



Global Voices:
Working For Smokefree Air
2008 Status Report

Content

- 3 Introduction
- 5 Smokefree air: safer workers, safe jobs
- 12 Getting smokefree working everywhere
- 16 Global smokefree map
- 18 Spotlight on Africa
- 22 Spotlight on the Americas
- 27 Spotlight on South-East Asia
- 31 Spotlight on Europe
- 40 Spotlight on the Eastern Mediterranean
- 42 Spotlight on the Western Pacific
- 47 References

The Global Smokefree Partnership is a multipartner initiative formed to promote effective smokefree air policies worldwide. The Partnership helps practitioners and advocates of smokefree policies to:

- access the evidence for smokefree policies
- request assistance from a network of experts
- take action in support of smokefree policies

The Partnership is hosted by the American Cancer Society and the Framework Convention Alliance.

The partners are: Action on Smoking and Health – US, Action on Smoking and Health – London, Americans for Nonsmokers’ Rights, American Cancer Society, Campaign for Tobacco-Free Kids, Cancer Research UK, Coalition for Tobacco Control Pakistan, European Respiratory Society, FCTC Alliance – Philippines, Framework Convention Alliance, French National Cancer Institute (INCa), Global Tobacco Research Network, HealthBridge India, Health and Environmental Rights Organisation – Uganda, International Nongovernmental Coalition Against Tobacco, International Union Against Cancer, International Union Against Tuberculosis and Lung Disease, Johnson and Johnson, Johns Hopkins School of Public Health – Institute for Global Tobacco Control, Pfizer, Promoting Action for Tobacco Free Environments – Honduras (APALTA), Southeast Asia Tobacco Control Alliance, World Heart Federation.

For more information on the Global Voices Campaign and smokefree air:

www.globalsmokefreepartnership.org

email: info@globalsmokefreepartnership.org

Director, Global Smokefree Partnership: Cassandra Welch

Writer: Tanith Muller

Design and layout: Pixel Entropy, Naples, Italy

Suggested Citation: Global Voices: Working For Smokefree Air, 2008 Status Report.

© Global Smokefree Partnership 2008

Introduction

Smokefree laws continue to sweep the globe. Since the turn of the new century, hundreds of millions of people in every region of the globe have embraced their right to protection from secondhand smoke. More than thirty countries – ranging from South America to Australasia, and Southern Africa to Northern Europe – have enacted and enforced national or local laws to protect people from secondhand smoke.

Great progress achieved

There has been rapid progress over the last seven years. And the signs are good that this progress will continue through 2008, into 2009 and beyond. What is more, new laws are being introduced and implemented in developing countries. This sends a clear message: smokefree air is a right for everyone – not a luxury. These laws can be successful anywhere.

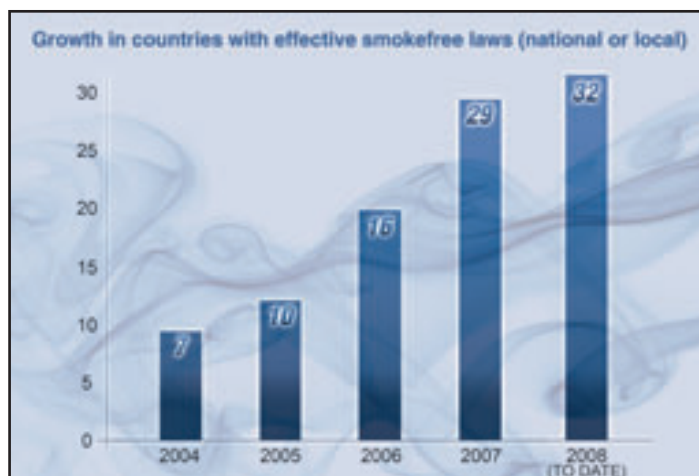
Smokefree standards

Since last year's Global Voices report was published, international governments have agreed that the only way to protect people from the known hazards of secondhand smoke is to introduce comprehensive smokefree laws. The international tobacco control treaty – the Framework Convention on Tobacco Control (FCTC) – is absolutely clear about what governments must do.

Guidelines supported by the governments of more than 150 countries say that **effective smokefree laws must be introduced by 2012.**

In country after country, region after region and city after city, smokefree laws are:

- » Improving health
- » Being enforced easily
- » Winning popular support
- » Proving that the hospitality trade can thrive without tobacco smoke pollution



Governments have set themselves high standards. They have agreed guidelines that smokefree laws **must:**



make all indoor public places, workplaces and public transport completely smokefree at all times



and must not:

allow designated smoking rooms, exempt premises, or exempt certain people

Challenges ahead

There is a lot of work still to do. It is time to ensure that all 154 countries that are parties to the FCTC live up to their commitments to protect their people from secondhand smoke by 2012. That means a rapid increase in countries with effective smokefree laws in the next four years. This is an ambitious target, but the current pace of change suggests it that it can be done.

