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Smoke Free Policies in Europe
An Overview

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REZUMAT

Politicile fără fumat în Europa – o trecere în revistă

Articolul își propune să treacă în revistă stadiul actual al implementării legislației antifumat în Europa și în particular în România, dar mai ales modul de aplicare în practică a prevederilor legale. Se fac comentarii asupra dovezilor științifice privind efectul nociv al fumatului pasiv, cauză cunoscută de cancer pulmonar, boli cardiovasculare, greutate mică la naștere, boli respiratorii cronice ca bronșita și astmul, mai ales la copii.

În țările în care legislația antifumat a fost impusă eficient (Irlanda, Italia, Scoția) s-au înregistrat reduceri semnificative în prevalența bolilor induse de fumat, mai ales a accidentelor coronariene acute.

Articolul pune accent pe rolul esențial al lucrătorilor în sistemul sanitar în reducerea nivelului fumatului, dar mai ales pe implicarea politicienilor, mai ales a noilor români aleși în organele de conducere europene.

Cuvinte cheie: *legi anti-fumat, fumat pasiv, implementare*

ABSTRACT

This article is an overview of the current status of implementation of smoke free legislation in Europe and particularly in Romania. It overviews mostly how these laws are put to work. Comments are made on the scientific evidence of the harm induced by second-hand smoking, well known cause of lung cancer, cardiac disease, low birth weight and chronic respiratory diseases like bronchitis and asthma, especially in children.

In the countries where the smoke free legislation was successfully implemented (Ireland, Italy, Scotland) there is evidence of reduced prevalence of the smoking induced diseases, especially acute coronary attacks.

The article emphasizes on the major role of healthcare professionals in reducing the smoking level, but also on the involvement of politicians, especially the newly elected Romanians in the European political organisms.

Keywords: *smoke free laws, second-hand smoking, implementation*

„The evidence is clear. There is no safe level of exposure to second-hand tobacco smoke. Many countries have already taken action. I urge all countries that have not yet done so to take this immediate and important step to protect the health of all by passing laws requiring all indoor workplaces and public places to be 100% smoke-free."

Dr. Margaret Chan, Director-General, World Health Organisation, May 29, 2007

„At present, the only means of effectively eliminating health risks associated with indoor exposure is to ban smoking activity."[1]

American Society of Heating, Refrigerating & Air-Conditioning Engineers (ASHRAE), June 2005

Overview of the situation at International level: The Framework Convention on Tobacco control

Article 8 of the Framework Convention on Tobacco Control (FCTC) imposes a legal obligation on all ratifying countries to implement effective national smokefree policies if they have the power to do so, and to promote smokefree policies at other levels of government (e.g., city, state, or provincial levels). The FCTC specifies that effective measures should cover *„indoor workplaces, public transport, indoor public places and, as appropriate, other public places*[1]*."*

This legal obligation applies to more the 164 countries that have ratified the FCTC, representing more than 80 percent of the world's population[2]. The member states of the FCTC have adopted strong guidelines for countries to follow in meeting their FCTC obligations[3]. The guidelines provide that:

„Effective measures to provide protection from exposure to tobacco smoke, as envisioned by Article 8 of the WHO Framework Convention, require the total elimination of smoking and tobacco smoke in a particular space or environment in order to create a 100% smoke free laws environment."

„Approaches other than 100% smoke free laws environments, including ventilation, air filtration, and the use of

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designated smoking areas... 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." „All people should be protected from exposure to tobacco smoke. All indoor workplaces and indoor public places should be smoke free."

Overview of the situation at EU level

At the beginning of 2004, no European countries had yet banned smoking in bars and restaurants. Today, all EU Member States have some form of regulation aimed at limiting exposure to second-hand smoke but the scope and character of these regulations differ widely[4]. In more than half of the Member States, citizens and workers are still not fully protected from exposure to tobacco smoke in indoor workplaces and public places and bars and restaurants remain a particularly difficult area of regulation.

Yet, we know that total bans on smoking in all enclosed public places and workplaces, including bars and restaurants are effective, popular, enforceable and inexpensive, as can be shown from the experience in countries such as Ireland, the United Kingdom, Italy, Malta, Sweden, Latvia, Lithuania, Finland, Slovenia and France. The experience of these and other countries around the world has proven that the public acceptance of smokefree air laws is extremely high, even among smokers. For example, in Ireland, researchers found that 83 percent of smokers reported that the smokefree law was a „good" or „a very good" thing.

