	64.63
Cyprus	40.00	40.00	163.50	64.50
France	19.59	56.99	270.00	64.25
Malta	28.00	47.00	188.00	61.89
Ireland	183.42	18.25	423.50	61.56
Germany	39.51	21.94	229.80	61.45
Denmark	90.58	21.65	232.28	60.65
Slovenia	20.40	45.15	132.00	60.61
Hungary	35.60	28.40	110.57	60.60
Lithuania	38.23	25.00	108.03	60.39
Finland	17.50	52.00	216.09	60.10
Austria	34.00	42.00	189.40	59.95
Czech Republic	43.82	28.00	138.94	59.54
Belgium	15.93	52.41	226.37	59.45
Romania	51.49	21.00	119.56	59.20
Portugal	69.07	23.00	172.50	58.42
Italy	7.68	54.57	205.00	58.31
Luxembourg	16.89	47.84	180.11	57.22
Sweden	137.77	1.00	248.29	56.49

TIRSP = Tax Included Retail Selling Price
WAP = Weighted Average Price

Differences between tobacco products

Consumption of roll-your-own tobacco is relatively high in the Netherlands, with 32.2% of adult smokers smoking roll-your-owns exclusively. In 2009 surveys showed that 22.4% of adult smokers smoked both cigarettes and roll-your-owns [37]. The main reason for smoking roll-your-own tobacco is the lower price [37]. Because the excise rates for fine cut smoking tobacco are lower, tax increases have less impact on the retail price of fine cut tobacco. The price differences between the different categories of tobacco products limit the impact of taxation measures on reducing tobacco consumption. Smokers are more likely to substitute a lower priced tobacco product for a higher priced one [38]. The Dutch government has indicated that it will only be willing to reduce this difference when neighbouring countries, Belgium and Germany, also close the price gap between cigarettes and roll-your-owns to prevent an increase in the cross-border purchase of tobacco products [39].

Recommendations

The Dutch government should use tax measures for reducing tobacco consumption and raise the excise duties in larger increments to achieve at least a 10% increase in the retail price of tobacco. Smaller excise increases are what the tobacco industry wants, because the effect on tobacco consumption is much smaller. Currently, the government uses excise duty increases mainly for financial reasons instead of health objectives.

The Dutch government should restrict the amounts of tobacco products that can be imported by international travellers. Currently there are restrictions for international travellers, but these could be further tightened. In addition, the Dutch government should prohibit the tax- and duty-free sales of tobacco products.

The Dutch government should coordinate tobacco prices by raising excise duties on roll-your-own tobacco until they are as high as the excise duties on cigarettes. The difference in price between roll-your-own tobacco and cigarettes limits the impact of tax measures on tobacco consumption.

Joyce van Belkom / Hollandse Hoogte

Protection from exposure to tobacco smoke

> "Each Party shall adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places." ARTICLE 8.2

In the past two decades, smoke-free legislation in the Netherlands has been implemented in a stepwise manner. A short overview of the legislation:

- On January 1, 1990, a smoking ban was implemented in governmental, health care, educational, and social service institutions, and state-aided sports facilities [40].
- On January 1, 2004 a smoking ban was implemented in indoor workplaces and on public transport. Employers must ensure that employees can work without exposure to tobacco smoke. Specially designed and enclosed smoking rooms are permitted. Exemptions were made for the hospitality industry, sports sector, and arts and culture sector.
- On July 1, 2008, a smoking ban was implemented in the hospitality industry, sports sector, and the arts and culture sector. Enclosed smoking rooms are allowed, but no food or drinks can be served there [41].
- From July 6, 2011, an exemption of the smoking ban in the hospitality sector came into effect. Cafés smaller than 70 m2 without employees are exempted from the ban [42]. Smoking in these places has been formally tolerated since November 2010 [43].

From 2004 onward, enforcement of the Tobacco Act increased and fines were implemented. This resulted in high levels of compliance with the law. However, since the recent exemption of small bars from the smoking ban, compliance has again decreased and people are more often exposed to tobacco smoke, especially in cafés. Almost 50% of cafés are no longer smoke-free [44].

No safe level of environmental tobacco smoke

> "All people should be protected from exposure to tobacco smoke. All indoor workplaces and indoor public places should be smoke-free." IMPLEMENTATION GUIDELINE TO ARTICLE 8

> "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. In order to be effective, legislation should be simple, clear and enforceable." IMPLEMENTATION GUIDELINE TO ARTICLE 8

> "Effective measures to provide protection from exposure to tobacco smoke require the total elimination of smoking and tobacco smoke in a particular space or environment in order to create a 100% smoke-free environment. There is no safe level of exposure to tobacco smoke, and notions such as a threshold value for toxicity from second-hand smoke should be rejected, as they are contradicted by scientific evidence. Approaches other than 100% smoke-free environments, including ventilation, air filtration and the use of designated smoking areas (whether with separate ventilation systems or not), have repeatedly been shown to be ineffective and there is conclusive evidence, scientific and otherwise, that engineering approaches do not protect against exposure to tobacco smoke." IMPLEMENTATION GUIDELINE TO ARTICLE 8

Contrary to the above text from the Guideline, the Dutch government included enclosed smoking rooms as an option in its smoke-free legislation. In 2009, the Dutch government considered ventilation to be a viable alternative to enclosed smoking rooms. Ventilation was seen as the solution for small hospitality businesses that did not have enough space to create a smoking room. The then Minister of Health, Welfare and Sport, Ab Klink, was aware of the WHO guidelines but still considered ventilation [45]. Based on additional

research by the National Institute for Public Health and the Environment (RIVM) and the Netherlands Organisation for Applied Scientific Research (TNO) [46], the current Minister of Health concluded that ventilation techniques are not a good alternative to smoking rooms [43].

> "The protection of people from exposure to tobacco smoke should be strengthened and expanded, if necessary; such action may include new or amended legislation, improved enforcement and other measures to reflect new scientific evidence and case-study experiences." Implementation guideline to Article 8

Instead of strengthening smoke-free legislation, the Government has recently weakened it by reinstating an exemption for smoking in small bars. How did this come about? A thorough analysis was recently conducted by American researchers.[3] The smoking ban in the hospitality industry led to resistance from owners of hospitality businesses, especially from owners of small bars and cafés. This resistance was initiated and supported by the tobacco industry and front groups, according to an article by two Dutch investigative journalists.[29] After two court appeals, the smoking ban was suspended in July 2009 for small cafés without staff. In February 2010, the Supreme Court ruled that there should be no exemption to the smoking ban for small cafés [37]. However, in 2010 the government decided to make the smoke-free legislation less restrictive even though research commissioned by the government showed that negative economic effects for owners of hospitality businesses could not be attributed to the smoking ban or to the absence of an enclosed smoking room [47]. In a reaction to questions from the Council of State about the changed legislation in an international context, Edith Schippers, the Minister of Health, Welfare and Sport replied that both the EU council recommendation on smoke-free environments [48] and FCTC Article 8 are merely recommendations and leave room for exemptions [49]. Smokers' rights activities resulted in non-compliance by bars and the reinstatement of an exemption for small, owner-run venues [3]. This policy reversal was also contributed to by a weak media campaign (see below), smoking room exemptions and ineffectual enforcement of the ban.[3]

Enforcement

> "Good planning and adequate resources are essential for successful implementation and enforcement of smoke-free legislation." Implementation guideline to Article 8

> "The implementation of the smoke-free legislation, its enforcement and its impact should all be monitored and evaluated. This should include monitoring and responding to tobacco industry activities that undermine the implementation and enforcement of the legislation, as specified in Article 20.4 of the WHO FCTC." Implementation guideline to Article 8

One of the responsibilities of the Food and Consumer Product Safety Authority (nVWA) is monitoring compliance and enforcement of the smoke-free legislation and it has the authority to penalize violators with fines. In parliamentary discussions in the spring of 2011 doubts were expressed about whether enough inspectors are available for the enforcement of the new smoking ban with exceptions. A total of 200 people work as inspectors in the hospitality industry, but only 80 inspect the non-food establishments (bars/cafes/discotheques) [50]. Regarding the enforcement of smoke-free legislation, the implementation guideline of Article 8 includes the following: *It is not necessary to hire large numbers of inspectors, because inspections can be accomplished using existing programmes and personnel, and because experience shows that smoke-free legislation quickly becomes self-enforcing.* Self-enforcement of the law has not happened in the Netherlands: compliance with the smoke-free legislation in the non-food hospitality sector decreased dramatically as soon as the government announced its intention to liberalize the law. In the first months after implementation of the initial legislation in July 2008, 95% of the hospitality facilities implemented the smoking ban correctly, with a total ban or having smoking rooms. Implementation of the smoking ban was lowest in cafés, where only 79% were smoke-free [51]. In the spring of 2011, significantly fewer cafés were smoke-free: 50% of the cafés were not included in the exemption and 27% of the exempted cafés were smoke-free [44].

Fines

"The legislation should specify fines or other monetary penalties for violations. ... Most importantly, penalties should be sufficiently large to deter violations or else they may be ignored by violators or treated as mere costs of doing business. ... Penalties should increase for repeated violations and should be consistent with a country's treatment of other, equally serious offences." Implementation guideline to Article 8.

When smoke-free legislation was implemented in workplaces, violators (i.e., administrators, not the smokers) first received a warning; later, penalties were introduced and these increased for repeated violations with the highest fine for the fourth violation. The same strategy was used when the hospitality industry became smoke-free. The legislation for the hospitality industry differs in that repeat offenders (i.e., bar and restaurant owners) can temporarily lose their license. The current government (2011) decided to double the fines for violation of the smoke-free legislation, because the fines were not effective enough in deterring violations. In some cases the smoking ban was violated openly and inspectors were threatened and abused. From August 31, 2011 the fines range from €600 to a maximum of €4500 [42]. The Minister of Health, Welfare and Sport made it possible for the police to intervene when inspectors were threatened or abused.

Public awareness

"Civil society has a central role in building support for and ensuring compliance with smoke-free measures, and should be included as an active partner in the process of developing, implementing and enforcing legislation." Implementation guideline to Article 8

"Raising awareness among the public and opinion leaders about the risks of second-hand tobacco smoke exposure through ongoing information campaigns is an important role for government agencies to ensure that the public understands and supports legislative action." Implementation guideline to Article 8

To support the implementation of the smoking ban in workplaces in 2004, a national campaign was conducted that focused on the harm of environmental tobacco smoke to non-smoking employees. In 2008, the smoking ban in the hospitality industry was complemented with a national mass media smoking cessation campaign from April 2008 to January 2009 (see also the section on Article 12) and with an educational campaign called 'Rookvrije horeca' to inform the public about the new legislation. This campaign, which was run by the Government, focused on the fact that cigarettes were not allowed rather than on the harmful effects of exposure to tobacco smoke. The campaign consisted of two television spots, in which an anthropomorphized cigarette was kicked out of a bar. [52]. The campaign did not include information about the health effects of second-hand smoke. The absence of this information may have contributed to the lower rates of compliance with smoke-free legislation in the Netherlands compared with countries like France and Ireland, which supported their smoke-free laws with a media campaign in which the health effects of environmental tobacco smoke were explained [3, 53].

Recommendations

The Dutch government should revoke the exemption for small bars and cafés, making the entire hospitality business smoke-free. Enclosed smoking rooms should no longer be allowed. Instead of expanding smoke-free legislation, the government introduced a new exemption for small bars and cafés.

