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FOR TOBACCO CONTROL

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Position of the
Deutsches Krebsforschungszentrum
(German Cancer Research Center)
on questions of the European Commission regarding
"Greenpaper: Towards a Europe free from tobacco smoke:
Policy options at EU level"

The German Cancer Research Center (DKFZ) welcomes the initiative of the EU Commission for smoke-free workplaces in Europe.
Regarding the four questions of the EU Commission, DKFZ has the following position:

1. **There is an urgent need for a total ban on smoking in all enclosed public spaces and workplaces and not allow a ban with exemptions granted to selected categories of venues.**
   Underlying considerations: EU and member states have signed and ratified the WHO Framework Convention on Tobacco Control. Article 8 of the WHO Framework Convention (protection from exposure to tobacco smoke) obligates Parties to take effective steps to provide protection from exposure to tobacco smoke. Effective measures require the total elimination of smoking and tobacco smoke in a particular space or environment in order to create a 100% smoke-free environment. There is no safe level of exposure to tobacco smoke, and notions such as a threshold value for toxicity from second-hand smoke should be rejected, as they are contradicted by scientific evidence. Approaches other than 100% smoke-free environments, including ventilation, air filtration and the use of designated smoking areas - whether with separate ventilation systems or not - have repeatedly been shown to be ineffective and there is a conclusive evidence, scientific and otherwise, that engineering approaches do not protect against exposure to tobacco smoke.

2. Legislation is necessary to protect people from exposure to tobacco smoke.

The first option – provided by EU Commission – is preferable. That means to revise existing directives based on the Framework Directive on workplace safety and health 89/391/EEC. This option should include, in particular, extending the scope of the Carcinogens and Mutagens Directive 2004/37 to cover second hand smoke and/or strengthening the requirements for the protection of workers from tobacco smoke in Directive 89/654/EEC on minimum health and safety requirements. And, of course, it is necessary to recognize second hand smoke as a carcinogenic agent to humans and a serious health hazard in the workplace.

3. Regarding further quantitative or qualitative data on the health, social or economic impact of smoke-free policies, the following new publications are of interest:

3.1 Evidence that exposure to second-hand smoke in the workplace is associated with an increased risk of lung cancer.

Background: Evidence for this association has come primarily from studies of non-smokers who are married to a smoker and meta-analyses of these studies have demonstrated strong and consistent evidence for an association.

New findings: A new published meta-analysis of data from 22 studies from multiple locations worldwide of workplace second-hand smoke exposure and lung cancer risk indicated a 24% increase in lung cancer risk (relative risk [RR] = 1.24; 95% confidence interval [CI] = 1.18, 1.29) among workers exposed to second-hand smoke. A 2-fold increased risk (RR = 2.01; 95% CI = 1.33, 2.60) was observed for workers classified as being highly exposed to environmental tobacco smoke. A strong relationship was observed between lung cancer and duration of exposure to environmental tobacco smoke.

Conclusion: The findings from this investigation provide the strongest evidence to date that exposure to environmental tobacco smoke also **in workplace** is associated with an increased risk of lung cancer.

Reference:

Stayner L, Bena J, Sasco AJ, Smith R, Steenland K, Kreuzer M, Straif K (2007) Lung cancer risk and workplace exposure to environmental tobacco smoke. American Journal of Public Health, 97, 545-551

3.2 Positive health effects on respiratory health of bar workers after smoking ban.

Background: Second-hand smoke causes diseases in non-smokers. Workplace bans on smoking are interventions to reduce exposure to second-hand smoke to try to prevent harmful health effects. On March 29, 2004, the Irish government introduced the first national comprehensive legislation banning smoking in all workplaces, including bars and restaurants. A study examines the impact of this legislation on air quality in pubs and on respiratory health effects in bar workers in Dublin.

Findings: *Exposure study.* There was an 83% reduction in particulate matter $PM_{2.5}$ and an 80.2% reduction in benzene concentration in the bars comparing pubs before and after the ban. *Health effects study.* There was a 79% reduction in exhaled breath carbon monoxide and an 81% reduction in salivary cotinine in volunteers before and after 1 year after the ban. There were statistically significant improvements in measured pulmonary function tests and significant reductions in self-reported symptoms and exposure levels in non smoking barmen volunteers after the ban.

Conclusion: A total workplace smoking ban results in a significant reduction in air pollution in pubs and an improvement in respiratory health in barmen.

Reference:

Goodman P, Agnew M, McCaffrey M, Paul G, Clancy L (2007) Effects of the Irish smoking ban on respiratory health of bar workers and air quality in Dublin pubs. American Journal of Critical Care Medicine, 175, 840-845

4. Other comments

WHO will publish its “Policy recommendations on protection from exposure to second-hand tobacco smoke” (forthcoming, 2007), which provides relevant further background to the Greenpaper and offers additional detailed information on the scientific evidence and county experiences.

WHO will also prepare Guidelines to Article 8 of FCTC (protection from exposure to tobacco smoke) that will be discussed during the “Conference of parties to the WHO Framework Convention on Tobacco Control” on second-hand smoke session, 30 June – 6 July 2007 in Bangkok.

The German Cancer Research Center recommends to adopt the WHO Policy Recommendations and to implement the Guidelines into EU legislation.