

Letter dated:
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Subject: Consultation response to the European Commission's Green Paper on a smoke-free Europe

The Swedish Association of Local Authorities and Regions (*SKL*) has been given the opportunity to submit its comments on the above-mentioned report.

In its Green Paper entitled "Towards a Europe free from tobacco smoke: policy options at EU level", the Commission looks closely at the reasons for promoting a smoke-free Europe. The document describes the health effects of exposure to environmental tobacco smoke (ETS), and previous voluntary and regulatory measures by the EU and the Member States. Economic and social considerations are also described, as well as the willingness of citizens to limit ETS. The aim of the Green Paper is to launch a broad consultation process and an open public debate, involving the EU institutions, Member States and civic society, on the best way forward to tackle passive smoking in the EU.

The Green Paper asks four questions, and the SKL's response to these is provided below. The SKL advocates using the term "smoke-free" rather than the more negative "no smoking" in all situations.

Question 1

Which of the two approaches suggested in Section IV would be more desirable in terms of its scope for the smoke-free initiative: a total ban on smoking in all enclosed public spaces and workplaces or a ban with exemptions granted to selected categories of venues? Please indicate the reason(s) for your choice.

When the Swedish draft legislation on smoke-free restaurants and bars was submitted for consultation in 2003, *SKL* supported the idea that all eating and drinking premises should be smoke-free areas and that smoking rooms should not be permitted. On 1 June 2005, Sweden implemented a smoke-free policy which included the option of establishing special smoke-free rooms where the serving of food and drink is not allowed. *SKL* maintains its initial position and feels that all hospitality premises and hence all public places and workplaces must be smoke-free areas. The inspection and maintenance of smoke-free premises is made easier where no exemptions exist. Complete elimination of tobacco smoke using ventilation and air purification is not possible. Exposure of staff to environmental tobacco smoke has dropped dramatically following the introduction of the smoke-free policy in restaurants, and would drop even further if the option of establishing smoking rooms was eliminated.

The Swedish legislation bans smoking in school playgrounds and corresponding outside areas in pre-schools and after-school centres, i.e. areas where children and young people gather. All county councils have managed to establish tobacco-free zones around their buildings. This indicates that smoke-free restrictions could also be extended to outdoor areas around entrances to the buildings and other outdoor public places where people sit or stand in close proximity to each other.

Question 2

Which of the policy options described in Section V would be the most desirable and appropriate for promoting smoke-free environments? What form of EU intervention do you consider necessary to achieve the smoke-free objectives?

- *No change from the status quo*
- *Voluntary measures*
- *Open method of coordination*
- *Commission or Council recommendations*
- *Binding legislation*

The promotion of smoke-free environments calls for a range of strategies which include voluntary measures, cooperation and binding legislation. The measures should be close to the grass roots and easy for enterprises to embrace.

No initiative or type of action on its own can resolve the tobacco problem. Legislation cannot be introduced or be maintained without information which lays

the groundwork and consolidates public support for the actions. Equally, anti-tobacco measures under social policy are ineffective and lack credibility if they are not backed up by relevant legislation. Providing information on the risks associated with smoking does not automatically result in smokers giving up, particularly if there is no practical support for those wishing to quit. On the other hand, smoking cessation therapies alone cannot solve the tobacco problem in the long term. All types of measures are required and they are more effective if they work in harmony with each other.

Earlier this year, *SKL* responded to the discussion document on the EU's future health strategy. It welcomed the emphasis of the strategy on "Health in All Policies", which reinforces the importance of the health element in tobacco prevention in, for example, agricultural policy. *SKL*'s position on the open method of coordination remains unchanged: "The open method of coordination is used in fields in which the EU does not have the competence to act. However, in the field of public health the EU does bear responsibility in the form of the existing cooperation structures and networks. *SKL* does not believe there is any reason for abandoning channels which have already been developed and is therefore hesitant with regard to introducing the open method of coordination in this field. However, it is of the utmost importance that the existing levels should be reviewed in order for the real influence from the local and regional democratic levels to make itself felt."

Sweden, along with many other EU countries, is one of 144 countries which have ratified the WHO's Tobacco Free Initiative. *SKL* feels that legislation on smoke-free environments should be determined at national level. However, the EU does have a role to play in agricultural policy, for example, by abolishing subsidies for tobacco cultivation and by laying down common rules for cross-border trade and combating the smuggling of tobacco products.

Action on smoke-free environments would deliver the best results if complemented by supporting measures at EU and/or Member State level. Such "flanking policies" could include awareness-raising campaigns highlighting the right to smoke-free air and the dangers of passive smoking.

Common and comparable indicators and follow-up systems which can be used locally, regionally, nationally and internationally make it easier to highlight the impact of tobacco prevention measures, including smoke-free environments. *SKL* advocates supporting current efforts to produce common European health indicators and determinants. The follow-up work should not involve additional costs for municipalities and county councils.

Question 3

Are there any further quantitative or qualitative data on the health, social or economic impact of smoke-free policies which should be taken into account?

The Green Paper highlights the health and economic benefits of a smoke-free environment for individuals and society alike. SFEs can help to reduce socio-economic health inequalities. *SKL* would also like to draw attention to the gender perspective. In most countries, men smoke more than women. The living conditions and workplaces of men and women are often different and efforts to support SFEs and a smoke-free life should be adapted to these circumstances.

SKL feels that leading by example and experience is of fundamental importance to public health initiatives. Evidence-based methods should be used in on-going efforts within the field of tobacco prevention. A policy decision, flanking policies, delegated responsibility, financial and human resources, and cross-sectional cooperation are necessary elements in a successful tobacco prevention drive, and this applies locally, regionally, nationally and internationally.

Question 4

Do you have any other comments or suggestions on the Green Paper?

Local and regional authorities have been at the forefront of anti-tobacco initiatives in Sweden. As early as 1988, five years before the Swedish Tobacco Act was introduced, Västernorrland County Council made a working-environment decision to become smoke-free, which applied to both a smoke-free working environment and working time. It has subsequently been updated and renewed and the county council is now tobacco-free, with measures covering the working environment as well as the population. Nearly all (19 of 21) county councils and regions in Sweden have elected to become tobacco-free. Decisions taken in 2002, 2005 and 2006 have been followed up nationally. Follow-up has shown quite clearly that broad-based decision making pays dividends in the long term and that results only remain at a high level with sustained effort. The latest results show that while trends have been positive, there have been setbacks too.

In November, *SKL's* Working Environment Council (*Arbetsmiljörådet*) made a decision to advocate that municipalities introduce a smoke-free work policy. Most county councils have already made this decision. The municipalities employ some 750 000 people and have an important public health role in promoting the health of their employees and facilitating smoke-free living. To give up smoking is a personal decision which employers cannot force upon anyone. *SKL* has recently conducted a survey amongst Sweden's municipalities on smoke-free working and the preliminary results show that just over 10 percent of municipalities already have a smoke-free policy in place. Experience has shown that people have a tendency to follow where others have gone before, if they have led by example.

International tobacco prevention initiatives and efforts to introduce smoke-free county councils in Sweden clearly indicate that there are a number of success factors associated with implementing smoke-free working time. Emphasis needs to be placed on a smoke-free environment, and deciding to stop smoking should

be easy while starting to smoke should be difficult. Tobacco prevention is a long-term project and an integral part of normal working practices. It is essential to have a single policy which has political support and has been developed by employers, workers and their representatives. Important elements are access to SMEs, policy information, regular feedback, encouragement and adequate smoking cessation measures.

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