

# Smoke-free politics – lessons to learn for Romania

## *Politici fără fumat – lecții pentru România*

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### Abstract

Very recently ASH -Global Action for everyone's health 2014 published two lesson on the progress of smoke free regulations in two countries France and Uruguay with all the explanations and comments referring to the results, limits and benefits of different strategies. I am trying to see in comparison with this two examples what we have done and what is necessary to learn in the future for also having in Romania a strong free regulation for smoke free environment.  
**Keywords:** smoke free regulations, smoke free environment

### Rezumat

Recent ASH-Global Action for everyone's health 2014 a publicat două lecții despre progresul legilor pentru un mediu fără fumat în două țări Franța și Uruguay cu toate explicațiile și comentariile referitoare la rezultate, limite și beneficii ale diferitelor strategii. Eu încerc să văd în comparație cu cele două exemple ce am făcut și ce este necesar a învăța în viitor pentru a avea de asemenea în România o lege puternică pentru un mediu liber de fumat.  
**Cuvinte-cheie:** legi pentru mediu fără fumat, -mediu fără fumat

Comprehensive national smoke-free regulations that cover virtually all indoor work and public places is the right politic in every country. Even if there is much progress in the field only a few countries succeeded to implement them and to evaluate the benefits. The example of France and Uruguay is one of them and they must be followed and compared with all the advantages and limits.

### A. Prevalence data and smoke free politics in France , Uruguay and Romania

France is one of the 13 additional countries with strong smoke-free laws with limited hospitality exemptions<sup>1</sup>. Even if the law allow designated smoking rooms (DSRs), the rules for creating them are still so onerous<sup>2</sup> that very few have been built (the tobacco industry has paid for a few rooms at large venues frequented by young people, such as clubs)<sup>3</sup>. What was very important for a very high law in this country and permitted an increasing of the number of smoke-free homes (from 23.2% to 37.2%) was: the compliance (97%) and public support (88% among smokers) for the law<sup>4</sup>. In Uruguay over 90 percent of smokers now support the comprehensive national smoke-free regulations that cover all indoor work and public places<sup>5,6</sup>.

Every country is engaged in implementing the WHO Framework Convention on Tobacco Control (FCTC), including taxation, an advertising ban, public education, high taxation, counter marketing, advertising restrictions and graphic warning labels<sup>4,5</sup>. In France the failure to fully implement some of them is one of the explanations why the prevalence has actually increased by about 3%<sup>7</sup> since the law came into effect, arriving at about 31% of adults. That's why in Uruguay where simultaneously with their smoke-free campaign, the government enacted a number of advanced tobacco control measures the cigarette consumption and adult smoking prevalence have dropped

drastically. From 2005, (the year when the smoke-free law passed) to 2011, per capita cigarette consumption in Uruguay has dropped an average of 4.3 percent per year, while prevalence fell by an average of 3.3 percent per year. Between 1998 and 2012 also, adult consumption was more than halved, from 49.5 percent to 20 percent<sup>5,6</sup>.

In Romania the actual prevalence (last GATS study is from 2011)<sup>8</sup> is demonstrating that the prevalence is of 26.7% for adults even if the country after signing the WHO FCTC didn't make very well organized movements for a new legislation and for implementing and updating some of the well known as effects measures (taxation, graphic warning labels, black market control); 35.4% of adults were exposed to tobacco smoke at home. 34.2% of adults were exposed to tobacco smoke at the workplace<sup>8</sup>.

### B. National context-particularities

France has its own unique cultural attachment to tobacco use, strongly connected to its "café culture"<sup>4</sup> Some of the most popular brands of cigarettes are targeted specifically at French smokers and some of them as Gauloise remain the most popular local brand. France has a strong history of civil protest, making it very difficult for the national government to move forward with legislation that is unpopular. Public education is therefore a vital precursor to enacting sweeping tobacco control laws<sup>4</sup>. While most French brands remained on the market, production largely moved out of the country. As in many countries, there is a "revolving door" culture of tobacco industry executives moving in and out of the government<sup>9</sup>.

