

SMOKEFREE AIR: THE ESSENTIAL FACTS

"The evidence is clear. There is no safe level of exposure to second-hand tobacco smoke. Many countries have already taken action. I urge all countries that have not yet done so to take this immediate and important step to protect the health of all by passing laws requiring all indoor workplaces and public places to be 100% smoke-free."

—Dr. Margaret Chan, Director-General, World Health Organization, May 29, 2007.

More than 200 million people worldwide are now protected by comprehensive 100% smokefree air laws, and the number is growing rapidly.¹ Three major developments are driving the global trend toward smokefree air:

1. There is overwhelming consensus among medical and scientific authorities worldwide that secondhand smoke is a major public health threat and that the only effective way to protect the public from secondhand smoke is to enact comprehensive smokefree air laws that cover all indoor workplaces and public places, including all restaurants, bars, and other hospitality venues.²
2. The Framework Convention on Tobacco Control (FCTC) – the international tobacco control treaty – imposes a legal obligation on the more than 150 countries that have ratified the treaty to adopt effective smokefree air laws.³ Guidelines adopted by the treaty's governing body in 2007 make it clear that only comprehensive smokefree laws will meet the treaty's requirements.⁴
3. Smokefree air laws have proven to be popular, effective and well-respected in diverse places such as Hong Kong, Ireland, Italy, New Zealand, the United Kingdom, and Uruguay.⁵ These successful laws are serving as models for the rest of the world.

Health harms of secondhand smoke

Secondhand smoke, also known as environmental tobacco smoke, is a complex mixture of some 4,000 chemical compounds, including almost 70 known or probable human carcinogens.⁶ Health and scientific authorities around the world agree that secondhand smoke is a serious threat to human health and that effective action must be taken to reduce exposure. Their conclusions include:

- Secondhand smoke is a major cause of disease in non-smokers, including lung cancer, coronary heart disease, and cardiac death.⁷
- The International Agency for Research on Cancer (IARC) found that exposure to secondhand smoke causes cancer in humans.⁸
- There is no safe level of exposure to tobacco smoke.⁹
- The International Labour Organisation (ILO) estimates that each year about 200,000 workers die because of exposure to secondhand smoke in the workplace.¹⁰

- Approximately 700 million children – almost half of the world’s children – are exposed to secondhand smoke.¹¹
- Each year, approximately 50 million pregnant women worldwide are exposed to secondhand smoke during their pregnancy.¹²

Smokefree laws save lives and protect employee health

- Numerous studies have documented significant declines in hospital admissions for heart attacks following implementation of comprehensive smokefree laws.¹³
- Respiratory symptoms among bar workers in Scotland decreased by 26 percent after smokefree legislation was implemented in 2006; asthmatic bar workers experienced reduced airway inflammation and reported an improved quality of life.¹⁴
- Seven out of every ten smokers want to quit smoking^{15 16}, and smokefree policies provide them with public environments free from any pressure or temptation to smoke.¹⁷
- One international review¹⁸ concluded that smokefree workplaces lead to:
 - 4% decrease in the number of smokers
 - 3 fewer cigarettes a day smoked by continuing smokers

Only comprehensive smokefree laws are effective; partial measures do not work

- Guidelines for implementing the FCTC’s legally binding smokefree air requirements urge governments to protect “all persons” from secondhand smoke, not just “special” or “vulnerable” populations; the guidelines also call for 100% coverage of indoor workplaces and public places, and declare that the use of ventilation, filtration, and “designated smoking areas” are not effective.¹⁹
- The American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), the leading association of ventilation professionals, has concluded that “the only means of effectively eliminating health risk associated with indoor exposure is to ban smoking activity.”²⁰
- The U.S. Surgeon General also has concluded that ventilation and filtration technologies, and separation of smokers and non-smokers within the same air space, do not provide effective protection from the health risks of secondhand smoke.²¹
- Designated smoking rooms (DSRs) and ventilation systems are costly as well as ineffective. Large businesses can afford to install them, but small businesses often cannot. Laws that allow DSRs have been overturned because they create unfair competition.²²

Smokefree laws are popular

- In New Zealand, support for smokefree bars, pubs, and nightclubs rose from 61% of adults in 2004 to 81% in 2006.²³
- In Ireland, the smokefree law was supported by 93% of the population in 2005, compared with 67% immediately before the law was introduced.²⁴

