Eur Respir J 2010; 36: 1–3
DOI: 10.1183/09031936.00073210

EDITORIAL: OCCUPATION AND EPIDEMIOLOGY ASSEMBLY

20 years of research and advocacy for a healthy and tobacco-free environment

Occupation and Epidemiology Assembly contribution to the celebration of 20 years of the ERS

T. Sigsgaard*, L. Clancy#, F. Forastiere¶, D. Heederik+, C. Janson§, B. Lundbäckƒ, C. Jiménez Ruiz and G. Viegi##**

The European Respiratory Society (ERS) has contributed, since its foundation in 1990, to epidemiology and occupational health through the Occupation and Epidemiology Assembly (Assembly 6) with three Groups: Epidemiology; Occupational and Environmental Health; and Tobacco, Smoking Control and Health Education. These groups have been working on the development of respiratory epidemiology and the dissemination of awareness of the environmental, occupational and smoking-related health risks in the medical society as well as the public domain. Assembly 6 participated in the editorial board of the European Lung White Book issued by ERS and the European Lung Foundation (ELF), and is co-ordinating the second issue of the European Lung White Book. Assembly 6 has also played a role in the foundation and management of the Global Alliance against Chronic Respiratory Diseases (GARD) with the World Health Organization.

The Epidemiology Group has been instrumental in being a forum for one of the greatest endeavours in respiratory epidemiology during the last 20 years, namely the European Respiratory Health Survey (ECRHS) [1]. Although this project was initiated in one of the two founding organisations, *Societas Europaea Physiologiae Clinicae Respiratoriae* (SEPCR), ERS has been taking over the responsibility of facilitating this project during all the subsequent years of existence. The ECHRS project has generated a substantial insight to the fundamentals about asthma in the adult population and is still contributing new knowledge about risk factors [2], treatment [3], phenotypes [4] and genetics [5], and, at present, the ECHRS project is taking a step into the field of gene–environment interaction in the framework of the GABRIEL project. This Group has also been in collaboration with the European Federation of Asthma and Allergy Associations (EFA) for European Union (EU)-funded research projects on ''Health Effect of School Environment'' [6] and ''Towards Healthy Air in Dwellings in Europe'' (THADE) [7]. The Epidemiology Group has also been involved in the co-ordination of the EU-funded projects ''in Anticipation of Focus on Respiratory Disease in the European Elderly'' (AFORDEE) and ''Indicators for monitoring COPD and asthma in the EU'' (IMCA), which is still on-going.

Finally, it is important to mention that, during the presidency of the assembly member Prof. G. Viegi, the epidemiological basis was important in the ERS advocacy activity which resulted in the inclusion of ''respiratory and allergic diseases'' into the shortlist of the Seventh Framework Programme for Research and Technological Development of the EU.

The Occupational and Environmental Health Group has been involved in the studies on air pollution and respiratory health and has organised several conferences, task forces and monographs on these issues. Recently, two position papers have been launched on the respiratory effects of air pollution [8] and climate changes [9]. A series on controversies in occupational asthma was launched in 2003 covering emerging aspects of pathogenecity, diagnosis and epidemiology of the disease. The group has been working closely with the American Thoracic Society (ATS) Environmental and Occupational Health committee on these issues and also with other societies, such as the Turkish Thoracic Society, especially on asbestos- and silica-related lung diseases. Recently Assembly 6 has been engaged in the fight against unprotected sandblasting of jeans performed by young males working in small workshops in the Istanbul area creating an epidemic of deadly silicosis in Turkey [10, 11]. In 2010, Assembly 6 published a position statement on the work-related burden on respiratory diseases in the EU, emphasising the shift from old to some new risk factors and challenges for ERS members in recognising work-related diseases. A specific issue is prevention in an era of deregulating governements which may lead to a larger role for ERS [12].

The Tobacco, Smoking Control and Health Education Group, is the youngest of the working groups in Assembly 6. This scientific group is devoted to the public health aspects of smoking cessation and control.

