



Strategy for a tobacco-free Germany 2040

Goal: By 2040, less than five per cent of adults and less than two per cent of adolescents in Germany use tobacco products, e-cigarettes or other related products, especially if these contain nicotine, as it is addictive

dkfz.

GERMAN CANCER RESEARCH CENTER IN THE HELMHOLTZ ASSOCIATION

Research for a Life without Cancer

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Strategy for a tobacco-free Germany 2040

Goal: By 2040, less than five per cent of adults and less than two per cent of adolescents in Germany use tobacco products, e-cigarettes or other related products, especially if these contain nicotine, as it is addictive

Our goal: a tobacco-free Germany 2040.....	1
A tobacco-free Germany saves lives	2
Ten measures for a tobacco-free Germany 2040.....	6
Plans of other countries.....	28
Literatur	29

Our goal: a tobacco-free Germany 2040

In Germany, about 127,000 people die each year from the health effects of smoking²¹ – this corresponds to one death every four minutes. At the same time, Germany has no strategy for sustainable tobacco control and ranks last in Europe when it comes to implementing measures to reduce tobacco consumption. We want this to change.

Our goal is a society in which no one suffers or dies from the health effects of tobacco use or nicotine addiction. Therefore, we want Germany to be tobacco-free by 2040, meaning, less than five per cent of adults and less than two per cent of adolescents in Germany use tobacco products, e-cigarettes or other related products.

Achieving a society that is free from tobacco use and nicotine addiction requires commitment from political decision-makers and protection of public health interests from the influence of manufacturers of tobacco and of related products. By signing and ratifying the Framework Convention on Tobacco Control (FCTC) in 2004, Germany committed to implementing the defined measures. In past years, this implementation has progressed very slowly. Therefore, we call for legislators and the government to adopt a tobacco control strategy with a binding timeline and to implement the following ten measures for a tobacco-free Germany 2040:

- 1 Significantly increase tobacco taxes every year
- 2 Support smokers in quitting and ensure cost coverage of tobacco-dependence treatment
- 3 Completely ban advertising of tobacco and related products and introduce plain packaging
- 4 Significantly reduce the availability of tobacco and related products
- 5 Effectively protect from second-hand smoke and ensure tobacco-free living environments
- 6 Consistently implement children's rights with regard to tobacco and improve the protection of minors
- 7 Conduct regular campaigns to raise awareness of the risks of tobacco use, motivate people to quit and make living tobacco-free the norm
- 8 Support both tobacco control initiatives and alternatives to tobacco cultivation within the framework of development cooperation
- 9 Effectively protect political decisions from the influence of manufacturers of tobacco and of related products and their associations
- 10 Regularly review, adapt, and further develop the measures

A tobacco-free Germany saves lives

Tobacco causes disease and death, increases social inequalities, costs the German society 97 billion euros annually, and hinders sustainable development.²¹ Regarding tobacco control, Germany is at the bottom of the European ranking.⁴⁴ Therefore, we need a strategy to successfully reach the goal of a tobacco-free Germany by 2040, meaning, less than five per cent of adults and less than two per cent of adolescents use tobacco products, e-cigarettes or related products.

Our goal is that no one in our society suffers or dies from the health effects of tobacco use or nicotine addiction. Since heated tobacco products and e-cigarettes are also associated with health risks, they must be regulated based on the precautionary principle.

Germany ranks last in tobacco control in Europe.

Some countries in Europe, most notably the United Kingdom, Denmark, Sweden, Ireland, the Netherlands and Estonia, not only have significantly lowered smoking rates, but have also reduced the proportion of smokers in the last 15 years much more than Germany has.^{29,30}

In terms of tobacco control measures, Germany ranks last in a comparison with 36 European countries:⁴⁴ No other European country is doing less to reduce tobacco consumption and to implement the FCTC.



For those reasons, Germany is in great need for action in tobacco control – especially considering it is one of ten countries in the world with the largest number of smokers.^{33,44}

Smoking is addictive and harmful to health.

Smoking harms nearly every organ of the body.⁷⁷ It is the biggest preventable risk factor for chronic non-communicable diseases. Smoking causes at least twelve different types of cancer and is the most significant cause of chronic obstructive pulmonary disease. Compared to non-smokers, smokers also have a significantly increased risk of cardiovascular disease and stroke.⁷⁷



Water pipe use is also harmful to health. The amount of smoke and pollutants inhaled per puff is significantly higher than that of cigarette smoking. In addition, due to the high carbon monoxide content of water pipe smoke, there is an acute risk of poisoning.^{43,64}

Moreover, smoking while pregnant increases the risk of pregnancy complications and low birth weight and can affect a child's development into adulthood.^{21,77}

Tobacco and related products are physically and psychologically addictive because of the nicotine they contain. The addiction is so strong that many smokers continue smoking even though they already suffer from tobacco-attributable diseases.²

Even second-hand smoke causes serious diseases. It increases the risk of lung cancer, coronary heart disease, and stroke by 20 to 30 per cent.^{77,79}

In Germany, 127,000 people die each year from the health effects of smoking²¹ – this corresponds to one death every four minutes.

Children are particularly at risk from second-hand smoke.

Children have a higher respiratory rate and an immature and, therefore, less efficient system for detoxification than adults. Consequently, they are especially vulnerable to second-hand smoke.⁹ Infants exposed to tobacco smoke have an increased risk of dying from sudden infant death syndrome. Infants whose parents smoke at home are more likely to suffer from asthma, middle ear infections, and respiratory infections.²¹



Even second-hand smoke exposure of the mother during pregnancy is harmful to the unborn child.^{21,77}

Heated tobacco products and e-cigarettes are also harmful to health.

Heated tobacco products expose the body to toxic substances, including carcinogens, such as tobacco-specific nitrosamines or formaldehyde. The level of exposure to some toxicants is higher than in tobacco smoke, however, many toxicants are present in lower amounts. It is unclear to what extent the reduced exposure to toxic substances translates into a reduced health risk.^{21,93} The Conference of the Parties to the FCTC considers heated tobacco products to be tobacco products, so all measures of the Convention apply to heated tobacco products.¹²

The aerosol from e-cigarettes also contains toxicants such as formaldehyde and acrolein. Animal and cell experiments, as well as an increasing number of case studies, indicate that e-cigarette use is associated with health risks, especially for the respiratory tract and the cardiovascular system. It is likely that the health risks for e-cigarettes are lower than for tobacco because of the reduced exposure to toxicants. However, the long-term health effects of e-cigarettes are not yet known because the products have only been on the market for a short period of time.^{21,94}

Moreover, it can be assumed that e-cigarettes, and especially heated tobacco products, have a similar addiction potential as cigarettes.^{22,58}

More than 16 million people smoke in Germany, including 378,000 adolescents.

In Germany, nearly one in five women smoke and one in four men smoke.²¹

In addition, about 7.2 per cent of adolescents aged 11 to 17 smoke. The smoking prevalence among adolescents significantly increases with age, thus, about 20 per cent of 17-year-olds are smokers.²¹

Extrapolated to the population, more than 16 million people smoke in Germany, including 378,000 adolescents.^{21,69}

Among adolescents and young adults, water pipe tobacco smoking is also widespread. More than two-thirds of current water pipe smokers started between the ages of 14 and 25. Among young adults aged 18 to 25, almost two-thirds have ever used water pipe.²¹



Young people also show high interest in e-cigarette use; almost 15 per cent of young people have ever used an e-cigarette and four per cent have done so within the past 30 days – this puts young people at risk of becoming addicted.²¹ Since they are new on the market, heated tobacco products are currently still a marginal phenomenon with a share of current users of less than one per cent of the population.²¹ In view of the massive advertising, it can be assumed that this share will increase.

The average age of initiation into smoking for 15 to 24-year-olds is around 16. This is harmful for the entire life: The younger a person is when they start smoking, the greater their risk of becoming addicted.²¹

Socio-economically disadvantaged children and adults are more likely to smoke and more likely to be exposed to second-hand smoke.

Men and women of low socio-economic status – as measured by educational attainment, occupational status, and income – are more likely to smoke, smoke more heavily and be exposed to second-hand smoke than those of high socio-economic status.^{21,49,99}



The differences are particularly striking regarding educational attainment. Among people without a school-leaving certificate,

the proportion of smokers is more than twice as high compared to people with university-entrance qualification: For those without a school-leaving certificate, 58.3 per cent of men and 47.8 per cent of women smoke, compared to only 24 per cent of men and 18.7 per cent of women with university-entrance qualification.²¹

Among children and adolescents, there are similarly large socio-economic inequalities in smoking behaviour.^{21,47,98} The UN Committee on the Rights of the Child, which monitors compliance with the UN Convention on the Rights of the Child in the States parties, has also become aware of the problem and is demanding information from the German government on what counter-strategies it is taking.⁷³

Even though the exposure of children and adolescents to second-hand smoke at home has decreased significantly in recent years, still too many children are exposed to tobacco smoke – especially children from socio-economically disadvantaged households. For example, in homes with a high socio-economic status, less than one in fifty children is exposed to second-hand smoke, whereas in homes with a low socio-economic status, one in five children is exposed.⁴⁸

These inequalities also mean that, in Germany, socio-economically disadvantaged people are more likely to suffer from the health consequences of tobacco use and are more likely to die from them.

