World Health Organization

PROTECTION FROM EXPOSURE TO SECOND-HAND TOBACCO SMOKE

Policy recommendations

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Executive summary

Scientific evidence has firmly established that there is no safe level of exposure to second-hand tobacco smoke (SHS), a pollutant that causes serious illnesses in adults and children. There is also indisputable evidence that implementing 100% smoke-free environments is the only effective way to protect the population from the harmful effects of exposure to SHS.

Moreover, several countries and hundreds of subnational and local jurisdictions have successfully implemented laws requiring indoor workplaces and public places to be 100% smoke-free without encountering significant challenges in enforcement. The evidence from these jurisdictions consistently demonstrates not only that smoke-free environments are enforceable, but that they are popular and become more so following implementation. These laws have no negative impact – and often have a positive one – on businesses in the hospitality sector and elsewhere. Their outcomes – an immediate reduction in heart attacks and respiratory problems – also have a positive impact on health.

These experiences offer numerous, consistent lessons learnt, which policy-makers should consider to ensure the successful implementation of public policies that effectively protect the population from SHS exposure. These lessons include the following:

1. Legislation that mandates smoke-free environments – not voluntary policies – is necessary to protect public health;
2. Legislation should be simple, clear and enforceable, and comprehensive;
3. Anticipating and responding to the tobacco industry's opposition, often mobilized through third parties, is crucial;
4. Involving civil society is central to achieving effective legislation;
5. Education and consultation are necessary to ensure smooth implementation;
6. An implementation and enforcement plan as well as an infrastructure for enforcement are essential; and
7. Implementation of smoke-free environments must be monitored and, ideally, their impact measured and experiences documented.

In light of the above experience, the World Health Organization (WHO) makes the following recommendations to protect workers and the public from exposure to SHS:

1. Remove the pollutant – tobacco smoke – by implementing 100% smoke-free environments. This is the only effective strategy to reduce exposure to tobacco smoke to safe levels in indoor environments and to provide an acceptable level of protection from the dangers of SHS exposure. Ventilation and smoking areas, whether separately ventilated from non-smoking areas or not, 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 to protection. Under some circumstances, the principle of universal, effective protection may require specific quasi-outdoor and outdoor workplaces to be smoke-free;
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, recognizing that smoke-free workplace legislation increases the likelihood that people (both smokers and non-smokers) will voluntarily make their homes smoke-free.

WHO encourages Member States to follow these recommendations and apply lessons learnt to advance the goals of public health through legislated implementation of 100% smoke-free environments in workplaces and public places.

SECTION I – INTRODUCTION

Background and rationale

The last several years have seen a wealth of new evidence on the health effects of exposure to second-hand tobacco smoke (SHS), the benefits of smoke-free environments and best practice in implementing smoke-free policies. Compiling and disseminating this evidence is critical to raising awareness among decision-makers and public health advocates about the necessity for smoke-free environments to protect health and their broad acceptance and endorsement. It is for this reason that the World Health Organization (WHO) is now publishing policy recommendations on protection from SHS exposure.

A clear scientific consensus on SHS exposure's dangerous health effects has developed, based on accumulated evidence and copious new data, which show that SHS causes serious and fatal diseases in adults and children. Several current reports, including the 2004 monograph from the International Agency for Research on Cancer (IARC), the 2005 report from the California Environmental Protection Agency (Cal/EPA) in the United States of America and the 2006 report of the United States Surgeon General, have synthesized this evidence and reached unambiguous and solid conclusions on SHS exposure's adverse consequences. These conclusions provide a strong imperative for eliminating indoor SHS exposure.

In light of the accumulated evidence, local, subnational[a] and national governments worldwide are increasingly implementing smoke-free policies in workplaces and public places to protect people from the dangers of SHS. Jurisdictions that have implemented smoke-free workplaces and public places have observed an immediate drop in levels of SHS, a decline in levels of SHS components in the population as well as significant and immediate health improvements in workers previously exposed to SHS.

At the same time, smoke-free environments have been found to be very effective as a tobacco control policy by making it easier for smokers to cut down or quit and by reducing smoking initiation. Furthermore, smoke-free laws enjoy popular support and high levels of compliance when properly implemented; they forcefully deliver the message that smoking is not socially acceptable.

Recent progress has highlighted the feasibility of achieving smoke-free environments and heightened worldwide interest in promoting them. Developed and developing countries like Ireland, New Zealand, Scotland and Uruguay, as well as territories[b] such as Bermuda, have built on the implementation of smoke-free laws at the local and subnational level that began in North America in the late 1970s. With almost universal success, they have since enacted and implemented laws to protect workers and the public from SHS in almost all indoor workplaces and public places (including bars and casinos), achieving strong popular support. Other countries are interested in learning from their experiences.

Since the 1970s, tobacco companies have considered smoke-free laws to be the "most dangerous development to the viability of the tobacco industry that has yet occurred."[1] The tobacco industry – usually working through front groups operating with its support – vigorously opposes the passage and implementation of smoke-free laws, whether at local, subnational or national level. Tobacco companies continue to misrepresent the evidence on the health effects of SHS exposure and even claim that WHO has concluded that SHS is not dangerous. In fact, WHO has consistently concluded the opposite: SHS kills.

[a] Subnational level refers to all jurisdictions other than the local, municipal level and the national or federal level of a country. It may include states, provinces, cantons, departments or similar jurisdictions.

Finally, the obligations under WHO's Framework Convention on Tobacco Control (WHO FCTC), to which more than 140 WHO Member States and the European Community are Parties[c], are further driving the need for clearer guidance from WHO on protection from SHS. Article 8 of the WHO FCTC, *Protection from exposure to tobacco smoke*, requires Parties to:
Adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.[2]

At its first session in February 2006, the Conference of the Parties to the WHO FCTC decided to accord the highest priority to developing guidelines on Article 8, and to request the Convention Secretariat to initiate work on these guidelines. In the same decision, the Conference of the Parties also adopted a template for the elaboration of Article 8, which lists several resources for the guideline development, of which the present recommendations are one.[3]

In summary, these recommendations are a response to the unquestionable dangers of exposure to SHS, as well as to the opportunity to assist the WHO FCTC implementation process and provide guidance to the growing number of jurisdictions interested in becoming

WHO convened a consultation in Montevideo, Uruguay in November 2005. Its purpose was to gather experts to discuss the many aspects of SHS and smoke-free environments. The consultation addressed the health effects of SHS exposure and the toxic properties of SHS; SHS exposure's economic costs; the impact of smoke-free environments on tobacco consumption as well as business; policy development and implementation; and needs and available resources for making progress towards smoke-free environments.

These policy recommendations are based in part on the deliberations of the Uruguay consultation[d] and have been amplified and reviewed by a broader group of experts from all of the WHO regions and within a variety of disciplines (Appendix 1 – List of participants and observers at the expert consultation on policy recommendations on second-hand tobacco smoke in Montevideo, Uruguay), including the WHO Collaborating Centre on Tobacco Control Policy at the University of California, San Francisco.

The recommendations aim to elucidate for WHO Member States the science on SHS exposure as well as the health and economic benefits of smoke-free laws and to guide decision-makers in developing and implementing evidence-based and enforceable smoke-free policies.

SECTION II – THE PROBLEM