The Dutch government should make sure that there are enough resources (i.e. financial, manpower) available for the inspection of hospitality venues to enforce the law. Enforcement of the smoke-free legislation is a point of special concern in bars and discotheques.

The Dutch government should run a national education campaign about the health risks of smoking and the fact that smoke-free legislation protects everyone from exposure to lethal tobacco smoke. Public awareness of the health risks of second-hand tobacco smoke and support for smoke-free legislation need to be improved. If more restrictive smoke-free legislation is implemented, it will be especially important to explain the reasons for it to increase public support.


VAN NELLE
ZWARE SHAG
4.00
VAN NELLE
STEVIGE SHAG
West
400
DRUM
ORIGINAL
EVERGREEN

Tobacco product regulation

> "Each Party shall adopt and implement measures for the regulation of the contents and emissions of tobacco products." Article 9

> "Parties should regulate, by prohibiting or restricting, ingredients that - may be used to increase palatability in tobacco product, - have colouring properties in tobacco products,- may create the impression that they have a health benefit, - are associated with energy and vitality." Partial guidelines for implementation of Articles 9 and 10

At the fourth meeting of the Conference of the Parties (COP4) in November 2010, 172 countries adopted the (partial) FCTC guidelines for Article 9 and 10 to restrict or prohibit harmful additives to tobacco products and disclose information about ingredients [54]. The agreement makes it easier for countries to prohibit particular ingredients on both a national and international level.

In the Netherlands however, ingredients that make tobacco products more attractive (palatability / colouring) are allowed. The current Minister of Health, Welfare and Sport, Edith Schippers, apparently has no plans to adopt and implement restrictive legislation about these additives, based on what she said in February 2011: *Within the WHO a discussion is going on about these ingredients (additives in cigarettes). So there is no agreement, but discussion. The government monitors the harmful and addictive ingredients. New additional measures should be based on scientific evidence. Research about this topic is going on. That evidence, however, turns out to be quite difficult. This discussion is not finished yet, so there are no conclusions.* [55]. In August 2011, she had not changed her mind, as was illustrated by her reaction to questions regarding additives that make cigarettes more addictive: *At the moment, I have no specific evidence that the use of addictive or harmful ingredients has increased recently. Therefore I see no need for restricting or regulating the composition of tobacco products.* [56]. The previous Minister of Health, Ab Klink, perceived tobacco regulation more as a topic for international regulation (for instance within the EU) instead of regulation at a national level: *It is clear that product regulation is a long(er) term project and should take place ideally in an international context. Therefore, I prefer not to regulate tobacco product ingredients at a national level.* [57]

A 2009 national study of Dutch adolescents (10-18 years), showed that for two-thirds of those who smoked, taste was the most important reason to choose their brand of cigarettes [58]. Having positive expectations about the taste was one of the important reasons for taking up smoking. As a result, it was recommended to restrict additives (especially those influencing taste) in tobacco products. Ab Klink reacted to these recommendations by again emphasizing the international procedure for regulating tobacco contents [59]. Neither is the current Minister of Health, Edith Schippers, in favour of regulating tobacco product ingredients: *I do not intend to further regulate the composition of tobacco products, because it does not fit within the tobacco control policy I have in mind.* [60].

Report by RIVM on attractiveness of cigarettes to children

Testing and measuring contents

"Each Party shall, where approved by competent national authorities, adopt and implement effective measures for testing and measuring the contents and emissions of tobacco products." Article 9

"Laboratories used by Parties for compliance purposes should be either governmental laboratories or independent laboratories that are not owned or controlled, directly or indirectly, by the tobacco industry." Partial guideline for implementation of Articles 9 and 10

Tobacco manufacturers and importers are obliged to cooperate in the testing and measurement of the contents of tobacco products. Laboratories for testing and measuring tobacco contents have to be approved by the Minister of Health, Welfare and Sport. Eligible laboratories should have a NEN-EN-ISO/IEC 17025 accreditation before they can request approval from the Minister [61]. These could be governmental laboratories (from the Food and Consumer Product Safety Authority (nVWA) or the National Institute for Public Health and the Environment (RIVM), but also private laboratories used by the importers and manufacturers to disclose information to the government. The measuring of tar, nicotine, and carbon monoxide in tobacco smoke is carried out by the approved laboratories according to ISO standards. The results are used to verify the amounts listed on packages of tobacco products [62].

Inspections are performed by the Food and Consumer Product Safety Authority (nVWA). The nVWA takes samples from manufacturers and importers, but also at tobacco product points of sale. These samples are tested in the nVWA laboratories, and the contents on the tobacco package are verified. This is in line with paragraph 4.6 of the implementation guidelines: *Parties should consider having samples of tobacco products collected from importer's facilities, from retail outlets and from manufacturers' facilities.*

Disclosure to governmental authorities

"Each Party shall adopt and implement effective measures requiring manufacturers and importers of tobacco products to disclose to governmental authorities information about the contents and emissions of tobacco products." Article 10

"Parties should require that manufactures and importers of tobacco products disclose to governmental authorities:

I information on the ingredients used in the manufacture of their tobacco products at specified intervals, by product type and for each brand within a brand family

II the ingredients used in the manufacture of each of their tobacco products and the quantities thereof per unit of each tobacco product, including those ingredients present in the product's components for each brand within a brand family

III further information on the characteristics of the tobacco leaves they used

IV notify any changes to tobacco product ingredients when the change is made

V provide a statement setting out the purpose of the inclusion of an ingredient in the tobacco product and other relevant information."

Partial guidelines for implementing Articles 9 and 10

Recommendations i. to v. are implemented in Article 3b of the Dutch Tobacco Act and in the 'Regeling aanmelding en publicatie tabaksingrediënten 2007' (Regulation of registration and publication of tobacco ingredients). Tobacco manufacturers and importers are required to provide information about the ingredients of tobacco products to the Ministry of Health, Welfare and Sport on an annual basis [63]. The RIVM verifies the completeness and adequacy of the submitted information. The nVWA has the authority to study and analyse the information when needed, and monitors the process of data provision by tobacco manufacturers and importers to the Ministry of Health. A fine of 4500 Euros is in place in cases of incomplete or inadequate data provision. All information is also provided to the European Union.

The formats for application are derived from the Practical Guide of the European Commission, with two tables about ingredients and toxicological information for the government and a third table for disclosure to the general public [63, 64]. Additionally, a declaration of the reason(s) for including each particular ingredient should be submitted. The submission of data is accompanied by a cover letter in which the manufacturer or importer declares that the information

is submitted completely and truthfully.
RIVM also hosts the Electronic Model Tobacco Control (EMTOC) Trust Centre. EMTOC is a web application for the submission of data about tobacco product ingredients for EU member states to fulfil their obligations under the Tobacco Product Directive 2001/37/EC. The data are accessible to national authorities and the European Commission [65]. However, as no information is published, there is no way to control the implementation of this article of FCTC. The RIVM indicates that so far the industry and tobacco importers have complied.

Disclosure to the general public

"Each Party shall further adopt and implement effective measures for public disclosures of information about the toxic constituents of the tobacco products and the emissions that they may produce." Article 10

In the Regulation ('Regeling aanmelding en publicatie tabaksingrediënten 2007') it is stated that information for the public will be published on the RIVM website. So far no information for the general public has been published, because the Ministry of Health has not yet given approval for the disclosure of ingredients on the RIVM website. The reasons given for this are that it is unclear what would be an appropriate way to disclose the information, and that the information is not yet available in the right formats. If the information is disclosed, it will not include publication of toxicological information [63].
In a national study, Dutch adolescents indicated that they would like to have more information about the composition and effects of tobacco products, and how the tobacco industry tries to manipulate products by the use of additives [58]. This shows that there is a need from within civil society for the disclosure of more information about tobacco products, as stated in Article 10 of the Convention.

The only information currently available to consumers is the levels of tar, nicotine and carbon monoxide as indicated on cigarette packs and the tar and nicotine levels of roll-your-own tobacco. This is also stipulated in the EU tobacco product directive, but is not in line with the Guideline accompanying FCTC Article 11 (see next section on packaging and labelling), stating that: *Parties should not require quantitative and qualitative statements on tobacco product packaging and labelling about tobacco product emissions that might imply that one brand is less harmful than another, such as the tar, nicotine and carbon monoxide figures.*

Recommendations

The Dutch government should take a strong stand in regulating the additives in tobacco products. Ingredients that make tobacco products more attractive, such as flavouring or colouring, should be prohibited. The development of international regulation should be stimulated.

The Dutch government should make sure that information about the ingredients in tobacco products should be available as soon as possible, because the disclosure of this information to the public is lacking.

Information on the contents, additives and emissions of tobacco products should be made available to the public, with clear information on the health risks of individual ingredients, their combined risks, and the effects on the smoker and others.

Packaging and labelling

"Tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions." ARTICLE 11.1.A

"Each (...) package of tobacco products and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of tobacco use and other appropriate messages." ARTICLE 11.1.B

"These warnings and messages should be 50% or more of the principal display area but shall be no less than 30% of the principal display areas." ARTICLE 11.1.B.IV

The Netherlands was the first EU country to introduce text health warning labels in accordance with Directive (2001/27/EC), in May 2002. Specifications for the regulations are described in the 'Labelling decree for tobacco products' [66], which is adjusted to EU Directive 2001/27/EC on the manufacture, presentation and sale of tobacco products [67]. In the Netherlands, warning labels should cover at least 30% of the front and 40% of the back of the package. On both sides the warning labels are placed at the bottom of the display area. This meets the minimum required by FCTC. The use of misleading texts, names, trademarks and figurative or other signs about the harmfulness of the tobacco product is prohibited by law (Tobacco Act).

Current health warning

Rotation and pictures

"These warnings and messages shall be rotating." ARTICLE 11.1.B.II

"These warnings and messages may be in the form of or include pictures or pictograms." ARTICLE 11.1.B.V

The Dutch labelling decree for tobacco products indicates that 'warnings should alternate in such a way that they appear regularly'. How this has to be done is not specified. However, the same 14 warnings and messages have been used since 2002. The present warning labels are no longer significant to Dutch smokers: 29.7% indicate that they noticed the warnings often in the last month, and just 6.1% said that the warnings made them think a lot about the health risks of smoking [37]. Directive 2001/37/EC is currently under revision, focusing on pictorial health warnings and plain packaging among other issues. The proposal from the European Commission is delayed and is expected to be presented around mid-2012 [68], after which a co-decision procedure will take place. It can take several years before a new directive is adopted and implemented. It is important that the Dutch government does not wait for this directive but takes action now because new health warnings are needed and the inclusion of pictorials could increase the effectiveness of warning labels.
Hans Hoogervorst, Minister of Health from 2003 to 2007, was in favour of pictorial health warnings. The intention to implement pictures on tobacco packaging was included in the "Tobacco control policy action plan 2006' [69]. He prepared a legislative initiative [70], but some members of the parliament questioned the effectiveness of pictorial warning labels and asked for a study on the experiences with them in other countries. This study concluded that the pictorial warnings are more effective at increasing knowledge about the harmfulness of smoking and increasing intentions to quit than text-only warnings, and that

they can support other tobacco control policies [71]. Hoogervorst's successor, Ab Klink, reacted by saying: *I believe that this approach is contrary to good taste.* [72] Hoogervorst's initiative to include pictorial warnings on tobacco packaging ended there.
Plain packaging, which may increase the visibility and effectiveness of health warnings and messages, goes one step further. Plain packs remove an important marketing tool from the tobacco industry, making cigarettes less appealing and attractive.
The Article 11 guidelines include this stipulation: *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).*
The current Minister of Health is not considering plain packaging, stating: Tobacco is a legal product and for that reason I am against plain packaging [73] and also: With regard to plain packaging I confirm that I consider this measure to be too far-reaching within the context of a policy of discouragement [74].