Smoking costs society 97 billion euros annually.

Due to the high burden of disease and death caused by smoking, tobacco use imposes costs of 97 billion euros per year to the public health system and the national economy.²⁷ Simultaneously, the tobacco industry makes very large profits. More than 30 billion euros of these tobacco-attributable costs are incurred in the treatment, care and rehabilitation of smokers and people who suffer from diseases caused by second-hand smoke. Society loses almost 67 billion euros because smokers die earlier or are unable to work for long periods of time.²⁷



The tobacco industry influences political decisions and thereby harms the public.

The tobacco industry is the only industry allowed to market a product that, when used as intended, kills half of those who consume it.^{25,59}

In Germany and worldwide, the tobacco industry tries to prevent governments from implementing effective measures to regulate tobacco and novel products, motivate smokers to quit, prevent young people from taking up smoking, and protect non-smokers from the hazards of second-hand smoke (which would save millions of lives).^{24,32,36,83,84}



For decades, the tobacco industry covertly funded studies that attempt to show that there was no proven link between smoking and lung cancer, that nicotine was not addictive, and that second-hand smoke was harmless.^{5,39,84}

Currently, it is trying to cover up existing conflicts of interest, partly in connection with studies on novel products.⁵¹ It repeatedly claims that measures such as tobacco tax increases or advertising bans are ineffective or in violation of the constitution.^{24,32,83,84,92}

Everyone has a right to health.

The production, marketing and use of tobacco violate numerous human rights, particularly the rights to health and life, which are enshrined in the German constitution.^{37,38,92} In addition, Germany has ratified human rights treaties such as the Convention on the Rights of the Child or the International Covenant on Economic, Social and Cultural Rights, which contain these and other fundamental rights relevant to tobacco control.^{37,74,76,92}



Deriving from this, the state has the obligation to regulate the tobacco industry in order to protect the population.^{37,92} Due to the serious impact of tobacco use on the human rights to health and life, the state has the right to restrict the rights of tobacco companies, if any, in this regard.^{21,37,92}

Every person shall have the right to life and physical integrity. – Basic Law for the Federal Republic of Germany, Article 2, Paragraph 2, Clause 1

Tobacco impedes sustainable development and destroys the environment.

The cultivation, production and consumption of tobacco are obstacles to the implementation of the 2030 Agenda for Sustainable Development, which was adopted by the Member States of the United

Nations in 2015.^{21,28} Its core is 17 Sustainable Development Goals (SDGs) to be achieved worldwide.

Tobacco is particularly harmful to health and especially affects the third SDG “Health and Well-being”.^{21,28} Therefore, the implementation of the FCTC is a component of this SDG. Tobacco cultivation, production, and consumption ultimately harm almost all development goals, for example the eradication of poverty (SDG 1) and the achievement of decent working conditions (SDG 8), because child labour and exploitation are widespread in tobacco cultivation.^{28,74}

Tobacco also has a large environmental footprint that impedes the achievement of the goals on climate (SDG 13), water (SDGs 6, 14) and forests (SDG 15). Cultivation, production, and consumption damage the environment through, among other things, emissions that are harmful to the climate, deforestation, water depletion and pollution, and energy use. The greatest environmental impact is borne by countries in the Global South, where the majority of the world’s tobacco crop is produced.^{28,96} In addition, cigarette butts are among the most common litter items, and heated tobacco products and e-cigarettes pose new environmental risks. Reducing tobacco use is also an important contribution to the protection of the environment and the climate.^{21,22,96}



The WHO Framework Convention on Tobacco Control (WHO FCTC)

The FCTC sets out evidence-based measures that are effective in reducing tobacco supply and demand. These include, for example, regular increases in tobacco taxes, a comprehensive ban on tobacco advertising, promotion and sponsorship, protection against second-hand smoke and smoking cessation support.

The aim of the Convention is to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco use and second-hand smoke.¹⁵

FCTC

Ten measures for a tobacco-free Germany 2040

Our goal is a society in which no one suffers or dies from the health effects of tobacco use or nicotine addiction. Therefore, we want Germany to be tobacco-free by 2040. This means that less than five per cent of adults and less than two per cent of adolescents use tobacco products, e-cigarettes, or other related products.

We are working towards a society where every child grows up in a tobacco-free environment and where no child starts smoking or using related products.

We are not alone in having this goal. All over the world, countries are adopting binding strategies to create a tobacco-free society by a certain date, thereby protecting their populations from tobacco and its fatal consequences: Ireland and New Zealand

by 2025, Scotland (United Kingdom) by 2034, the Netherlands, Finland and the European Union by 2040.^{14,31,53-55,72} In addition, in many countries civil society, academia or municipalities are pursuing this goal, for example in Belgium, Spain, the USA and Switzerland.^{1,3,6,40}

The goal of creating a society that is free from tobacco use and nicotine addiction requires political commitment. If legislators and the government implement the plan presented here, Germany can measure itself with those countries that best protect the health of their population. We therefore call on legislators and the government to adopt a binding tobacco control strategy that includes the following ten measures:

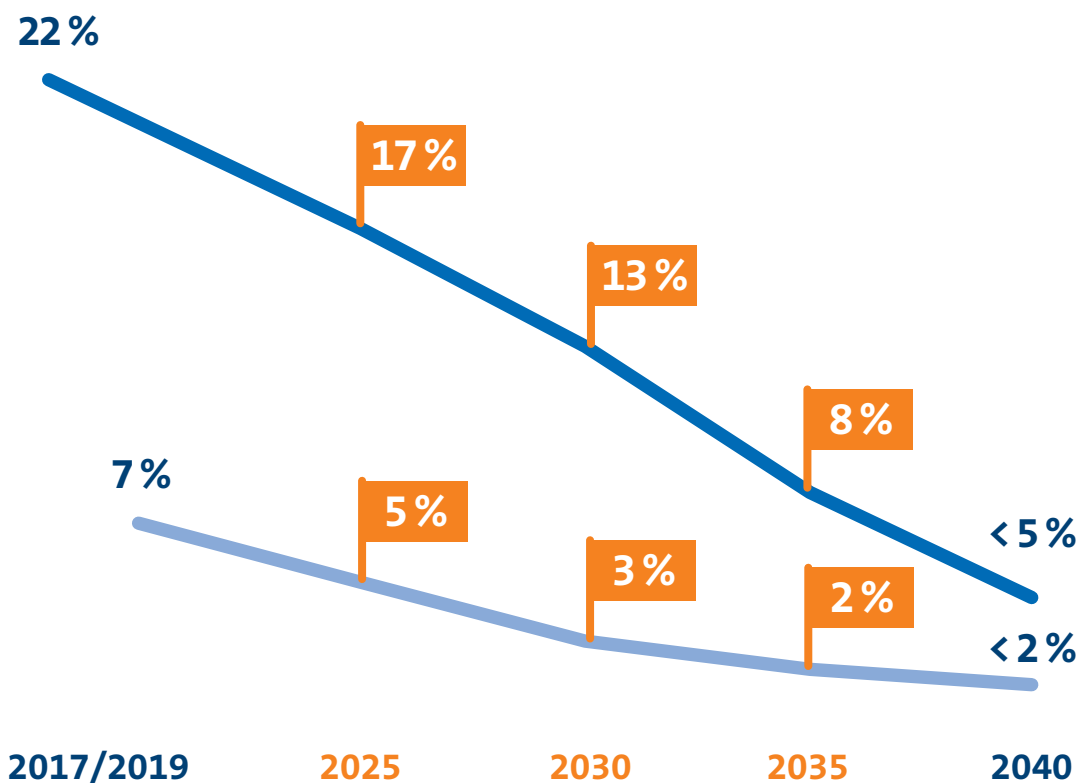
- 1** Significantly increase tobacco taxes every year
- 2** Support smokers in quitting and ensure cost coverage of tobacco-dependence treatment
- 3** Completely ban advertising of tobacco and related products and introduce plain packaging
- 4** Significantly reduce the availability of tobacco and related products
- 5** Effectively protect from second-hand smoke and ensure tobacco-free living environments
- 6** Consistently implement children's rights with regard to tobacco and improve the protection of minors
- 7** Conduct regular campaigns to raise awareness of the risks of tobacco use, motivate people to quit and make living tobacco-free the norm
- 8** Support both tobacco control initiatives and alternatives to tobacco cultivation within the framework of development cooperation
- 9** Effectively protect political decisions from the influence of manufacturers of tobacco and of related products and their associations
- 10** Regularly review, adapt, and further develop the measures

National and international objectives and action plans

The Strategy for a Tobacco-Free Germany 2040 contributes to the achievement of national and international objectives.

