Letter from:	Swedish Ministry of Health and Social Affairs Public Health Division
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Sweden's opinion on the European Commission's Green Paper on a smoke-free Europe

In the Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level", the Member States and other interested parties are invited as part of a public consultation to present their views to the Commission by 1 June 2007.

Sweden is pleased to see that the Commission is highlighting smoking-related problems. Sweden also believes that the Green Paper provides a good summary of the motives for limiting passive smoking, the existing legislation, the possible scope of a smoke-free initiative and the potential policy options. Sweden shares the Commission's view that exposure to second-hand smoke gives rise to inconvenience, illness, premature death and substantial costs for individuals and for society.

Sweden has very positive experience of national decisions taken to limit the problems relating to passive smoking. The most recent of these decisions was taken in 2005 and concerned the introduction of a ban on smoking in restaurants and other catering premises. It is likely that the Swedish decision was influenced by the initiatives taken in other Member States.

The Swedish decision banning smoking in restaurants and other catering premises lays down the possibility of creating special sealed-off smoking rooms, but this has been used to only a very limited extent. The change to the law has turned out well. The studies that have so far been carried out have not found any evidence of the feared negative economic effects of smoke-free catering facilities.

Sweden distributed the Commission's inquiry for extensive consultation in Swedish society. Of the 47 consultation bodies that were asked for their views, 35 replied to the Government's inquiry, 8 did not reply and 3 also submitted additional information. The majority of the bodies consulted in Sweden are of the opinion that the time frame for the public consultation is too tight for there to be a full political discussion at the local and regional level.

The Swedish Parliament has set out its opinion on the Green Paper, noting that the question of smoke-free environments had previously been covered in non-binding resolutions and recommendations. The Parliament takes the view that these issues should continue to be tackled at EU level in forms that do not involve binding legislation. Responsibility for the legislation and rules is national.

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.

Within the Community framework, Sweden recommends that a general smoke-free initiative be drawn up covering all workplaces and enclosed public spaces, including public transport. It should be drawn up as part of a general EU strategy on this issue with the aim of supporting and complementing the efforts of the Member States.

2) *Which policy option would be the most desirable and appropriate to achieve such a smoke-free goal: five options are set out, ranging from the Member State continuing to tackle the issue individually, as has hitherto been the case, to binding legislation throughout the EU.*

It is important for efforts towards smoke-free environments to be strongly anchored in local society. It is essential that the measures proposed at EU level have a distinctly European added value and clearly assist in supporting the efforts of the Member States. The proposed activities should contribute to complementing national initiatives. Sweden recommends that cooperation at EU level take place in the form of a careful balance between, in the main, option 2, i.e. voluntary European sectoral agreements, and then options 3, i.e. the open method of coordination, and 4, i.e. Council conclusions or Council recommendations.

Were the Commission to propose using the open method of coordination, it would be essential to use common, comparable indicators and monitoring systems which could also be used and add value locally, regionally, nationally and internationally. Sweden recommends that, in such cases, there be a link to the ongoing work to draw up common European indicators for monitoring health and its determinants.

In certain areas there may be reason to encourage an exchange of experience between the Member States. This applies, for example, to more complex issues requiring adaptation to local circumstances. These include the question of how to reduce the inconvenience caused by smoking near to the entrances to buildings and in other places where people stand close to each other outdoors. Another issue raised in the responses to the Swedish consultation is that of passive smoking when living in apartments in multi-dwelling buildings. It is also important that people who work in an environment where smoking is permitted are nonetheless covered to the greatest possible extent by other measures aimed at improving their working environment. This will probably be significant for young people, since many of them work as catering staff in restaurants, cafes, pubs and bars and are therefore exposed in many Member States to a lot of environmental tobacco smoke.

On the basis of the impact assessments/evaluations that have been carried out and are referred to, it is at present difficult to take a firm stance in favour of any one of the various options. However, Sweden wishes to stress that it is vital that the consequences of the various options be illustrated in detail and looks forward to receiving more information from the Commission in the future.

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?*

Even though a smoke-free environment together with increased tax on tobacco are the primary methods used to reduce smoking in society, Sweden wishes to point out that these

measures should be complemented by various forms of support for the individual. Training for doctors and other healthcare workers should be an important, prioritised area. The sharing of best practice is an important aspect of European cooperation in the field of public health.

The public health programme should be able to contribute to pooling knowledge, disseminating information to the relevant professions and raising the skills of those involved. Some studies have pointed to a lack of professional competence in providing support for overcoming addiction to smoking. A study from 1998 which was sent to 1 353 medical colleges showed that only 11% of the 64% who responded had set aside time in medical training for particular tobacco-related training. Of those, only one-third offered any training at all on overcoming addiction to smoking. A nationwide study carried out by *Läkarförbundet* [the Swedish Medical Association] in 2006 showed that 20% of the 1 085 doctors who responded to the questionnaire do not have sufficient knowledge to be able to give advice to patients who want to stop smoking.

The Green Paper is also missing a report on reducing tobacco smoking by means of providing advice on overcoming addiction to smoking and on medical products containing nicotine. It is important that a smoke-free initiative be as comprehensive as possible and that all measures which can reduce or influence the adverse effects of passive smoking be analysed. It is therefore important while continuing to address this issue that account be taken of the Swedish experience with the use of snuff as an alternative to smoking, not least because many Swedes have chosen to stop smoking and use snuff instead. An initiative from the Commission or Council should be followed up by including Swedish snuff and other local forms of tobacco use in the Commission's tobacco policy.
The introduction of smoke-free catering facilities in Sweden has improved the health and working environment of staff. This is shown by a study of 91 people working in various catering facilities in nine locations around Sweden. The health and working environment of the participants was studied both before and after the introduction of the smoking ban. In one year the participants have all but ceased to be exposed to second-hand smoke, while respiratory problems among non-smoking staff have declined significantly.

There has been an explosion in asthma and allergies in the last 50 years, both in Sweden and worldwide. A number of hypotheses have been put forward, but researchers still do not know exactly what has caused this increase. The OLIN (Obstructive Lung Disease in Northern Sweden) studies have been carried out since 1985 and aim to identify cases of asthma and allergies, as well as chronic obstructive pulmonary disease (COPD) and obstructive sleep apnoea syndrome, in Northern Sweden. In total some 50 000 people are taking part in the studies, which have two tracks — one directed at children and young people, and the other at adults. The aim is to identify the different risk factors and thereby increase the chances of preventing the diseases. For the first time in Sweden, there has been an overall reduction of respiratory symptoms in adults. The results will be presented in May 2007 at the Congress of the European Academy of Allergology and Clinical Immunology (EAACI) in Gothenburg, but the researchers are already able to present preliminary results indicating that most respiratory symptoms in adults have fallen significantly since 1996. The number of reported cases of bronchial symptoms, such as coughing and mucus production, has fallen most, but chronic bronchitis too, together with COPD, has fallen by around 1% in both women and men.