Examples of plain packs (without graphic warnings)

Information on constituents and emissions
"Each package of tobacco products and any outside packaging of such products shall contain information on relevant constituents and emissions of tobacco products as defined by national authorities." Article 11.2

"In implementing this [Art. 11.2] obligation, parties should require that relevant qualitative statements be displayed on each unit packet or package about the emissions of the tobacco product. Examples of such statements include "smoke from these cigarettes contains benzene, a known cancer-causing substance (...)" Guidelines for Implementation of Article 11

"Parties should prohibit the display of figures for emission yields (such as tar, nicotine and carbon monoxide) on packaging and labelling, including when used as part of a brand name or trademark." Guidelines for Implementation of Article 11

The Dutch labelling decree for tobacco products is restricted to the obligation to disclose the tar, nicotine and carbon monoxide levels on cigarette packages and the tar and nicotine levels on roll-your-own tobacco. Further qualitative statements about the health risks of particular tobacco smoke constituents is currently not required. The current text warnings clearly are not consistent with Article 11.2 of the FCTC.

Recommendations

The Dutch government should implement new sets of warning labels as soon as possible. These sets should rotate yearly and be updated periodically. The warning labels should include pictorials and cover at least 50% of the principal display areas, preferably 80%. The current warning labels are not noticeable enough and revitalization is needed.

The Dutch government should replace or supplement the statements on the emissions of tar, nicotine and carbon monoxide with relevant qualitative statements about the health risks of emissions from the specific tobacco product. This requires a change in the EU tobacco product directive, which should be stimulated by the Dutch government. The information on emissions is currently not fully in line with the FCTC implementation guidelines.

The Dutch government should take plain packaging into consideration.

Public awareness

Educational campaigns

"Each Party shall promote and strengthen public awareness of tobacco control issues, using all available communication tools. Parties shall adopt and implement effective measures to promote:

(a) broad access to effective and comprehensive educational and public-awareness programmes on the health risks including the addictive characteristics of tobacco consumption and exposure to tobacco smoke

(b) public awareness about the health risks of tobacco consumption and exposure to tobacco smoke, and about benefits of cessation of tobacco use and tobacco-free lifestyles

(c) public awareness to a wide range of information on the tobacco industry

(d) public awareness of and access to information regarding the adverse health, economic, and environmental consequences of tobacco production and consumption." Article 12

Since FCTC ratification in 2005, several tobacco-related media campaigns have been conducted in the Netherlands. These campaigns primarily focused on encouraging smokers to quit smoking and on increasing self-efficacy in quitting smoking by making the public aware of support and treatment. The benefits of a smoke-free life were not highlighted. Other campaigns informed the public about new legislation (smoke-free legislation, reimbursement of treatment), or targeted the social norms about exposure to tobacco smoke. The health risks and the addictiveness of tobacco consumption and the health risks of exposure to tobacco smoke have not been addressed since 2005. The awareness by Dutch citizens of the harms of smoking to both smokers and non-smokers are noticeably lower than in other countries [(1)].

Information about the strategies used by the tobacco industry in the Netherlands is scarce. No campaigns have targeted the industry's strategies and activities and their products. Only a few websites (STIVORO, Dutch Cancer Society) include information on the tobacco industry's strategies and activities. There were no campaigns to inform Dutch citizens on the adverse health, economic, and environmental consequences of tobacco.

So far the Dutch government has only very minimally complied with article 12. In the near future the situation in not expected to improve at all. The new Minister of Health, Edith Schippers, decided to end all public education mass media campaigns, including those on tobacco use. The Minister of Health has a clear political motive for ending all mass media campaigns for a healthier lifestyle. She regards these campaigns as too paternalistic and not effective and stated in May 2011: *The government says how citizens should live. I want to turn from nannyism to positive temptation. Citizens are responsible for their own lives, whether [decisions concern] smoking, alcohol, exercise or sex* [(75)].

Dutch smokers have a low level of awareness of health risks from passive smoking [1]

Mass media education campaigns are needed to increase awareness of the dangers of second-hand smoke, but the current Minister of Health is not willing to support them: *I do not agree with the need for implementing a public campaign about exposure to second-hand smoke. In the national bill about health policy I state that the availability of reliable, accessible and targeted information is essential. General mass media campaigns do not fit this idea.*[76].

Intermediaries

"Parties shall adopt and implement effective (...) measures to promote effective and appropriate training or sensitization and awareness programmes on tobacco control addressed to persons such as health workers, community workers, social workers, media professionals, educators, decision-makers, administrators, and other concerned persons." ARTICLE 12 (D)

STIVORO, with government subsidies, provides information and training to several intermediaries involved in tobacco control, such as health care workers, and health educators. Municipalities are targeted to help them develop local tobacco control policies [77]. Several associations of health care workers, from doctors to nurses and others, are involved. A clinical guideline for the treatment of tobacco addiction has been developed and is included in standards of care for several chronic diseases (see also Article 14).
The government has cut the budget for implementing training for smoking cessation support in health care facilities. Although training for health care workers in cooperation with the NSPOH and training for midwives and youth care workers will remain available (because they pay for the training themselves), as of 2012 there are not enough financial resources available for the provision of information to other professionals.

Cooperation with other organizations

"Parties shall adopt and implement effective measures to promote awareness and participation of public and private agencies and nongovernmental organizations not affiliated with the tobacco industry in developing and implementing intersectoral programmes and strategies for tobacco control." ARTICLE 12(E)

The government is a partner in a public-private partnership on smoking cessation (Partnership Stop met Roken). This partnership works for the recognition of tobacco use as an addiction, the structural implementation of tobacco dependence treatment in the health care system, and the creation of awareness in society and interested organizations of the addictiveness of tobacco products and the availability of effective tobacco dependence treatment. Another public-private cooperative effort was the National Programme on Tobacco Control 2006-2010, in which the Ministry of Health, Welfare and Sport worked together with the Dutch Cancer Society, the Dutch Heart Foundation and the Asthma Foundation (see also the section on general obligations, Article 5).

Recommendations

The Dutch government should provide (financial) resources for media campaigns and other educational campaigns targeting tobacco, instead of cutting the available resources. The Minister of Health decided to end funding from the government for public education mass media campaigns from 2012. This is a threat to public awareness and to knowledge of tobacco control issues, which is already low.

The Dutch government should take measures to inform Dutch citizens about the health risks of exposure to tobacco smoke, the benefits of a smoke-free life, the adverse health, economic and social consequences of tobacco production and consumption, and provide more information on the activities and tactics of the tobacco industry. These tobacco issues were addressed with educational campaigns in recent years.

The Dutch government should provide financial resources for the development of effective and appropriate training and awareness programmes for community workers, social workers, media professionals, educators, decision-makers, administrators, and other concerned persons on the risks of tobacco use and second-hand smoke.

The government should maintain and invest in cooperation with NGOs and other organizations instead of ending public-private cooperation, because it is important for implementing tobacco control programmes and strategies.

Advertising, promotion, and sponsorship

No comprehensive ban

"Each Party shall undertake, in accordance with its constitution or constitutional principles, a comprehensive ban of all tobacco advertising, promotion and sponsorship. This shall include cross-border advertising, promotion and advertising originating from its territory." ARTICLE 13.2

Article 5.1 of the Dutch Tobacco Act prohibits all advertising or sponsorship of tobacco, but several exemptions are included in succeeding articles.
As such, a comprehensive ban such as the one formulated in FCTC Article 13.2 has not been implemented. Exceptions where advertisement and sponsoring are allowed are illustrated below.

Points of sale

"Display and visibility of tobacco products at points of sale constitutes advertising and promotion and should therefore be banned. Vending machines should be banned because they constitute, by their very presence, a means of advertising and promotion." GUIDELINES FOR IMPLEMENTATION OF ARTICLE 13

Advertising tobacco products is not forbidden at points of sale. In the Netherlands, there are 150 tobacco retailers and 1450 tobacco/convenience stores [78]. Other common tobacco selling points are supermarkets, gas stations, book and magazine shops, drug stores, and the hospitality industry (vending machines).
An advertisement of maximum 2 square metres is allowed on the façade of tobacco retail stores. Inside the shop the display of tobacco products in closed packages against a neutral background is allowed. Tobacco advertisement is allowed only in the area where the tobacco products are displayed and may only target people who are inside the point of sale. Advertisement at the point of sale that targets minors is prohibited. However, products attractive to minors (candy, magazines) are often sold at the shops selling tobacco products, so minors are often exposed to tobacco advertisements inside and outside these shops.

Other points of sale, like supermarkets, are not allowed to advertise tobacco products.

Tobacco vending machines are allowed in the Netherlands. However, measures have been taken to prevent sales to minors younger than 16 years of age (see also the section in the report on Article 16). The Dutch government has no intention to ban vending machines, as recommended in Article 13 guidelines.

"Each Party shall prohibit advertising, promotion and sponsorship that promote a tobacco product by any means that are false, misleading or deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions." ARTICLE 13.4(A)

"Each Party shall require that health warnings or other appropriate messages accompany all tobacco advertising, promotion and sponsorship." ARTICLE 13.4(B)

In the 'Regeling tabaksreclame in of aan tabaksspeciaalzaken en tabaksverkooppunten' (Regulation of tobacco advertising at tobacco points of sale) [79], it is stated that tobacco advertisements shall be in no

way positively connected to health. This Regulation also includes the stipulation that tobacco advertising shall be accompanied by the health warning, 'Smoking kills' which should cover 15% of the total display area.

Media

"Undertake a comprehensive ban on tobacco advertisement on radio, television, print media, and other media such as the internet." Article 13.4(e)

With regard to tobacco advertisement and sponsorship in audiovisual media, the sponsoring of radio programmes is allowed when the main activity of the advertising or sponsoring company is not the production or sale of tobacco products. There is little or no control of what the tobacco industry does. This is not in line with Article 13.2 and 13.4(e).

Packaging

"Packaging and product design are important elements of advertising and promotion. Parties should consider adopting plain packaging requirements to eliminate the effects of advertising or promotion on packaging." Guidelines for implementation of Article 13.

Texts, names, figures or other design features are forbidden by law if they suggest that one tobacco product is less harmful than others, for example terms such as 'light' or 'mild' are forbidden in the Netherlands (Dutch Tobacco Act Article 3e). Other design features to make a brand more attractive are allowed, and the current Minister of Health is not willing to consider implementing plain packaging (see further our discussion regarding Article 11 of the FCTC).

Brand stretching

"Parties should ban 'brand stretching' and 'brand sharing', as they are means of tobacco advertising and promotion." Guidelines for implementation of Article 13.

Tobacco advertising in the form of brand stretching is not totally prohibited in the Netherlands. According to Article 5a of the Dutch Tobacco Act, brand stretching and brand sharing are not prohibited when the brand name was already being used for tobacco and non-tobacco products before the tobacco advertisement ban was in place (November 7, 2002) and different presentations of the brand name are used for the tobacco and the non-tobacco product. Brand stretching after the date of implementation of Article 5 is forbidden except in cases where the name, brand or symbol has an obviously different presentation than the one used on the tobacco product. Camel, Pall Mall/PME and MCS Marlboro Classics are examples of tobacco names that were already being used for other products as well, such as shoes and clothing. Stores with the names of these 'clothing' brands can be found everywhere in the Netherlands.