Focus on workers' health

Despite the progress made to date, billions of workers worldwide are risking their health because they are exposed to secondhand smoke in their workplace. Workers who are exposed to secondhand smoke are more likely to die from lung cancer, heart disease and respiratory conditions.

Each year of delay increases the death toll from secondhand smoke.

It is time to ensure that everyone shares the right to a smokefree workplace. That means reaching out to governments that have not previously implemented effective smokefree policies. But it also means persuading some governments to look again at laws that are already in place. It is time to make sure that no occupational group is left out of legislation.

If the hospitality sector is exempt from a country's smokefree law, the workers at greatest risk are given the least protection by the law. Governments must act to end this injustice.

The Global Voices campaign believes that:

- » nobody should have to risk their life for their job
- » all workers should be protected
- » a waiter's health has the same value as an office worker's

About the report

This report explains why Governments must hold to their promises to provide their people with smokefree air at work and in public places. It highlights those countries where smokefree laws are already working and focuses on the benefits these laws bring to workers, to employers, to the economy, and to societies as a whole.



Smokefree air: safer workers, safe jobs

200,000 workers each year are killed by exposure to secondhand smoke at work. Secondhand smoke accounts for about one in every seven deaths from illness caused by work.¹

Hospitality industry workers are very heavily exposed. Typically, those who work in smoky bars are the most heavily exposed. One recent review showed that the most heavily exposed workers are twice as likely to de-

velop lung cancer as non-exposed workers.²

Many people argue that hospitality industry should be exempt from any smokefree laws. Yet that means that those who are at greatest risk of harm receive the least protection.

There is no safe level of exposure to tobacco smoke, and scientists have concluded that the only effective protection for workers is 100% smokefree workplaces.

What is secondhand smoke?³

- » **more than 4,000 chemicals**
- » **at least 69 cancer-causing agents**
- » **poisonous gases**
- » **fine particles**

Some constituents of tobacco smoke:

Ammonia (fertilizers), Formaldehyde (embalming fluid), Carbon monoxide, Nicotine, Toluene (paint thinners), Nitrogen dioxide, Hydrogen cyanide (rat poison), Acrolein (chemical weapon), Acetone (solvent), Mercury, Benzo[a]pyrene (coal tar), N-nitrosamines, 2-Naphthylamine (industrial dyes), 4-Aminobiphenyl (industrial dyes), Benzene (pesticides, paints), Arsenic (pesticides, poison), Beryllium, Nickel compounds, Chromium, Cadmium (batteries), Ethylene Oxide (sterilizing agent), Vinyl chloride, Polonium 210.



Some Health Effects of Secondhand Smoke

SHS CAUSES

- » lung cancer risk increased by 20-30%
- » heart attacks risk increased by 25-30%
- » asthma attacks
- » onset of symptoms of heart disease
- » worsened symptoms of lung disease

SHS MAY CAUSE

- » stroke
- » development of asthma
- » chronic obstructive airways disease
- » reduced lung function
- » short and long term lung symptoms
- » problems in pregnancy: reduced fetal growth/ premature birth
- » breast cancer
- » nasal sinus cancer

Source: US Surgeon General (2006)⁴

Scientific reviews concluding that secondhand smoke harms health

- » 1986 US Surgeon General *Environmental Tobacco Smoke: Measuring Exposures and Assessing Health Effects*
- » 1986 International Agency for Research on Cancer (IARC) *Monographs on the Evaluation of the Carcinogenic Risk of Chemicals to Humans: Tobacco Smoking* (IARC Monograph 38)
- » 1992 U.S. Environmental Protection Agency (EPA) *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*
- » 1997 Australian National Health and Medical Research Council *The Health Effects of Passive Smoking*
- » 1998 UK Scientific Committee on Tobacco and Health *Report of the Scientific Committee on Tobacco and Health*
- » 1999 World Health Organization *International Consultation on Environmental Tobacco Smoke (ETS) and Child Health. Consultation Report*
- » 2003 Irish Health and Safety Authority and Office of Tobacco Control *Report on the health effects of environmental tobacco smoke (ETS) in the workplace*
- » 2004 International Agency for Research on Cancer (IARC) *Tobacco Smoke and Involuntary Smoking* (IARC Monograph 83)
- » 2006 US Surgeon General's report *The Health Consequences of Involuntary Exposure to Tobacco Smoke*

The tobacco industry in its own words

"The immediate implications for our business are clear: if our consumers have fewer opportunities to enjoy our products, they will use them less frequently and the result will be an adverse impact on our bottom line."²¹

Internal tobacco industry documents show that tobacco companies have spent millions of dollars to prevent smoke-free laws in countries throughout the world.^{22 23 24 25 26 27}

Tobacco industry tactics

Denial: Tobacco company scientists found that secondhand smoke was dangerous in the 1970s. Tobacco companies suppressed this research and publicly denied that secondhand smoke is a health risk.