At the end of the last century, prior to the opening of the negotiations for the FCTC, Uruguay had an extremely high smoking rate. Nearly half of all adults smoked; for men, the rate was over 60 percent. The government already recognized the health and economic consequences. A relatively high excise tax of 66.5% had reduced overall



consumption, but prevalence remained high. Local governments do not have the constitutional right to implement smoke-free laws in Uruguay, leaving a national approach as the only option. The Uruguayan cigarette market is dominated by a local company. In 2010, BAT decided to leave the market entirely, and PMI's local affiliate, Abal Hnos, closed its factory and began importing cigarettes. A tiny amount of tobacco leaf is grown in Uruguay, mostly for domestic use<sup>5,6</sup>.

In Romania, after 1990, the country was the heaven of famous brands. The local brand disappeared in time. The changing of governments, the corruption progress and the interacting between the tobacco industry and the politicians was the most important factor of the absence of the desire to renew the old law (from 2002) and of having a well-organized strategy. With a past president well known as a smoker and with every time an opposition party interested in updating the law only before elections nothing new happened until now<sup>10</sup>.

### C. Background for smoke free law

France's first attempt to enact smoke-free spaces occurred in 1991 (Evin Law), even before California's trend-setting move. The most successful aspect was a ban on tobacco industry marketing; it was among the first such laws in the world<sup>4</sup>. Concerning the smoke free spaces the rules were vague, called for little more than smoke-free sections, and were poorly enforced. The law aimed at accommodation of both smokers and nonsmokers, but failed to adequately separate the latter from the former. The consequences where: the citizens continued to smoke even when tables were marked "non-smoking and the public health community did not consider France to have a valid smoke-free law. Another important facet of the Évin law that would eventually come into play was an enforcement mechanism that gave recognized civil society

organizations (CSOs) the right to bring legal action against corporations that failed to implement the law. This right lay largely dormant until France's 2004 ratification of the World Health Organization Framework Convention on Tobacco Control (FCTC). This moment was important because the national discussion for smoke free air restarted after this<sup>4</sup>.

Uruguay prior to 1999 had no restrictions on smoking in indoor public or work places<sup>6</sup>. At the Pan-American Health Organization (PAHO) in Jamaica in 2002 the representative of the Ministry of Health, of the Center for the Investigation of the Tobacco Epidemic (CIET), and Montevideo (capital and largest city) by working together to create a draft plan for a smoke-free Uruguay, they cemented and expanded the cooperation between civil society and the Ministry of Health. The first events smoke free where: "Smoke-free Uruguay" campaign in 2004, the national cardiologist annual conference declared itself as a smoke-free event and the "honorary tobacco control commission" created in 2005, including government and civil society who guide all the campaigns to implement in force the FCTC, including smoke-free air, managed a public awareness campaign, tracked compliance and identified violations, and coordinated the research<sup>6</sup>.

In Romania the previous law was not well surveyed and implemented. The Romanian Society of Pneumology was the only one of the professional association creating a tabacology section after 2000 with concrete programs and initiatives for smoke free environment. Our congresses after 2006 where smoke free. We started many common meetings with the parliamentarians after 2005/6 without any positive reactions. After 2007 we developed the partnerships with NGO like "Aer Pur", "Romtens", "Forum of Prevention" and we created the "Romanian Network for Smoking Prevention". The most important partnership

remains in 2014 the association between the Romanian Society of Pneumology, the Romanian Society of Cardiology, The Heart Foundation, the Association of medical students and the Minister of Health. This will probably bring a changing of the actual law<sup>11</sup>.