'Creative' advertisement

In November 2009, Dutch media reported on a new strategy by Imperial Tobacco (IT): carefully selected trendsetters, such as young musicians, designers and advertising people, were asked to deliver marketing ideas at least three times a year in exchange for monthly cartons of cigarettes (Gauloises) [80]. According to some contracted people, IT hoped that when they smoked Gauloises, other young people would copy their behaviour. The Tobacco Act states that it is forbidden to provide cigarettes for free or for symbolic compensation, but Imperial Tobacco said they were not violating the law. This can also be regarded as a form of tobacco advertising.

Corporate social responsibility

"The Parties should ban contributions from tobacco companies to any other entity for 'socially responsible causes', as this is a form of sponsorship. Publicity given to 'socially responsible' business practices of the tobacco industry should be banned, as it constitutes advertising and promotion.'
Guidelines for implementation of Article 13.

The Dutch tobacco industry is actively using an image of corporate social responsibility for promotional purposes. For example, Japan Tobacco International has partnered with Stichting Nederland Schoon (Keep Holland Tidy Society), and the municipality of Zandvoort to reduce cigarette litter on the beaches in the municipality [81]. This example of apparent corporate social responsibility could be regarded as promotion for JTI that is not in line with FCTC article 13.

Director Corporate Affairs Japan Tobacco International (r) promoting cigarette litter clean-up campaign

Recommendations

The Dutch government should ban the display and visibility of tobacco products at points of sale, should ban advertisements on the façade and the inside of points of sale of tobacco and it should ban tobacco vending machines. The tobacco advertisement ban is not comprehensive enough at the moment.

More comprehensive controls on tobacco advertising are necessary. All of the ways the tobacco industry uses to present itself as a responsible partner, including activities suggesting corporate social responsibility, should be monitored and regulated when necessary.

Tobacco dependence treatment

"Each Party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices, taking into account national circumstances and priorities, and shall take effective measures to promote cessation of tobacco use and adequate treatment of tobacco dependence." ARTICLE 14.1

"Parties should develop and disseminate comprehensive tobacco dependence treatment guidelines including two major components: a national cessation strategy aimed at those responsible for funding and implementing policies and programmes, and national treatment guidelines aimed at those who will develop, manage and provide cessation support to tobacco users." GUIDELINES FOR IMPLEMENTATION OF ARTICLE 14

The development of a national clinical guideline for the treatment of tobacco dependence (Article 14.1) was initiated by the Partnership Stop met Roken (Partnership on Smoking Cessation), which is a collaborative effort by several organizations in the health care sector, such as professional associations, research institutes, STIVORO, pharmaceutical companies, and the Ministry of Health, Welfare and Sport. The clinical guideline includes a consistent and coherent approach to smokers, which can be used in varying health care sectors and by health professionals to give smokers advice about their smoking behaviour and support them in quitting smoking [82].
The guideline was published in 2004, and an update was provided in 2009 [83]. The Dutch College of General Practitioners also produced a guideline on smoking cessation, derived from the standard of care [84].
The government had an indirect role in the development of the clinical guidelines.
The FCTC guidelines also recommend the development and dissemination of a national cessation strategy aimed at those responsible for funding and implementing policies and programmes. Such a national cessation strategy has not yet been established in the Netherlands.

Reimbursement of treatment

"Collaborate with other Parties to facilitate accessibility and affordability for treatment of tobacco dependence including pharmaceutical products pursuant to article 22. Such products and their constituents may include medicines, products used to administer medicines and diagnostics when appropriate." ARTICLE 14.2(D)

"Medications that have been clearly shown by scientific evidence to increase the chances of tobacco cessation should be made available to tobacco users wanting to quit and where possible provided free or at an affordable cost." GUIDELINES FOR IMPLEMENTATION OF ARTICLE 14

Since 2008, brief and intensive behavioural cessation interventions have been covered by the Health Insurance Act. Pharmacological support was not reimbursed, except for nortriptyline [85]. In 2008, the Ministry of Health initiated an trial investigation into the effects of reimbursement for effective tobacco dependence treatment, including broader pharmacological support, in order to gain insight into the use, effectiveness and costs of reimbursing treatment.
The effective tobacco cessation treatment offered in the trial resulted in a greater cessation success rate

than in the general population. After six months, one-third of the respondents had quit smoking successfully [86].

The Health Care Insurance Board (CVZ), the institute that advises the government each year about the care that should be covered in the basic health care plan, advised the Dutch government in 2009 to include reimbursement of effective combined tobacco dependence treatment programmes (behavioural support with or without pharmacological support) in the basic health care plan after January 1, 2010 [87]. The then Minister of Health, Ab Klink, accepted this advice but he would only implement reimbursement in 2010 when it became financially possible [88]. This was not the case. However, finances became available in 2011 and reimbursement of the combination of behavioural and pharmacological tobacco dependence treatment was implemented.

As of January 1, 2011 smokers could receive reimbursement for pharmacological support in combination with behavioural intervention for the purposes of smoking cessation. However, the reimbursement was limited to once a year. The current Minister of Health, Welfare and Sport has decided not to reimburse pharmacological support for smoking cessation as of January 1, 2012. She considers the investment, about €20 million a year, to be too high and she regards smoking as a lifestyle choice and smoking cessation as citizens' own responsibility. Additionally, she believes there are already enough preventive measures included in the basic health care plan [89].

Coordination of tobacco cessation programmes

"Ensure that the national coordinating mechanism or focal point facilitates the strengthening or creation of a program to promote tobacco cessation and provide tobacco dependence treatment." Guidelines for implementation of Article 14

"All health care workers should be trained to record tobacco use, give brief advice, encourage a quit attempt, and refer tobacco users to specialized tobacco dependence treatment services where appropriate." Guidelines for implementation of Article 14

STIVORO coordinates the treatment of tobacco dependence by providing training to health care professionals and by hosting its own tobacco dependence treatment centre (telephone counselling). 'STIMEDIC' is an effective, stepwise protocol that health care professionals can use to advise smokers and help them to quit smoking. STIVORO, in cooperation with the Netherlands School of Public and Occupational Health (NSPOH), provides training to health care professionals, such as GPs and nurses, to work with the STIMEDIC method [90]. Further, training for workers in youth health care and for midwives is provided. Other types of training are also available, such as an e-learning course and training for providing cessation support to groups.

Cessation quitline

"All Parties should offer quitlines in which callers can receive advice from trained cessation specialists. Ideally they should be free and offer proactive support. Quitlines should be widely publicized and advertised, and adequately staffed, to ensure that tobacco users can always receive individual support. Parties are encouraged to include the quitline number on tobacco product packaging." Guidelines for implementation of Article 14

At the moment, STIVORO offers a quitline with general information and help to quit smoking (telephone coaching). The quitline's telephone number and website address are included in one of fourteen health messages on the back of tobacco packaging (see also Article 11). The Ministry of Health will subsidize the reactive quitline service (ad-hoc, one-time callers) until 2013. Callers pay EUR 0.10 per minute. Proactive counselling is paid for by health care insurance once a year, as part of the reimbursement of behavioural interventions for tobacco dependence treatment.

Recommendations

The Dutch government should reconsider its decision to end reimbursement for efficacious tobacco dependence treatment.

Clinical Guidelines have been developed and implemented in the Netherlands, but there is no clear national smoking-cessation strategy as part of an overall tobacco control policy. The Dutch government should take the initiative and lead the development and implementation of a national cessation strategy aimed at health insurance companies and health care professionals. This strategy should work with existing structures and include a long-term view on tobacco dependence treatment.

The Dutch government should take measures to make sure the public is aware of the support available for tobacco cessation. Among other measures, this should include printing the quitline number and website address with information on all tobacco packs. In addition, the Dutch government should provide resources to make the quitline free of charge.

Illicit trade

Cooperation

"Parties recognize that the elimination of all forms of illicit trade in tobacco products, and the development and implementation of related national law, are essential components of tobacco control." ARTICLE 15.1

"The Parties shall promote cooperation between national agencies, as well as relevant regional and international intergovernmental organizations as it relates to investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products. Special emphasis shall be placed on cooperation at regional and subregional levels to combat illicit trade of tobacco products." ARTICLE 15.6

"Each Party shall endeavour to adopt and implement further measures including licensing, to control or regulate the production and distribution of tobacco products in order to prevent illicit trade." ARTICLE 15.7

The Netherlands cooperates at the EU level to combat the illicit trade in tobacco products. Custom agents at the external borders of the European Union, including Dutch customs agents, are responsible for inspections to detect illegal trade, contraband and counterfeit products, including tobacco products. This is done according to EU legislation. In a Preliminary Crime Risk Assessment in May 2011, several unintended crime risks for the Illicit Trade in Tobacco Products (ITTP) were identified in the EU tobacco regulation: price differences in tobacco products, exceptions to the excise duty system, and free zones and other areas with specific tax regimes [91]. Also, the provision of measures for the control, enforcement and prevention of ITTP is lacking. However, the Netherlands is a low-risk country for the sale of counterfeit and smuggled tobacco products. Its risk of being a transit port is higher. The Netherlands is an active partner in OLAF, the EU cooperative effort against smuggling and counterfeit products.
A licensing system is under development in cooperation with OLAF.
In 2002, the European Commission and ten EU member states (including the Netherlands) filed a lawsuit against Philip Morris International (PMI) on suspicion of its participation in cigarette smuggling. To end this conflict, PMI and the European Commission, with the ten EU member states, agreed in 2004 that PMI will pay EUR 1 billion in twelve years to the EU and member states and that they will work together in fighting the illegal trade in tobacco products [92]. Later, other tobacco companies such as British American Tobacco signed contracts with the EU to cooperate in combating illegal trade [93].
Dutch customs also works together with the tobacco industry to combat the illegal trade and counterfeiting of tobacco products. On June 16, 2011 a Memorandum of Understanding was signed by Customs Netherlands and the branch organizations from the tobacco industry (SSI and VNK) [94]. Customs uses a risk-selection-system at the port of Rotterdam to select containers that are likely to contain illegal cigarettes. SSI and VNK pass on information which has contributed to the confiscation of illegal tobacco products. The aim of the Memorandum of Understanding is to improve customs' risk-selection-system with this information and in turn confiscate more tobacco products.

Tracking system

"Each Party shall adopt and implement effective measures to ensure that all unit packets and packages of tobacco products and any outside packaging are marked to assist Parties in determining the origin of tobacco products, and assist Parties in determining the points of diversion and monitor, document and control the moment of tobacco products and their legal status." ARTICLE 15.2

In 2009, excise stamps for tobacco were revamped, to make it more difficult to copy excise stamps and to make it easier to distinguish copies from official

stamps. This measure was taken to restrict the trade in counterfeit tobacco products [95]. As far as we know, these are not yet suitable for tracking tobacco products from manufacture to sale and a tracking system has not been established.

Monitoring

"With a view to eliminating illicit trade in tobacco products, each Party shall monitor and collect data on cross-border trade in tobacco products, including illicit trade, and exchange information among customs, tax and other authorities." Article 15.4(a)

The Dutch government monitors the number of tobacco products that the customs authority confiscates each year (see Figure 1), and also collects information on the origin and destination of these products [96]. In 2010, most confiscated cigarettes originated from China and the Middle East. The destination of the cigarettes was most often the United Kingdom and Ireland, and the Baltic States (see Table 3).