Deceit: The tobacco companies have paid scientific consultants to cast doubt on independent research showing that secondhand smoke harms health. In the 1990s, tobacco industry consultants covertly infiltrated the WHO International Agency for Research on Cancer to influence its findings on secondhand smoke and health.²⁸

Distraction: The tobacco industry promotes ineffective alternatives such as voluntary regulation, ventilation systems and non-smoking areas to distract attention from smokefree laws.

Dire predictions: Whenever and wherever smokefree laws are proposed, the tobacco industry and its allies predict terrible impacts for everyone from children to businesses, and workers to politicians. These predictions are not supported by objective evidence.

Decoys: The tobacco companies often use apparently independent groups and individuals to fight their battles for them. Tobacco industry funding is often hidden.

Smokefree laws mean safer, healthier workers

Smokefree laws mean safer, healthier workers

Smokefree policies improve air quality immediately.

Fine particles in secondhand smoke cause damage to hearts and lungs. Studies in Europe^{5 6} and the US⁷ have shown that levels of fine particles in bars fell by more than 80% after smokefree laws came into force.

Smokefree laws improve the health of heavily exposed workers very quickly. Research confirms that exposure to secondhand smoke is significantly reduced after smokefree laws go into effect.^{8 9}

Studies in Ireland,¹⁰ California¹¹ and Scotland¹² have shown that bar workers experience fewer respiratory symptoms such as cough, wheeze, phlegm and shortness of breath after smokefree laws are introduced.

Other health benefits

Research from the US,^{13 14} Scotland¹⁵ and Italy¹⁶ have shown that smokefree laws result in significant reductions in heart attacks within months of smokefree laws being introduced.

Smokefree laws support smokers who want to quit. Smokefree workplaces lead to:¹⁷

- » **4% decrease in the number of smokers**
- » **29% reduction in overall tobacco consumption**
- » **3 fewer cigarettes a day smoked by continuing smokers**

Smokefree policies may also prevent young people from becoming addicted to tobacco.^{18 19}

Smokefree laws keep jobs safe

The tobacco industry has a lot to lose if smokefree laws come into force. Smokefree laws mean that people smoke less or quit,²⁰ and that reduces profits.

Scaremongering and misinformation about the economic impacts of smokefree air laws are familiar tobacco industry tactics. However, the experiences of smokefree countries have shown again and again that businesses and workers have nothing to fear from smokefree laws.

Paying the price of secondhand smoke

In the US alone, people's exposure to secondhand smoke costs about \$10bn every year. That's \$5bn in direct medical costs, and \$5bn in indirect costs.⁴²

In addition, businesses have to cover lost productivity, and pay for higher insurance premiums, damage, cleaning and decorating costs when smoking is allowed.

Finally, businesses that install ventilation, filtration systems or designated smoking rooms have to pay for the equipment and maintenance costs, despite the fact that they don't protect people from second-hand smoke.



1. Scare Story

Smokefree laws will cause the hospitality and tourism industries to lose trade, and that will cost jobs

Real story Robust independent studies have repeatedly shown that smokefree laws do not have a negative economic impact on the hospitality or tourism industries.^{29 30 31}

Dire prophecies of mass job losses are frequently made, but do not come true. Smokefree jurisdictions including Tasmania,³² Norway³³ and Massachusetts³⁴ have adopted smokefree legislation without significant job losses.

In some jurisdictions³⁵ including New York,³⁶ smokefree laws have been followed by increased profits for the hospitality industry.

Far from leading businesses to fail, smokefree laws can increase the sale value of restaurants,³⁷ and have no negative impact on the sale value of bars.³⁸

Smokefree laws actually save businesses money. They reduce lost productivity from smoking breaks, staff sickness absence, risks of fire and the costs of cleaning and redecoration.³⁹ In Taiwan, smokefree air would save business \$1 billion each year.⁴⁰

Independent studies in a range of jurisdictions have shown that that the economic benefits of smokefree legislation outweigh any potential costs of implementation and enforcement.⁴¹

The only business that is guaranteed to lose money after a smokefree law is passed is the tobacco industry.