- National Decade against Cancer: Reduce the proportion of preventable cases of cancer in total cancer cases by ten per cent every ten years.⁷¹
- Europe’s Beating Cancer Plan: Achieve a tobacco-free Europe by 2040, meaning a prevalence of tobacco use below five per cent in the European Union.³¹
- WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020: Reduce the prevalence of tobacco use by 30 per cent by 2025 (in comparison to 2010).⁸⁵
- 2030 Agenda for Sustainable Development: By 2030, reduce premature mortality from non-communicable diseases by one third compared to 2010 (Goal 3.4) and implement the FCTC (Goal 3.a).⁸²
- WHO MPOWER programme: A set of six measures to reduce tobacco use: monitoring, protection from second-hand smoke, offering help to quit, warning labels and education, tobacco advertising bans and raising tobacco taxes.⁸⁸

The following **intermediate targets** should be achieved for the prevalence of **adults** and **adolescents**, who use tobacco or related products:



Baseline data: Mikrozensus 2017^{67,68} (adults) and Bundeszentrale für gesundheitliche Aufklärung 2019⁵⁷ (adolescents, 12–17 years)

1

Significantly increase tobacco taxes every year

Measure

Tobacco tax increases are the most effective measure to motivate smokers to quit and to prevent children and young people from starting to smoke. Significant price increases are particularly effective in motivating low-income smokers to quit – precisely those groups of the population in which smoking is most prevalent and which, therefore, bear the greatest burden of smoking-attributable disease and death.⁸¹



Tobacco tax increases that lead to a significant price increase reduce tobacco use, thereby reducing the cost of smoking to society in the long term and in a sustainable way.

Among adolescents and young adults, water pipe tobacco smoking is also widespread. Water pipe tobacco is currently classified in the cheap tax category for pipe tobacco,²¹ and a significantly higher taxation can help to reduce consumption.

Novel products such as heated tobacco products and e-cigarettes are currently only taxed on a low level or not taxed at all.²¹ New tax categories need to be introduced for these products.

To be effective in terms of health policy, tobacco tax increases must raise the price of tobacco by at least ten per cent annually.

10 %

It is also important to ensure that tobacco prices increase more than incomes, so that tobacco becomes less affordable. Every ten per cent hike in prices reduces demand by five per cent because people stop smoking or smoke less.⁹⁵

At the same time, comparable products must be taxed equally.¹¹ Currently, cigarettes and roll-your-own tobacco are taxed differently in Germany, so that roll-your-own tobacco is significantly cheaper. As a result, when prices increase, smokers are more likely to switch to cheaper roll-your-own tobacco instead of quitting. This particularly affects adolescents, young adults, and people with a low income.²⁰

E-cigarettes with and without nicotine content are regulated in the same way and should accordingly also be taxed regardless of their nicotine content. This is because the main problem with e-cigarettes, apart from addiction, is the health risk. It is the same for nicotine-free e-cigarettes as for nicotine-containing ones.

High tobacco taxes do not necessarily lead to more illicit trade.



While tobacco taxes can be an initial incentive for illicit trade, other factors are far more important. These include, for example, how easy it is to engage in smuggling in a country or how risky it is to be caught.⁶¹ The implementation of the Protocol to Eliminate Illicit Trade in Tobacco Products contributes to a strong regulatory environment in Germany.

Action plan

1

Measure

Phase I (2021 to 2025)

Annual tobacco tax increases that raise the price of tobacco by at least ten per cent each year

Equal taxation of cigarettes and roll-your-own tobacco

Separate tax category for, and higher taxation of, water pipe tobacco, regular tax increase parallel to tobacco tax increases

Taxation of tobacco sticks for heated tobacco products in a separate tax category at the same level as cigarette taxes, tax increase parallel to tobacco tax increases

Taxation of all liquids for e-cigarettes regardless of nicotine content, regular tax increases parallel to tobacco tax increases

Phase II (2026 to 2030)

Further annual tax increases for tobacco and related products

Phase III (2031 to 2035)

Further annual tax increases for tobacco and related products

Phase IV (2036 to 2040)

Further annual tax increases for tobacco and related products



Relevant Article
of the FCTC

Article 6

2

Support smokers in quitting and ensure cost coverage of tobacco-dependence treatment

Measure

Due to the high addictive potential of nicotine, most smokers succeed in quitting only after several attempts.⁷⁸ Since heated tobacco products and e-cigarettes containing nicotine deliver nicotine as effectively as tobacco cigarettes, it can be assumed that they have a similar addictive potential. Therefore, treatment services should also be available to users of heated tobacco products, e-cigarettes, and related products.^{22,58}

If smokers get evidence-based, free therapy services to quit smoking, the likelihood of a successful cessation increases significantly.²

There are various aids and programmes that are proven to be effective, but so far only few smokers use them.⁴⁶ This is also due to the fact that there is no sufficient support for access to quitting aids. For instance, less than four per cent of smokers are offered cessation support when they see a doctor.^{21,45}

Harmful and addicted smoking and respective use of heated tobacco products, e-cigarettes and related products should be recognised as an addictive disorder and should be treated accordingly. Access to treatment must be easily accessible. Different target groups must be approached in a tailored way to reach young people, women and pregnant people, the more dependent smokers, people with lower socio-economic status, people with mental health conditions, and special groups such as people in prisons.

Many more smokers could successfully quit if access to tobacco cessation support was facilitated and if the costs of therapy were covered.²¹

Asking about a person's smoking status, advising them to stop smoking, and offering support to quit in the initial contact, then moving to regular intervals is a key recommendation in the S3 guideline "Smoking and Tobacco Dependence".²

A brief intervention can be provided in one to five minutes and must be a standard practice within health services. Guideline-based treatment of harmful and addictive tobacco use must be included in the catalogue of services provided by health insurers. The reimbursement of medicines for tobacco cessation by public health insurance funds is currently barred by SGB V, § 34. At present, there are no studies available for the treatment of harmful and dependent use of tobacco related products such as e-cigarettes and heated tobacco products. These studies must be conducted, and, in the medium term, the corresponding treatment must be included in the catalogue of benefits of the health insurance funds.

The nationwide implementation of the S3 guideline² must become a priority health policy measure. For these services to be provided, corresponding structures must be created in the health care system. All health professionals must be enabled to address smokers and users of related products, to carry out evidence-based interventions, and to refer them to qualified treatment services. The qualification for these measures must be integrated into the education and training of all health care professionals.

Investing in tobacco treatment is a cost-effective measure because of the immense smoking-attributable costs.^{21,88}

Only 20 per cent of smokers make at least one quit attempt per year.⁴⁶



Action plan

2

Measure

Phase I (2021 to 2025)

Inclusion of guideline-based treatment of harmful and dependent tobacco use and, in the medium term, of harmful and dependent use of related products, in the benefits catalogue of the public health insurance funds; amendment of SGB V, §34

Systematic support for the implementation of the S3 guideline into the health care system

Information and training campaign (online training) on the effectiveness and implementation of evidence-based interventions for all health professionals

Integration of evidence-based treatment of harmful and dependent tobacco use and, in the medium term, of harmful and dependent use of related products, into studies of medicine, midwifery, and nursing education

Integration of evidence-based treatment of harmful and dependent tobacco use and, in the medium term, of harmful and dependent use of related products, into general practitioner, psychiatric and psychotherapeutic interventions, especially inpatient interventions

Minimum standard in health care: assessment and documentation of smoking status in 75 per cent of all initial contacts and evidence-based brief intervention for 50 per cent of smokers

Offers for evidence-based treatment of harmful and dependent tobacco use and, in the medium term, harmful and dependent use of related products, for expectant parents and pregnant people, tailored to their needs and life situations

Consideration of the treatment of harmful and dependent use of related products in the revision of the S3 guideline

Phase II (2026 to 2030)

Minimum standard in health care: assessment and documentation of smoking status in 90 per cent of all initial contacts and evidence-based brief intervention for 75 per cent of smokers

Continuation of actions from phase I

Phase III (2031 to 2035)

Minimum standard in health care: assessment and documentation of smoking status in 90 per cent of all initial contacts and evidence-based brief intervention for 80 per cent of smokers

Continuation of actions from phases I and II

Phase IV (2036 to 2040)

Continuation of actions from phases I, II and III

Relevant Article
of the FCTC

Article 14

3

Completely ban advertising of tobacco and related products and introduce plain packaging

Measure



We want children, adolescents, and young adults to be unexposed to tobacco advertising.

Tobacco advertising entices adolescents to start smoking, and increases overall tobacco consumption.⁸⁰ It also discourages people from quitting.^{10,34,65} In Germany, the tobacco industry invests over 200 million euros annually in marketing, mainly in promotion.²¹ This includes promotional activities at festivals or placing branded materials in the living environments of target groups. Tobacco and e-cigarette companies are also increasingly turning towards social media and influencer marketing for advertising.^{23,74} In addition,

The vast majority of the population supports a comprehensive ban on advertising – including smokers.²¹



through social and cultural projects, they try to present themselves as beneficial to society and to create a positive relationship towards the product and the manufacturers (Corporate Social Responsibility, CSR).²⁴

The awareness of advertising at the point of sale is particularly strong:¹⁹ Tobacco products, e-cigarettes, and changing display materials are placed at check-out, a location with heavy foot traffic.