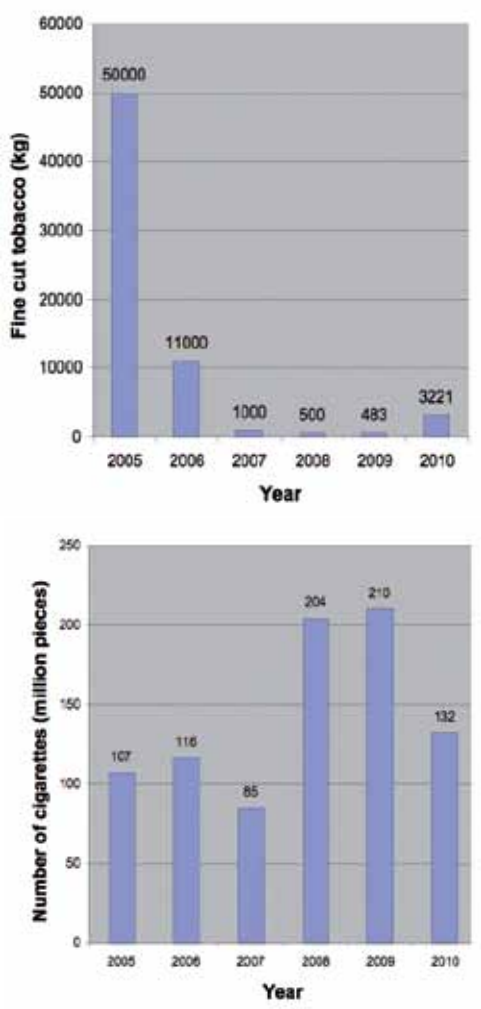
Table 3

Origin and destination of confiscated cigarettes in 2010

	Cigarettes (million pieces)	Percentage
Origin		
China	68	53%
Middle East	23	17%
Unknown	2	2%
Other	37	28%
Destination		
UK and Ireland	78	60%
Baltic States	22	17%
The Netherlands	12	9%
Other	18	14%

Figure 1

Confiscated cigarettes and fine cut tobacco in the Netherlands from 2005 to 2010 [96].



Storage and distribution

"Each Party shall adopt and implement measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties within its jurisdiction." Article 15.4(d)

Particular parts of Dutch transit ports are inspected strictly for illicit tobacco products. Inspection methods include a container scanner and dogs trained to detect tobacco products. As a transit country, it is important for the Netherlands to take measures to control the storage and distribution of tobacco products.

Sales to minors

Age limit

"Each Party shall adopt and implement measures to prohibit the sale of tobacco products to persons under the age set by domestic law, national law or eighteen. Measures may include: request that each purchaser provide appropriate evidence of having reached full legal age." ARTICLE 16.1(A)

"Parties shall adopt and implement measures, including penalties to sellers, to ensure compliance with the obligations." ARTICLE 16.6

The minimum age for buying tobacco products in the Netherlands is 16 years, as stated in the Tobacco Act (2003). Sellers are obliged to ask for an official identification document (i.e. identification card, passport) when it is not directly clear that a person is at least 16. The Food and Consumer Product Safety Authority (nVWA) is responsible for checking tobacco sales, including compliance with the age limit, by the unannounced observation of sales of tobacco products to minors at points of sale and giving feedback to the seller. In cases of violations the inspector can take action, with fines up to EUR 4500 for the seller [97]. 'Mystery shopper' tests, used for instance in Canada [98], are not used by the nVWA for checking tobacco sales in the Netherlands.

A biennial on interactions between minors (13 to 15 years of age) and sellers of tobacco products showed that only 9% of the minors tried to buy tobacco products in 2009, but when they tried, their chance of success was high (93-100%) [99]. However, 97% of the sellers of tobacco products stated that they never sell tobacco products to minors and 91% stated that they ask minors to show their ID card.

Age limit indicator

"Measures may include: requiring that all sellers of tobacco products place a clear and prominent sign inside their point of sale about the prohibition of tobacco sales to minors." ARTICLE 16.1(A)

In all places where tobacco products are sold, a clear and legible sign indicating that tobacco is not sold to persons younger than 16 must be present (Tobacco Act Article 8.3). No national sign exists, so branch organizations developed their own signs. Tobacco and convenience stores use a sign developed by the branch organization for tobacco retail (NSO) that indicates that tobacco products will only be sold after showing a valid ID [100]. Since March 2009, employees of supermarkets have been required to ask anyone who looks younger than 20 years of age for an ID, because supermarkets feel this is a better way of avoiding selling tobacco (and alcohol) to minors. This was a branch agreement by all supermarkets, communicated to the general public with a television commercial, posters, and stickers in the supermarkets [101].

Supermarket campaign for an ID check

Free samples and small packages

"Each Party shall prohibit the distribution of free tobacco products to the public and especially to minors." ARTICLE 16.2

"Each Party shall endeavour to prohibit the sale of cigarettes individually or in small packets which increase the affordability of such products to minors." ARTICLE 16.3

Providing tobacco products for free in any manner (i.e., by handing them out or sending them through the post) is covered by Article 9.1 of the Dutch Tobacco Act. Additionally, Article 9.3 states that it is prohibited to sell packages containing fewer than 19 cigarettes. No stipulation is made about other types of tobacco products. However, sales of single cigarettes do occur.

Vending machines

"Measures may include: Ensuring that tobacco vending machines are not accessible to minors and do not promote the sale of tobacco products to minors." ARTICLE 16.1(D)

The Dutch Decree on Tobacco Vending Machines states that tobacco vending machines are only allowed when they are locked and can be unlocked only by someone who is at least 16 years old. Vending machines can only be placed inside an establishment and must be placed in the line of sight of the personnel or owner of the place where the vending machine is situated [102]. Most vending machines in the Netherlands are locked with an age coin system [99]. A person has to ask for a coin in the venue where the vending machine is located. The employee has to check whether the customer wishing to buy tobacco from the vending machine is older than 16 (if this is not obvious, by asking for an ID). The age coin can be used to unlock the vending machine. This system was found to be effective when used correctly, however, fraud is easy. Minors can ask others for an age coin, and age coins are sometimes placed on the vending machine [103] or offered on the internet. Another system is the Duomaat: the vending machine can be unlocked with a remote by an employee of the venue, after checking the age of the person who wants to buy cigarettes.
In 2009, a survey of 13 to 15 year-olds revealed that 3% tried to buy cigarettes from vending machines, and according to them, they were always successful.

Ninety-six percent of the sellers surveyed said that they put a sign on the vending machines indicating the minimum age of 16 for buying tobacco. Still, 12% of the employees had difficulties with checking the age of persons buying tobacco from a vending machine [99].

Tobacco promotion through a tobacco vending machine

Recommendations

The Dutch government should keep enforcing the age minimum for buying tobacco products, and make sure enough inspections are deployed. According to sellers, compliance with the minimum age of 16 years for buying tobacco products is high, although minors report that the chance of succeeding in buying tobacco products is still high.

The Dutch government should ban tobacco vending machines. Tobacco vending machines are locked to minors, but fraud is possible. Additionally, the vending machines are a means for the tobacco industry to advertise and normalize their products.

Provision of support for economically viable alternative activities

> "Parties shall, in cooperation with each other and with competent international and regional intergovernmental organizations, promote, as appropriate, economically viable alternatives for tobacco workers, growers, and, as the case may be, individual sellers." ARTICLE 17

Although tobacco is not grown in the Netherlands, subsidies to tobacco growers have been provided at the EU level. Part of the funds for tobacco farmers was allocated to the Community Tobacco Fund (from 2% in 2002 to 5% in 2009) to finance anti-smoking campaigns and assist tobacco growers in switching to alternative crops [104]. In 2004, it was decided to phase out direct tobacco subsidies from 2006 with final elimination in 2010. In 2008, an amendment was proposed in the European Parliament for prolonging these subsidies until 2013 at the initiative of eight tobacco producing countries (the Berlato report). Although a majority of the members of the EP voted for this plan, the Parliament has no control over this measure. Dutch members voted almost unanimously against the amendment [105]. The subsidies were not prolonged, because the European Commission and a majority of EU members were advocates of phasing out tobacco subsidies [106].

Protection of the environment

> "In carrying out their obligations under this Convention, the Parties agree to have due regard to the protection of the environment and the health of persons in relation to the environment in respect to tobacco cultivation and manufacture within their respective territories." Article 18

The environmental impact of tobacco cultivation has not been given special attention by the Dutch government. The Ministry of Foreign Affairs and Foreign Aid identified tobacco as a cash crop that helps developing countries. Little or no attention was given to the effects on the environment and the health of the people involved in growing tobacco and the manufacture of tobacco products.

Another environmental effect of tobacco use is the litter created by cigarette butts. Cigarette butts in the environment are an important part of the general litter problem, in addition to chewing gum. Numbers on the percentage of cigarette butts in the total litter are varying: from 17% in one study [107] to about 58% in another [108]. This could be due to a difference in measurement methods: the latter study counted pieces while the former study is not clear about this (it might have measured volume). In the Netherlands, municipalities are responsible for taking action to reduce litter, as stated in Article 10.25 of the Environmental Management Act (Wet Milieubeheer). Some municipalities have experimented with different types of ash-trays outside public places to reduce cigarette litter [109], but the specific effects are unknown.

Liability

> "For the purpose of tobacco control, the Parties shall consider taking legislative action or promoting their existing laws, where necessary, to deal with criminal and civil liability, including compensation where appropriate." Article 19.1

Civil law suits

The only liability claims against the tobacco industry to have been considered have been brought by individual smokers who became chronically ill from tobacco use, not by the government. In 2000, preliminary hearings of witnesses began in a case involving two smokers who held Theodorus Niemeyer B.V. responsible for their health problems after smoking roll-your-own tobacco for more than 20 years. The smokers stated that the tobacco company never informed them about the harmful health effects of smoking although the tobacco company knew about these effects [110]. This preliminary procedure led in 2005 to the first lawsuit from another Dutch ex-smoker against British American Tobacco. This lawsuit was seen as an example for other, future cases. The ex-smoker smoked from 1957 to 1983, stating that in that period consumers were not warned by the tobacco industry about the negative health effects of smoking. BAT was not convicted because the judge concluded that it had been generally known since 1963 that smoking has negative health effects, so BAT had no obligation to warn the smoker of the risks of smoking [111].

Research and surveillance

"Each Party shall initiate and cooperate in the conduct of research and scientific assessments, and in so doing promote and encourage research that addresses the determinants and consequences of tobacco consumption and exposure to tobacco smoke as well as research for identification of alternative crops." ARTICLE 20.1(A)

"Each Party shall promote and strengthen training and support for all those engaged in tobacco control activities, including research, implementation and evaluation." ARTICLE 20.1(B)

SCIENTIFIC RESEARCH

Research on tobacco in the Netherlands is primarily funded by the Netherlands Organization for Health Research and Development (ZonMw), of which the Ministry of Health, Welfare and Sport is one of the main commissioning organizations. This could be regarded as indirect support, since the initiative for tobacco control-related research comes from universities and research institutes. In 2006, the Netherlands Institute for Health Promotion (NIGZ) and IVO (a scientific bureau for research, expertise, and consultancy in the areas of lifestyle, addiction, and related social developments) conducted a study to make recommendations for research and the implementation of interventions in the field of tobacco control [112]. This study was not the initiative of the Ministry of Health, but was conducted by order of the Netherlands Organization for Health Research and Development (ZonMw) to set priorities for providing subsidies to tobacco research projects.
No separate fund for scientific tobacco control research exists in the Netherlands, nor does a tobacco control research programme. Tobacco control research could be better coordinated.