2. Scare Story

Smokefree laws are unpopular and unenforceable

Real story The opposite is true. Smokefree laws are extremely popular, and they become more popular during and after implementation. In country after country, the overwhelming majority of people believe that workers deserve to be protected from second-hand smoke.

Support for smokefree policies is highest among those who know that secondhand smoke harms health. In countries including Ireland,⁴⁶ Uruguay⁴⁷ and New Zealand,⁴⁸ smokefree laws are supported by the majority of both smokers and non-smokers.

Predictions of mass civil disobedience in the face of smokefree laws are commonly made, but experience shows that large scale protests do not happen.

When smokefree laws are well-planned and implemented, both smokers and businesses comply. Typically, compliance rates are higher than 90%.



Photo: Mike Barwood

Changing public opinion

Jurisdiction	% support before the law	% support after the law
Ireland ⁴³	59% (2003)	93% (2005)
Italy ⁴⁴	83% (2001)	94% (2006)
New Zealand ⁴⁵	61% (2004)	82% (2006)

Compliance with smokefree laws

Jurisdiction:	Compliance
Ireland	94% ⁴⁹
Ottawa	95% ⁵⁰
New York City	97% ⁵¹
New Zealand	97% ⁵²
Massachusetts	96% ⁵³
Norway	97% ⁵⁴
Italy	98.5% ⁵⁵
Scotland	96% ⁵⁶
Wales	98% ⁵⁷
England	98% ⁵⁸





Photo: Renu Parkhi

3. Scare Story

If this law goes ahead, workers who will have to enforce the law will be at risk

Real story Newspaper stories often appear claiming that workers will experience violence if they ask people to comply with smokefree laws. There is no evidence to suggest that smokefree laws increase levels of aggression towards staff. In contrast, there is ample evidence that workers have better health after smokefree laws are introduced.

4. Scare Story

This law will make life miserable for workers who smoke

Real story The tobacco companies frequently assert that smokefree laws will disadvantage workers in the hospitality trade, and especially those who smoke. It is also commonly argued that some non-smoking workers do not mind being exposed to other people's smoke.

Evidence from Scotland,⁵⁹ Ireland⁶⁰ and Norway⁶¹ shows that – far from being antagonistic towards the new laws – hospitality workers are generally in favour of smokefree legislation before it comes into force, and that they become more supportive of the law over time. Typically, the majority of hospitality workers believe that smokefree laws are good for their health.

The tobacco industry in its own words

"The economic arguments often used by the [tobacco] industry to scare off smoking ban activity ... simply had no credibility with the public, which isn't surprising when you consider our dire predictions in the past rarely came true."

Philip Morris PR advisor, David Laufer, 1994⁶²

5. Scare Story

Smokefree laws will force people to stay at home and smoke. Children will be exposed to more smoke than before

Real story There is no robust data that shows this. The research evidence shows that smokefree laws reduce children's exposure to secondhand smoke.

Smokefree laws encourage adults to quit. When fewer adults smoke, children's exposure to secondhand smoke is reduced.⁶³ Smokefree laws also encourage people to adopt smokefree homes voluntarily.^{64 65}

A 39% reduction in exposure to secondhand smoke was measured in Scottish children after the smokefree law came into force.⁶⁶

In Australia, smokefree workplaces were followed by a doubling in homes with smoking restrictions.⁶⁷ Similar effects have been seen in the USA.⁶⁸

In New Zealand, reported exposure to secondhand smoke in the home nearly halved over three years after smokefree legislation was introduced.⁶⁹

6. Scare Story

Smokefree laws will cause huge problems with litter and street noise

Real story Litter and noise are minor concerns when compared with the health risks caused by secondhand smoke. Potential increases in litter and noise can be addressed through local byelaws and licensing regulations.



Getting Smokefree Working Everywhere

Smokefree laws – an international action plan

The World's first public health treaty – the Framework Convention on Tobacco Control (FCTC) – is now law in more than 150 countries covering more than 80% of the world's population.

The FCTC commits governments to:

- » recognize that exposure to tobacco smoke causes death, disease and disability
- » inform citizens about these dangers
- » protect citizens from exposure to tobacco smoke in indoor public places, workplaces and public transport

Most governments have yet to meet their FCTC commitments on secondhand smoke.

In 2007, governments agreed a set of **guidelines** based on robust scientific evidence and the experiences of countries that have already adopted effective smokefree laws.

