



To the EU-Commission  
 Directorate General Health and Consumer Protection  
 Unit C 6 - Health Measures  
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 1050 Brussels, Belgium

## The EU-Commission's Green Paper Towards a Europe free from tobacco smoke: policy options at the EU Level (COM(2007)27 final)

Health Professionals against Tobacco – an umbrella secretariat composed of the six organizations named Doctors, Dentistry, Nurses, Teachers, Pharmacy and Psychologists against Tobacco – hereby convey the following points. Our opinion is supported by the Swedish Network for Tobacco Prevention\* and has been submitted to the Swedish Government.

The Green Paper summarizes i) the incentives to set limits for second-hand smoke, ii) today's legislation in the Member States, iii) a smoke-free initiative's possible reach and iv) conceivable policy alternatives. The intention is that Member States in a consultation process should provide viewpoints to the EU-Commission latest on the 1<sup>st</sup> of May 2007. All interested groups are invited to give their opinions.

The EU-Commission is especially interested in opinions on:

- 1) Which approach should a smoke-free initiative have: a total ban on smoking in all enclosed public spaces and workplaces or a ban with exemptions granted?
- 2) Which of five suggested policy options would be the most desirable and appropriate for promoting a smoke-free goal? Alternatives are defined where the one extreme asks that Member States continue to strive for smoke-free environments by their own means as they presently do and the other extreme obliges the entire European Union to instill a binding legislation.

The EU-Commission's starting point is the comprehensive and extensive documentation on the adverse health effects of second-hand smoke. Exposure to second-hand smoke causes discomfort, illness, disability and early death and imposes costs for the individual and society.

Just as clear is the documentation which has shown the positive effects of smoke-free environments. Smoke-free legislation has therefore become one of those most important components in a modern tobacco control strategy. Such environments protect non-smokers, support smokers to reduce their consumption, stimulate smokers to quit and reduces the risk for relapse. However, just as important are its effects on the general opinion in the community toward smoking denormalization, which gradually provides support for even socially marginalized groups that are those most affected by both active and passive smoking.

Furthermore, the fear of negative economic effects of smoke-free policies in the hospitality industry has never been confirmed. The one loser is the tobacco industry, which has acted directly or indirectly to oppose every suggested limit to possibly reduce smoking including the denormalizing effect of smoke-free environments.

Experiences from introducing smoke-free environments are positive and demonstrate that the better the groundwork done before the implementation of the legislation - including the



political decision, information, training, opinion building and smoking cessation support - the better the legislation is realized.

### **Recommendation with reference to question 1)**

Against the background of the aforementioned text the advice to the EU-Commission should be to go for an option that includes all environments where non-smokers risk being exposed to second-hand smoke. To exclude certain environments, for example serving establishments of different sorts, is to devalue certain groups of workers and possibly expose them to an even higher degree than today. Furthermore, exceptions in rules and regulations generate additional difficulties to supervise compliance to the law.

With regard to the large differences between Member States in smoking behaviour and opinions – and the fact that changes cannot be carried through if the legislators are far ahead of the public opinion – one should not exclude solutions that include designated smoking rooms provided that they contain strict criteria for ventilation, room design etc. Such an intermediate goal can sometimes be easier and more strategic to try to achieve in pursuit of the end goal – a total smoking ban. It is important that the elements of the process are defined in time from the start. No one should be obliged to establish a smoking room because this is a very costly measure.

Even after the implementation of a legislation it can be difficult to say what would have been the optimal process. The concession in the Swedish decision-making process - to include the possibility to establish special smoking rooms in serving locations - can today be thought as “unnecessary” as only a few percent of serving establishments have made the large economic investment required for the special separate ventilation. Regardless how rational or irrational the decision was, the view to allow these rooms ought now to be set aside in Sweden – not at least in order to support the European process.

### **Recommendation with reference to question 2)**

When it comes to the question of policy alternatives one can immediately exclude those that contain self-regulating enforcement. Where drug dependence and economic interests are present there exists no room for voluntariness.

One can maintain or hope that the recent years' health promoting changes in an increasing number of countries and regions lead to a positive spiral – it is now not the question of WHETHER smoke-free environments should be introduced but rather WHEN. On the other hand one can argue that – again based on the knowledge of pronounced adverse health effects of second-hand smoke and the wide positive effects smoke-free environments – it is unethical to let it take “as long as required” before non-smokers can benefit from protection and smokers can obtain support to stop.

The above speaks to an increased political pressure on Member States to act. With regard to the large differences in smoking behaviours and opinions that Member States demonstrate we recommend that a binding legislation be introduced, with implementation around 2010-2012, requiring Member States to work toward the same goal. The EU-Commission has already the mandate to introduce a binding directive for workplaces which encompass the vast majority of public places.



[www.tobaccoorhealthsweden.org](http://www.tobaccoorhealthsweden.org)

This “whip” should be accompanied by a continuous follow-up and genuine support to Member States on the basis of actual experience during the last years, including those of the Swedish process.

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The National Quit Smoking Telephone Line, Sweden  
 Swedish Chiropodist Association  
 Swedish Asthma and Allergy Association  
 Swedish National Union of Non-Smokers  
 Swedish Network for Tobacco Prevention Work in Counties & Regions  
 Swedish Heart and Lung Association  
 Swedish Cancer Society  
 The Swedish Stroke Association  
 A Non Smoking Generation  
 SMART – Youth Drug Prevention Organization  
 Doctors against Tobacco  
 Dentistry against Tobacco  
 Nurses against Tobacco  
 Pharmacy against Tobacco  
 Teachers against Tobacco  
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