Surveillance of tobacco consumption

"The Parties shall establish programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke. Parties should integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at the regional and international levels." ARTICLE 20.2

"Parties shall endeavour to establish progressively a national system for epidemiological surveillance of tobacco consumption and related health, social and economic indicators." ARTICLE 20.3(A)

"Each Party shall endeavour to cooperate with international and regional intergovernmental organizations and other bodies in regional and global tobacco surveillance and exchange of information on the indicators specified in 3a." ARTICLE 20.3(B)

In the Netherlands, several surveillance programmes exist to monitor the magnitude, patterns and determinants of tobacco use in line with Article 20.2. Two tobacco-specific surveys are the Dutch Continuous Survey of Smoking Habits (COR) and the Youth Smoking Monitor (Table 4). Data from the COR surveys are used by the government to monitor tobacco consumption and to report on an international level, for instance for comparisons within the EU and for country reports to the WHO. Both the Dutch Continuous Survey of Smoking Habits (COR) and the Youth Smoking Monitor are of exceptionally high quality compared to existing monitors in most other countries. However, it is currently unclear whether these two monitors will be continued in the future. In addition, the Continuous Living Situation Survey, by Statistics Netherlands, has some information on tobacco use (tobacco use being one of many topics) and the 'Peilstationsonderzoek' by the Trimbos Instituut contains information on tobacco consumption among schoolchildren (Table 4). Also, Municipal Health Services and home care organizations have a monitoring system to collect local public health data including data on tobacco use (Lokale en Nationale Monitor Gezondheid) [113]. These data are used for the development of regional health policies, but are also used for national monitoring reports by the National Institute for Public Health and the Environment

Table 4

Monitors of tobacco consumption in the Netherlands [114]

Name	Sample	Time period	Agency
Dutch Continuous Survey of Smoking Habits (Continu Onderzoek Rookgewoonten; COR)	Dutch citizens 15 years and older Size: 20,000 per year	1978 – present Weekly	STIVORO
Smoking Youth Monitor (Roken Jeugd Monitor; RJM)	Dutch adolescents 10-19 years old Size: 5,000	1978 – present Yearly	STIVORO
Continuous Survey Living Situation (Permanent Onderzoek Leefsituatie, POLS)	Dutch citizens 12 years and older Size: 10,000	1981 – present Yearly	CBS (Statistics Netherlands)
Peilstationsonderzoek	Dutch schoolchildren 11 years and older	Every 4 years	Trimbos Institute

(RIVM) to support the Ministry of Health in developing health policy.

Exchange of information

"Each Party shall endeavour to progressively establish and maintain an updated database of laws and regulations on tobacco control and information about their enforcement, as well as pertinent jurisprudence, and cooperate in the development of programmes for regional and global tobacco control." Article 20.4(a)

An update of Dutch laws and regulations is provided on a Ministry of Interior and Kingdom Relations website (http://wetten.overheid.nl). This website contains the Tobacco Act and accompanying decrees and regulations. Information about the enforcement of tobacco legislation is provided on the website of the Food and Consumer Product Safety Authority (nVWA). Pertinent jurisprudence is not included and can only be found by researching the rulings of the different courts involved.

"Each Party shall endeavour to cooperate with international organizations to progressively establish and maintain a global system to regularly collect and disseminate information on tobacco production, manufacture and the activities of the tobacco industry which have an impact on the Convention or national tobacco control activities." Article 20.4(c)

The RIVM hosts the EMTOC database for collection of information on tobacco ingredients within the EU. Other activities of the tobacco industry are not regularly monitored and disclosed by the government or a governmental institution.

"Parties should cooperate in regional and international intergovernmental organizations and financial and development institutions of which they are members, to promote and encourage provision of resources to the Secretariat to assist developing country Parties and Parties with economies in transition to meet their commitments on research, surveillance and exchange of information." Article 20.5

The Dutch government takes no specific actions for the provision of resources to assist developing country Parties and Parties with economies in transition for tobacco research and the surveillance of tobacco consumption.

Recommendations

Tobacco control research could be further stimulated. The Dutch government should take the initiative for a new study to set priorities for research and implementation in the field of tobacco control. Tobacco research should continue to be a priority for ZonMw and could be better coordinated.

Tobacco research should become a structural part of government financial policy and the results should be made available to other parties.

The Dutch government should assist other Parties (developing countries or those with economies in transition), with finances or other resources to perform tobacco research and monitor the use of tobacco in their country.

Reporting and exchange of information

Progress reports

"Each Party shall submit to the Conference of the Parties periodic reports on its implementation of this Convention." Article 21.1

"Each Party shall make its initial report within two years of the entry into force of the Convention for that Party." Article 21.2

In September 2008, the Dutch government submitted its two-year implementation report to the Conference of the Parties (COP). It was supposed to be submitted in April 2007, so the report was 1.5 years late (not in line with Article 21.2). Information asked for was provided, although limited and explanations were often not provided. The five-year report was submitted in time (April 2010), and included somewhat more information and explanations. To make the reporting more clear and informative for other Parties, additional information and explanations are needed. See for examples the reports of Canada, Finland and the United Kingdom (available at http://www.who.int/fctc/reporting/party_reports/en/index.html).

"Periodic reports should include information on any constraints or barriers encountered in its implementation of the Convention, and on the measures taken to overcome these barriers." Article 21.1(b)

The government reported that there was no lack of resources for implementing FCTC, and no other constraints or barriers were reported in the five-year report. However, reasons for not fully implementing the FCTC are not provided, which is not in line with article 21.

Recommendations

The Dutch government should provide more additional information or details in their next report to the WHO. Since the FCTC has not yet been fully implemented, there must be barriers to implementation. The Dutch government should mention the barriers or constraints in their next report, to make clear the reasons why FCTC has not yet been fully implemented. Also, strategies and plans to overcome these barriers should be presented.

Cooperation and financial resources

> "The Parties shall cooperate directly or through competent international bodies to strengthen their capacity to fulfil the obligations arising from this Convention, taking into account the needs of developing country Parties and Parties with economies in transition. Such cooperation shall promote the transfer of technical, scientific and legal expertise and technology to establish and strengthen national tobacco control strategies, plans and programmes." ARTICLE 22.1

The Dutch government cooperates at the EU and WHO level to develop directives and protocols for tobacco control, by transferring expertise and experiences. The Netherlands contribute with a secondment to the FCTC Secretariat until mid-2012, to assist Parties in implementing FCTC obligations.

> "The Parties recognize the important role that financial resources play in achieving the objective of this Convention." ARTICLE 26.1

The Dutch government paid all 'voluntary' assessed contributions (VAC) from 2006-2011 and has already paid for 2012-2013 (see Table 5) [115]. These contributions are compulsory for each Party to the Convention. There is no information available that indicates that the Dutch government regards the financing of tobacco control as particularly important.

Table 5

Voluntary assessed contributions as of 15 July 2011, in US dollars [115].

Years	Netherlands
2006-2007	209,668
2008-2009	212,281
2010-2011	212,315
2012-2013	215,526

> "Each Party shall provide financial support in respect of its national activities intended to achieve the objective of the Convention, in accordance with its national plans, priorities and programmes." ARTICLE 26.2

Over the past several years, the budget for tobacco control in the Netherlands has decreased, from €15 million in 2003 to about €4 million in 2009 (see table 6). In a report prepared for the European Commission there was a recommendation to increase tobacco control budgets in European countries by €1-3 per capita [116]. Instead the opposite happened, with decreased per capita tobacco control budgets, from €0.93 in 2003 to €0.25 per capita in 2009.
Currently, the Dutch government provides part of the financial resources for tobacco control activities to STIVORO, the Dutch expert centre on tobacco control. From 2012, this financing will be reduced, by 5% in 2012, 25% in 2013 and 50% in 2014; the monies will be reallocated to other organizations. The idea is to integrate tobacco with programmes for substance use. As a result, STIVORO in its current form will no longer exist in 2013. In 2012, the government will also cut the financing of tobacco education campaigns. In comparison, the financial resources for national tobacco control will be 65% lower in 2012 than in 2011. Pharmacological support to quit smoking will no longer be reimbursed as part of basic health insurance in 2012; this decreases the financial support for achieving the objectives of the FCTC even further [117].

Table 6

Tobacco control budget per capita over the years in the Netherlands [7-9]

Year	Population (x 1000)	Tobacco control budget (EUR)	Tobacco control budget per capita (EUR)
2003	16,193	15,000,000	0.93
2004	16,258	8,500,000	0.52
2006	16,334	8,800,000	0.54
2009	16,485	4,050,000	0.25

Recommendations

The government budget for national tobacco control decreased in the last eight years. The Dutch government should increase the tobacco control budget to € 1 to € 3 per capita per year. An option for raising financial resources for tobacco control could be the earmarking of tobacco tax revenues.

As a high-income country, the Dutch government should support other countries with extra resources for tobacco control.

REFERENCES

1. ITC Project (2011). ITC Netherlands Survey. Report on smokers' awareness of the health risks of smoking and exposure to second-hand smoke. Ontario: University of Waterloo, Canada..
2. Arnott D, Berletti, F., Britton, J., Cardone, A., Clancy, L., Craig, L., Fong, G.T., Glantz, S.A., Joossens, L., Rudolphie, M.T., Rutgers, M.R., Smith, S.C., Stam, H., West, R., Willemsen, M.C. (2011). Can the Dutch government really be abandoning smokers to their fate? The Lancet Advanced Access, published 9 December 2011.
3. Gonzalez M, Glantz, S.A. (2011). Failure of policy regarding smoke-free bars in the Netherlands. European Journal of Public Health. Advanced Access published December 5, 2011.
4. Zeegers T, Zantinge EM. (2011). Neemt het aantal mensen dat rookt toe of af? Volksgezondheid Toekomst Verkenning Nationaal Kompas Volksgezondheid Bilthoven: RIVM.
5. Van Gelder BM, Poos MJJC, Zantinge EM. (2011). Wat zijn de mogelijke gezondheidsgevolgen van roken? Bilthoven: RIVM.
6. Gezondheidsraad (2003). Volksgezondheidsschade door passief roken [The impact of passive smoking on public health]. Den Haag: Gezondheidsraad.
7. Joossens L, Raw M. (2007). Progress in Tobacco Control in 30 European Countries, 2005 to 2007. Brussels: ECL.
8. Joossens L, Raw M. (2011). The Tobacco Control Scale 2010 in Europe. Brussels: ECL.
9. Joossens L, Raw, M. (2004). Effective tobacco control policies in 28 European countries. Brussels: ECL.
10. Martínez-Sánchez JM, Fernández E, Fu M, Gallus S, Martínez C, Sureda X, et al. (2010). Smoking behaviour, involuntary smoking, attitudes towards smoke-free legislations, and tobacco control activities in the European Union. PLoS ONE, 2010;5(11):e13881.
11. World Health Organization (2003). WHO Framework Convention of Tobacco Control. Geneva: WHO.
12. Tweede Kamer. 22 112, nr. 249. Vergaderjaar 2002-2003; Available from: https://zoek.officielebekendmakingen.nl/kst-22112-249.html.
13. Tweede Kamer. 29 927, nr. 3. Vergaderjaar 2004-2005; Available from: https://zoek.officielebekendmakingen.nl/kst-29927-3.html.
14. WHO. Parties' reports: The Netherlands. Available from: http://www.who.int/fctc/reporting/party_reports/nld/en/index.html.
15. Framework Convention Alliance (2011). About us. [cited 2011 September 26]; Available from: http://www.fctc.org/index.php?option=com_content&view=article&id=2&Itemid=9.
16. Bitton A, Raw M, Richards A, McNeill A, Rigotti NA. (2010). A comparison of four international surveys of tobacco dependence treatment provision: implications for monitoring the Framework Convention on Tobacco Control. Addiction, 2010;105:2184-91.
17. Ministerie van Volksgezondheid Welzijn en Sport, Astma Fonds, Nederlandse Hartstichting & KWF Kankerbestrijding. Nationaal Programma Tabaksontmoediging 2006-2010 [National Programme on Tobacco Control 2006-2010] The Hague: Ministerie van VWS, 2006.
18. Nederlandse overhead (2007). Besluit vaststelling selectielijst neerslag handelingen beleidsterrein Verslavingsbeleid 1945- (Minister van Justitie) [Decree determination selection list of proceedings regarding addiction policy 1945- (Ministry of Justice)]. Available from: http://wetten.overheid.nl/BWBR0021313/geldigheidsdatum_18-10-2011.
19. Tweede Kamer. 32 793, nr. 2 Landelijke nota gezondheidsbeleid 'Gezondheid dichtbij' [National bill health policy 'Health nearby']. Vergaderjaar 2010-2011. Available from: https://zoek.officielebekendmakingen.nl/kst-32793-2.html.
20. Ministerie van Volksgezondheid Welzijn en Sport (2010). Netherlands Five Year Implementation Report. Available from: http://www.who.int/fctc/reporting/party_reports/nld/en/index.html.