To be effective, advertising bans must be comprehensive and include all forms of advertising; partial advertising bans have little or no effect.^{16,62,81}

The packaging of tobacco and related products is used as another advertising vehicle. With plain packaging, the logos, colours, and images disappear from the packs of tobacco products, e-cigarettes and related products. The design of the packs is restricted to a uniform unattractive colour – in many countries a dark olive brown – and the brand name only appears in a standard font.²¹ This type of packaging motivates smokers to consider quitting and increases the effectiveness of warning labels. Among adolescents, plain packaging increases awareness of the dangers of smoking, and initial studies suggest that it reduces the proportion of smokers.^{21,26}

Plain packaging is being implemented in more and more countries worldwide. They are also mandatory in Germany's neighbouring countries France, Belgium and the Netherlands.²¹

Plain cigarette pack

No specific brand elements (e.g. logos, graphic elements, colours)

Standardised pack colour, font and font size



Action plan

3

Measure

Phase I (2021 to 2025)

Introduction of plain packaging for tobacco products, e-cigarettes and liquids, and related products

Comprehensive ban on advertising, promotion and sponsorship of tobacco products, e-cigarettes, and related products (including point-of-sale advertising and corporate social responsibility activities)

Phase II (2026 to 2030)

Continuation of actions from phase I

Phase III (2031 to 2035)

Continuation of actions from phase I

Phase IV (2036 to 2040)

Continuation of actions from phase I

Relevant Articles
of the FCTC

Articles 11 and 13

4

Significantly reduce the availability of tobacco and related products

Measure

The ubiquity of points of sale for tobacco products has an influence on smoking behaviour. For example, a dense network of tobacco outlets around schools makes it more likely that young people start smoking. For adults, both the density of outlets and their accessibility in proximity seem to encourage smoking. A dense network also means that children, adolescents, and adults are more likely to be exposed to tobacco advertising and smoking



Cigarettes and related products are available around the clock through the extensive network of vending machines and petrol stations.⁷

incentives, which makes quitting more difficult for those who want to stop smoking.^{56,60,91}

There are about 390,000 points of sale for tobacco products in Germany: supermarkets, petrol stations, kiosks, drugstores,

stationery shops, vending machines, and specialist shops.⁷ This ubiquitous and permanent availability of tobacco and related products, as well as their presentation next to sweets or magazines, makes tobacco and related products appear as “normal” products and, thus, trivialises the dangers of smoking. For example, a child who wants to buy some juice is almost inevitably confronted with tobacco and related products. Moreover, it is almost impossible for people who want to quit smoking to avoid incentives to buy tobacco.

Therefore, tobacco and related products must be placed out of sight in closed cabinets without self-service facilities, and cigarette vending machines must be banned.^{12,16,87}

The sale of tobacco and related products in shops for everyday use products must be stopped. Ultimately, tobacco and related products must only be available in licensed specialised shops.



Action plan

4

Measure

Phase I (2021 to 2025)

In all points of sale, tobacco and related products are placed out of sight in closed cabinets without the possibility of self-service (display ban)

Ban on the sale of tobacco and related products through vending machines

Ban on the online sale of tobacco and related products

Phase II (2026 to 2030)

Ban on the sale of tobacco and related products in supermarkets and discounters, petrol stations and the so-called ancillary trade (e.g. stationery shops, kiosks, convenience stores/late-night sales outlets, drugstores); preparatory talks on this starting in phase I

Continuation of actions from phase I

Phase III (2031 to 2035)

Sale of tobacco and related products only in a limited number of licensed specialist shops

Continuation of actions from phases I and II

Phase IV (2036 to 2040)

Continuation of actions from phases I, II and III

Relevant Articles of the FCTC

Articles 2.1,
13 and 16

5

Effectively protect from second-hand smoke and ensure tobacco-free living environments

Measure

There is no safe level of exposure to tobacco smoke⁷⁷ – yet protection from second-hand smoke in Germany remains inadequate.

Only three federal states (Bavaria, North Rhine-Westphalia and Saarland) have comprehensive laws to protect against second-hand smoke.²¹

The Workplace Ordinance partly authorizes smoking-rooms in workplaces; in most federal states, even state authorities are not completely smoke-free.²¹ These gaps must be closed so that everyone's right to a safe working environment is protected.

In addition, heated tobacco products and e-cigarettes are not explicitly regulated in smoke-free legislation – this needs to change.²¹



E-cigarettes and heated tobacco products must be included in smoking bans.^{12,87}

Children are at the mercy of their parents' decision whether to smoke at home. Counselling programmes for smoking parents, also through birth support services, need to be implemented.

In some federal states, smoking is prohibited in playgrounds.²¹ Due to the role model effect, the use of

tobacco and related products in playgrounds should be banned nationwide. These bans should also cover all sports facilities.



The only effective protection against the health hazards of second-hand smoke is provided by completely smoke-free indoor environments.^{4,17}

Since smoking in entrance areas causes smoke to enter buildings through doors and windows, smoking must be prohibited in entrance areas and areas surrounding buildings. Tobacco smoke can also spread inside buildings through corridors, cable ducts, and the like. Therefore, the government should promote smoke-free apartment buildings. The premises of educational institutions and all

health facilities must be made completely free of tobacco use and related products.

People serving a prison sentence have very few options to avoid tobacco smoke exposure. Simultaneously, the prevalence of smoking and second-hand smoke exposure is particularly high in prisons.⁷⁰ In order to protect their right to health, prisons must be smoke-free. This must be supported by tobacco cessation offers.

Action plan

5 Measure

Phase I (2021 to 2025)

Smoke-free educational institutions, including premises, including a ban on the use of heated tobacco products and e-cigarettes

Laws for completely smoke-free hospitality in all federal states, including a ban on the use of heated tobacco products, e-cigarettes and water pipes

Smoke-free workplaces, including a ban on the use of heated tobacco products, e-cigarettes and water pipes (amendment of the Workplace Ordinance)

Smoke-free health facilities and their premises, including mental health facilities, including a ban on the use of heated tobacco products and e-cigarettes, combined with tobacco cessation support

Smoke-free public transport (enforcement of existing bans and expansion where necessary)

Phase II (2026 to 2030)

Ban on smoking in cars

Smoke-free prisons, including a ban on the use of heated tobacco products and e-cigarettes, combined with cessation services

Programmes for counselling regarding second-hand smoke at home and programmes for ways to make the home smoke-free as part of all antenatal and postnatal services and as part of family support services

Counselling on second-hand smoke as part of paediatric consultations (if children present with signs of typical diseases such as frequent respiratory infections, asthma, etc.)

Continuation of actions from phase I

Phase III (2031 to 2035)

Support of smoke-free state-subsidised housing (in which heated tobacco products and e-cigarettes are also banned)

Continuation of actions from phases I and II

Phase IV (2036 to 2040)

Continuation of actions from phases I, II and III

Relevant Article
of the FCTC

Article 8

6

Consistently implement children's rights with regard to tobacco and improve the protection of minors

Measure

In Germany, the age of smoking initiation is currently 16 years, and studies show that in the majority of cases, the first cigarette is smoked during adolescence.^{21,77,97} Children and adolescents are exposed to tobacco smoke in their environment. In addition, if mothers smoke or are exposed to tobacco smoke during pregnancy, this can harm the unborn child.^{21,77}

Every child has a right to the highest attainable standard of health. Therefore, the needs and rights of children must be prioritised in all tobacco control measures. This means, specifically:

Measures to prevent children and young people from the initiation to tobacco and related products should be introduced first and most consistently.

These include, for example, tobacco tax increases, advertising bans, plain packaging, and product regulation. With respect to the primacy of the best interests of the child, all proposed legislation and other measures concerning tobacco and related products must be examined to determine whether and how the best interests of children are affected, especially in view of their right to health.

Life-context-specific programmes on life skills, prevention and cessation, using a language appropriate for young people/children and developed with the participation of the target group, should be an integral part of institutions where children and young people spend their time, including child and youth welfare services and community organisations. Corresponding programmes in schools are an important

basis and should be integrated nationwide. The new media also offer an opportunity to reach children and young people, to inform them, and to offer help.

In addition, the already existing youth protection measures must be more strictly controlled and enforced to ensure that adolescents do not have access to tobacco or related products.

The minimum age of purchase for tobacco and related products should be raised to 21 years. Modelling studies show that delaying legal access reduces smoking prevalence among adolescents and young adults.⁴²

To reduce the exposure of children and adolescents to second-hand smoke, measures that address adults are most effective – first and foremost a tobacco-free living environment, the reduction of smoking in the population, especially among (expectant) parents, as well as better awareness-raising. The goal should be to create a completely tobacco-free environment for children and adolescents (see measure 5).