Romania introduced its new smoke free law in January 1, 2009. Smoking is no longer allowed in public places but, unfortunately smoking is still permitted in „special ventilated rooms". As the quote from ASHRAE[5], confirms, there are no means short of prohibiting smoking in indoor environments that protect everyone from the harms from exposure to secondhand smoke. Despite this clear and unequivocal conclusion from the ventilation experts at ASHRAE, the opponents of smokefree workplace laws still try to push ventilation as a viable option. But the truth is that ventilation is a false „solution" that doesn't work, and is a waste of money to businesses who often cannot afford it. The provisions in Romania are similar to those in Spain and they do not protect anyone. This was confirmed in a study published in January 2009 in the online journal PLoS ONE[6]: partial restrictions on smoking in Spanish hospitality venues do not sufficiently protect workers against secondhand smoke or respiratory symptoms.

Smoking and *non-smoking* sections in restaurants are a non-sense. Smoke travels and introducing *smoking* and *non-smoking* sections in restaurants is like *peeing* and *non-peeing* sections in a swimming pool – it doesn't work. Like that yellow substance in the water, smoke circulates, and everybody is exposed to it. Countries that have already introduced comprehensive smokefree legislation are finding that the legislation is workable and has almost immediate health benefits. We hope these examples will encourage the Romanian government to take the necessary action to revise the current law and introduce 100% smoke free workplaces as soon as possible.

EU Regulation

While an EU-wide ban on smoking doesn't exist, the body has passed some anti-smoking measures, including a 1989 recommendation[7] that asked member states to take steps toward banning smoking in certain public places and on public transportation. A 2002 recommendation also suggested member states pass legislation to provide anti-smoking protections in the workplace[8].

On 30 January 2007, the Commission published a **Green Paper *„Towards a Europe free from tobacco smoke: policy options at EU level"***[9] to launch a broad public consultation on the best way to promote smoke-free environments in the EU. The figure of at least 79,000 EU deaths from passive smoking of *Lifting the Smokescreen* report was quoted in the Green Paper. The ERS and SFP's response argued that the best way to introduce a total ban on smoking in all enclosed public places (that would be supported and complied with) should be at the national level.

During the same year, the SFP was active in the **European Parliament** and successfully lobbied for changes to the EP's own initiative report[10] in response to the Commission Green Paper on Smokefree. Whilst the report has no legal power, the size of the majority backing it and the growing European momentum towards smoking bans gives it considerable political weight – a factor likely to influence future Commission proposals.

As of today, the European Commission has not yet put forward its follow-up initiative on smoke-free environments, despite claims that it would do so by the end of 2008. We are unsure why it is taking such a long time but we suspect that the tobacco industry were successful in convincing some Commissioners to slow things down. The Smoke Free Partnership will continue to follow this dossier very closely in coming months.

In any case, it is important to recall that there has been a very long history of scientific evidence on second hand smoke:

- The first research on second hand smoke date from **1931**. One can read from the **Annals of Surgery**: „*Finally something should be said as to the gross amount of air pollution as the result of almost universal smoking habits, which may in some cases injuriously affect nonsmokers who are victims of conditions over which they have no control."*
- In **1936** in Germany, **Fritz Lickint** first used the term „passive smoking".
- In **1957** in Germany, **Harmsen** and **Effenberger** estimated the amount of airborne particles in railway carriages and found that the level was 4 times higher in smoking compartments than in non-smoking compartments. Similar proportions were found in restaurants.
- In **1971**, the **Surgeon General Report** highlights dangers of smoking and pregnancy and proposes a government ban on smoking in public places.
- In **1972**, first Surgeon General Report to identify involuntary smoking as a health risk.
- In **1981** in Japan, the Japanese epidemiologist **Takeshi Hirayama** showed that non-smoking women married to smoking men had higher lung cancer rates than non-smoking women married to non-smoking men. Hirayama Lung Cancer Study[11].
- In **1986** in the USA, the Surgeon General's Report on *The Health Consequences of Involuntary Smoking*

found that secondhand smoke exposure was a cause of disease in nonsmokers (lung cancer among nonsmoking adults and several respiratory problems among children).

