

# Smokefree policies

## KEY FACTS

- There is no safe level of exposure to secondhand smoke.
- Comprehensive smokefree laws improve health, motivate smokers to quit, and help reduce tobacco consumption.
- Smokefree laws are popular and compliance is high.
- Only 5% of the world's population is protected by comprehensive smokefree legislation.
- Article 8 of the FCTC requires parties to implement legal measures to protect non-smokers from exposure to tobacco smoke.

## What is a smokefree policy?

A smokefree policy prohibits smoking in a certain establishment or venue. It is most effective when mandated by legislation, with penalties for non-compliance. A comprehensive smokefree law prohibits smoking in indoor workplaces (including bars and restaurants), public places and public transport. A comprehensive law does not permit any smoking areas, even if they are separately ventilated. Designated smoking rooms substantially reduce the effectiveness of a law.<sup>1,2</sup>

## The need for smokefree policies

There is no safe level of exposure to secondhand smoke.<sup>3</sup> In places with secondhand smoke, people are exposed to significant levels of pollution, including carbon monoxide. Studies have shown that pollution levels in indoor places that allow smoking are higher than levels found in busy roadways, closed motor garages and during firestorms.<sup>4</sup>

Exposure to secondhand smoke causes a number of diseases including lung cancer, coronary heart disease and cardiac death. In children it causes Sudden Infant Death Syndrome, middle ear infections, acute lower respiratory tract infections, and exacerbation of asthma. The greater the risk of exposure to secondhand smoke, the greater the risk of most diseases.<sup>3</sup>

Although a growing number of countries have introduced smokefree legislation<sup>1</sup>, the vast majority of countries have no smokefree laws, very limited laws or ineffective enforcement of laws. Approximately 40% of countries do not protect children from secondhand smoke at school. More than half of countries worldwide allow smoking in government offices, workplaces and other indoor places. Only 9% of low- and middle-income countries have smokefree restaurants, compared with 29% of high-income countries. Only 5% of the world's population (16 countries) is currently protected by comprehensive smokefree legislation.<sup>2</sup>

Mae ysmegu yn y fangre hon yn erbyn y gyfraith



It is against the law to smoke in these premises

No smoking signage in Wales  
[www.smokingbanwales.co.uk](http://www.smokingbanwales.co.uk)

## Examples of improved health

Comprehensive smokefree laws improve health:

- Reductions in hospital admissions for myocardial infarctions after the introduction of smokefree legislation have been observed in several countries, including Scotland, New Zealand, Italy and the USA.<sup>5,6,7,8,9</sup>
- Studies show that smokefree legislation has reduced the exposure of non-smokers to secondhand smoke. There was no evidence of increased exposure to secondhand smoke among young people because of displacement of parental smoking into the home.<sup>11</sup>
- Improvements in bar workers' health have been observed in Ireland,<sup>12,13</sup> California,<sup>14</sup> New York<sup>15</sup> and Scotland<sup>16</sup> after introduction of smokefree legislation.

## Other benefits of smokefree policies

- Smokefree workplaces help to motivate smokers to quit and people who have quit to remain non-smokers.<sup>17</sup> Smoking prevalence can be cut by 4%.<sup>18</sup>
- They help to reduce tobacco consumption. The World Bank estimates that smoking restrictions reduce overall tobacco consumption by an estimated 4-10%.<sup>19</sup> Smokefree workplaces may reduce overall tobacco consumption by as much as 29%. The number of cigarettes smoked by people who continue to smoke is also likely to fall.<sup>17</sup>
- They reduce overall tobacco sales, as has occurred in Ireland,<sup>20</sup> Norway<sup>21</sup> and Italy.<sup>22</sup>
- Children are less exposed to secondhand smoke when fewer adults smoke.<sup>23</sup>
- Smokefree policies may lead to an increase in the number of smokefree homes.<sup>2,24,25</sup>
- Smokefree policies have either a neutral or positive impact on business.<sup>8,26</sup>
- Smokefree legislation is very popular wherever it is enacted, and compliance is high.<sup>27,28</sup> Support for smokefree legislation tends to increase after implementation.

## Best practice

### - the FCTC Article 8 guidelines

Article 8 of the WHO Framework Convention on Tobacco Control (FCTC) addresses measures to protect people from exposure to secondhand smoke. The Article 8 guidelines were adopted with unanimous support from all parties to the FCTC. The key principles of the guidelines are:

- Effective measures to protect against exposure to secondhand smoke require the total elimination of smoking and tobacco smoke in a particular space or environment.
- Ventilation or designated smoking rooms do not offer protection.
- All people should be protected from exposure to secondhand smoke. All indoor workplaces, indoor public places and public transport should be smokefree.
- Legislation is needed to protect people from secondhand smoke. Voluntary agreements are ineffective.
- Good planning and adequate resources are needed for implementation and enforcement of legislation.
- Civil society should be an active partner in developing, implementing and enforcing smokefree legislation.
- Smokefree legislation should be monitored and evaluated, to assess its impact and build support for the most effective possible measures.
- The protection of people from secondhand smoke should be strengthened and expanded if needed. This may require new or amended legislation or improved enforcement measures.<sup>30</sup>

The need for clear definitions of key terms such as, 'smoking', 'workplace', 'public place', 'indoor' and 'enclosed' is also stressed.

