Why Smoke-Free Environments?

The problem and the solution
What this presentation covers

- Why exposure to second-hand smoke (SHS) is a problem
- The solution: 100% smoke-free environments
- International policy consensus
- Benefits of 100% smoke-free environments
- Success factors for smoke-free legislation
The problem

- Second-hand smoke is toxic (i.e. there is no safe level of exposure)
- Exposure causes serious disease and death
- Magnitude of exposure worldwide is high
- Other related harm includes economic costs
Second-hand tobacco smoke is toxic

There is no safe level of exposure

- Combination of smoke emitted from the burning end of a tobacco product and smoke exhaled by the smoker
- More than 4000 chemicals have been identified in tobacco smoke
- 250 toxins or known carcinogens

Source: WHO report on the global tobacco epidemic, 2009:
Exposure to second-hand smoke causes death and disease

**Children**
- Brain tumours
- Middle ear disease
- Lymphoma
- Respiratory symptoms, impaired lung function
- Asthma
- Leukemia
- Lower respiratory illness
- Sudden Infant Death Syndrome (SIDS, or cot death)

**Evidence of causation**
- Suggestive
- Evidence of causation: sufficient

**Adults**
- Stroke
- Nasal irritation, nasal sinus cancer
- Coronary heart disease
- Lung cancer
- Breast cancer
- Atherosclerosis
- Chronic obstructive pulmonary disease (COPD)
- Chronic respiratory symptoms
- Asthma
- Impaired lung function
- Reproductive effects in women:
  - Low birth weight
  - Pre-term delivery

Magnitude of exposure is high

- Worldwide, 44% of school children aged 13 – 15 years are exposed to smoke in the home, and 56% are exposed to it in public places (data from 132 countries)
  - [Add appropriate country data]
- Most workers are not protected from exposure to SHS
- Nearly 2 million deaths from chronic obstructive pulmonary disease (COPD) in China are associated with exposure to SHS
  - [Add regional/country statistics if available]
Second-hand smoke exposure is costly

- Australia (Morbidity costs): 135
- Canada (Morbidity costs in infants and children): 247.9
- Canada (Fires): 81.5
- United Kingdom (Morbidity costs in children): 267

Costs of second-hand smoke exposure (US$ millions, 1997 value)  
Source: From Adams, 1999
The solution

Remove the pollutant (i.e. tobacco smoke) by: adopting and implementing legislation to require 100% smoke-free environments in all indoor workplaces and public places.
International legal and policy consensus on protection from exposure to SHS

- International human rights laws and national constitutions
- WHO Framework Convention on Tobacco Control (WHO FCTC) - Article 8 of the treaty
- WHO FCTC Article 8 Guidelines for implementation of Article 8
- WHO Policy Recommendations on protection from exposure to second-hand tobacco smoke
- WHO MPOWER (Protect people from tobacco smoke)
International human rights instruments

- Universal Declaration of Human Rights
- International Covenant on Civil and Political Rights
- International Covenant on Economic, Social and Cultural Rights
- Convention on the Elimination of All Forms of Discrimination against Women
- Convention on the Rights of the Child
International human rights provisions relevant to protection from exposure to SHS

- Right to life
- Right to physical, mental and moral integrity and right to health
- Rights of the child
- Right to equal protection
- Right to freedom of thought and expression
- Just, equitable and satisfactory conditions of work
- Right to a healthy environment
- Protection of persons with disabilities
- Obligation to enact legislation

MOST OF THESE RIGHTS ARE ALSO ENSHRINED IN NATIONAL CONSTITUTIONS
1. Parties recognize that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability.

2. Each Party shall adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.
WHO FCTC Article 8 Guidelines

- Adopted by the WHO FCTC Conference of the Parties in July 2007
- Confirm that adequate protection from SHS means the elimination of tobacco smoke in all indoor workplaces and public places
  - principles and definitions of terms (SHS, public places, indoor and encloses, workplace, etc.)
  - recommendations for steps required to satisfy treaty obligations
  - measures necessary to achieve effective protection from hazards of SHS
24. This [WHO FCTC Article 8] creates an obligation to provide universal protection by ensuring that all indoor public places, all indoor workplaces, all public transport and possibly other (outdoor or quasi-outdoor) public places are free from exposure to second-hand tobacco smoke. No exemptions are justified on the basis of health or law arguments... Each Party should strive to provide universal protection within five years of the WHO Framework Convention’s entry into force for that Party.
WHO FCTC
Article 8 Guidelines

Principle 1

Effective measures to provide protection from exposure to tobacco smoke ... require the total elimination of smoking and tobacco smoke in a particular space or environment ...

Effective protection = elimination of tobacco smoke
**Principle 1 (continued)**

... Approaches other than 100% smoke-free laws/environments, including ventilation, air filtration and the use of designated smoking areas (whether with separate ventilation systems or not), 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.
Principle 2

All people should be protected from exposure to tobacco smoke. All indoor workplaces and indoor public places should be smoke-free.
Principle 3

Legislation is necessary to protect people from exposure to tobacco smoke. Voluntary smoke-free policies have repeatedly been shown to be ineffective and do not provide adequate protection. In order to be effective, legislation should be simple, clear and enforceable.
Key principles re-cap

- Effective protection = elimination of tobacco smoke
- Ventilation has been shown to be ineffective
- Protection should be universal
- Protection needs to be legislated
WHO Policy Recommendations

- Developed by an expert group; released just prior to Article 8 guidelines to:
  - assist the WHO FCTC implementation process
  - provide guidance to a growing number of countries and jurisdictions interested in becoming smoke-free

- Summarize the evidence base and identify the elements of successful smoke-free laws and their implementation