Tobacco advertising, sales and use as well as second-hand smoke impair the development of children. The state must act against this and give priority to the best interests of the child (Convention on the Rights of the Child, Article 3).³⁷

Tobacco and nicotine-free generations

We want all generations born from 2021 onwards to grow up tobacco-free and, as a result, remain tobacco-free as adults in 2040 and stay free from nicotine addiction. To achieve this, it



is necessary to create an environment where tobacco and related products are absent or almost absent.

Action plan

6

Measure

Phase I (2021 to 2025)

Examination of all proposed legislation and other measures relating to tobacco and related products as to whether and how the well-being of children is affected (primacy of the best interest of the child)

Strict controls of the protection of minors

Step-by-step plan for the integration of life skills and prevention programmes as an integral part of education and curricula in all schools

Phase II (2026 to 2030)

Raise the minimum age of purchase to 21 years

Continuation of actions from phase I

Phase III (2031 to 2035)

Continuation of actions from phases I and II

Phase IV (2036 to 2040)

Continuation of actions from phases I and II



Relevant
Articles of the
FCTC

Articles 5.3, 6, 8,
9, 10, 11, 12, 13,
14 and 16

7

Conduct regular campaigns to raise awareness of the risks of tobacco use, motivate people to quit and make living tobacco-free the norm

Measure

Mass media campaigns are effective in motivating people to attempt to quit.⁸⁸

Campaigns should use diverse media, including social media. Content and implementation must be target group specific, with a particular emphasis on those groups that are severely affected by using tobacco and related products, such as socio-economically disadvantaged people. Target group specific campaigns need to be implemented, e. g. for persons with severe mental health conditions or people in prisons.

In addition, different societal groups should be involved, for example sports clubs, neighbourhood initiatives, companies, institutions for statutory accident insurance and prevention as well as health insurance companies. All campaigns should provide information on how cessation can be successful.

Moreover, measures to reduce the positive presentation and visibility of smoking in the media should be implemented.

Smoking in films increases the likelihood that young people start smoking.



The World Health Organisation and the Conference of the Parties to the FCTC recommend that films showing tobacco use should be rated as “for adults only.”^{16,86}

It is important to develop and implement campaign content in a way that avoids stigmatising smokers.

Campaigns should not only focus on presenting the dangers of tobacco and related products, but also raise awareness about the strategies of manufacturers of tobacco and of related products. This way, these corporations can be denormalised as societal actors and the new norm of the tobacco-free society can be strengthened.



For awareness-raising campaigns, the current budget of 2.9 million euros in government funding must be increased.



Action plan

7

Measure

Phase I (2021 to 2025)

Annual awareness-raising campaigns on the dangers of tobacco and related products and on cessation services (targeted to specific groups and via diverse media, including mass media)

Support for awareness-raising activities in associations and community initiatives

Funding of non-governmental organisations to raise public awareness of the strategies of manufacturers of tobacco and of related products (watchdog role of civil society)

Age rating of 18+ for films showing the use of tobacco and related products

Phase II (2026 to 2030)

Continuation of actions from phase I

Phase III (2031 to 2035)

Continuation of actions from phase I

Phase IV (2036 to 2040)

Continuation of actions from phase I

Relevant Articles
of the FCTC

Articles 12 and 14

8

Support both tobacco control initiatives and alternatives to tobacco cultivation within the framework of development cooperation

Measure

The Global South bears a heavy burden in terms of tobacco cultivation and consumption. A large proportion of the world's 1.3 billion tobacco users lives in low- and middle-income countries.⁹⁰ In these countries, the majority of the world's tobacco crop is produced and in many countries, tobacco cultivation is associated with exploitation of workers, child labour, and environmental destruction.



The reduction of tobacco consumption and cultivation contributes to the achievement of the Sustainable Development Goals of the 2030 Agenda.^{21,28,92}

this area.⁵² Such measures must be expanded and perpetuated.

Germany can influence the occurrence of human and children's rights violations in tobacco cultivation by holding companies accountable that tolerate such violations in their supply chains. This requires an effective supply chain law. The current draft supply chain law would only apply from 2024 onwards and would then only cover three German subsidiaries

Because of its significant social, environmental, and health impacts, tobacco hinders the achievement of the 2030 Agenda for Sustainable Development.^{21,28}



of multinational tobacco companies. All other tobacco companies could continue to import tobacco produced with child labour.⁷⁵

As a high-income country, Germany can and should contribute to a tobacco-free world and support other countries as part of international development cooperation, based on Article 26 of the FCTC.

Nevertheless, in 2019, out of 41 billion US dollars spent on health development cooperation worldwide, only 66 million US dollars were invested in tobacco control-specific programmes, and the vast majority of this came from non-state actors.⁴¹ By comparison, 9.5 billion US dollars were spent on the fight against HIV/AIDS.⁴¹

Promoting alternatives to tobacco cultivation would advance a whole range of goals of the 2030 Agenda, but the related Article 17 of the FCTC is, currently, only marginally implemented.¹³ Germany has already supported a pilot project in Malawi in

The German government must participate in the FCTC 2030 project, which is implemented by the FCTC Secretariat and supports low- and middle-income countries in implementing the tobacco control treaty and the goals of the Global Strategy to Accelerate Tobacco Control.^{63,66,89} In addition, tobacco control and support for tobacco cultivation alternatives should be promoted to a greater extent in bilateral cooperation.

Action plan

8

Measure

Phase I (2021 to 2025)

Investment of 10 million euros over five years in the FCTC 2030 project

Funding further projects and programmes to promote alternatives to tobacco cultivation

Amendment of the draft supply chain law (extension to all companies, the entire supply chain and civil liability)

Phase II (2026 to 2030)

Continuation of actions from phase I

Phase III (2031 to 2035)

Continuation of actions from phase I

Phase IV (2036 to 2040)

Continuation of actions from phase I



Relevant Articles of the FCTC

Articles 17, 18 and 26

9

Effectively protect political decisions from the influence of manufacturers of tobacco and of related products and their associations

Measure

Currently, manufacturers of tobacco and of related products can exert a high degree of influence on policymaking: There is neither a code of conduct for state officials, members of government and members of the federal parliament on their dealings with manufacturers of tobacco and of related products, nor extensive transparency rules. Donations and sponsorship contributions to political parties and public institutions create conflicts of interest. Furthermore, there is no awareness-raising programme for public servants on the interference strategies of manufacturers of tobacco and of related products.^{21,24,36}

As there is a fundamental conflict between the interests of the tobacco industry and public health interests, the influence of manufacturers of tobacco and of related products must be curbed effectively. This requires that the guidelines on Article 5.3 of the FCTC are fully implemented.¹⁸

Interactions between policymakers and manufacturers of tobacco and of related products must be limited to what is strictly necessary for regulation and be made fully transparent.

The tobacco industry tries to prevent or at least delay effective tobacco control measures through lobbying and other influence.^{18,88}

Federal and state governments as well as parliaments need a code of conduct for state officials and members of parliament on their interactions with manufacturers of tobacco and of related products (including rules on switching sides). For this, the lobby register must also be improved (e.g. executive footprint, indication of concrete lobbying assignments).⁵⁰ Furthermore, donations and sponsoring contributions made by manufacturers of tobacco and of related products to public institutions and political parties must be prohibited. Partnerships or other non-binding agreements with this industry must be refrained from.¹⁸

In addition, scientific institutions and civil society organisations should refuse financial contributions from this industry and adopt rules on conflicts of interest and transparency. This could be promoted through awareness-raising campaigns by the relevant ministries.



Action plan

9

Measure

Phase I (2021 to 2025)

Reduce interactions between policymakers and manufacturers of tobacco and of related products and their associations to what is strictly necessary for the legislative process

Make transparent all interactions between policymakers and manufacturers of tobacco and of related products and their associations: Publish planned meetings in advance and disclose minutes of discussions

At every meeting dealing with tobacco or related products, remind participants of Article 5.3

Government funding of non-governmental organisations to monitor interference attempts by manufacturers of tobacco and of related products and their associations and to raise public awareness of this (watchdog role of civil society)

Develop a code of conduct for members of government, civil servants and members of the Federal Parliament and state parliaments (including rules on switching sides)

Improve the lobby register (executive footprint, mandatory disclosure of funding, disclosure of specific lobbying issues/objectives)

Ban sponsorship and donations by manufacturers of tobacco and of related products and their associations to public institutions and political parties

Awareness-raising campaign by the Federal Ministry of Education and Research to denormalise donations/sponsorship of scientific institutions by manufacturers of tobacco and of related products and their associations and to promote rules on transparency and conflict of interest

Make the allocation of public funds to non-governmental organisations for health projects conditional on them not accepting donations/sponsorship from manufacturers of tobacco and of related products and their associations

Phase II (2026 to 2030)

Continuation of actions from phase I

Phase III (2031 to 2035)

Continuation of actions from phase I

Phase IV (2036 to 2040)

Continuation of actions from phase I

Relevant Articles of the FCTC

Articles 5.3, 12 and 13

Measure 01

Regularly review, adapt, and further develop the measures

Regular monitoring and evaluation of the implemented measures are essential to review the success of the measures and to be able to modify and improve them if necessary.⁸⁸

The following intermediate targets should be achieved for the proportions of adults and adolescents using tobacco or related products:

Adults			Adolescents		
2025	2030	2035	2025	2030	2035
17%	13%	8%	5%	3%	2%

As a benchmark, data from the microcensus should be used for adults and data from the Federal Centre for Health Education for adolescents.^{57,67} Ideally, the survey frequency for the microcensus on tobacco use should be adjusted to a five-year cycle from 2025 onwards, so that data are available for 2025, 2030, 2035 and 2040. In addition, questions on the use of other relevant products should be included. The data of the microcensus must be supplemented by other sources, such as the DEBRA study, surveys of the Robert Koch Institute (KiGGS, DEGS, GEDA), the Epidemiological Addiction Survey and surveys among special population groups.