21. Staten Generaal. 29 927, A and nr.1. Vergaderjaar 2004-2005. p. 4.

22. Tweede Kamer. 22 894, nr. 83. Vergaderjaar 2005-2006; Available from: https://zoek.officielebekendmakingen.nl/kst-22894-83.html.

23. Tweede Kamer. 31 200 XVI, nr. 8. Vergaderjaar 2007-2008; Available from: https://zoek.officielebekendmakingen.nl/kst-31200-XVI-8.html.

24. VARA (2011). Minister van Tabak [Minister of Tobacco]. 21 October 2011. Available from: http://zembla.vara.nl/Afleveringen.1973.0.html?&tx_ttnews%5Btt_news%5D=50853&cHash=8f1d07a34056943313d2611521f32901.

25. Schippers E (2011). Antwoorden op Kamervragen over falende rookpreventie en de banden van de minister met de tabaksindustrie. Available from: http://www.rijksoverheid.nl/documenten-en-publicaties/kamerstukken/2011/12/01/antwoorden-op-kamervragen-over-falende-rookpreventie-en-de-banden-van-de-minister-met-de-tabaksindustrie.html.

26. Corporate Accountability International (2011). 5.3 Victories. Available from: http://www.stopcorporateabuse.org/53-victories.

27. HM Government (2011). Healthy Lives, Healthy People: A Tobacco Control Plan for England, 2011, Available from: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124960.pdf.

28. Australian Department of Health and Aging (2011). Public notification of meetings between the Australian Government Department of Health and Ageing and the tobacco industry. Available from: http://www.health.gov.au/internet/main/publishing.nsf/Content/tobacco-conv-public.

29. Baltesen F, Rosenberg, E. (2009). Een rokende Gideonsbende. NRC Weekblad, June 20-26 2009, p 19-22.

30. NRC (2010). Hillen verzweeg advieswerk. 2010 [updated November 22nd]; Available from: http://vorige.nrc.nl/binnenland/article2643635.ece/Hillen_verzweeg_advieswerk.

31. Parlement & Politiek (2011). Mr. Drs. L.C. (Elco) Brinkman. [cited 2011 August, 11th]; Available from: http://www.parlement.com/.

32. The Confederation of European Community Cigarete Manufacturers Limited (1991). Minutes of Board Meeting held on 12 July 1991. Available from: http://legacy.library.ucsf.edu/tid/boh30a99/pdf.

33. Tweede Kamer. 32 504, nr. 6. Vergaderjaar 2010-2011; Available from: https://zoek.officielebekendmakingen.nl/kst-32504-6.html.

34. Council of the European Union (201). Council Directive 2010/12/EU. Available from: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2010:050:0001:0007:EN:PDF.

35. European Commission: Taxation and Customs Union (2011). Excise duty tables. Part III Manufactured tobacco. July 2011. Available from: http://ec.europa.eu/taxation_customs/resources/documents/taxation/excise_duties/tobacco_products/rates/excise_duties-part_iii_tobacco_en.pdf.

36. World Health Organization (2010). WHO technical manual on tobacco tax administration. Geneva, Schwitzerland.

37. ITC Project (2010). ITC Netherlands National Report. Ontario, The Hague: University of Waterloo, Ontario, Canada; STIVORO, The Hague, the Netherlands.

38. Chaloupka FJ, Hu TW, Warner KE, Jacobs R, Yurekli A, (Eds) (2000). The taxation of tobacco products. Oxford: Oxford University Press.

39. Tweede Kamer. 32 504, nr. 32. Vergaderjaar 2010-2011; Available from: https://zoek.officielebekendmakingen.nl/kst-32504-32.html.

40. Nederlandse overhead (199). Besluit beperking verkoop en gebruik tabaksprodukten [Decree restriction sale and consumption of tobacco products]. Available from: http://wetten.overheid.nl/BWBR0004685/geldigheidsdatum_13-06-2011.

REFERENCES

41. Nederlandse overhead. (2008). Besluit uitvoering rookvrije werkplek, horeca en andere ruimten [Decree implementation smoke free workplaces, hospitality industry and other areas]. Available from: http://wetten.overheid.nl/BWBR0023770/geldigheidsdatum_12-07-2011.

42. Staatsblad van het Koninkrijk der Nederlanden (2011). Besluit van 14 juni 2011, houdende wijziging van het Besluit uitvoering rookvrije werkplek, horeca en andere ruimten [Decree of 14 June 2011, amending the Decree implementing smoke free workplaces, hospitality industry and other areas].

43. Tweede Kamer. 22 894, nr. 289. Vergaderjaar 2010-2011. Available from: https://zoek.officielebekendmakingen.nl/kst-22894-289.html.

44. Nieuwe Voedsel en Waren Autoriteit (nVWA), INTRAVAL. Factsheet Inventarisatie rookvrije horeca voorjaar 2011.

45. Tweede Kamer. 32 011, nr. 4. Vergaderjaar 2009-2010. Available from: https://zoek.officielebekendmakingen.nl/kst-32011-4.html.

46. Rijksinstituut voor Volksgezondheid en Milieu (RIVM) (2010). Zwerfrook en Alternatieven voor Rookruimten [Environmental tobacco smoke and alternatives for smoking rooms]. Bilthoven: RIVM.

47. Van Schieveen S, Van Waveren A, Van Diepen M. (2009). Economische effecten van het rookverbod in de horeca. Evaluatie van het eerste jaar 1 juli 2008 - 1 juli 2009. Amsterdam: TNS NIPO.

48. Council of the European Union (2009). Council recommendation of 30 November 2009 on smoke-free environments. 2009/C 296/02. Available from: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2009:296:0004:0014:EN:PDF.

49. Ministerie van Volksgezondheid Welzijn en Sport. Bekendmaking van de Minister van Volksgezondheid, Welzijn en Sport van 11 juli 2011, nr. VGP/GL 3072614 inzake de handleiding invoering rookvrije horeca, sport en kunst/cultuur Staatscourant2011(13098).

50. Tweede Kamer. Aanhangsel 1137. Vergaderjaar 2010-2011. Available from: https://zoek.officielebekendmakingen.nl/ah-tk-20102011-1137.html.

51. Voedsel en Waren Autoriteit (VWA) (2008). Inspectieresultaten Rookvrije Horeca; juli t/m september 2008.

52. Ministerie van Algemene Zaken (2009). Jaarevaluatie Postbus-51 campagnes 2008.

53. Nagelhout GE, Mons U, Allwright S, Guignard R, Beck F, Fong GT, et al. (2011). Prevalence and predictors of smoking in "smoke-free" bars. Findings from the International Tobacco Control (ITC) Europe Surveys. Social Science & Medicine, 72(10):1643-51.

54. World Health Organization (WHO) (2010). FCTC/COP/4/DIV/6: Decisions. Punta del Este, Uruguay. Available from: http://www.who.int/fctc/copdecisions.pdf.

55. Tweede Kamer. 32 011, nr. 15. Vergaderjaar 2010-2011; Available from: https://zoek.officielebekendmakingen.nl/kst-32011-15.html.

56. Tweede Kamer. Aanhangsel 3357. Vergaderjaar 2010-2011; Available from: https://zoek.officielebekendmakingen.nl/ah-tk-20102011-3357.html.

57. Tweede Kamer. 22 894, nr. 153. Vergaderjaar 2007-2008; Available from: https://zoek.officielebekendmakingen.nl/kst-22894-153.html.

58. Rijksinstituut voor Volksgezondheid en Milieu (RIVM) (2009). Wat rookt de Nederlandse jeugd en waarom? [What do Dutch adolescents smoke and why?]. Bilthoven: RIVM.

59. Tweede Kamer. 32 011, nr. 7. Vergaderjaar 2009-2010; Available from: https://zoek.officielebekendmakingen.nl/kst-32011-7.html.

60. Tweede Kamer. Aanhangsel 3356. Vergaderjaar 2010-2011; Available from: https://zoek.officielebekendmakingen.nl/ah-tk-20102011-3356.html.

61. Ministerie van Volksgezondheid Welzijn en Sport (2004). Besluit criteria laboratoria Tabakswet [Decree criteria laboratories Tobacco Act]. The Hague: Ministerie van VWS. Available from: http://wetten.overheid.nl/BWBR0016745/geldigheidsdatum_15-06-2011.

62. Ministerie van Volksgezondheid Welzijn en Sport (2002). Regeling methoden van onderzoek ten aanzien van teer-, nicotine- en koolmonoxidegehaltes in sigaretten en shag [Regulation methods of investigation in respect of tar, nicotine, and carbon monoxide levels in cigarettes and rolling tobacco]. The Hague: Ministerie van VWS. Available from: http://wetten.overheid.nl/BWBR0013626/geldigheidsdatum_17-08-2011.

63. Ministerie van Volksgezondheid Welzijn en Sport. Regeling aanmelding en publicatie tabaksingrediënten 2007 [Regulation of registration and publication of tobacco ingredients 2007]. StaatscourantSeptember 7th, 2007;nr. 173:14.

64. European Commission (2007). Reporting on tobacco product ingredients. Practical Guide. Available from: http://ec.europa.eu/health/ph_determinants/life_style/Tobacco/Documents/practical_guidance_en.pdf.

65. Rijksinstituut voor Volksgezondheid en Milieu (RIVM) (2010). EMTOC. [cited 2011 June 20th]; Available from: http://www.rivm.nl/tabakinfo/emtoc/#tcm:37-66574.

66. Staatsblad van het Koninkrijk der Nederlanden. Besluit van 21 januari 2002, tot wijziging van het Besluit teergehalte sigaretten en van het Aanduidingenbesluit tabaksprodukten [Decree of January 21, 2002, amending the Decree of tar levels in cigarettes and the Labelling decree for tobacco products] 2002.

