

**Cancer Research UK response to the European Commission's Green Paper
"Towards a Europe free from tobacco smoke; policy options at EU level"**

May 2007

1. Introduction

Cancer Research UK¹ is the world's largest independent organisation dedicated to cancer research, with a research spend of over £257 million in 2005/06. Our vision is that together we will beat cancer. We carry out world-class research to improve our understanding of cancer and to find out how to prevent, diagnose and treat different types of the disease. We ensure that our findings are used to improve the lives of all cancer patients. We help people to understand cancer, the progress we are making and the choices each person can make. We work in partnership with others to achieve the greatest impact in the global fight against cancer.

Cancer Research UK welcomes the publication of the European Commission (EC) Green Paper, which provides a clear summary of the evidence - scientific, economic and other - in relation to smokefree policies, and is pleased to have the opportunity to respond to the consultation.

2. Comments on consultation questions

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? Please indicate the reason(s) for your choice.

We would support a total ban on smoking in all enclosed public spaces and workplaces.

In considering all the research evidence regarding the level of harm caused by secondhand smoke, the UK Parliament voted by a majority of 200 on 14th February 2006 for a comprehensive ban on smoking in all workplaces and enclosed public places. MPs accepted the clear case that secondhand smoke is a cause of lung cancer, heart and other diseases, leading to the death of more than 600 workers per year, including at least 1 hospitality worker per week in the UK.² In fact, secondhand smoke in the workplace kills over twice as many people every year as are killed in accidents at work in the UK.³

¹ Registered charity no. 1089464

² Jamrozik K. Estimate of deaths attributable to passive smoking among UK adults: database analysis. *BMJ* 2005;330:812-6.

³ See <http://www.hse.gov.uk/statistics/index.htm>.

Therefore, given that every worker should have the same level of protection from carcinogens and other dangerous chemicals, there can be no justification for exposing any workers to secondhand smoke.

We also believe that a smoking ban with exemptions is likely to increase health inequalities.

We would be particularly concerned if certain hospitality venues were exempted from smokefree measures. Bar staff have been identified by the Scientific Committee on Tobacco and Health as the occupational group most at risk from secondhand smoke.⁴ There can be no justification whatever for protecting the great majority of employees from the risks posed by secondhand smoke while continuing to leave exposed some of the employees at greatest risk.

We would also be concerned if partial bans were permitted as UK predictions suggested that more workplaces in poorer areas would 'opt out' of smokefree legislation. We know that poorer communities have higher than average smoking rates. It is well recognised that smoking is the biggest single cause of inequalities in health and the main reason why those who live on the lowest incomes die earlier than the most affluent.⁵

The high compliance in Ireland⁶, Scotland and other Member States who have opted for total smoking bans demonstrates that comprehensive smokefree legislation is almost entirely self-enforcing if it is simple, publicised widely and understood by all parties. Legislation with partial exceptions, for example in licensed premises, risks undermining compliance levels. We believe that comprehensive measures are simpler and less expensive to enforce.

Finally, we believe that comprehensive legislation has the potential to help the 'de-normalisation' of smoking, by creating environments that encourage smokers to try to quit.

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 objective?

We believe that Option 4- A Commission or Council Recommendation- would be the most desirable and appropriate policy for promoting smokefree environments at the present time.

A Commission or Council Recommendation, whilst not legally binding, would place pressure on Governments that have so far failed to implement effective smokefree measures.

In addition, we would support the strengthening of existing Directives to increase worker protection from secondhand smoke. For maximum effect, we believe the recommendation should:

- Urge Member States to adopt comprehensive legislation, following the example set by Ireland, Norway and the United Kingdom;

⁴ www.advisorybodies.doh.gov.uk/scoth/PDFS/scothnov2004.pdf

⁵ Wanless D. Securing Good Health for the Whole Population. HM Treasury 2004.

⁶ Smoke-Free Workplaces in Ireland A One-Year Review. Office of Tobacco Control, 2005.

- Highlight the need for mass media education campaigns to raise awareness of the dangers of secondhand smoke and generate support for comprehensive smokefree legislation;
- Stress the importance and relevance of Article 8 of the Framework Convention on Tobacco Control (FCTC) and the Conference of the Parties (COP) guidelines, currently under development;
- Recommend the collection of data on smoking prevalence and attitudes towards smokefree provisions;
- Recommend a revision of existing Directives based on the Framework Directive on workplace safety and health 89/391/EEC, including:
 - Extending the scope of the Carcinogens and Mutagens Directive 2004/37 to cover secondhand smoke, and;
 - Strengthening the requirements for the protection of workers from tobacco smoke in Directive 89/654/EEC on minimum health and safety requirements.

Other options:-

No change from the status quo

Given the risk to health from exposure to secondhand smoke, we do not believe this to be a viable option.

Voluntary methods or the Open method of co-ordination

We would not support voluntary measures or the open method of co-ordination as evidence suggests that these approaches would not be sufficient to enact real change.

Binding legislation

Binding legislation is an attractive option, however, we are concerned that a legislative route is likely to be very lengthy and the outcome unpredictable.

Given the time involved in adopting a European Commission legislative proposal, the fact that the European Parliament elections will take place in 2009 and a transition period before legislation enters into force would be necessary, EU legislation could effectively mean that Member States, which might otherwise enact legislation in the next couple of years, would encounter a delay.

A further risk is that, as with the Tobacco Advertising Directive, new legislation could be challenged and/or weakened during its passage through the parliamentary process.

In conclusion, Cancer Research UK would therefore support a Commission or Council Recommendation, urging Member States to enact comprehensive smokefree legislation at national level.

We would be happy to provide any further information or detail as required. Please contact the Cancer Research UK Public Affairs Team at publicaffairs@cancer.org.uk or on 0044207 061 8360.

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