Tobacco-free Futures Action Guides are available at [www.tobaccofreeunion.org](http://www.tobaccofreeunion.org)

In its MPOWER package and in its policy recommendations, WHO recommends that countries prepare appropriately for implementation of smokefree laws:<sup>2,29</sup> (1) educate the public and businesses about the dangers of secondhand smoke; (2) after building widespread support for smokefree workplaces and public places, draft legislation for public comment; (3) pass comprehensive smokefree legislation; (4) once enacted, maintain strong support for the law by uniform and aggressive enforcement that generates high levels of compliance.

WHO recommends emphasising that the main purpose of smokefree workplaces is to protect workers' health. It also stresses that countering false arguments by the tobacco industry is crucial to gaining support for smokefree legislation.



© Kaarsten, Dreamstime.com

For more information visit [www.theunion.org](http://www.theunion.org) [www.tobaccofreeunion.org](http://www.tobaccofreeunion.org)  
[tobaccofreeunion@theunion.org](mailto:tobaccofreeunion@theunion.org)

# 02

<sup>1</sup> Global voices. Working for smokefree air: 2008 Status report. Global Smokefree Partnership. [www.globalsmokefreepartnership.org](http://www.globalsmokefreepartnership.org)

<sup>2</sup> WHO report on the global tobacco epidemic, 2008. The MPOWER package. Geneva, World Health Organization, 2008. [www.who.int/tobacco/mpower/en/index.html](http://www.who.int/tobacco/mpower/en/index.html)

<sup>3</sup> The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General. Atlanta, GA: Dept of Health and Human Services, Centers for Disease Control and Prevention, National Centre for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health; Washington, DC: 2006. [www.cdc.gov/tobacco/data\\_statistics/sgr/2006/index.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/2006/index.htm)

<sup>4</sup> Invernizzi G, Ruprecht A, Mazza R, Rossetti E, Sasco A, Nardini S, et al. Particulate matter from tobacco versus diesel car exhaust: an educational perspective. *Tob Control* 2004;13:219-21. <http://tobaccocontrol.bmj.com/cgi/content/full/13/3/219>

<sup>5</sup> Pell J, Haw S, Cobbe S, Newby D, Pell A, Fischbacher C. Smokefree legislation and hospitalizations for acute coronary heart syndrome. *NEJM* 2008;359:482-491. <http://content.nejm.org/cgi/content/full/359/5/482>

<sup>6</sup> Barone-Adesi F et al. Short-term effects of Italian smoking regulation on rates of hospital admission for acute myocardial infarction. *Eur Heart J* 2006 ;27:2468-72

<sup>7</sup> Sargent R, Shepard R, Glantz S. Reduced incidence of admissions for myocardial infarction associated with public smoking ban: before and after study. *BMJ* 2004; 328:977-80.

<sup>8</sup> IARC handbooks of cancer prevention, Tobacco control, Vol. 13: Evaluating the effectiveness of smokefree policies. 2009, Lyon, France. [www.iarc.fr/en/publications/pdfs-online/prev/handbook13/index.php](http://www.iarc.fr/en/publications/pdfs-online/prev/handbook13/index.php)

<sup>9</sup> Lightwood J, Glantz S. Declines in acute myocardial infarction after smoke-free laws and individual risk attributable to secondhand smoke. *Circulation*. 2009;120:1373-1379. <http://circ.ahajournals.org/cgi/content/short/120/14/1373>

<sup>10</sup> Haw S, Gruer L. Changes in exposure of adult non-smokers to secondhand smoke after implementation of smoke-free legislation in Scotland: national cross sectional survey. *Br Med J* 2007;335:549. [www.bmj.com/cgi/content/abstract/335/7619/549](http://www.bmj.com/cgi/content/abstract/335/7619/549)

<sup>11</sup> Akhtar P, Currie D, Currie C, Haw S. Changes in child exposure to environmental tobacco smoke (CHETS) study after implementation of smoke-free legislation in Scotland: national cross sectional survey. *Br Med J* 2007;335:545. [www.bmj.com/cgi/content/full/335/7619/545](http://www.bmj.com/cgi/content/full/335/7619/545)

<sup>12</sup> Mulcahy M, Evans D, Hammond S, Repace J, Byrne M. Secondhand smoke exposure and risk following the Irish smoking ban: an assessment of salivary cotinine concentrations in hotel workers and air nicotine levels in bars. *Tob Control* 2005;14:384-8 <http://tobaccocontrol.bmj.com/cgi/content/full/14/6/384>

<sup>13</sup> Allwright S, Paul G, Greiner B, Mullally B, Pursell L, Kelly A et al. Legislation for smoke-free workplaces and health of bar workers in Ireland: before and after study. *Br Med J* 2005;331:1117 [www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=16230313](http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=16230313)

