



Executive summary

Health effects (Chapter 1)

- Chapter 1 presents estimates, for all adults across the 25 countries of the European Union (EU) and, separately, for those who are non-smokers, of deaths from ischaemic heart disease, stroke, lung cancer and chronic non-neoplastic pulmonary disease that are attributable to passive smoking.
- With some exceptions, the magnitude of the reported risks associated with passive smoking has been small. However, because exposure of non-smokers continues to be ubiquitous in workplaces and enclosed public places in many countries, large numbers of people are exposed to this risk, and, in aggregate, the potential harm caused is considerable.
- While the risks from passive smoking for the four diseases of interest are now well-established in the scientific literature, data on active and especially on passive smoking within the EU are demonstrably incomplete. This has necessitated the making of a number of assumptions regarding the extent of exposure to passive smoking in both private and occupational settings. Wherever possible, conservative judgements have been adopted in order that the resulting numbers of attributable deaths are more likely to be under- than over-estimates.
- Passive smoking at work appeared to account for over 7,000 deaths across the EU in 2002, while passive smoking at home appeared to cause a further 72,000 deaths. Among employees of the hospitality industry, exposure to tobacco smoke at work accounts for one death every working day.
- Passive smoking at work appeared to account for over 2,800 deaths of non-smokers in the EU in 2002, while exposure at home appeared to cause a further 16,600 deaths of non-smokers. In the hospitality industry in the EU, passive smoking apparently kills one non-smoking employee every 3.5 working days.
- These results omit deaths in childhood caused by passive smoking, deaths in adults from other conditions known to be caused by active smoking, and the significant, serious morbidity, both acute and chronic, caused by passive smoking.

Economic effects (Chapters 2 and 3)

- Research evidence demonstrates that smoke free policies reduce tobacco consumption.
- By reducing the demand for tobacco, smoke free policies will reduce both private and social costs associated with smoking.
- The benefits of smoke free policies are particularly notable in the private sector of the economy. The savings come from several sources: reduced insurance costs; increased productivity among those who quit smoking and among workers no longer exposed to second-hand smoke; lower hiring costs due to a reduced need to replace labour lost due to tobacco-related morbidity and mortality; lower building maintenance costs, and savings due to reduced employers' liabilities for the impact of second-hand smoke exposure on workers, and for compounding effects of second-hand smoke on workers exposed to other toxins in the workplace.
- The long-term benefits of smoke free policies are reduced mortality and morbidity due to limiting exposure to second-hand smoke and due to the impact of these policies on smoking prevalence (both quitting and initiation). This will enhance countries' human capital, leading to further economic growth.
- Tobacco companies have claimed that a smoking ban in bars and restaurants would have a negative impact on business and lead to fewer sales and to less employment.
- Independent and reliable research on the financial impact of smoke-free policies in the hospitality industry provides evidence that counters the tobacco industry's economic claims.
- A review of almost 100 studies, produced before 31 August 2002, from Canada, UK, USA, Australia, New Zealand, South Africa, Spain and Hong Kong, failed to find a negative impact or a positive effect in studies based on objective and reliable measures, such as taxable sales receipts, data several years before and after the introduction of smoke-free policies, where controls for changes in economic conditions were employed, and where statistical tests were used to control for underlying trends and data fluctuations.
- More recent information on the effect of smoking bans in New York, British Columbia, Ireland, Norway or New Zealand showed no negative impact on business.
- In New York, for example, one year after the 2003 Smoke-Free Air Act banning smoking in all workplaces came into effect, business receipts for restaurants and bars have increased by 8.7%, employment has risen with 10,600 new jobs, virtually all establishments are complying with the law, and the number of new liquor licenses issued has increased, all signs that New York City bars and restaurants are prospering.
- Drinking habits are changing within Europe, as per capita alcohol consumption is decreasing and more people are drinking at home. Many factors may influence the sales of the hospitality industry. The volume of sales in bars in Ireland increased until 2001, but decreased by 2.8% in 2002, 4.2% in 2003 and 4.4% in 2004. Prior to the Irish law banning smoking in the workplace (including bars and restaurants) which came into force in 2004, drinking habits in Ireland had

changed already. As in British Columbia, the decline in the volume of sales at drinking places in Ireland occurred prior to the enactment of the smoking ban.

Public awareness and attitudes (Chapter 4)

- As public awareness of the harmful effects of second-hand smoke grows, public support for measures to protect non-smokers from second-hand smoke also increases.
- International experience suggests that successful implementation of smoke free policies requires both a reasonable level of public awareness of the health risks of second-hand smoke, and a certain level of public support.
- Recent evaluations of smoke free policies in European countries, and data from population-based surveys, support these conclusions, and suggest that across the EU, public support for smoke free policies is rapidly increasing.
- The evidence suggests that provisions to protect non-smokers tend to lag behind public opinion. Indeed, in several European countries, the level of public support for smoke free workplaces and public places now equals or exceeds that which has proven sufficient for successful introduction of smoke free laws in other jurisdictions.

Ventilation (Chapter 5)

- Environmental tobacco smoke (ETS), derived primarily from sidestream cigarette smoke between puffs, is a major contributor to indoor air pollution wherever smoking occurs. In the frame of activities to evaluate human exposure to ETS in indoor environments, tests were undertaken to investigate the impact of various ventilation rates on the air concentration of ETS components at the Joint Research Centre's environmental chamber (INDOORTRON).
- Preliminary evidence indicates that changes in ventilation rates simulating conditions expected in many residential and commercial environments (0.3–4.5 air exchange rates (AER)) during smoking do not have a significant influence on the air concentration levels of ETS constituents, e.g. carbon monoxide (CO), oxides of nitrogen (NO_x), aromatic compounds, nicotine.
- This suggests that efforts to reduce indoor air pollution through higher ventilation rates in buildings would not lead to a meaningful improvement of indoor air quality. Moreover, the results show that “wind tunnel”-like rates or other high rates of dilution ventilation would be required to achieve pollutant levels close to ambient air limit values.

Legislation and case studies (Chapter 6)

- No European country had banned smoking in bars and restaurants by January 2004. By March 2006 five countries (Ireland, Norway, Italy, Malta and Sweden) had introduced smoke free bars and restaurants, Scotland will do so in April 2006, and England should follow suit shortly.

- The examples of Norway and Ireland illustrate key factors for the successful implementation of smoke free legislation: 1) prior evidence-based research to inform public and policy makers of the adverse effects of second-hand smoke; 2) active involvement of key stakeholders, notably trade unions and health groups; 3) development of a clear consistent communication campaign to inform the public with an emphasis on the health rights of hospitality workers.
- The UK should serve as a warning to other countries considering voluntary restrictions: they simply don't work.

The Smoke Free Partnership is a new strategic, independent and flexible partnership between Cancer Research UK, the European Respiratory Society and the Institut National du Cancer.

It aims to promote tobacco control advocacy and policy research at EU and national levels in collaboration with other EU health organisations and EU tobacco control networks.

Smoke Free Partnership

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