- In Scotland, more than 53,000 people submitted written responses to a national consultation on smokefree public places, representing more than 1% of the total population. Eighty percent said that they supported a smokefree law, giving the government an enormous mandate for legislation.²⁵

Smokefree laws do not harm business

- Smokefree legislation in the UK is estimated to save the economy between 1.1 and 1.6 billion pounds per year.²⁶
- Well-designed, independent studies have shown that smokefree laws do not have a negative economic impact on the hospitality or tourism industry.²⁷
- Benefits for employers include increased productivity, reduced sickness in employees from smoking and secondhand smoke exposure, reduced injuries, and reduced risk of fire damage. In Taiwan, such benefits have been quantified at over US\$1 billion a year.²⁸
- If all U.S. workplaces were smokefree, it would save over \$60 million in medical costs within the first year and an estimated \$280 million in the first seven years.²⁹
- In New York City, business tax receipts in the city’s bars and restaurants increased by 8.7%, and hospitality sector jobs increased by more than 10,000, in the first year after the city’s smokefree law took effect.³⁰
- The U.S. Surgeon General examined numerous studies from states and local communities and concluded that smokefree policies and regulations do not have an adverse economic impact on the hospitality industry.³¹

Smokefree compliance rates are high

- The overwhelming majority of people and business comply with smokefree laws. Typically, compliance levels are higher than 90%.³²

Table 1 - Compliance rates in smokefree jurisdictions

Ireland	94% ³³
New York City	97% ³⁴
New Zealand	97% ³⁵
Italy	98.5% ³⁶
Massachusetts	96.3% ³⁷
Scotland	94.2% ³⁸

Smokefree legislation is essential; voluntary measures do not work

- Tobacco companies promote voluntary policies ahead of legislation because voluntary policies do not work. Only simple, clear, enforceable, and comprehensive legislation will ensure smokefree air to employees and the public.³⁹ The tobacco industry funds schemes such as “Courtesy of Choice,” which urge businesses to allow smoking in their establishments.
- In the UK, after more than five years of a voluntary code, the majority of bars did not comply with the scheme. Overall, fewer than 1% of all bars were smokefree, and the majority of restaurants permitted smoking.⁴⁰

Countries that have ratified the FCTC are legally required to adopt effective smokefree policies

- Article 8 of the Framework Convention on Tobacco Control (FCTC) imposes a legal obligation on all ratifying countries to implement effective national smokefree policies if they have the power to do so, and to promote smokefree policies at other levels of government (e.g., city, state, or provincial levels). The FCTC specifies that effective measures should cover "indoor workplaces, public transport, indoor public places and, as appropriate, other public places."⁴¹
- This legal obligation applies to more than 150 countries that have ratified the FCTC, representing more than 80 percent of the world's population.⁴²
- The member states of the FCTC have adopted strong guidelines for countries to follow in meeting their FCTC obligations.⁴³ The guidelines provide that:
 - ✓ *"Effective measures to provide protection from exposure to tobacco smoke, as envisioned by Article 8 of the WHO Framework Convention, require the total elimination of smoking and tobacco smoke in a particular space or environment in order to create a 100% smoke free laws environment."*
 - ✓ *"Approaches other than 100% smoke free laws environments, including ventilation, air filtration, and the use of designated smoking areas ... have repeatedly been shown to be ineffective and there is conclusive evidence, scientific and otherwise, that engineering approaches do not protect against exposure to tobacco smoke."*
 - ✓ *"All people should be protected from exposure to tobacco smoke. All indoor workplaces and indoor public places should be smoke free."*
- Achieving full compliance with Article 8 will require careful monitoring and effective advocacy by civil society organizations in many countries.

¹ The number of people protected by 100% smokefree laws in millions as of July, 2007: Ireland, 4.1; New Zealand, 4.1; Bermuda 0.7; Uruguay, 3.5; United Kingdom 60.8; USA subnational laws 73.2, Canada subnational laws, 23.1; Australia subnational laws 4.5. Global Voices for a Smokefree World: Movement Towards a Smokefree Future, Global Smokefree Partnership (2007). Available online at:

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