These guidelines explain what all governments need to do to meet their obligations to protect people from secondhand smoke.

Policies that fall short of these guidelines do not offer effective protection from secondhand smoke, and do not meet the standards set by the FCTC.

Governments expressed their support for the principles of robust and comprehensive smokefree air laws when the guidelines were adopted unanimously. Now it is time to turn the words into action.

Closing the smokefree air gap



>80%

World's people in countries **committed** to smokefree air laws



<5%

World's people **currently protected** by smokefree air laws

Source: WHO¹

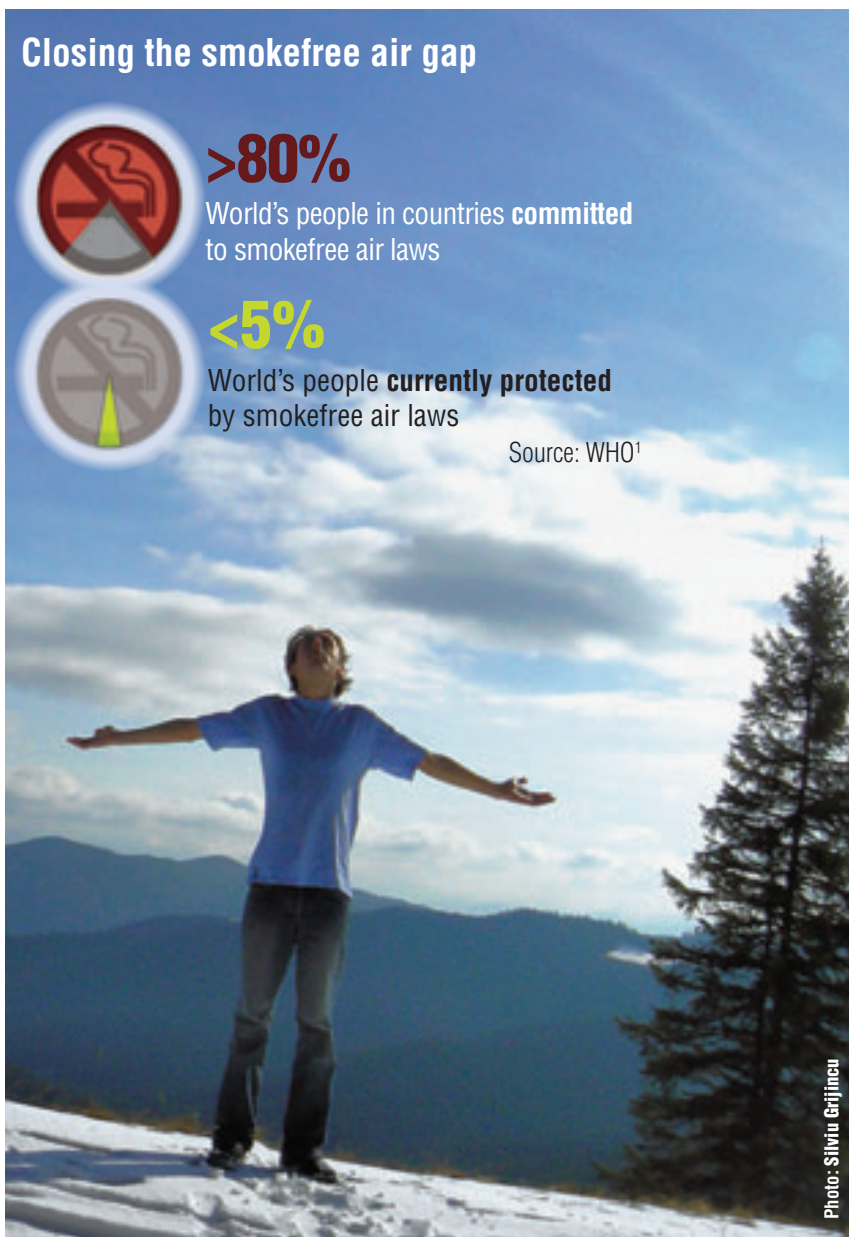


Photo: Silviu Grijincu

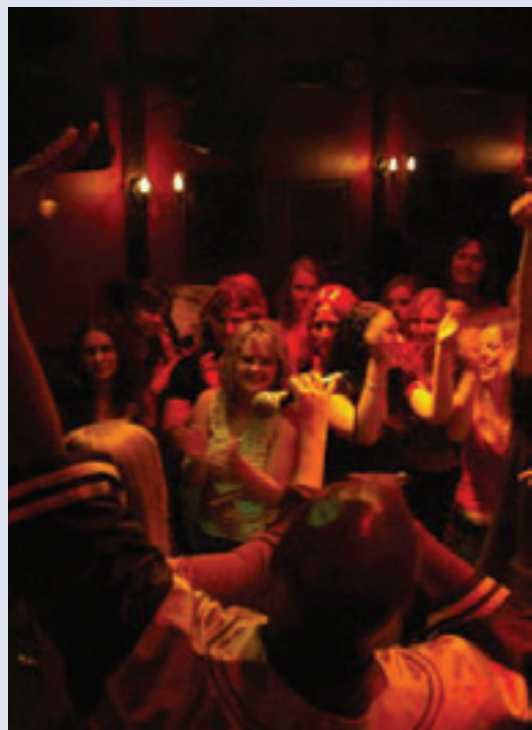
What obligations do governments have under the FCTC?

"[Article 8] creates an obligation to provide universal protection by ensuring that all indoor public places, all indoor workplaces, all public transport and possibly other . . . public places are free from exposure to second-hand tobacco smoke. No exemptions are justified on the basis of health or law arguments. . . .

"In addition, if a Party is unable to achieve universal coverage immediately, Article 8 creates a continuing obligation to move as quickly as possible to remove any exemptions and make the protection universal.

"Each Party should strive to provide universal protection within five years of the WHO Framework Convention's entry into force for that Party."

FCTC Article 8 Guidelines²



Seven core principles of effective smokefree policies

The core principles that smokefree policies must cover to comply with the FCTC guidelines are:

1. Total elimination of tobacco smoke

There is no safe level of exposure to secondhand smoke. Non-smoking areas, ventilation or filtration systems, and designated smoking rooms cannot protect people from the health effects of secondhand smoke.³

Governments must enforce 100% smokefree environments, in all indoor public places and workplaces, at all times.

Smokefree air means that tobacco smoke cannot be seen, smelled, sensed or measured. The law must define indoor public places and workplaces inclusively to make sure that there are no loopholes.

Policies that allow smoking areas, ventilation, air filtration or designated smoking rooms do not offer effective protection. Policies that are only enforced some of the time mean that some people remain exposed. These policies do not comply with the FCTC.

2. All people protected – with no exemptions

Everyone deserves to be protected from secondhand smoke. Policies that exempt certain categories of person, such as those who work in the hospitality trade, do not meet the requirement for all persons to be protected. In addition, policies that intend only to protect certain groups, such as children or pregnant women, do not meet the standards set by the guidelines.

