



GLOBAL SMOKEFREE PARTNERSHIP & NATIONAL COMMITTEE FOR SMOKING PREVENTION

KEY FACTS ON SMOKING, SMOKEFREE AND THE “SPANISH MODEL”

1. SECONDHAND SMOKE KILLS

- There is no safe level of exposure to secondhand tobacco smoke
- Secondhand smoke is a complex mixture of some 4,000 chemical compounds, including almost 70 known or probable human carcinogens
- 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
- The International Agency for Research on Cancer (IARC) found that exposure to secondhand smoke causes cancer in humans
- The U.S. Surgeon General’s 2006 Report on the Health Consequences of Involuntary Exposure to Tobacco Smoke found secondhand smoke exposure causes disease and premature death in children and adults who do not smoke.
- According to the World Health Organisation, secondhand smoke is a major cause of disease in non-smokers, including lung cancer, coronary heart disease, and cardiac death
- Non-smokers exposed to secondhand smoke at home or at work have a 25 to 30 percent greater risk of heart disease and at least 20 to 30 percent greater risk for lung cancer
- A 2004 study published in the British Medical Journal found that exposure to secondhand smoke increases the risk of heart disease among non-smokers by as much as 60 percent.
- A pooled analysis of two large European and American studies found that exposure to secondhand smoke from spousal, workplace and social sources results in a 22 percent increased risk of lung cancer in people who never smoked. Those with the longest exposure had an increased risk of 32 percent.
- A Japanese study concluded that wives of heavy smokers had up to twice the risk of developing lung cancer as wives of non-smokers.
- The International Labour Organisation (ILO) estimates that each year about 200,000 workers die because of exposure to secondhand smoke in the workplace
- In the 25 countries of the European Union, more than 79,000 adults die each year as a result of passive smoking
- In the hospitality industry, this equates to 325 people - or one person every day of a six-day working week – dying as a result of passive smoking.
- In Scotland, between 1500 and 2000 nonsmoker's deaths per year are attributable to secondhand smoke exposure.
- In Spain, 3,000 people die every year from exposure to secondhand smoke

2. COMPREHENSIVE SMOKE FREE 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
- 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
- New research from Scotland published in the New England Journal of Medicine found that hospital admissions of children with asthma were increasing at a mean rate of 5.2% per year before 100% smokefree legislation was implemented. After implementation of the legislation, there was a mean reduction in the rate of admissions of 18.2% per year. The reduction was apparent among both preschool and school-age children.
- Seven out of every ten smokers want to quit smoking, and smokefree policies provide them with public environments free from any pressure or temptation to smoke. One international review concluded that smokefree workplaces lead to:
 - 4% decrease in the number of smokers
 - 3 fewer cigarettes a day smoked by continuing smokers
- Evidence from Spain:
 - Cotinine is an alkaloid found in tobacco and is also a metabolite of nicotine, which is used as a biomarker for exposure to tobacco smoke, ordinarily measured in saliva.
 - Research in Spain found that salivary cotinine decreased by 55.6% after the ban among non-smoker workers in venues where smoking was totally prohibited
 - Cotinine concentration decreased by 27.6% ($p = 0.068$) among workers in venues with designated smoking areas, and by 10.7% ($p = 0.475$) among workers in venues where smoking was allowed.
 - Also, reported respiratory symptoms declined significantly (by 71.9%) among workers in venues that became smoke-free.
 - Therefore, among non-smoker hospitality workers in bars and restaurants where smoking was allowed, exposure to SHS after the ban remained similar to pre-law levels. The partial restrictions on smoking in Spanish hospitality venues do not sufficiently protect hospitality workers against SHS or its consequences for respiratory health.