Whether the measures reach all groups in society or whether they need to be adjusted accordingly should also be monitored.

Particular attention must be paid to reaching socio-economically disadvantaged groups, persons with a migration background, persons with severe mental health conditions or other socially marginalised groups and ensuring that the measures also have a positive impact on them.

For the implementation of the Strategy for a Tobacco-Free Germany 2040, a governmental coordinating body with a sufficiently high budget must be established. The government must report annually on progress and adjust the measures accordingly every five years at the latest.

Monitoring and evaluation should be carried out by an independent advisory body with the participation of academia and civil society and must be based on reliable scientific evidence.

This could be done, for example, by an appointed expert commission of independent experts. The commission should have an office located at the government coordinating body and could be implemented in a similar way as the expert commissions on the federal government's reports on gender equality and the elderly.^{8,35}

In this regard, regular exchange with other countries on their strategies and measures for a tobacco-free society is also valuable.

The measures must be regularly adapted regarding novel products. Products whose risks are unknown must be regulated according to the precautionary principle.

2040 Adults < 5%
Adolescents < 2%

Action plan

Phase I (2021 to 2025)

Establishment of a government coordinating body with sufficient staff and financial resources to coordinate and monitor the Strategy for a Tobacco-Free Germany 2040

Establishment of an adequately funded independent advisory body to evaluate the measures with the participation of academia and civil society

Annual progress reports on the implementation of the Strategy for a Tobacco-Free Germany 2040

Adjustment of the Strategy for a Tobacco-Free Germany 2040 at the end of each phase

Commission an independent assessment of the implementation of Article 5.3 to provide the government with further options for protecting health policy from undue interference by manufacturers of tobacco and of related products

Evaluation of the existing implementation of the Protocol to Eliminate Illicit Trade in Tobacco Products and development of a plan for its further implementation

Modification of the microcensus (five-year cycle and inclusion of further relevant products)

Phase II (2026 to 2030)

Continuation of actions from phase I

Phase III (2031 to 2035)

Continuation of actions from phase I

Phase IV (2036 to 2040)

Continuation of actions from phase I

Measure 01

Relevant Article
of the FCTC

Article 20

Plans of other countries

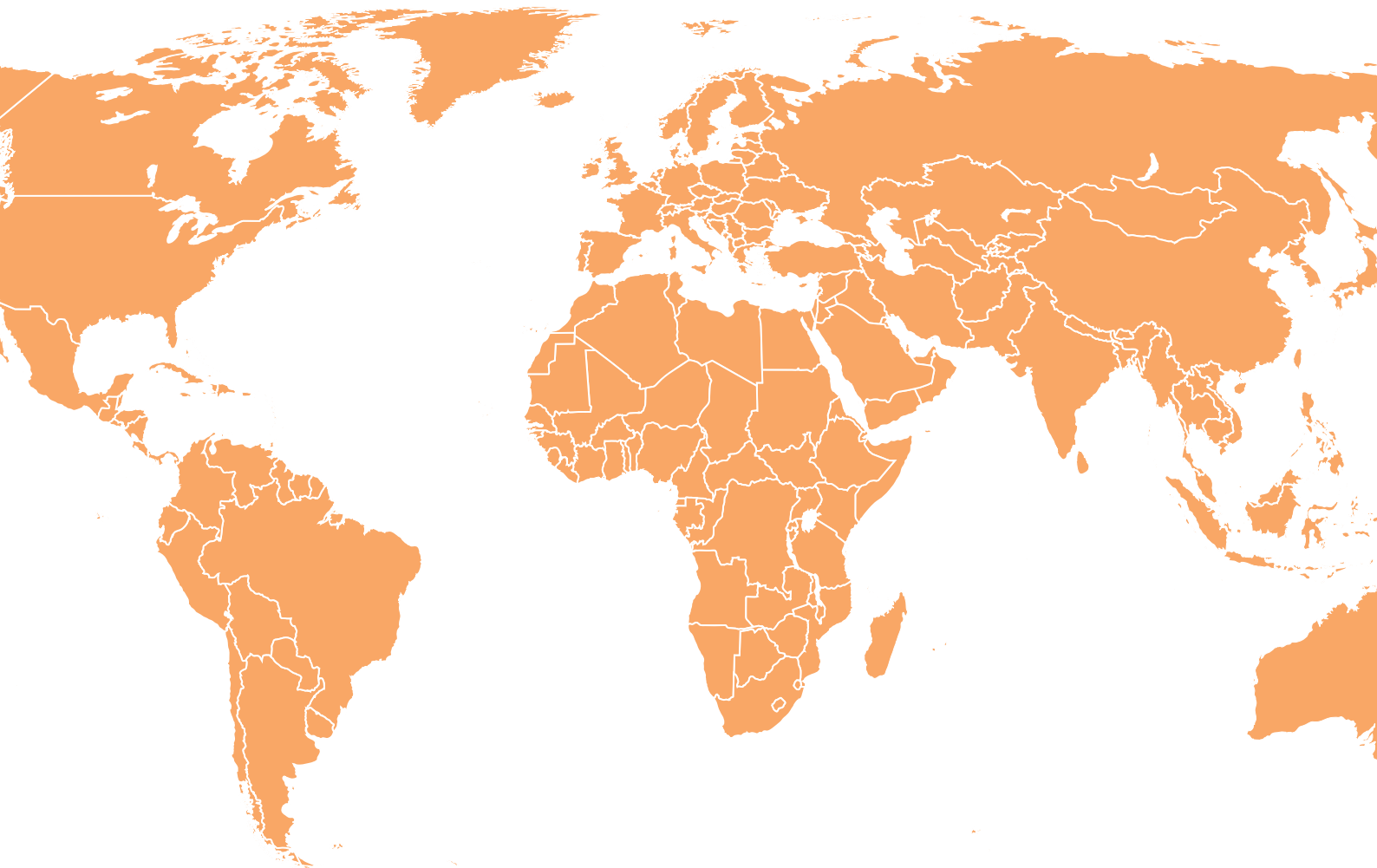
We would like to thank those who have developed the plans of other countries for their pioneering work. Their plans were an inspiration to us.

Government plans:

- Ireland 2025¹⁴
- New Zealand 2025⁵³
- Scotland 2034⁷²
- Finland 2040 (prevalence below 2 per cent)⁵⁵
- Netherlands 2040⁵⁴
- European Union 2040 (Europe's Beating Cancer Plan)³¹

Plans of civil society and other actors:

- Belgium (Generations Without Tobacco)¹
- Spain 2030⁴⁰
- Switzerland 2030 (prevalence below 15 per cent)³
- USA (two municipalities ban sale of tobacco products)⁶



Literatur

A comprehensive overview of the use of tobacco and related products, the tobacco industry and political measures to curb tobacco use is provided by the “Tabakatlas Deutschland 2020”²¹ (Tobacco Atlas Germany 2020) and the english excerpt “Tobacco Control in Europe – Excerpt from the Tobacco Atlas Germany 2020”