## D. Civil society strategy

The Comité National Contre le Tabagisme (CNCT), successfully pushed for the formation of a national alliance around the smoke-free question in 2004. Mr. Bur, a personal friend of then-President Nicolas Sarkozy and head of the national tobacco control alliance convinced the tobacco control civil society organizations to put aside pet projects and focus with one voice on the smoke-free air issue<sup>4</sup>. It was also the big influence of the neighbors. In 2004, Ireland became the first country in the world to ban smoking in all indoor work and public places. At the time, critics felt that Ireland's "pub culture" would never accept the ban, but it was quickly shown to be successful, with a high compliance rate and overwhelming public support. In 2005, Italy followed suit with a somewhat less comprehensive law. Again, critics said that Italians would never comply with the law. The contrary was demonstrated<sup>4</sup>. Media has his role with some very well promoted conflicts like: the publicly complaint of a young bartender in France, with no connection to public health groups, about his involuntary exposure to secondhand smoke where mass media represented him as the voice of millions of workers who had to choose between their jobs and a known health hazard and a process of a café worker with a lawsuit against her employer, arguing that he had a duty to assure the intended result of the smoke-free aspects of the Évin law, i.e. protection for nonsmokers<sup>4</sup>. Another clever movement was the recruitment of many members of the hospitality industry to the side of the national smoke-free alliance.

In Uruguay it all started when the Center for the Investigation of the Tobacco Epidemic (CIET) established a relationship with the University of Waterloo's International Tobacco Control Policy Evaluation Project. It was the first step in providing prevalence data and conducting evaluations of tobacco control regulations. The second step was using this scientific data as part of its smoke-free campaign; in the same time in 2005, the medical associations, labor and human rights organizations joined in an effort to protect workers and people in general from exposure to secondhand smoke in indoor workplaces and public venues<sup>5,6</sup>. The tobacco industry had influence with certain ministries, such as finance and budget but in 2005, an in-depth economic study was completed showing that smoke-free rules would have no negative impact on the hospitality industry (great allies until this moment with the local tobacco industry) and the national tobacco control coalition began meeting with hospitality representatives. Another good movement was the public awareness campaign resulted from grants from the Pan American Health Organization (PAHO) (one example was the "Thanks a Million" campaign, garnering 1 million signatures to thank the roughly 1 million smokers for

compliance with the smoke-free rules)<sup>5,6</sup>.

In Romania the population is supporting the protective law of a smoke free environment if we are looking to the statistics made in the last years<sup>12</sup>. More than 75% of the population are for a protective law. Mean time the exposure is high. Among those who visited restaurants or clubs and bars in the past 30 days, 86.6% of adults in restaurants and 94.4% of adults in bars and clubs reported being exposed to tobacco smoke<sup>8</sup>. There were some important movements for preparing the renewing of the law such as: the Bloomberg project (2007-2009) on work free places and hospitals<sup>13,14</sup>, the good relations with American Cancer Society (2001-2003) and ENSP(2007-2014), the translation of the FCTC Guideline, the launching of GREFA guideline for counselling the smokers to quit but also the preparing of Romanian guidelines for having Smoke Free Hospitals and Smoke Free Workplaces. In this moment we are preparing a huge campaign for smoke free social places and we are working together with the Minister of Health for preparing the new law. The most important problem along the year was that we had no prime minister, no presidents of the country or important politician really interested and implicated in this lobby for a smoke free country.

## E. Passage of new smoke-free rules

After 2005 CNCT and its allies called for a complete smoking ban in all indoor work and public places. The ministry of health released the results of a long-term study of the impact of secondhand smoke, concluding that only a comprehensive ban could properly address the dangers, and the Parliament set up a review committee to address the issue recommending an indoor smoking ban, but they discussed two paths to achieving it:

- a) Pass a new law to replace the smoke-free aspects of the 1991 law, which would take time and allow the tobacco industry to use its influence to derail the effort; or
- b) Ask the government to issue a decree to fully implement the 1991 law, which would mean some accommodation for smokers<sup>4</sup>.

