

Brussels, 30 June 2009

## **Questions and answers on the Commission proposal on smoke-free environments**

### **What is the purpose of the Recommendation?**

The aim of the Recommendation is to assist and encourage national efforts to better protect citizens from the risks of tobacco smoke, in line with international commitments under the WHO Framework Convention on Tobacco Control (FCTC). The Recommendation would also create mechanisms to monitor progress towards smoke-free environments throughout the EU and facilitate the exchange of best practices and policy coordination between Member States.

### **What is being proposed?**

The Proposal foresees a uniform EU deadline for implementation as well as reporting and monitoring mechanisms both at Member States' and EU level to speed up and facilitate the implementation of the FCTC provisions. In addition, the Proposal calls for measures to tackle children's exposure to tobacco smoke; supporting measures such as cessation policy and pictorial health warnings on tobacco products; comprehensive multi-sectorial strategies and adequate instruments to implement them, and regular exchange of information and best practice as well as policy coordination among Member States through a network of national focal points.

The Commission will monitor and report on the implementation of the Recommendation based on information provided by the Member States.

### **What is the background to the Commission proposal?**

The Proposal for a Recommendation builds on the outcome of the public consultation launched by the Commission's Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level" (COM(2007) 27 final). The consultation showed a clear support for comprehensive smoke-free policies in all enclosed workplaces and public places and for further EU action to promote smoke-free environments throughout the Member States.

### **What else is being done to promote a smoke-free Europe?**

In December 2008, the Commission launched a first stage of consultation with the European social partners on the need for further measures – either legislative or non-legislative - to protect workers from exposure to tobacco smoke at the workplace. The second stage of consultation is expected to be concluded by the end of 2009. To mark the 2009 World No Tobacco Day, the Commission has also launched the second phase of its 'HELP for a life without tobacco' campaign, featuring three new TV spots and a brand new website. The TV spots, developed with young people, use humour to deliver three serious messages: don't start smoking, how to quit smoking and dangers of second hand smoke.

## **What is environmental tobacco smoke?**

Environmental Tobacco Smoke (ETS) - also called second-hand smoke or passive smoking - is the combination of side-stream smoke, which is released from a burning tobacco product, and mainstream smoke, exhaled by the smoker. ETS contains over 4 000 chemicals, including 69 known carcinogens such as arsenic, benzene and cadmium. There is no safe level of exposure to ETS.

## **How widespread is exposure to tobacco smoke in the EU?**

In countries with no comprehensive smoke-free regulations, tobacco smoke is present in the majority of public places, most of which are also somebody's workplace. In the case of children and adolescents, most of the exposure to tobacco smoke comes from parents and occurs in the home.

According to the latest Eurobarometer on Tobacco, more than a third of smokers expose others to their smoke at home. Home exposure to tobacco ranges from less than 5% in Finland and Sweden to 30% in Lithuania, Cyprus, Greece and Bulgaria. A fifth (19%) of respondents who work outside the home are exposed to tobacco smoke at their workplace – almost half of them for at least one hour a day. This means exposure to the general public as well such as the clients of bars and restaurants. Greece has the highest percentage of staff (60%) being exposed to ETS, followed by Cyprus, Bulgaria, Romania, Poland and Lithuania (between 31% and 45%). In comparison, nine out of 10 employees in Sweden (92%), the UK (89%) and Finland (88%) are never, or hardly ever, exposed to tobacco smoke at work, which is not surprising given the comprehensive smoke-free regulations in those countries.

## **What are the key diseases associated with passive smoking?**

There is unequivocal evidence that exposure to tobacco smoke causes death, disease and disability. ETS has been shown to have immediate adverse effects on the cardiovascular system and to be a cause of heart disease and lung cancer in adults. There is also strong evidence that ETS may cause stroke, asthma and chronic obstructive pulmonary disease in adults and worsen pre-existing respiratory diseases.

Exposure to tobacco smoke is particularly harmful to young children and infants, causing sudden infant death syndrome, acute respiratory infections, middle ear disease and more severe asthma. It also makes children more likely to perceive smoking as common adult behaviour and thus increases the likelihood of their taking up smoking.

## **How many Europeans die due to exposure to tobacco smoke?**

According to conservative estimates, 79 000 adults, including 19 000 non-smokers, died in the EU-25 in 2002 because they were exposed to tobacco smoke at home (72 000) and at in their workplace (7 300). According to latest estimates, workplace exposure to tobacco smoke accounted for 6 000 deaths, including 2 500 non-smokers, in the EU in 2008. The exposure among non-staff members such as the customers of bars and restaurants accounted for a substantial additional health burden.

## **What are the economic effects of environmental tobacco smoke?**

The overall economic burden of tobacco use has been estimated to be between 1-1.4% of the EU Gross Domestic Product in 2000. In addition to active smoking, passive smoking also imposes a significant cost on the economy. The macroeconomic burden of ETS exposure includes the medical costs relating to increased expenditure on tobacco-related diseases, and the non-medical costs linked to productivity losses.

## **What are national smoke-free regulations?**

So far, ten EU Member States provide for comprehensive protection from exposure to tobacco smoke. Total bans on smoking in all enclosed public places and workplaces, including bars and restaurants, are in place in Ireland and in the UK. A similar ban is due to come into force in Bulgaria in June 2010. Italy, Malta, Sweden, Latvia, Finland, Slovenia, France and the Netherlands have introduced smoke-free legislation allowing for special enclosed smoking rooms.