- 1 Alliance pour une société sans tabac (2018) 10 mesures pour «Génération sans tabac». Brussels, Belgium
- 2 Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften (2021) S3-Leitlinie “Rauchen und Tabakabhängigkeit: Screening, Diagnostik und Behandlung”, Valid until 31/12/2025, AWMF Register No. 076-006
- 3 Arbeitsgemeinschaft Tabakprävention Schweiz (2020) Auf dem Weg zur tabak- und nikotin-freien Schweiz: Strategie AT Schweiz 2030. Bern, Switzerland
- 4 ASHRAE (2020) Position document on environmental tobacco smoke
- 5 Bornhäuser A, McCarthy J, Glantz SA (2006) German tobacco industry’s successful efforts to maintain scientific and political respectability to prevent regulation of secondhand smoke. Tob Control 15: e1
- 6 Bostic C, Hefler M, Muller G, Assunta M (2020) FCTC Article 2.1 and the next horizon in tobacco policy: Phasing out commercial sales. Tob Induc Dis 18: 1–2
- 7 BTWE Handelsverband Tabak (2019) BTWE-Fakten 2019
- 8 Bundesministerium für Familie, Senioren, Frauen und Jugend (2020) Achter Altersbericht: Ältere Menschen und Digitalisierung. Berlin, Germany
- 9 Cheraghi M, Salvi S (2009) Environmental tobacco smoke (ETS) and respiratory health in children. Eur J Pediatr 168: 897–905
- 10 Clattenburg EJ, Elf JL, Apelberg BJ (2013) Unplanned cigarette purchases and tobacco point of sale advertising: a potential barrier to smoking cessation. Tob Control 22:376–381
- 11 Conference of the Parties of the WHO Framework Convention on Tobacco Control (2014) Guidelines for implementation of Article 6: Price and tax measures to reduce the demand for tobacco. Adopted by the Conference of the Parties at its sixth session (decision FCTC/COP6(5))
- 12 Conference of the Parties of the WHO Framework Convention on Tobacco Control (2018) Novel and emerging tobacco products. Decision FCTC/COP8(22)
- 13 Conference of the Parties of the WHO Framework Convention on Tobacco Control (2018) Implementation of Articles 17 and 18 (alternative livelihoods and protection of the environment. Decision FCTC/COP8(19)
- 14 Department of Health (2013) Tobacco Free Ireland. Report of the Tobacco Policy Review Group. Dublin, Ireland
- 15 World Health Organization (2003) WHO Framework Convention on Tobacco Control (WHO FCTC)
- 16 Conference of the Parties of the WHO Framework Convention on Tobacco Control (2008) Guidelines for implementation of Article 13 of the WHO Framework Convention on Tobacco Control (Tobacco advertising, promotion and sponsorship). Adopted by the Conference of the Parties at its third session (decision FCTC/COP3(12))

- 17** Conference of the Parties of the WHO Framework Convention on Tobacco Control (2007) Guidelines for implementation of Article 8: Protection from exposure to tobacco smoke. Adopted by the Conference of the Parties at its second session (decision FCTC/COP2(7))
- 18** Conference of the Parties of the WHO Framework Convention on Tobacco Control (2008) Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control on the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry. Adopted by the Conference of the Parties at its third session (decision FCTC/COP3(7))
- 19** Deutsches Krebsforschungszentrum (2018) Stellungnahme der Einzelsachverständigen PD Dr. Ute Mons, Deutsches Krebsforschungszentrum, Heidelberg, für die 18. Sitzung des Ausschusses für Ernährung und Landwirtschaft. Öffentliche Anhörung am Montag, dem 10. Dezember 2018, Geschäftszeichen PA 10-5410-1
- 20** Deutsches Krebsforschungszentrum (2019) Deutliche Tabaksteuererhöhungen sind die wirksamste Maßnahme, um zum Nichtrauchen zu motivieren. Aus der Wissenschaft – für die Politik. Heidelberg, Germany
- 21** Deutsches Krebsforschungszentrum (2020) Tabakatlas Deutschland 2020. Pabst Science Publishers, Lengerich, Germany
- 22** Deutsches Krebsforschungszentrum (2020) E-Zigaretten und Tabakerhitzer – ein Überblick. Heidelberg, Germany
- 23** Deutsches Krebsforschungszentrum (2020) Werbung verführt zum Rauchen – umfassendes Tabakwerbeverbot ist überfällig. Aus der Wissenschaft – für die Politik, Heidelberg, Germany
- 24** Deutsches Krebsforschungszentrum (2021) Gesundheit fördern - Einfluss der Tabakindustrie verhindern. Aus der Wissenschaft – für die Politik, Heidelberg, Germany
- 25** Doll R, Peto R, Boreham J, Sutherland I (2004) Mortality in relation to smoking: 50 years' observations on male British doctors. *BMJ* 328: 1519
- 26** Drovandi A, Teague P-A, Glass B, Malau-Aduli B (2019) A systematic review of the perceptions of adolescents on graphic health warnings and plain packaging of cigarettes. *Syst Rev* 8: 25
- 27** Effertz T (2019) Die Kosten des Rauchens in Deutschland im Jahr 2018 – aktuelle Situation und langfristige Perspektive. *Atemwegs- und Lungenerkrankheiten* 45: 307–314
- 28** von Eichborn S, Abshagen M-L (2015) Tobacco: Antisocial, Unfair, Harmful to the Environment: Tobacco Production and Consumption as an Example of the Complexity of Sustainable Development Goals (SDGs). Berlin, Germany
- 29** European Commission, Ed. (2007) Attitudes of Europeans towards Tobacco. Special Eurobarometer 272c
- 30** European Commission, Ed. (2021) Attitudes of Europeans towards tobacco and electronic cigarettes. Special Eurobarometer 506
- 31** European Commission (2021) Europe's Beating Cancer Plan. Brussels, Belgium
- 32** European Public Health Alliance, Corporate Europe Observatory, STOP (2021) Targeting the European Commission: The 7 lobbying techniques of Big Tobacco
- 33** GBD 2015 Tobacco Collaborators (2017) Smoking prevalence and attributable disease burden in 195 countries and territories, 1990–2015: a systematic analysis from the Global Burden of Disease Study 2015. *The Lancet* 389: 1885–1906
- 34** Germain D, McCarthy M, Wakefield M (2010) Smoker sensitivity to retail tobacco displays and quitting: a cohort study. *Addiction* 105: 159–163
- 35** Geschäftsstelle Dritter Gleichstellungsbericht der Bundesregierung (2020) Was sind Gleichstellungsberichte? <https://www.dritter-gleichstellungsbericht.de/de/article/255.was-sind-gleichstellungsberichte.html> (accessed 30 April 2021)
- 36** Graen L (2020) Tobacco Industry Interference Index Germany 2020. Berlin, Germany
- 37** Graen L (2020) Advancing tobacco control with human rights. *Public Health Panorama* 6: 252–260

- 38** Grundgesetz für die Bundesrepublik Deutschland in the revised version published in the Federal Law Gazette Part III, classification number 100-1, as last amended by Article 1 and 2 of the Act from 29 September 2020 (Federal Law Gazette I p. 2048)
- 39** Grüning T, Gilmore AB, McKee M (2006) Tobacco industry influence on science and scientists in Germany. *Am J Pub Health* 96: 20–32
- 40** Huber L, García de Arboleya UC, Megina RF, Visconti L (2021) Spain: Civil Rights and Public Health Organizations Press Government for a Tobacco Endgame by 2030. In: *Blog - Tobacco Control*. <https://blogs.bmj.com/tc/2021/01/19/spain-civil-rights-and-public-health-organizations-press-government-for-a-tobacco-endgame-by-2030/> (accessed 19 January 2021)
- 41** Institute for Health Metrics and Evaluation (IHME) (2021) Financing Global Health | IHME Viz Hub. <http://vizhub.healthdata.org/fg> (accessed 26 March 2021)
- 42** Institute of Medicine (2015) Public health implications of raising the minimum age of legal access to tobacco products. National Academies Press, Washington, D.C., USA
- 43** Jawad M, Eissenberg T, Salman R, et al. (2019) Toxicant inhalation among singleton waterpipe tobacco users in natural settings. *Tob Control* 28: 181–188
- 44** Joossens L, Feliu A, Fernandez E (2020) The Tobacco Control Scale 2019 in Europe. Association of European Cancer Leagues, Catalan Institute of Oncology, Brussels, Belgium
- 45** Kastaun S, Kotz D (2019) Brief physician advice for smoking cessation: Results of the DEBRA study. *SUCHT* 65: 1–8
- 46** Kotz D, Batra A, Kastaun S (2020) Smoking cessation attempts and common strategies employed—a Germany-wide representative survey conducted in 19 waves from 2016 to 2019 (The DEBRA Study) and analyzed by socioeconomic status. *Dtsch Arztebl Int* 117: 7–13
- 47** Kuntz B, Lampert T (2016) Smoking and passive smoke exposure among adolescents in Germany—prevalence, trends over time, and differences between social groups. *Dtsch Arztebl Int* 113: 23–30
- 48** Kuntz B, Zeiher J, Starker A, Lampert T (2019) Tabakkonsum und Passivrauchbelastung von Kindern und Jugendlichen in Deutschland – wo stehen wir heute? *Atemwegs- und Lungenkrankheiten* 45: 217–226
- 49** Kuntz B, Zeiher J, Starker A, Lampert T (2020) Tabak - Zahlen und Fakten zum Konsum. In: *DHS Jahrbuch Sucht 2020*. Pabst Science Publishers, Lenkerich, Germany, pp. 49–83
- 50** Lange T (2021) Das Lobbyregister kommt – unsere Auswertung. In: *Lobbycontrol*. <https://www.lobbycontrol.de/2021/03/das-lobbyregister-kommt/> (accessed 16 April 2021)
- 51** Legg T, Legendre M, Gilmore AB (2021) Paying lip service to publication ethics: scientific publishing practices and the Foundation for a Smoke-Free World. *Tob Control* Epub ahead of print, 28 April 2021. tobaccocontrol-2020-056003
- 52** Makoka D (2017) Alternatives to tobacco – a closer look: Legumes and sunflower in Malawi. *Unfairtobacco / Berlin Working Group on Environment and Development (Blue 21)*, Berlin, Germany
- 53** Ministry of Health New Zealand (2020) Smokefree Aotearoa 2025. In: *Ministry of Health NZ*. <https://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/smokefree-aotearoa-2025> (accessed 29 March 2021)
- 54** Ministry of Health, Welfare and Sport Netherlands (2019) The National Prevention Agreement: A healthier Netherlands. Ministerie van Algemene Zaken
- 55** Ministry of Social Affairs and Health (2014) Roadmap to a tobacco-free Finland: Action plan on tobacco control. Helsinki, Finland
- 56** Monshouwer K, Verdurmen J, Ketelaars T, van Laar MW (2014) Points of sale of tobacco products. Synthesis of scientific and practice-based knowledge on the impact of reducing the number of points of sale and restrictions on tobacco product displays. Trimbos Institute, Netherlands Institute for Mental Health and Addiction, Utrecht, Netherlands
- 57** Orth B, Merkel C (2020) Die Drogenaffinität Jugendlicher in der Bundesrepublik Deutschland 2019. Rauchen, Alkoholkonsum und Konsum illegaler Drogen: aktuelle Verbreitung und Trends.