Governments must enforce policies that protect everyone from exposure to secondhand smoke.

3. Legislation, not voluntary measures

Self regulation and voluntary codes have consistently failed to deliver effective protection from secondhand smoke. Voluntary schemes such as “Courtesy of Choice,” which promote smoking areas, are often funded by the tobacco industry.

In the UK, after more than five years of a voluntary code, fewer than 1% of all bars were smokefree, and the majority of restaurants permitted smoking.¹⁸

Governments must create smokefree public places and workplaces that are protected by law. Laws should be well drafted with careful definitions of key terms.



4. Resources to implement and enforce the law

Legislation cannot offer protection unless it is implemented, and meaningfully enforced.

Governments must commit resources to allow the law to be implemented and enforced.

5. Civil society included as partner

In countries with effective smokefree laws, civil society has worked alongside governments to build support for effective laws, to implement them and to maximise compliance with smokefree policies.

Governments must include civil society as an active partner in developing, implementing and enforcing smokefree laws.

Non-smoking areas, ventilation and designated smoking rooms: the facts

Workers can be exposed to the same amount of smoke in smoking and non-smoking areas,^{4,5} even when they are in separate rooms⁶

Filtered smoke is as carcinogenic as unfiltered smoke⁷

Ventilation technology cannot remove all the toxic gases and particles in secondhand smoke from the air^{8,9}

Designated smoking rooms (DSRs) have extremely high concentrations of secondhand smoke,¹⁰ increasing hazards for staff who must enter for cleaning, and security, and for patrons

Smoke leaks from DSRs into the rest of the premises¹¹

Technological “fixes” like ventilation, air filtration and DSRs are bad for business and bad for health. They create an uneven commercial playing field, and fail to protect people from the dangers of secondhand smoke

Ventilation, filtration and DSRs are very expensive to install, operate and maintain. They are often not installed correctly.¹² Laws which allow DSRs have been overturned because of unfair competition.¹³



6. Laws monitored and evaluated

Countries with successful smokefree laws have measured the impact of the legislation to make sure that it is working. This information has improved their laws. Sharing the experience of going smokefree has helped other jurisdictions to develop effective legislation.