The government chose the latter path, and in 2006 issued its decree, including the allowance of dedicated smoking rooms. The requirements included:

- Maximum area of 35 square meters;
- No service, i.e., no workers required to enter;
- A negative pressure air ventilation system;
- Doors that automatically shut;
- No cleaning by work staff until at least an hour after the last smoking has taken place.

The law came into effect for most workplaces in 2007<sup>4</sup>.

In Uruguay, President Vázquez signed the tobacco control decree at the end of 2005, which became effective March 1, 2006 and in the same time the decree created Uruguay's first graphic warning labels, banned tobacco advertising, promotion and sponsorship, and banned misleading descriptors such as "light" and "low". The decree was followed by an Act of the Uruguayan General Assembly in 2008, reinforcing the decree and expanding tobacco control regulations in general to more fully implement the FCTC. Today, Uruguay has some of the most comprehensive

tobacco control laws in the world<sup>6</sup>. Even so for smoke-free air, the results continue to be somewhat disappointing. In hospitality venues, compliance is over 90 percent, but for indoor workplaces it is only 75-80 percent (based on reported observance of smoking over a six month period)<sup>6</sup>. As part of a comprehensive tobacco control effort, smoke-free air has helped reducing the adult prevalence from nearly 50% to about 20% in the past decade<sup>6</sup>.

In Romania even if in 2006 we were between the first 4 UE countries with pictorials on the tobacco package we remain with an outdated law and every time when we organized attempts to change it in 2005, 2013, 2014 it was a huge opposition from the parliamentarians and some of the ministers of health or economy. That's why the last EU Directives passed without the support of the Romanian representatives but, in 2014, for the first time in our country a strong protest was organized with the Romanian Society of Pneumology and the "Forum of Prevention" and "Aer Pur" in the first line<sup>15,16,17</sup>.

## F. Public education

In 2004 in France the public was relatively ignorant of the health dangers of secondhand smoke, seeing it as merely an annoyance or inconvenience<sup>4</sup>. In 2006 CNCT published and printed 100,000 brochures to send to hospitality venues to educate them on the new decree, but this did not reach the general public. What was needed was a national television campaign to sensitize the public to the harms of secondhand smoke. They had no money for sustaining such a campaign. They solved the problem by utilizing the litigation rights given to civil society under the original 1991 Évin law, suing television broadcasters for violating the ban on tobacco marketing by televising events sponsored by the tobacco industry<sup>4</sup>.

In Uruguay between the signing and effective date of the new law, in November 2005 the Pan American Health Organization (PAHO) funded a public opinion poll, aimed at raising awareness. The poll showed wide support for tobacco control.

In Romania all the paid campaigns organized by the state were unsuccessful because the messages were not well chosen when I am thinking of the last event with the logo: "Smoking is your only pleasure".

In the doctors population the lobby was growing from one year to other. This explains why the prevalence of smoking to lung physicians diminished spectacular<sup>18</sup> and they remain in the frontline as trainers and promoters of the messages to the population.

## G. Conclusions

While there can be no "script" for a successful smoke-free air campaign, the French experience included a number of tactics that may be universally employed<sup>4</sup>:

- ensure that campaigners speak with one voice
- recruit high profile champions
- recruit allies from outside the public health community
- demonstrate public support
- utilize litigation as a tool for public health

From Uruguay against tobacco politics we can also learn

that every jurisdiction is unique, and the most successful smoke-free air campaigns are run by organizations who fully understand local culture and politics<sup>6</sup>. The Uruguayan experience included an extra number of tactics that may be universally employed like:

- use the WHO Framework Convention on Tobacco Control
- fight tobacco, not smokers
- work closely with public health officials as well as the medical community
- include academia
- consider smoke-free air legislation as part of a larger tobacco control effort

We as Romanian stakeholders in this fight we need to learn all this lessons and to adapt them to the national specific and particularities. Our first priority in this moment is to have a modern and protective law for the 73.4% Romanian passive smoker. ■

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