Bundeszentrale für gesundheitliche Aufklärung, Cologne, Germany

58 Pieper E, Mallock N, Henkler-Stephani F, Luch A (2018) Tabakerhitzer als neues Produkt der Tabakindustrie: Gesundheitliche Risiken. Bundesgesundheitsbl 61: 1422–1428

59 Pirie K, Peto R, Reeves GK, et al. (2013) The 21st century hazards of smoking and benefits of stopping: a prospective study of one million women in the UK. Lancet 381: 133–141

60 Robertson L, McGee R, Marsh L, Hoek J (2015) A systematic review on the impact of point-of-sale tobacco promotion on smoking. Nicotine Tob Res 17: 2–17

61 Ross H, Blecher E (2019) Illicit Trade in Tobacco Products Need Not Hinder Tobacco Tax Policy Reforms and Increases. Tobacconomics, Health Policy Center, Institute for Health Research and Policy, University of Illinois at Chicago, Chicago, Illinois, USA

62 Saffer H, Chaloupka F (2000) The effect of tobacco advertising bans on tobacco consumption. J Health Econ 19: 1117–1137

63 Secretariat of the WHO Framework Convention on Tobacco Control (2021) FCTC 2030. <https://www.who.int/fctc/implementation/fctc2030/en/> (accessed 26 March 2021)

64 Shihadeh A, Schubert J, Klaiany J, et al. (2015) Toxicant content, physical properties and biological activity of waterpipe tobacco smoke and its tobacco-free alternatives. Tob Control 24: i22–i30.

65 Siahpush M, Shaikh R, Smith D, et al. (2016) The association of exposure to point-of-sale tobacco marketing with quit attempt and quit success: results from a prospective study of smokers in the United States. Int J Environ Res Public Health 13: 203

66 Smoke Free Partnership (2020) The Investment Case for the Global Strategy. Smoke Free Partnership Briefing Paper

67 Statistisches Bundesamt (Destatis) (2018) Mikrozensus – Fragen zur Gesundheit – Rauchgewohnheiten der Bevölkerung – 2017

68 Statistisches Bundesamt (Destatis) (2019) Ergebnisse des Mikrozensus 2017: Rauchgewohnheiten nach Altersgruppen. <https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Gesundheitszustand-Relevantes-Verhalten/Tabellen/rauchverhalten-insgesamt.html> (accessed 7 May 2021)

69 Statistisches Bundesamt (Destatis) (2020) Bevölkerung und Erwerbstätigkeit: Bevölkerungsfortschreibung auf Grundlage des Zensus 2011. 2017. Fachserie 1, Reihe 1.3. Wiesbaden, Germany

70 Stöver H, Ritter C, Buth S (2014) Tabakprävention in Gefängnissen. BIS-Verl. der Carl-von-Ossietzky-Univ, Oldenburg, Germany

71 Strategiekreis der Nationalen Dekade gegen Krebs (2019) Gemeinsame Erklärung. Nationale Dekade gegen Krebs 2019–2029

72 The Scottish Government (2013) Creating a Tobacco-Free Generation: A Tobacco Control Strategy for Scotland

73 UN Committee on the Rights of the Child (2021) List of issues in relation to the combined fifth and sixth periodic reports of Germany

74 Unfairtobacco (2020) Children's Rights and Tobacco Control: The right to a tobacco-free world. Berlin, Germany

75 Unfairtobacco (2021) Supply Chain Act: Also for the tobacco industry? <https://www.unfairtobacco.org/en/supply-chain-act-also-for-the-tobacco-industry/> (accessed 7 May 2021)

76 United Nations Human Rights Office of the High Commissioner (2021) Status of Ratification Interactive Dashboard: Ratification of 18 International Human Rights Treaties. <https://indicators.ohchr.org/> (accessed 9 February 2021)

77 U. S. Department of Health and Human Services (2014) The health consequences of smoking – 50 years of progress: a report of the Surgeon General. U. S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion and Office on Smoking and Health, Atlanta, GA, USA

78 U. S. Department of Health and Human Services (2020) Smoking cessation: a report of the Surgeon General. U. S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion and Office on Smoking and Health, Atlanta, GA, USA

79 U. S. Department of Health and Human Services (2020) Smoking cessation: a report of the Surgeon General. U. S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion and Office on Smoking and Health, Atlanta, GA, USA

Health Promotion, Office on Smoking and Health, Atlanta, GA, USA

79 U. S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health (2006) The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General. Atlanta, GA, USA

80 U. S. National Cancer Institute (2008) The role of the media in promoting and reducing tobacco use. Tobacco Control Monograph No. 19. U. S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, Bethesda, MD, USA

81 U. S. National Cancer Institute, World Health Organization (2016) The economics of tobacco and tobacco control. Bethesda, MD: U. S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; and Geneva, Switzerland: World Health Organization

82 United Nations (2015) Resolution adopted by the General Assembly on 25 September 2015: 70/1 Transforming our world: the 2030 Agenda for Sustainable Development

83 Vital Strategies (2019) Crooked nine: Nine ways the tobacco industry undermines health policy. New York, NY, USA

84 World Health Organization (2008) Tobacco industry interference with tobacco control

85 World Health Organization (2013) Global action plan for the prevention and control of noncommunicable diseases: 2013–2020

86 World Health Organization (2015) Smoke-free movies: from evidence to action, 3rd ed. Geneva, Switzerland

87 World Health Organization (2016) Electronic Nicotine Delivery Systems and Electronic Non-Nicotine Delivery Systems (ENDS/ENNDS). Conference of the Parties of the WHO Framework Convention on Tobacco Control. Seventh session. Provisional agenda item 5.5.2. Delhi, India

88 World Health Organization (2019) WHO report on the global tobacco epidemic 2019: Offer help to quit tobacco use. Geneva, Switzerland

89 World Health Organization (2019) Global strategy to accelerate tobacco control: advancing sustainable development through the implementation of the WHO FCTC 2019–2025. Geneva, Switzerland

90 World Health Organization (2020) Tobacco: Leading cause of death, illness and impoverishment. <https://www.who.int/news-room/fact-sheets/detail/tobacco> (accessed 26 March 2021)

91 World Health Organization Regional Office for Europe (2017) Evidence brief: Tobacco point-of-sale display bans. Copenhagen, Denmark

92 World Health Organization Regional Office for Europe (2019) New avenues for tobacco control: Links to sustainable development and human rights. In: European tobacco use trends report 2019. Copenhagen, Denmark

93 World Health Organization Regional Office for Europe (2020) Heated tobacco products: a brief. Copenhagen, Denmark

94 World Health Organization Regional Office for Europe (2020) Electronic nicotine and non-nicotine delivery systems: a brief. Copenhagen, Denmark

95 Yeh C-Y, Schafferer C, Lee J-M, et al. (2017) The effects of a rise in cigarette price on cigarette consumption, tobacco taxation revenues, and of smoking-related deaths in 28 EU countries - applying threshold regression modelling. *BMC Public Health* 17: 676

96 Zafeiridou M, Hopkinson NS, Voulvoulis N (2018) Cigarette smoking: an assessment of tobacco's global environmental footprint across its entire supply chain. *Environ Sci Technol* 52:8087–8094

97 Zeiher J, Lange C, Starker A, et al. (2018) Tobacco and alcohol use among 11- to 17-year-olds in Germany. Results of the cross-sectional KiGGS Wave 2 study and trends. *JoHM* 2018 3(2): 23–43

98 Zeiher J, Starker A, Kuntz B (2018) Smoking behaviour among children and adolescents in Germany. Results of the cross-sectional KiGGS Wave 2 study and trends. *JoHM* 2018 3(1): 38–44

99 Zeiher J, Starker A, Lampert T, Kuntz B (2018) Adult exposure to passive smoking in Germany. *JoHM* 2018 3(2): 69–77