Governments must dedicate resources to ensure that smokefree laws are being implemented effectively, and that people are protected from secondhand smoke.

7. Potential to extend the law if more protection is needed

Smokefree laws must reflect the available scientific evidence and offer the best possible protection from secondhand smoke.

Governments must be prepared to strengthen legislation if existing laws do not provide comprehensive protection from secondhand smoke.

Smokefree air laws and human rights

Some people argue that smokefree laws are an infringement of human rights.

Smokefree laws are about where people smoke, not whether people smoke. The purpose is to eliminate the serious health risks that secondhand smoke causes to other people.

Failure to protect people from exposure to secondhand smoke breaches fundamental rights and freedoms, including:

- » **Right to life**
- » **Right to the highest attainable standard of health**
- » **Right to a healthy environment**

International Statutes that support these rights include: the Universal Declaration on Human Rights, Constitution of the World Health Organization, the Convention on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination Against Women and the Covenant on Economic, Social and Cultural Rights.



Photo: Nasir Ali

Expert findings on protection from secondhand smoke

“the elimination of smoking from indoor environments is the only science-based measure that adequately protects a population’s health from the dangerous effects of SHS. ... Neither ventilation nor filtration, alone or in combination, can reduce exposure levels of tobacco smoke from indoor spaces to levels that are considered acceptable, even in terms of odour, much less health effects.” World Health Organization, 2007¹⁴

“The scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke. ... Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke.” US Surgeon General, 2006¹⁵

“...efforts to reduce indoor air pollution by [environmental tobacco smoke] through higher ventilation rates in buildings and homes would hardly lead to a measurable improvement of indoor air quality.” EU Institute for Health and Consumer Protection, 2005¹⁶

“...the only means of effectively eliminating health risk associated with indoor exposure is to ban smoking activity.” ASHRAE, 2005¹⁷

GUIDE TO THE GLOBAL SMOKEFREE MAP

1. Good laws

1.a Countries with national smokefree laws without exemptions, or with exemptions limited to residential and quasi-residential premises. Countries in this category do not allow Designated Smoking Rooms. Countries in this group include **Bermuda, Ireland, New Zealand, United Kingdom and Uruguay.**

1.b Countries where DSRs are permitted, and where there are limited hospitality exemptions that apply to a very small number of premises such as cigar lounges. These laws would qualify as comprehensive laws if not for these limited exemptions. Countries in this group include **Estonia, France, Iceland, Italy, Lithuania, Malta, Norway, Singapore, Slovenia, South Africa, Sweden and Thailand.**

2. Limited laws

2.a Countries in which there are major exemptions in the hospitality sector, such as bars and restaurants over a certain size. Countries in this group include **Belgium, Iran, Luxembourg, Portugal and Spain.**

2.b Countries in which potentially effective laws are in place, but are not effectively implemented and enforced. Poor enforcement is typically defined as a score below 7/10 in WHO (2008) Mpower Report – Prevalence And Policy Data Spreadsheets. (Online at <http://www.who.int/tobacco/mpower/en/>.) Countries in this group include **Bulgaria, Niger, Pakistan, Uganda and Yemen.**