- In **1992** in the USA – EPA Report: The Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders found that „*The widespread exposure to ETS in the United States presents a serious and substantial public health impact.*"
- In **1998** in London, the *Report of the scientific Committee on Tobacco and Health* published by The Stationery Office found that „*The enormous damage to health and life arising from smoking should no longer be accepted; the Government should take effective action to limit this preventable epidemic.*
- In **2000** in New Zealand – Woodward A, Laugesen M. *Deaths Attributable to Second Hand Tobacco Smoke in New Zealand: a report to the New Zealand Ministry of Health*. Wellington: Wellington School of Medicine, 2000. This report estimates that there are about 388 deaths caused by second-hand smoke in New Zealand each year. This represents an additional eight percent over and above deaths due to direct smoking.
- **2002** report by the World Health Organization's International Agency for Research on Cancer (IARC) concluded that secondhand smoke causes lung cancer, heart disease and other health problems[12].
- In January **2005**, the U.S. Public Health Service's National Toxicology Program issued its 11th Report on Carcinogens, which unambiguously states: „*Environmental tobacco smoke is known to be a human carcinogen based on sufficient evidence of carcinogenicity from studies in humans that indicate a causal relationship between passive exposure to tobacco smoke and lung cancer. Many epidemiological studies, including large population-based case-control studies, have demonstrated* increased risks for developing lung cancer following prolonged exposure to environmental tobacco smoke[13]."
- A **2006** review in the **European Respiratory Journal** estimated that 7.5 million workers in the EU are exposed to secondhand smoke at work[14].
- The **Surgeon General's 2006 Report** on *The Health Consequences of Involuntary Exposure to Tobacco Smoke* confirmed that secondhand smoke causes cancer, heart disease and serious lung ailments. As former Surgeon General Richard Carmona stated when releasing the report, „*The debate is over. The science is clear. Secondhand smoke is not a mere annoyance but a serious health hazard*[15]."
- Separation of smokers and nonsmokers within the same airspace does not eliminate the serious health effects of secondhand smoke. ASHRAE, the leading U.S. association of ventilation professionals, has concluded that ventilation technology is incapable of removing all the harmful elements of secondhand smoke[16].
- European Respiratory Journal editorial in support of ***Lifting the SmokeScreen,*** „*If we take a baseline smoking prevalence rate of 30% across the EU and assume an average effect on smoking prevalence of between only one and two percentage points, this would translate into somewhere between 5 and 10 million EU smokers quitting as a result of such legislation.*" Britton J, Godfrey F, European Respiratory Journal June 2006[17].

Post-Legislation Progress Reports

Several countries have implemented smoke-free legislation that prohibits smoking in most enclosed public places. These post-legislation progress reports provide an insight into how the smoking habits of each country/area have changed since the introduction of legislation and/or examine the economic impact of the legislation. Links to some of these key reports are provided below:

- **Ireland:** A report published in 2007 found that a total workplace smoking ban results in a significant reduction in air pollution in pubs and an improvement in respiratory health in barmen[18]. Also see: Office of Tobacco Control. 2004. Smoke-free workplace legislation implementation: Public Health (Tobacco) Acts 2002 and 2004: six month progress report[19]. Office of Tobacco Control. 2005. Smoke-free workplaces in Ireland: a one year review[20].
- **Scotland:** A study of nine Scottish hospitals has found a 17 per cent fall in admissions for heart attacks in the first year after the smoking ban came into force. The figure is included in one of a series of research papers. Three studies can be found in the *British Medical Journal* and one in the *Annals of Occupational Hygiene*. The legislation on smoking in enclosed public places in Scotland will evaluate the impact. A report examines the approach being taken to monitor the health, economic and behavioral impact of the smoke-free legislation[21].
- **Italy:** A report by Circulation[22] published online before print on February 11th on the Effect of the Italian Smoking Ban on Population Rates of Acute Coronary Events compared acute coronary events in the city for five years preceding a public smoking ban with those occurring one year after the ban. They found an **11.2 percent reduction of acute coronary events** in persons 35 to 64 years and a 7.9 percent reduction in those ages 65 to 74.

Conclusions

The scientific evidence on the health risks associated with exposure to secondhand smoke is clear, convincing, and overwhelming. Secondhand smoke is a known cause of lung cancer, heart disease, low birth-weight births and chronic lung ailments such as bronchitis and asthma (particularly in children). Overwhelming scientific evidence concludes that there is no safe level of exposure to secondhand smoke.

Final words: Health professionals can make the difference!

Romanian doctors and health professionals have already made a great deal of difference at national level. Due to their engagement, taxes and prices of tobacco products were increased. By 2010, Romanian cigarettes are expected to be aligned with EU prices for cigarettes and Romanian authorities will have to raise taxes, by improving the laws stipulating their most appropriate value at a certain point.

Consequently, at least three times a year, excises duties will be increased. I have no doubt that this will have positive consequences on smoking rates in Romania.

Progress made in tobacco taxation should not stop you from asking your government to improve the current smoke free law. As this paper shows, there is considerable international evidence from countries that have introduced legislation for smokefree public places and workplaces that they are cheap to introduce and that the impact on the hospitality industry is not detrimental. As I write this paper, the new European Parliament has just been renewed and 30 Romanian MEPS were elected: 10 for the PD-L; 3 for the UDMR, 10 for the PSD-PC and 5 for the PNL. The Smoke free Partnership will be publishing their names shortly on a special website developed before the elections: www.tobaccofree.me. It is important to contact these newly elected politicians (as well as all politicians at national level) and to bring them on our side. I hope many of you will do so.

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