67. Council of the European Union (2001). Directive 2001/37/EC. Available from: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2001:194:0026:0034:EN:PDF.

68. Petitjean S. (2011). Revision of tobacco products directive not likely before 2012. Available from: http://www.europolitics.info/social/revision-of-tobacco-products-directive-not-likely-before-2012-art309848-26.html.

69. Ministerie van Volksgezondheid Welzijn en Sport (2007). Nationaal Programma Tabaksontmoediging. Actieplan 2006. Voortgangrapportage. [National Programme on Tobacco Control. Action plan 2006. Progress report]. The Hague: Ministerie van VWS.

70. Tweede Kamer. 22 894, nr. 86. Vergaderjaar 2005-2006; Available from: https://zoek.officielebekendmakingen.nl/kst-22894-86.html.

71. Van der Kemp S. (2007). Kleurenfoto's op tabaksverpakkingen. Ervaringen in andere landen. Eindrapport [Colour pictures on tobacco packaging. Experiences in other countries. Final report]. Research voor Beleid. Available from: https://zoek.officielebekendmakingen.nl/kst-29894-15-b1.html.

72. Tweede Kamer. 22 894, nr. 167. Vergaderjaar 2007-2008; Available from: https://zoek.officielebekendmakingen.nl/kst-22894-167.html.

73. Nederland tegen verbod op sigarettenlogo's. EenVandaag2011.

74. British American Tobacco Australia (2011). World says no to plain packs while we risk billions. [cited 2011 October 14th]; Available from: http://plainpack.com/doris/media/plainpack/PDF/BATAMediaRelease110602.pdf.

75. Van der Bles W. (2011). Minister: ik wil niet betuttelen, maar verleiden [Minister: I do not want to nanny but to tempt]. [2011, updated May 25th]; Available from: http://www.trouw.nl/tr/nl/4500/Politiek/article/detail/2437334/2011/05/25/Minister-Ik-wil-niet-betuttelen-maar-verleiden.dhtml

76. Tweede Kamer. Aanhangsel 2798. Vergaderjaar 2010-2011; Available from: https://zoek.officielebekendmakingen.nl/ah-tk-20102011-2798.html.

77. STIVORO (2011). De gezonde gemeente en roken [The healthy municipality and smoking]. Available from: http://www.stivoro.nl/Voor_professionals/Setting/Gemeente/index.aspx.

78. Hoofdbedrijfschap Detailhandel. Tabaks- en gemakszaken [Tobacco and convenience stores] (2011) [updated July 4, 2011]. Available from: http://www.hbd.nl/pages/1430/Branches/Tabaks-en-gemakszaken.html.

79. Regeling tabaksreclame in of aan tabaksspeciaalzaken en tabaksverkooppunten [Regulation tobacco advertising at tobacco selling points], Staatscourant 10 mei 2007, nr. 90

80. Müller J, Rosenberg E. (2009). Britse tabaksfirma beloont jeugd met rookwaar [British tobacco company rewards youth with tobacco products]. NRC Handelsblad. 2009 November 7th.

REFERENCES

81. Stichting Nederland Schoon. Stichting Nederland Schoon, Japan Tobacco International en gemeente Zandvoort gaan de strijd aan tegen peuken op het strand! [Keep Holland Tody Society, Japan Tobacco International and municipality of Zandvoort are fighting against butts on the beach]. 2011 [updated July 15th]. Available from: http://pers.nederlandschoon.nl/stichting-nederland-schoon-japan-tobacco-international-en-gemeente-zandvoort-gaan-de-strijd-aan-tegen-peuken-op-het-strand-.

82. CBO (2004). Richtlijn Behandeling van tabaksverslaving [Clinical guideline treatment of tobacco dependence]. Utrecht: CBO.

83. CBO (2009). Richtlijn Behandeling van Tabaksverslaving herziening 2009. Utrecht: CBO.

84. Chavannes NH KJ, Frijling BD, Van der Laan JR, Jansen PWM, Guerrouj S, Drenthen AJM, Bax W, Wind LA. (2007). NHG-Standaard Stoppen met roken. Huisarts en Wetenschap, 2007;50:306-14.

85. College voor zorgverzekeringen (CVZ) (2008). Begeleiding bij stoppen met roken: verzekerde zorg? [Support in smoking cessation: insured care?].

86. Regioplan (2009). Proefimplementatie 'stoppen met roken'. Resultaten begeleidend onderzoek. [Trial implementation 'smoking cessation'. Results accompanying research]. Amsterdam: Regioplan.

87. College voor zorgverzekeringen (CVZ) (2009). Stoppen-met-rokenprogramma: te verzekeren zorg! [Smoking cessation treatment: insured care!].

88. Tweede Kamer. 29 689, nr. 265. Vergaderjaar 2008-2009; Available from: https://zoek.officielebekendmakingen.nl/kst-29689-265.html.

89. Tweede Kamer. 29 689, nr. 326. Vergaderjaar 2010-2011; Available from: https://zoek.officielebekendmakingen.nl/kst-29689-326.html.

90. STIVORO (2011). MIS is nu STIMEDIC® stoppen met roken [MIS is currently STIMEDIC® smoking cessation]. Available from: http://www.stivoro.nl/Voor_professionals/Setting/Zorg/STIMEDIC/Default.aspx.

91. Transcrime (2011). Preliminary Crime Risk Assessment of EU Tobacco Regulation. Milan.

92. Dirks B. (2004). Philip Morris schikt voor miljard. Volkskrant. 2004 July 10.

93. British American Tobacco. British American Tobacco tekent samenwerkingsovereenkomst met Europese Unie om illegale tabakshandel aan te pakken. 2010; Available from: http://www.batnl.nl/group/sites/bat_7uul7g.nsf/vwPagesWebLive/DO7UZCQ5/$FILE/medMD87DCXT.pdf?openelement.

94. Rijksoverheid (2011). Afspraken aanpak smokkel en illegale handel in tabaksproducten [Agreement for action on smuggle and illegal trade in tobacco products]. Available from: http://www.rijksoverheid.nl/nieuws/2011/06/16/afspraken-aanpak-smokkel-en-illegale-handel-in-tabaksproducten.html

95. Tweede Kamer. 31 965 IXB, nr. 2. Vergaderjaar 2008-2009; Available from: https://zoek.officielebekendmakingen.nl/kst-31965-IXB-2.html.

96. Rijksoverheid. Sigarettenvangsten in Nederland tot 2011 [Confiscated cigarettes in the Netherlands untill 2011]. 2011; Available from: http://www.rijksoverheid.nl/documenten-en-publicaties/verslagen/2011/06/16/sigaretten-vangsten-in-nederland-tot-2011.html.

97. Nieuwe Voedsel en Waren Autoriteit (nVWA) (2011). Rookbeleid: leeftijdsgrens. [Tobacco policy: age limit.]. Available from: http://www.vwa.nl/onderwerpen/werkwijze-alc-tabak/dossier/rookbeleid/leeftijdsgrens.

98. Health Canada (2010). Evaluation of retailer's behaviour towards certain youth access-to-tobacco restrictions. Final report findings: 2009. Available from: http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/eval/2009_result-eng.php.

99. Bieleman B, Kruize A, Zimmerman C. (2010). Monitor tabaksverstrekking jongeren 2009. Naleving leeftijdsgrens 16 jaar: tweejaarlijkse metingen 1999-2009. [Monitoring tobacco supply youth 2009. Enforcement of age limit 16 years: biennial measurements 1999-2009]. Groningen-Rotterdam: INTRAVAL.

100. NSO (2011). Tabakswet [Tobacco Act]. Available from: http://www.tabaksdetailhandel.nl/TABAK/fs3_site.nsf/htmlViewDocuments/C9D5881733E64E09C1257317003FCC7C.

101. Centraal Bureau Levensmiddelenhandel (CBL) (2011). Nog geen 20 jaar? Laat je legitimatie zien! [Not yet 20? Show your ID!]. Available from: www.noggeen20.nl.

102. Nederlandse overheid (2004). Besluit tabaksautomaten [Decree tobacco vending machines]. Available from: http://wetten.overheid.nl/BWBR0016331/geldigheidsdatum_22-07-2011.

103. De Gelderlander (2011). Agecoin zinloos in veel horecagelegenheden [Age coin useless in many hospitality facilities].2011 June 11th

104. European Commision (2009). Agricultural markets: Raw tobacco. [cited 2011 September 26]; Available from: http://ec.europa.eu/agriculture/markets/tobacco/index_en.htm.

105. VoteWatch. Community Tobacco Fund. [cited 2011]; Available from: http://www.votewatch.eu/cx_vote_details.php?id_act=4212&lang=en.

106. Nu.nl (2008). Europarlement wil verlenging tabakssubsidies [European Parliament wants prolongation tobacco subsidies]. Available from: http://www.nu.nl/economie/1575398/europarlement-wil-verlenging-tabakssubsidies.html.

107. NL Milieu en Leefomgeving (2010). Nederland steeds schoner [The Netherlands ever cleaner]. Available from: http://www.perspagina.nl/manager/uploads/80/c088%20-%20nederland%20steeds%20schoner.pdf.

108. SenterNovem (2009). Nederland is schoner dan u denkt [The Netherlands is cleaner than you think]. Available from: http://www.perspagina.nl/manager/uploads/80/c087%20-%20nederland%20is%20schoner%20dan%20u%20denkt.pdf.

109. Ministerie van VROM, Vereniging van Nederlandse Gemeenten, VNO-NCW, SenterNovem, Stichting Nederland Schoon. (2009). Voortgangsrapportage Impulsprogramma Zwerfafval 2007-2009 [Progress report Impulse Program Litter 2007-2009].

110. Trouw (2000). Niemeyer naar rechtbank. [updated April 26, 2000]; Available from: http://www.trouw.nl/tr/nl/5009/Archief/archief/article/detail/2530180/2000/04/26/Niemeyer-naar-rechtbank.dhtml.

111. Rechtbank Amsterdam (2008). LJN:BG7225, Rechtbank Amsterdam, 318074 / HA ZA 05-1691. 2008; Available from: http://www.rechtspraak.nl/ljn.asp?ljn=BG7225.

112. Bouwens J, Kleinjan M, Peters L, Van den Eijnden R. (2007). Aanbevelingen onderzoek en implementatie op het terrein van de aanpak van roken - Adviesdocument. . Woerden / Rotterdam: NIGZ / IVO.

113. Rijksinstituut voor Volksgezondheid en Milieu (RIVM) (2011). Lokale en Nationale Monitor Gezondheid [Local and National Health Monitor]. [cited 2011 September 15]; Available from: https://www.monitorgezondheid.nl/.

114. Harbers MM. (2011). Achtergrondinformatie bij de gegevensbronnen. Volksgezondheid Toekomst Verkenning, Nationaal Kompas Volksgezondheid. Bilthoven: RIVM.

115. FCTC Secretariat (2011). WHO Framework Convention on Tobacco Control. Status of payments of voluntary assessed contributions (VAC) as of 15 July 2011. Available from: http://www.who.int/fctc/cop/VAC_15_July_2011_rev.pdf.

116. ASPECT Consortium (2004). Tobacco or health in the European Union. Past, present and future. Luxembourg.

117. STIVORO (2011). VWS stopt financiering STIVORO [Ministry of Health, Welfare and Sports stops financing STIVORO]. Available from: http://www.stivoro.nl/Over_STIVORO/Nieuws___persberichten/Persberichten/index.aspx