



Smoke-free inside

create and enjoy

100% SMOKE-FREE ENVIRONMENTS



World Health
Organization

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www.who.int/tobacco/wntd

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SMOKE-FREE INSIDE

People prefer to be 100% smoke-free inside!

The scientific evidence leaves no doubt: 100% smoke-free environments (SFEs) are the only proven way to adequately protect the health of all people from the devastating effects of second-hand tobacco smoke (SHS). Several countries and hundreds of sub-national and local jurisdictions have reached this conclusion and successfully implemented laws that require almost all indoor workplaces and public places to be 100% smoke-free. These jurisdictions report large and immediate health benefits, showing that SFEs are feasible and realistic in a variety of contexts.

In March 2004, Ireland became the first nation in the world to create and enjoy smoke-free indoor workplaces and public places, including restaurants, bars and pubs. Within three months, Norway's smoke-free legislation entered into force. Since then, their example has been followed by more countries, such as New Zealand, Italy and Uruguay, territories and many more cities and communities across the globe.

Large parts of Canada and the United States of America (USA) have been made smoke-free through provincial or state legislation. Now, 80% of Canadians and 50% of USA residents live in a jurisdiction with all public and workplaces smoke-free, including bars and restaurants. A similar situation exists in Australia, where almost all Australians will enjoy completely smoke-free indoor public places by October 2007.

Other countries, such as Spain, Guinea and Mauritius, also took important steps with legislation banning smoking in workplaces to protect the health of all workers. Niger and Uganda are now strengthening implementation of existing legislation to protect health and help make the population more aware of the dangers of exposure to SHS. Other countries, such as England, will bring in or extend legislation in 2007 to make all indoor public places and workplaces (including bars, cafés, pubs and restaurants) 100% smoke-free.

Singapore's already progressive smoke-free policies will be extended to include air-conditioned karaoke lounges and nightclubs.

At the city level, the citizens of Hong Kong SAR¹ now enjoy smoke-free indoor workplaces and public places, including child-care centres, schools, hospitals, places of detention, refuge and reformatory schools and all indoor areas of restaurants, karaoke establishments, residential care homes and treatment centres.

Evaluation reports continue to flow in from Ireland, New Zealand, Norway¹ and other places showing that comprehensive smoke-free laws improve health, reduce tobacco consumption, are popular with both non-smokers and smokers and have no negative economic impact on the hospitality sector.

The benefits of smoke-free places are undeniable, and the movement to smoke-free environments is growing with unstoppable momentum. Public health actors, non-governmental organizations and other civil society representatives, policy makers, governments and the general public are raising their voices together to ensure workers and the public are protected from exposure to SHS, by creating and enjoying 100% smoke-free environments.

By making workplaces and public places 100% smoke-free inside we keep the bodies in those places smoke-free inside, too.

Smoke-free is the new norm. Don't fall behind. Claim your right to be 100% smoke-free inside!



WHO FCTC

WHO Framework Convention on Tobacco Control (WHO FCTC)

The WHO FCTC is a global public health treaty aimed at reducing the burden of disease and death caused by tobacco consumption. Adopted in June 2003, the Convention quickly became one of the most widely embraced treaties in United Nations history; within two and a half years, it boasted more than 100 Contracting Parties. It officially entered into force in February 2005 and by the end of 2006, the total number of Parties had reached 142 covering more than three quarters of the world's population.

The Convention addresses tobacco control from both the supply and demand sides, by requiring price and tax increases on tobacco products, complete bans on tobacco advertising, promotion and sponsorship, and visible pictorial health warnings on all tobacco packages. Article 8, *Protection from exposure to tobacco smoke (SHS)*, identifies proven measures for reducing

the health harm caused by SHS. Case studies^{II} show that countries that enact legislation to ban smoking in public places witness decreased consumption of tobacco products, partly because it encourages people to quit. Furthermore, there is no rigorous evidence that these bans have a negative economic impact on the hospitality sector.



1 What is second-hand tobacco smoke (SHS)?

Second-hand tobacco smoke (SHS) refers to the smoke from burning tobacco products, generated by people smoking them. The tobacco industry has also called it environmental tobacco smoke (ETS). When tobacco smoke contaminates the air, especially in enclosed spaces, it is breathed by everyone, exposing both smokers and non-smokers to its harmful effects. Because it is inhaled by people that are not actively smoking, it is also commonly referred to as involuntary smoking or passive smoking.