<sup>14</sup> Eisner M, Smith A, Blanc P. Bartenders' respiratory health after establishment of smoke-free bars and taverns. *JAMA* 1998;280:1909-14. <http://jama.ama-assn.org/content/vol280/issue22/index.dtl>

<sup>15</sup> Farrelly M, Nonnemaker J, Chou R, Hyland A, Peterson K, Bauer U. Changes in hospitality workers' exposure to secondhand smoke following the implementation of New York's smoke-free law. *Tobacco Control* 2005;14:236-241. <http://tobaccocontrol.bmj.com/cgi/content/abstract/14/4/236> (Abstract)

<sup>16</sup> Semple S, Maccalman L, Naji A, Dempsey S, Hilton S, Miller B, Ayers J. Bar workers' exposure to second-hand smoke: the effect of Scottish smoke-free legislation on occupational exposure. *Annals of Occupational Hygiene* 2007. Published online on 10 September 2007 as doi:10.1093/annhyg/mem044. <http://annhyg.oxfordjournals.org/cgi/reprint/mem044v1>

<sup>17</sup> Longo D, Johnson J, Kruse R, Brownson R, Hewett J. A prospective investigation of the impact of smoking bans on tobacco cessation and relapse. *Tob Control* 2001;10:267-72. <http://tobaccocontrol.bmj.com/cgi/content/abstract/10/3/267> (Abstract)

<sup>18</sup> Fichtenberg C, Glantz S. Effect of smoke-free workplaces on smoking behaviour: systematic review. *Br Med J* 2002;325:188. [www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=12142305](http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=12142305)

<sup>19</sup> Curbing the epidemic. Governments and the economics of tobacco control. Washington, DC: The World Bank, 1999. [www1.worldbank.org/tobacco/reports.htm](http://www1.worldbank.org/tobacco/reports.htm)

<sup>20</sup> [www.rte.ie/news/2004/0909/smoking.html](http://www.rte.ie/news/2004/0909/smoking.html)

<sup>21</sup> [www.euromonitor.com/Tobacco\\_in\\_Norway](http://www.euromonitor.com/Tobacco_in_Norway)

<sup>22</sup> <http://news.bbc.co.uk/1/hi/business/4195249.stm>

<sup>23</sup> Jarvis M, Goddard E, Higgins V, Feyerabend C, Bryant A, Cook D. Children's exposure to passive smoking in England since the 1980s: cotinine evidence from population survey. *Br Med J* 2000;321:343-5. [www.bmj.com/cgi/content/full/321/7257/343](http://www.bmj.com/cgi/content/full/321/7257/343)

<sup>24</sup> Borland R, Mullins R, Trotter L, White V. Trends in environmental tobacco smoke restrictions in the home in Victoria, Australia. *Tob Control* 1999;8:266-71. [www.pubmedcentral.nih.gov/picrender.fcgi?artid=1763956&blobtype=pdf](http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1763956&blobtype=pdf)

<sup>25</sup> After the smoke has cleared: evaluation of the impact of a new smokefree law. Wellington, Ministry of Health, 2006. [www.moh.govt.nz/moh.nsf/indexmhtml/smokefree-law-evaluation-recommendations](http://www.moh.govt.nz/moh.nsf/indexmhtml/smokefree-law-evaluation-recommendations)

<sup>26</sup> Shafiq O, Eriksen M, Ross H, Mackay J. The tobacco atlas (3rd ed.). Atlanta, GA: American Cancer Society, 2009. [www.cancer.org/docroot/AA/content/AA\\_2\\_5\\_9x\\_Tobacco\\_Atlas\\_3rd\\_Ed.asp](http://www.cancer.org/docroot/AA/content/AA_2_5_9x_Tobacco_Atlas_3rd_Ed.asp)

<sup>27</sup> Borland R, Yong H, Siahpush M, Hyland A, Campbell S, Hastings G, et al. Support for and reported compliance with smoke-free restaurants and bars by smokers in four countries: findings from the International Tobacco Control (ITC) Four Country Survey. *Tob Control* 2006;15 Suppl 3:iii34-41. [http://tobaccocontrol.bmj.com/cgi/content/abstract/15/suppl\\_3/iii34](http://tobaccocontrol.bmj.com/cgi/content/abstract/15/suppl_3/iii34)

<sup>28</sup> Pan American Health Organization. Conocimiento y actitudes hacia el decreto 288/005. October 2006. [www.presidencia.gub.uy/\\_web/noticias/2006/12/informeo\\_dec268\\_mori.pdf](http://www.presidencia.gub.uy/_web/noticias/2006/12/informeo_dec268_mori.pdf)

<sup>29</sup> World Health Organization. Protection from exposure to second-hand tobacco smoke. Policy recommendations. Geneva, WHO, 2007. [www.who.int/tobacco/resources/publications/wmt/2007/pol\\_recommendations/en/index.html](http://www.who.int/tobacco/resources/publications/wmt/2007/pol_recommendations/en/index.html)

<sup>30</sup> Guidelines on protection from exposure to secondhand smoke. Article 8 of the WHO FCTC. World Health Organization, Geneva