- Make four key recommendations
Key recommendations

1. Remove the pollutant – tobacco smoke – by implementing 100% smoke-free environments.

2. Enact legislation requiring all indoor workplaces and public places to be 100% smoke-free environments.

3. Implement and enforce the law.

4. Implement educational strategies to reduce SHS exposure in the home, recognizing that smoke-free legislation in workplaces will lead to more smoke-free homes.
WHO MPOWER

TFI technical assistance for WHO FCTC demand reduction measures

- **Monitor** tobacco use and prevention policies
- **Protect** people from tobacco smoke
- **Offer** help to quit tobacco use
- **Warn** about the dangers of tobacco
- **Enforce** bans on tobacco advertising, promotion and sponsorship
- **Raise** taxes on tobacco
Legal and policy consensus supports national efforts

- **Advocacy:**
  - add credibility to your arguments: “WHO confirms …”
  - refute tobacco industry claims “In Ireland, it worked”

- **Political pressure:**
  - “our country has already committed to protection from SHS through these treaties and our constitution”
  - “other countries like ours have done it”

- **Legal recourse:**
  - legal standards and evidence provide a basis to help defend your legislation in court
Benefits and outcomes of 100% smoke-free environments

WHO Tobacco Free Initiative, World No Tobacco Day 2007
Smoke-free environments benefit health

- Workers in smoke-free environments report fewer respiratory symptoms and irritation, and have reduced carbon monoxide in their bodies.

- Smoke-free environments have been associated with fewer heart attacks (drop in hospital admissions for heart attacks).

- Smoke-free workplaces lead to more smoke-free homes, reducing children’s exposure to SHS.

- Smoke-free homes are associated with lower teen smoking rates.

Smoke-free environments are economically beneficial

- Increase workers productivity
- Reduce insurance, cleaning and maintenance costs
- Reduce potential litigation costs
- Estimated employer savings from smoke-free workplaces are 65 – 97 million euros in Scotland and around two to three billion euros in Ireland in 2006
Smoke-free environments do not harm the hospitality industry

- Smokefree laws result in either a neutral or positive impact on businesses, including the hospitality sector (e.g. bars, restaurants, discos).
- The only studies that show otherwise are funded by the tobacco industry and/or are based on subjective information.
- In USA, New York City (with two stages of SFE – 1995 restaurant employment increased; 2003 bar and restaurant employment and receipts increased, and continue increasing.

Smoke-free environments are popular

- Most populations support smoke-free laws
- Support for smoke-free laws increases after implementation
- Tourists prefer smoke-free destinations
Most populations support smoke-free laws

**SMOKE-FREE AREAS ARE POPULAR**

Support for comprehensive smoking bans in bars and restaurants after implementation

- **Argentina** - 76.5% support smoke-free bars and restaurants
- **Uruguay** - 80% support smoke-free decree (smoke-free bars and restaurants)
- **Europe** - 62% support smoke-free bars; 77% support smoke-free restaurants


MORI poll (Argentina, Uruguay), Euromonitor (Europe), 2006
Support increases after laws are implemented

- USA, New York City support was measured a few months after implementation and one year after implementation. Support for the law increased in this time period.

- All other “before” figures are from surveys conducted before implementation of the smoke-free law.

Notes: Mexico, Mexico City – support for smoke-free bars (National Public Health Institute 2008, report not available on-line);
New Zealand - % support for smoke-free bars (Anniversary report 2005,
http://www.moh.govt.nz/moh.nsf/wpd_index/Publications-Smoke+is+Clearing%3A+Anniversary+Report+2005);
USA, New York City - % support for city’s 100% smoke-free law (Global Strategy Group for TFK,
http://www.tobaccofreekids.org/Script/DisplayPressRelease.php?id=736);
Ireland - % support for the country’s 100% smoke-free law (One year review, http://www.clt.ie/smokefree_publications.asp)
Tourists support smoke-free environments

- USA, 2006:
  - 89% prefer smoke-free restaurants; 39% would eat out more often if restaurants were smoke-free

- Hong Kong, 2002:
  - 66% said smoke-free catering venues (bars, etc) would make no difference to them visiting Hong Kong again
  - 30% said they would be MORE likely to visit if catering venues were smoke-free
Smoke-free environments reduce tobacco use

- Smoke-free environments help smokers who want to quit
- Smoke-free workplaces are a more cost-effective quit smoking measure than targeted cessation programmes
- Ireland - after comprehensive smoke-free legislation was enacted, about 46% of smokers reported that the law had made them more likely to quit; among those who did quit, 80% reported that the law had helped them to quit and 88% reported that the law helped them to maintain cessation

Success factors for smoke-free legislation

- Legislation – simple, clear, enforceable and comprehensive
- Consider which jurisdictional level will afford the most progress
- Anticipate the opposition
- Involve civil society
- Educate and consult to ensure smooth implementation
- Develop an implementation and enforcement plan and ensure infrastructure for it
- Monitor implementation and, ideally, measure impact and document experiences

Progress in implementing smoke-free environments as of 2009

17 countries - covered by comprehensive smoke-free laws
Australia, Bhutan, Canada, Colombia, Djibouti, Guatemala, Guinea, Ireland, Mauritius, New Zealand, Panama, The Islamic Republic of Iran, The Marshall Islands, Turkey, United Kingdom, Uruguay, Zambia
Summary

- Exposure to SHS poses serious health risks to individuals, and to public health
- Only 100% smoke-free environments, mandated by law and universally applied, can protect the public from SHS
- Numerous international legal and policy standards confirm the right to and need for smoke-free environments
- Smoke-free environments effectively reduce tobacco use, are popular and are economically beneficial
- Success factors for smoke-free legislation are known