2 Second-hand tobacco smoke causes cancer.

There is no doubt: breathing SHS is very dangerous to your health. There are over 4 000 known chemicals in tobacco smoke; more than 50 of them are known to cause cancer in humans. SHS also causes heart disease and many serious respiratory and cardiovascular diseases in children and adults, which might lead to death.

3 There is no safe level of exposure to second-hand tobacco smoke.

Neither ventilation nor filtration, alone or in combination, can reduce tobacco smoke exposure indoors to levels that are considered acceptable, even in terms of odour, much less health effects. Only 100% smoke-free environments provide effective protection.

4 Almost half of the world's children breathe air polluted by tobacco smoke.

Exposure to SHS occurs anywhere smoking is permitted: homes, workplaces, public places. The WHO estimates that around 700 million children, or almost half of the world's children, breathe air polluted by tobacco smoke, particularly at home.^{III} Findings from the Global Youth Tobacco Survey, developed by WHO and the United States Centers for Disease Control and Prevention (CDC), among students 13 to 15 years old in 132 countries between 1999 and 2005 show that:^{IV}

43,9%

of the students are exposed to second-hand tobacco smoke at home.

55,8%

of the students are exposed to second-hand tobacco smoke in public places.

76,1%

of the students surveyed express support for smoking bans in public places.

5 Second-hand tobacco smoke contributes heavily to the global burden of disease.

Worker deaths: The International Labour Organization estimates that at least 200 000 workers die every year due to exposure to SHS at work.^V

Deaths in Europe: A recent report estimated that around 80 000 people died in the 25 European Union countries in 2002 due to SHS related conditions.^I

Deaths in the United States: The United States Environmental Protection Agency estimates that SHS is responsible for approximately 3 000 lung cancer deaths annually among non-smokers in the USA, and that up to one million children with asthma have their condition worsened due to SHS exposure.^{VI}

6 Second-hand tobacco smoke is also an economic burden.

The costs of SHS are not limited to the burden of disease. Exposure to SHS also imposes economic costs on individuals, businesses and society as a whole. These include primarily direct and indirect medical costs, but also productivity losses. In addition, workplaces where smoking is permitted incur higher renovation and cleaning costs, increased risk of fire and may experience higher insurance premiums.^{VII}

A recent study by the United States Society of Actuaries estimates that SHS exposure results in more than US\$ 5 billion in direct medical costs and more than US\$ 5 billion in indirect medical costs (such as disability, lost wages and related benefits) annually in the USA.^{VIII}

In Hong Kong SAR, the annual value of direct medical costs, long-term care and productivity loss due to SHS exposure is estimated to be US\$ 156 million.^{IX} The United States Occupational Safety and Health Administration has estimated that clean air would increase productivity in the USA by 3,5%, saving US employers US\$ 15 billion annually.^X

Evidence on the damaging health effects of exposure to SHS has been accumulating for more than 40 years.

Today, there is clear scientific consensus based on hundreds of studies: in adults and children, SHS causes serious and fatal diseases, such as heart disease, lung cancer, asthma and others.

“The debate is over. The science is clear. Secondhand smoke is not a mere annoyance but a serious health hazard.”

Former U.S. Surgeon General Richard Carmona

The latest research to reach this conclusion includes these reports.

2006:
United States Surgeon General's Report
on The Health
Consequences of
Involuntary Exposure to
Tobacco Smoke

(<http://www.surgeongeneral.gov/library/secondhandsmoke/>)

2005:
California Environmental Protection Agency (CalEPA)
Proposed Identification of
Environmental Tobacco Smoke
as a Toxic Air Contaminant
(Part B: Health Effects)

(http://www.oehha.ca.gov/air/environmental_tobacco/pdf/app3partb2005.pdf)

2004:
International Agency for Research on Cancer (IARC)
Monograph 83:
Tobacco Smoke
and Involuntary
Smoking

(<http://monographs.iarc.fr/ENG/Monographs/vol83/volume83.pdf>)

WHO recommends:

WHO policy recommendations on how to protect people from the harmful effects of SHS are based on this overwhelming body of conclusive evidence. These recommendations are used to guide smoke-free policies and legislation and help raise awareness among decision makers everywhere that 100% smoke-free environments (SFEs) are the only proven way to adequately protect the health of the public and workers.