3. THE TRUTH ABOUT SMOKEFREE LAWS

- More than 200 million people worldwide are now protected by comprehensive 100% smokefree air laws, and the number is growing rapidly.
- The Framework Convention on Tobacco Control (FCTC) – the international tobacco control treaty – imposes a legal obligation on the more than 168 signatories that have ratified the treaty to adopt effective smokefree air laws. Guidelines adopted by the treaty’s governing body in 2007 make it clear that only comprehensive smokefree laws will meet the treaty’s requirements.
- 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. These successful laws are serving as models for the rest of the world.
- These policies become even more popular after the law comes into force.
- In New Zealand, support for smokefree bars, pubs, and nightclubs rose from 61% of adults in 2004 to 81% in 2006.
- In Northern Ireland, 91 percent of respondents supported the introduction of comprehensive smokefree legislation.
- Six years after California extended its smokefree workplace law to cover all restaurants and bars, public support for the measure stood at 90 percent.
- Four months after Ireland implemented its workplace smoking ban, 95 percent of the population believed the measure was a positive health measure.
- 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.
- In Ireland, Scotland and Boston, levels of fine particles in bars fell by more than 80% after the introduction of 100% smokefree legislation
- In Ireland, bar workers’ exposure to air-borne carcinogens fell by more than 90%
- European and the US studies show improvements in bar workers’ respiratory health
- Studies from the USA, Scotland and Italy have shown significant reductions in heart attacks within months



4. EXCEPTIONS WEAKEN HEALTH PROTECTION AND ARE MORE EXPENSIVE

- 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.
- 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.”
- 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.
- 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. In some countries, laws that allow DSRs have been overturned because they create unfair competition.
- In addition, it is more time consuming and expensive for business and government to monitor the implementation of laws that include exemptions.



5. SMOKING BANS DO NOT HURT BUSINESS

- Despite the tobacco industry's dire predictions, numerous independent studies have shown that smokefree laws do not have a negative economic impact on the hospitality or tourism industries
- Smokefree legislation in the UK is estimated to save the economy between 1.1 and 1.6 billion pounds per year.
- The United States Occupational Safety and Health Administration (OSHA) estimates that clean air increases productivity by 3 percent.
- 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.
- 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.
- 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.
- Since the implementation of smokefree laws in Ireland in 2004, visiting patterns to restaurants have been virtually unchanged.
- In Norway, customer frequency figures for bars and restaurants were virtually unchanged after the smoking ban, including smokers.
- A survey commissioned by ASH UK found that 20 percent of nonsmokers reported that they frequented pubs more often since the smoking ban.
- A Canadian report demonstrates that the implementation of Ontario's comprehensive smoke free law in 2001 had no negative impact on sales in bars and restaurants.
- Gaming group Rank, which has 86 clubs in England, says its company shares were up by 8.75 percent since the ban.
- The only industry guaranteed to lose business after implementation of smokefree laws is the tobacco industry.



6. THE PROBLEM WITH THE “SPANISH MODEL”

- The tobacco industry portrays the “Spanish Model” as an alternative model of smokefree provision in its lobbying activities with governments around the world – in the EU, Latin America and especially countries with precarious and fragile administrative structures
- Internal British American Tobacco (BAT) documents reveal that the company knew that air filtration and ventilation systems were ineffective yet still promoted the technology as a viable option to smoking restrictions. According to the documents, BAT’s interest in ventilation systems was primarily “to negate the need for indoor smoking bans around the world.”
- The “Spanish model” allows for various types of exclusions
- For example, small venues of less than 100m square – which represent around 80% of all hospitality venues in Spain - are permitted to designate themselves as smoking or non smoking venues.
- The choice extended to them under the current laws means that only around 10% of small venues are smokefree
- Due to the unfair competition this creates, owners of large venues favour comprehensive bans
- But even these provisions are open to different interpretations in different jurisdictions – so there is no parity between venues.
- In December 2006, only 15% of the 300 000 hospitality venues in Spain were smoke-free or fulfilled the basic criteria
- Many venues are not implementing the law properly nor are they labeling their premises in accordance with the regulations
- The “Spanish model” also goes against the wishes of the majority of the population – who do support a comprehensive smoking ban
- Legal uncertainty, inefficient enforcement and a lack of sanctions lead smokers and venue owners to disrespect smoking bans.
- Exemptions undermine protection against secondhand smoke – and the main victims remain the hospitality workers.