ERS and the Group directly managed a multicentre randomised study, the Collaborative European Anti-Smoking Evaluation (CEASE) study, which facilitated the implementation of smoking cessation programmes in clinical practice in 17 European countries [13]. The main findings were that nicotine patches at high doses were more effective than at standard

*Dept of Environmental and Occupational Medicine, Institute of Public Health, University of Aarhus, Aarhus, Denmark. #TobaccoFree Research Institute, Dublin, Ireland. ¶Epidemiology Dept, Local Health Authority ASL RM/E, Rome, and ##Institutes of Biomedicine and Molecular Immunology, National Research Council, Palermo, Italy. +IRAS EEPI Division, University of Utrecht, Utrecht, The Netherlands. Depts of §Medical Sciences, Respiratory Medicine and Allergology, Uppsala University, Uppsala, and ƒInternal Medicine, Respiratory Medicine and Allergology, Sahlgrenska Academy, Göteburg, Sweden. **Public Health Institute, Madrid, Spain.

CORRESPONDENCE: T. Sigsgaard, Dept of Environmental and Occupational Medicine, University of Aarhus, Bartholin Allé 2, Aarhus, 8000 Denmark. E-mail: sigsgaard@dadlnet.dk

doses and respiratory symptoms and lung function test improved in those who gave up smoking during the 12-month trial period [14]. The group has also produced a recommendation ''Smoking cessation in patients with respiratory diseases: a high priority integral component of therapy'' [15] giving several recommendations on the handling of smoking patients with respiratory diseases. Respiratory physicians must take a proactive and continuing role with all smokers in motivating them to stop and in providing treatment to aid smoking cessation. Furthermore, respiratory physicians should receive training to ensure that they have the knowledge, attitudes and skills necessary to deliver these interventions and a budget should be established to enable implementation.

EVIDENCE-BASED ADVOCACY

Assembly 6 is closely collaborating with two important advocacy committees within ERS, namely the Tobacco Control Committee (TCC), as a continuation of the Smoking Prevention Committee established in 1998, and the Environmental Health Committee (EHC). These committees were both established in 2006 and have successfully been lobbying for respiratory health in Europe. They have been collaborating with the ERS Brussels Office (Belgium) and the ELF to inform the European Commission (EC) respiratory health agenda. The TCC working with the Smoke Free Partnership (SFP) at the ERS Brussels Office has had a significant role in influencing the EU parliamentarians to support a Smokefree Europe. They have campaigned with the ELF, the European Network for Smoking Prevention and other nongovernmental organisations for smoke-free legislation and a ban on adverts promoting smoking. The TCC collaborated with the EC to publish the Analysis of the Science and Policy for European Control of Tobacco (ASPECT) report 'Tobacco or Health in the European Union: Past, Present and Future' [16]. This contains information about tobacco use and its effects on health, the economics of tobacco and the impact of tobacco control on smoking in the EU. The SFP, a consortium between ERS, Cancer Research UK, the French National Cancer Institute and the European Heart Network, presented the highly influential ''Lifting the smokescreen: 10 reasons for a smoke free Europe'' report on passive smoking to the European Parliament [17]. The report emphasised the harmful effects of second-hand smoke exposure, that every worker has the right to be protected from exposure, and that ventilation fails to protect fully against second-hand smoke exposure. The majority of EU member states have implemented smoke-free public environments.

The TCC recently conducted a survey on the smoking behaviour, knowledge and training of ERS members. This provides information on the members' willingness to accept the responsibility to be appropriate role models and non-smokers. It also provides information on ERS physicians' willingness to acquire the competence and have the commitment to treat patients with tobacco dependence.

The EHC has been very active in three fields: outdoor air pollution, indoor air quality and climate change. Several meetings with EU have been held during the preparation of the last standard setting for outdoor air quality in EU. These consultations have been important for the protection of citizen, although the health-based arguments have not always been followed in the standard setting [8]. In order to help physicians to get an overview of the problems, thus empowering them to be able to influence national parliaments, the EHC has produced a booklet ''Air pollution and health'', due to be published later this year.

Indoor air is an increasingly important priority for public health and ERS has been working closely with the EC Directorate General for Health and Consumers giving expert advice on the promotion of good indoor quality guidelines. At present the EC is preparing a website on indoor air quality and health effects [18].

The EHC was the first respiratory society to arrange a focused conference on the health effects of climate changes, from a respiratory society with participants from Australia, Europe, New Zealand and the USA, and this conference resulted in a position paper on the health effects of climate changes [9]. This will be followed by a similar conference arranged by the ATS during their annual International Conference 2010 in New Orleans (LA, USA) where a global perspective will be discussed with an audience covering all continents. Together with the Health and Environment Alliance (HEAL) and the International Federation of Medical Students' Association (IFMSA), ERS was representing respiratory health at the climate conference COP15 held in Copenhagen (Denmark) in November 2009, and were briefing politicians about the respiratory health effects of climate changes every morning before the meetings began.