To protect the health of all people against the harmful effects of SHS, WHO recommends:

- 1 A 100% smoke-free environment is the only effective strategy to reduce exposure to tobacco smoke indoors to safe levels and to provide an acceptable level of protection from the dangers of SHS exposure. Ventilation and smoking areas, whether or not separately ventilated from non-smoking areas, do not reduce exposure to a safe level of risk and are not recommended.
- 2 Enact legislation requiring all indoor workplaces and public places to be 100% smoke-free environments. Laws should ensure universal and equal protection for all. Voluntary policies are not an acceptable response.
- 3 Implement and enforce the law. Passing smoke-free legislation is not enough. Its proper implementation and adequate enforcement require relatively small but critical efforts and means.
- 4 Implement educational strategies to reduce SHS exposure in the home. Smoke-free workplace legislation increases the likelihood that people (both smokers and non-smokers) will voluntarily make their homes smoke-free.



How to counter tobacco industry myths



Even though effective smoke-free laws are popular, policy makers and the public must be prepared to respond to the many, often-used arguments aimed at stopping their passage and implementation. The main opposition comes from the tobacco industry, often using a third party, such as hotel and restaurant associations, to promote its arguments, while the industry itself does its best to stay out of the public debate.

Most opposition tactics and arguments are predictable and must be countered. The tobacco industry and its allies will challenge the science on the health effects of second-hand tobacco smoke (SHS) exposure and propose that designated smoking areas and ventilation are acceptable alternatives. They will also claim that smoke-free laws are a violation of so-called “smokers rights”, or are simply not necessary, not feasible, not enforceable and will have a negative impact on business (particularly restaurants, bars and casinos). These claims are unproven and should not be factored into policy-making decisions.

Here are some of the most commonly used tobacco industry myths and how to counter them.

1. MYTH: Environmental tobacco smoke (ETS) is just a nuisance.²

WRONG!

It is not a nuisance. It is a health hazard. To support their claims, the industry and its supporters will probably point at outdated or non-peer reviewed studies, many of them financed by the tobacco industry itself or affiliated organizations, concluding that there is not enough evidence to affirm that tobacco smoke is dangerous.

BE PREPARED:

It causes at least 200 000 deaths a year in workplaces alone (14 % of all work-related deaths caused by disease) and 2.8% of all lung cancers.[▼] Many of these people work in the hospitality, entertainment and service sectors, however, the problem can exist in any occupation. See also *The evidence*, above, for more information on health hazards.

2. MYTH: Voluntary agreements offer “courtesy of choice”: it is possible to accommodate smokers and non-smokers.

WRONG!

The “courtesy of choice” concept, where smokers and non-smokers live in harmony, ignores the serious health consequences of SHS. However, the tobacco industry has used it as one of their strongest marketing campaigns, claiming that this approach promotes tolerance and requires the accommodation of smokers and non-smokers in the same enclosed spaces.

BE PREPARED:

Evidence and experience do not support the tobacco industry’s claims. Voluntary agreements that urge tolerance from non-smokers are not effective in protecting the public from the harms of SHS, and might become a barrier to the establishment of real effective protective measures. For example, in Finland, Ireland, New Zealand, Uruguay, California and elsewhere, policy makers concluded that voluntary measures did not adequately protect public and workers’ health and, therefore, have chosen to enact and enforce 100% smoke-free legislation.

3. MYTH: Ventilation systems protect non-smokers from exposure to SHS.

WRONG!

The tobacco industry has promoted the installation and use of **expensive ventilation systems** and equipment, in an attempt to accommodate smokers and non-smokers in the same indoor enclosed spaces. This is a tactic to avoid the establishment of strict bans. However, ventilation is not only very expensive, it does not protect health. Only 100% smoke-free environments (SFEs) protect the public from exposure to SHS.

BE PREPARED:

Tobacco smoke contains both particles and gases. Ventilation systems cannot remove all particulate matter and certainly not toxic gases. Furthermore, many particles are inhaled or deposited on clothing, furniture, walls, ceilings, etc. before they can be ventilated. While increasing the ventilation rate reduces the concentration of indoor pollutants, including tobacco smoke, ventilation rates more than 100 times above common standards would be required just to control odour. Even higher ventilation rates would be required to eliminate toxins, which is the only safe option for health. In order to eliminate the toxins in SHS from the air, so many air exchanges would be required that it would be impractical, uncomfortable and unaffordable.