However, in remaining Member States, citizens and workers are still not fully protected from exposure to tobacco smoke in indoor workplaces and public places. Bars and restaurants are a particularly difficult area of regulation. Partial smoking bans in hospitality sector are in place in Austria, Bulgaria, Denmark, Portugal, Romania, Spain and most German Länder (exemptions for smaller establishments) as well as in Belgium, Luxembourg and Slovakia (exemptions for non-food and snack establishments). In four Member States, there are at the moment virtually no restrictions on smoking in bars and restaurants. (for additional details see: table on implementation of smoke free measures in EU on:

[http://ec.europa.eu/health/ph\\_determinants/life\\_style/Tobacco/tobacco\\_en.htm](http://ec.europa.eu/health/ph_determinants/life_style/Tobacco/tobacco_en.htm)

## **What are the developments at international level?**

The WHO Framework Convention of Tobacco Control (FCTC) - the first ever treaty on public health - has been signed by all WHO members and so far ratified by 164 Parties, including the Community and 26 of its Member States. The Convention obliges all Parties to tackle exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. In July 2007, the Second Conference of the Parties to the Convention adopted comprehensive guidelines on the protection from exposure to second-hand smoke that set a "gold standard" for Parties to follow. The Community contributed to the development of the guidelines. For more information on FCTC <http://www.who.int/fctc/en/>

## **Is there evidence that smoke-free policies work?**

Yes. While the full health benefits of smoke-free policies may take up to 20-30 years to be realised, the evidence from smoke-free countries is already very encouraging. Indoor air quality improved dramatically after the smoking bans went into effect, with an 83% and an 86% reduction in the concentrations of particulate matter in Irish and Scottish bars, respectively.<sup>i</sup> Better air quality has been mirrored by substantial reductions in the incidence of heart attacks, including a drop of 11% in Ireland and Italy, a 17% drop in Scotland and even greater reductions in some US jurisdictions.<sup>ii</sup> Numerous studies have also shown significant improvement in the respiratory health in hospitality workers as a result of smoke-free laws, ranging from 13 to 50%.<sup>iii</sup> Smoke-free policies have also been reported to reduce tobacco consumption and encourage quit attempts among smokers, thus contributing to a reduction in smoking prevalence.<sup>iv</sup>

## **Are smoke-free policies popular among EU citizens?**

Yes. According to the latest Eurobarometer on Tobacco an overwhelming majority (84%) of Europeans are in favour of smoke-free offices and other indoor workplaces (84%). The clear majority is also in favour of banning smoking in bars (61%) and restaurants (77%). Moreover, the majority of smokers themselves favour smoke-free offices, restaurants and bars. Interestingly, support for smoking restrictions is the highest in those Member States that have already gone smoke-free. This confirms that the popularity of smoke-free policies tends to increase following their implementation. For the Eurobarometer report on tobacco:

[http://ec.europa.eu/health/ph\\_publication/eurobarometers\\_en.htm](http://ec.europa.eu/health/ph_publication/eurobarometers_en.htm)

## **What is the definition of enclosed public places?**

The precise definitions of "enclosed (or "indoor") public places" differ between the Member States. However, it is important that these terms are defined as clearly and inclusively as possible. The Framework Convention on Tobacco Control guidelines recommend that the definition of "public places" should cover all places accessible to the general public or places for collective use, regardless of ownership or right to access. It is further recommended that "indoor" (or "enclosed") areas be defined to include any space covered by a roof or enclosed by one or more walls or sides, regardless of the type of material used for the roof, wall or sides, and regardless of whether the structure is permanent or temporary.

## **Where can I find out more?**

More information can be found at the Commission's Health and Consumers Directorate-General website, which includes a special section on tobacco:

[http://ec.europa.eu/health/ph\\_determinants/life\\_style/Tobacco/tobacco\\_en.htm](http://ec.europa.eu/health/ph_determinants/life_style/Tobacco/tobacco_en.htm)

See also [IP/09/1060](#)

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<sup>i</sup> Semple, S., L. Maccalman, et al. (2007). "Bar workers' Exposure to Second-Hand Smoke: The effect of Scottish Smoke-Free Legislation on Occupational Exposure." *Ann. Occup. Hyg* 51(7): 571-580.

<sup>ii</sup> Cesaroni, G., F. Forastiere, et al. (2008). "Effect of the Italian Smoking ban on Population Rates of Acute Coronary Events." *Circulation* 117(9):1183-8.

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Glantz S.A. (2008). "Meta-analysis of the effects of smokefree laws on acute myocardial infarction: An update", *Preventive Medicine*.

<sup>iii</sup> Allwright, S. (2004). "Republic of Ireland's indoor workplace smoking ban." *British Journal of General Practice* 54(508): 811-812.

Semple, S., L. Maccalman, et al. (2007). "Bar workers' Exposure to Second-Hand Smoke: The effect of Scottish Smoke-Free Legislation on Occupational Exposure." *Ann. Occup. Hyg* 51(7): 571-580.

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Eisner, M. D., A. K. Smith, et al. (1998). "Bartenders' respiratory health after establishment of smoke-free bars and tavers." *Journal of the Americal Medical Association* 280(22): 1909-1914.

<sup>iv</sup> Pierce J.P. and Leon M.E. on behalf of the IARC Handbook Volume 13 Working Group and IARC Secretariat (2008). "Special report: policy. Effectiveness of smoke-free policies." *Lancet Oncol* 9:614-615.