It is a major goal of Assembly 6 to continue to improve the scientific level of epidemiological, environmental and public health research, and it is the hope of all members that we will be able to influence those responsible for a healthy indoor, outdoor and work environment for the European citizens at international, national and local levels.

STATEMENT OF INTEREST

None declared.

REFERENCES

1 Burney PG, Luczynska C, Chinn S, *et al.* The European Community Respiratory Health Survey. *Eur Respir J* 1994; 7: 954–960.
2 Kogevinas M, Zock JP, Jarvis D, *et al.* Exposure to substances in the workplace and new-onset asthma: an international prospective population-based study (ECRHS-II). *Lancet* 2007; 370: 336–341.
3 Cerveri I, Locatelli F, Zoia MC, *et al.* International variations in asthma treatment compliance: the results of the European Community Respiratory Health Survey (ECRHS). *Eur Respir J* 1999; 14: 288–294.
4 Gaga M, Papageorgiou N, Yiourgioti G, *et al.* Risk factors and characteristics associated with severe and difficult to treat asthma phenotype: an analysis of the ENFUMOSA group of patients based on the ECRHS questionnaire. *Clin Exp Allergy* 2005; 35: 954–959.
5 Castro-Giner F, Bustamante M, Ramon GJ, *et al.* A pooling-based genome-wide analysis identifies new potential candidate genes for atopy in the European Community Respiratory Health Survey (ECRHS). *BMC Med Genet* 2009; 10: 128.
6 Simoni M, Annesi-Maesano I, Sigsgaard T, *et al.* School air quality related to dry cough, rhinitis, and nasal patency in children. *Eur Respir J* 2010; 35: 742–749.
7 Carrer P, Kotzias D, Rameckers EMAL, *et al*. Towards Healthy Air in Dwellings in Europe. The THADE Report. Mariadelaide F, ed.

Brussels, EFA, 2004. www.efanet.org/activities/documents/THADEReport.pdf Date last accessed: May 2010.
8 Annesi-Maesano I, Forastiere F, Kunzli N, *et al.* Particulate matter, science and EU policy. *Eur Respir J* 2007; 29: 428–431.
9 Ayres JG, Forsberg B, Annesi-Maesano I, *et al.* Climate change and respiratory disease: European Respiratory Society position statement. *Eur Respir J* 2009; 34: 295–302.
10 Cimrin A, Sigsgaard T, Nemery B. Sandblasting jeans kills young people. *Eur Respir J* 2006; 28: 885–886.
11 Akgun M, Araz O, Akkurt I, *et al.* An epidemic of silicosis among former denim sandblasters. *Eur Respir J* 2008; 32: 1295–1303.
12 Sigsgaard T, Nowak D, Annesi-Maesano I, *et al.* ERS position paper: work-related respiratory diseases in the EU. *Eur Respir J* 2010; 35: 234–238.
13 Paoletti P, Tonnesen P, Rodriguez-Roisin R. CEASE (Collaborative European Anti-Smoking Evaluation): a challenging multicentre trail organized by the European Respiratory Society. *Eur Respir J* 1993; 6: 719–721.
14 Tonnesen P, Paoletti P, Gustavsson G, *et al.* Higher dosage nicotine patches increase one-year smoking cessation rates: results from the European CEASE trial. Collaborative European Anti-Smoking Evaluation. European Respiratory Society. *Eur Respir J* 1999; 13: 238–246.
15 Tonnesen P, Carrozzi L, Fagerstrom KO, *et al.* Smoking cessation in patients with respiratory diseases: a high priority, integral component of therapy. *Eur Respir J* 2007; 29: 390–417.
16 ASPECT Consortium: Tobacco or Health in the European Union. EU Directorate General for Health and Consumer protection, Luxembourg, 2004. http://ec.europa.eu/health/ph_determinants/life_style/Tobacco/Documents/tobacco_fr_en.pdf Date last accessed: May 2010.
17 Smoke Free Partnership. Lifting the smokescreen: 10 reasons for a smoke free Europe. www.ersnet.org/ers/show/default.aspx?id_attach=13509 Date last accessed: May 2010.
18 European Commission Indoor Air Quality & Health Effects. http://iaq.jrc.ec.europa.eu/en/index.cfm Date last accessed: May 2010.