4. MYTH: Smoke-free environments (SFEs) will never work.

WRONG!

SFEs are widely supported by smokers and non-smokers and, if rightly enforced, they work by protecting people from exposure to SHS. They also support smokers who wish to quit, making it easier for them to stop and stay stopped.

BE PREPARED:

Evidence from countries, including Ireland, New Zealand and Norway,¹ **shows that SFEs work**, they are supported by the public, and levels of compliance can be close to 100% with minimal enforcement mechanisms in place.

5. MYTH: SFEs result in lost business to restaurants and pubs.

WRONG!

Even though the tobacco industry will try to convince business owners and policy makers of the contrary, supporting their allegations with biased studies that lack rigour in their analysis, not a single independent and rigorous peer-reviewed study has proved that smoking bans result in negative results for business or the economy.

BE PREPARED:

Independent studies in Canada, Ireland, Italy, Norway and cities, like El Paso and New York, **show that**, on average, **business remains** at the same level or even increases after the smoking bans. Studies around the world of sales and employment data before and after the implementation of smoke-free policies have found either no impact or a positive impact within the hospitality sector.^{XI•XII}

6. MYTH: Smoking bans infringe smokers’ rights and freedom of choice.

WRONG!

Smoke-free laws do not infringe anyone’s rights. They are about protecting people’s health by regulating where to smoke and where not to smoke.

BE PREPARED:

It is worth remembering that most people do not smoke, and most who smoke want to quit. Many smokers do not use tobacco by choice, but due to an addiction caused by the nicotine in all tobacco products. The right of a person to breathe air free of poisons takes precedence over the right of smokers to smoke in public places and endanger the health of others. This is not about accommodation or the freedom to use a legal product. It is about where to smoke to avoid endangering the health of others.

Why the tobacco industry fights smoke-free legislation

The tobacco industry

has known for decades that smoke-free policies represent **a serious threat to its business**:

"... the most dangerous development to the viability of the tobacco industry that has yet occurred."^{xiii}
"If smokers can't smoke on the way to work, at work, in stores, banks, restaurants, malls and other public places, they are going to smoke less..."^{xiv}

The tobacco industry, directly and through front groups, attempts to slow down implementation of effective legislation that would protect workers and the public from exposure to SHS.

Industry fights the evidence:

Mid 1970s:

The first studies start to link passive smoking with disease. The tobacco industry responds by creating its own smokers' rights campaigns:

"RJ Reynolds is planning to strike back at the increasing number of anti-smoking crusades in the nation by launching its own smokers' rights campaign."^{xv}

1978:

Industry researchers take it upon themselves to find medical evidence that suits their employers' profits, amid growing concern throughout the industry about the impact that SHS

CAMEL SMOKING LOUNGE

TOBACCO SERIOUSLY DAMAGES HEALTH



1982:

Tobacco companies start to recognize internally the threat posed by SHS:

"All allegations that passive smoking is injurious to the health of non-smokers, in respect [of] the social cost of smoking as well as unreasonable demands for no smoking areas in public places, should be countered strongly."^{xvi}

Late 1980s:

Lawyers working for Philip Morris (PM) and the United States Tobacco Institute begin setting up a "European Consultancy Programme" to counter proposed restrictions on smoking in public. The underlying theme is to covertly recruit scientists or "Whitecoats" to work on PM's behalf to defend smoking and convince people that SHS is harmless.

Codenamed "Whitecoat", the programme's end goals and prerequisites are:

"End goals":

Resist and roll back smoking restrictions
Restore smoker confidence

"Prerequisites":

Reverse scientific and popular misconception that ETS [environmental tobacco smoke] is harmful
Restore social acceptability of smoking.^{xvii}

1989:

The tobacco industry tries to alter public opinion and garner political support:

"a more direct public relations/political campaign might need to be mounted, primarily based on protecting the rights of smokers."^{xviii}

1990s:

PM runs a series of advertisements in Europe stating that the dangers from SHS are less than those from eating cookies or drinking milk. The Advertising Standards Authority rules that the campaign:

"gave the misleading impression that passive smoking had been proved to pose less danger to the health of UK consumers than the five activities cited by the advert."^{xix}

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_29595

