INWAT Europe Board response to the European Commissions Green Paper *Towards a Europe free from tobacco smoke: policy options at an EU level*

What is INWAT?

The International Network of Women Against Tobacco (INWAT) is a global network of over 1600 tobacco control specialists working in 100 countries to eliminate tobacco exposure and use among women. INWAT-Europe is a regional network that has been active since 1998. We are involved in the European Network for Smoking Prevention (ENSP) and on the European Commission Help Campaign advisory board. INWAT Europe has developed projects and produced reports on gender-sensitive tobacco control policy, low income women smokers and women and second hand smoke in Europe. This last project began in 2005 with a seminar sponsored by the Ministry of Health in Catalunya which brought together experts from 10 countries to examine the impact of changes in smoke-free policy in Europe on women's health.

INWAT Europe welcomes the European Commission's intervention to stimulate debate about the best ways to decrease the hazards of second hand smoking in Europe. A growing number of Member States and other European countries have already acted to protect people's rights to smoke-free air by law. This Green Paper should inform and stimulate discussion which will encourage others to act.

INWAT Europe Board Response

 1) <u>Scope of the smoke-free initiative</u>: **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? Please indicate the reason(s) for your choice.**

The complete restriction of smoking in all enclosed and substantially enclosed public spaces and workplaces would be the only option which would ensure that the majority is protected from the hazards of breathing second hand smoke which have been so clearly delineated in Section II,1 of the Green Paper.

The reasons we believe a total restriction is appropriate include:

1. Experience in the UK, France, Finland and elsewhere has demonstrated that restrictions that are not comprehensive do not afford the public the protection it deserves. It is simply inequitable to protect some workers but not others.
2. Those workers who would be unlikely to be protected by a partial smoking ban are exactly those who are the most vulnerable. Workers in bars, restaurants, casinos and other hospitality and recreational venues tend to be low paid, and many of them are women. It is well known that people in lower socio-economic groups suffer more health problems than other sections of society. If political leaders fail to protect these citizens through trying to pursue a politically easier course, they will be failing in their duty
3. Partial bans are also more likely to be exploited by those who do not want to comply and give enforcement officers additional problems.
4. Comprehensive bans will give the maximum protection to members of the public.

2) Policy Options: 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: Given the by now very substantial body of knowledge about the health hazards of breathing second hand tobacco smoke, the INWAT Europe Board believes that it is not tenable to stick to the status quo.

Voluntary measures: Experience has shown that voluntary measures are inadequate. When they devised the UK comprehensive tobacco control policy at the beginning of this decade, UK politicians opted for a voluntary agreement with the hospitality industry, the Public Places Charter. Pubs and restaurants were encouraged to provide smoking and non-smoking areas – in themselves inadequate to protect staff and customers from second hand smoke – and signage and information about the provisions. This charter failed to bring about change: after three years, nearly half of premises allowed smoking throughout and only a small number were smoke-free[1].

Legislation through a new Directive: The INWAT Board believes that only legislation obliges Member States to implement a comprehensive ban and therefore this is the only option that adequately protects all European citizens. Binding legislation would impose a comparable, transparent and enforceable basic level of protection from the risk of second hand smoke throughout the EU member states.

There are both moral and legal obligations to ensure that European citizens can be free from exposure to second hand smoke. The EU treaty stipulates that a high level of health protection shall be ensured in all Community policies and activities. Moreover, a human right to the highest possible standards of health and the right to the healthy environment are stated in the Constitution of the World Health Organization, the Convention on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination Against Women and the Covenant on

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[1] Smoking policy research in pubs and bars. England and Wales. Curren Goodden Associates Ltd, May 2003.

Economic, Social and Cultural Rights.   It is therefore the view of the INWAT Europe Board that legislation to protect the right to smoke free air is the only acceptable policy option.

If instead of legislation, the *Commission or Council decided to make a recommendation,* we urge that this be very carefully framed and must at a minimum:
1. Endorse legislation such as that seen in Ireland, the countries of the UK and Norway as minimum good practice;
2. Underline the obligations under Article 8 of the Framework Convention on Tobacco Control.
3. Urge Member States to mount education and information campaigns about the hazards of second hand smoke.
4. Urge Member States to collect data about the provision of smoke-free places and changes in public attitudes.
5. Make it clear that the policy will be reviewed in five years with a possible move to legislation then if Member States have failed to comply with the Recommendation.

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 2005 INWAT Europe Expert Seminar mentioned above concluded that women are unequally affected by second hand smoke both in the home and in public places. They also have an additional role as the main carers of children in ensuring that children, who are most vulnerable to the effects of second hand smoke, should be protected both in public and in the home. The report is available at: www.inwat.org/europe.htm

A recent study released in Sweden demonstrated improved workers' health after one year of the smoke-free legislation. The effects of the smoke-free environments were greater among non-smoking restaurant staff as opposed to workers that smoked. However, benefits were shown for all study participants. Results in English are available from: www.tobaksfakta.org

According to a Finnish study [2] smoke-free workplaces have been highly effective in reducing smoking prevalence and tobacco consumption among employees in Finland. Legislation proved to be more effective than work-place specific restrictions in decreasing employees' exposure to second hand smoke. Drops in smoking prevalence were seen more markedly among employees with less than a college education. This finding suggest that legislation restricting smoking increases equity between population groups.

4) Do you have any other comments or suggestions to the Green Paper?

Because of the impracticality and the expense of creating a designated and separately ventilated smoking room, we would recommend that this provision not be included in either legislation or a recommendation for comprehensive smoking

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[2] Heloma A. (2003) Impact and Implementation of the Finnish Tobacco Act in Workplaces. People and Work Research Reports 57. Finnish Institute of Occupational Health. Helsinki.

restrictions. Rooms such as these do not protect the workers that must at least go into them to clean and they are not supportive for those that are trying to, or have recently, quit smoking.

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