Response to EC Consultation Green Paper *Towards a Europe free from tobacco smoke: policy options at EU level*

Brussels, 31 May 2007

Introduction

ENSP welcomes the Green Paper – 'Towards a Europe free from tobacco smoke: policy options at EU level' and the opportunity to response to the consultation.

The European Network for Smoking Prevention is an international non-profit making organization, created in 1997 to develop a strategy for coordinated action among organizations active in tobacco control in Europe by sharing information and experience, and through coordinated activities & research.

ENSP draws together more than 600 member organisations active in the field of tobacco control, gathered in national coalitions from EU Member States as well as Norway, Iceland and Switzerland, and also representatives of several networks active in tobacco control in the EU.

ENSP responses to the issues raised in this Green Paper are detailed hereafter.

Question 1:
Which of the two approaches suggested in Section IV would be more desirable in terms of its scope for 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?

"[…] involuntary exposure to secondhand smoke remains a serious public health hazard that can be prevented by making homes, workplaces, and public places completely smoke-free. […] Smoke-free environments are the most effective method for reducing exposures."[1]

ENSP clearly recommends a total ban on smoking in all enclosed public spaces and workplaces as the only approach to be adopted.

The dangerous health effects of secondhand smoke have been documented in over 20 reports ranging from the International Agency for Research on Cancer (IARC) to the US Surgeon General. A cautious estimate is that exposure to secondhand smoke kills at least 79 000 people in the EU each year. This estimate includes deaths from lung cancer, coronary heart disease, stroke and chronic non-neoplastic respiratory disease. The estimate omits deaths in childhood caused by secondhand smoke, deaths in adults from other conditions known to be caused by active smoking and the significant, serious morbidity, both acute and chronic, caused by secondhand smoke.

In addition, secondhand smoke causes a great deal of respiratory diseases and is a major risk factor that exacerbates attacks for people with asthma, allergic illnesses, chronic obstructive pulmonary disease (COPD) and other chronic diseases leading to social and work exclusion and unnecessary illness.

Therefore, the only legitimate response is a complete ban on smoking in all enclosed public places and workplaces. As an example, a drop in secondhand smoke exposure in hospitality

[1] The Health Consequences of Involuntary Exposure to Tobacco Smoke, A Report of the Surgeon General, 2006

and leisure venues lead to a considerable reduction in the incidence of and mortality from heart attacks within months of policy implementation.[2]

Extending protection from secondhand smoke to citizens and workers in certain categories of venues but excluding them from such protection in other categories of venues cannot be justified. Partial bans, particularly in the hospitality sector, do not work and lead to confusion and non-compliance. They are economically unfair because they lead to an uneven playing field created under the imposition of arbitrary limits. If given the choice, employers tend to choose the status quo and to continue to allow smoking. This has been the experience in all countries which have permitted the establishment of smoking zones in workplaces. For example, in the UK, the hospitality trade made an agreement with the Government in 2000 to increase smokefree provision and set a number of targets. However, the agreement failed to meet even its own minimal standards. Pubs and restaurants were encouraged to provide separate smoking and non-smoking areas and to put up signage indicating the nature of their smoking policy. Three years after the launch of the campaign, only 43% of licensed premises were compliant with these requirements while 47% of premises allowed smoking throughout and only a handful of pubs were totally smokefree.[3] In Spain, where bars and restaurant under 100 metres sq have the right to remain smoking or to become non-smoking, less than 10% of establishments elected to become non-smoking after the imposition of the Spanish smokefree law on 1 January 2006.[4]

Finally, comprehensive legislation has a significant potential to 'de-normalise' smoking in society creating environments that encourages smokers to give up smoking and discouraging young people from taking up smoking.

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?

The majority of the ENSP members consider policy option 5 – Binding Legislation - to be the only option which, taken into consideration the unequivocal scientific evidence of the harm caused by SHS, could provide high level protection of citizens and employers from SHS. The EU has an obligation, the competency and the tools to introduce legislation for smoke free workplaces. In this frame, hospitality venues must be considered as workplaces not just as public places. If hospitality venues are characterized as public places, they may be exempted from workplace regulation.

Many countries of Europe have already provided evidence for a binding legislation to be viable and enforceable, which does not harm national economies. In addition, the latest Eurobarometer reveals that an overwhelming majority of 88% support smoke-free offices, indoor workplaces and public spaces. Also, a majority of Europeans are in favour of smoke-free bars (62%) and restaurants (77%). Therefore, the development of such legislative tools should be initiated without delay.

[2] European Heart Journal, 2006 October; 27(20):2468-72
[3] Smoking policy research in pubs and bars. England and Wales. Curren Goodden Associates Ltd, May 2003.
[4] Press release from the Ministry of Health, Madrid 2 February 2006

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?

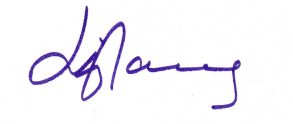
We would like to underline that the study of Whincup et al (2004) indicates that risks of passive smoking have long been underestimated (http://bmj.bmjjournals.com/cgi/content/abstract/bmj.38146.427188.55v1). Also, the study of Wakefield et al published in July 2005 indicates that workers of hospitality units need high level of protection against SHS since their exposure to passive smoking is much higher than that of office workers. The study also provides evidence that ventilation has no or limited impact if prevention of passive smoking is concerned. (http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=16010196&dopt=Abstract)

Finally, the Irish experience of the ban in terms of exposure, health effects, attitude of smokers, and some media and economic outcomes are available also on www.tri.ie.

Question 4:
Do you have any other comments or suggestions on the Green Paper?

ENSP congratulates the European Commission for its well-researched description of the problem and consequences.

Elizabeth Tamang
President



Francis Grogna
Director

ENSP- European Network for Smoking Prevention aisbl.
Chaussée d'Ixelles 144 – 1050 Brussels
Tel +322 230 65 15 – Fax +322 230 75 07 www.ensp.org / info@ensp.org