3. Local action

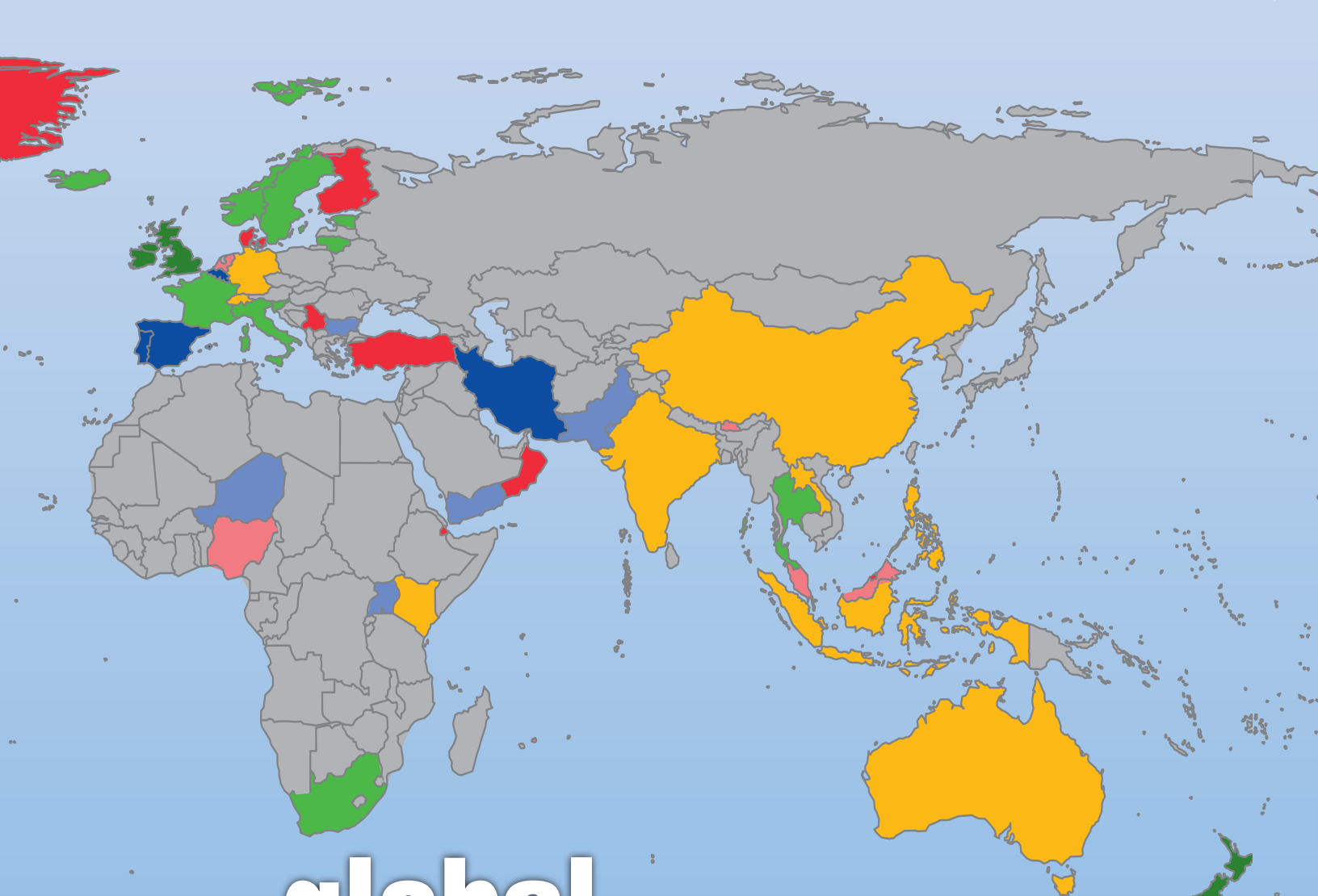
3. Countries in which comprehensive or extensive laws exist at subnational level. Typically the host country will have weak or non-existent national legislation. Countries in this group include **Argentina, Australia, Brazil, China, Canada, Germany, India, Indonesia, Kenya, Lao People's Democratic Republic, Paraguay, Philippines, Switzerland, USA and Venezuela.**

4. Smokefree soon

4.a Countries that have passed but not implemented smokefree legislation. Countries in this group include **Brunei Darussalam, Denmark, Djibouti, Finland, Mexico, Oman, Panama, Serbia and Turkey.**

4.b Countries that have made good progress toward passing good smokefree legislation. This group includes **Bhutan, Guatemala, Malaysia, Mauritius, Netherlands and Nigeria.**





global smokefree map

Spotlight on Africa



Regional Overview

Smokefree laws have not been seen as a political priority in Africa.^{1,2} There are no examples of smokefree laws that comply with the requirements of the FCTC guidelines. Even the best national and local laws permit Designated Smoking Rooms (DSRs).

South Africa plays an important regional role – it has had some smokefree laws since 1999, and these have been updated over time. The law provides moderate protection from secondhand smoke and is well enforced. It is a good example of what can be achieved. Uganda has had regulations to make most interior public places smokefree for some years, although there are problems with enforcement.

Implementation has proved to be an issue in many places. Niger has a fairly comprehensive law on the statute books, but it appears not to have been implemented or enforced, so has not had any impact on exposure to secondhand smoke. The Democratic Republic of Congo has recently issued a decree making the hospitality sector smokefree,

yet public awareness is low and there has been no enforcement. Many countries have some form of partial law, but enforcement action tends to be limited.

Civil society has taken an active role in campaigning for smokefree provisions in many countries, and local health advocates have identified a need for information and education resources to support smokefree policies. The tobacco industry also has a great deal of political influence – especially in countries where tobacco is grown. The tobacco companies have fought legal battles against smokefree proposals.

In 2008, some countries will take steps forward – Kenya has already had some success in making three of its biggest cities smokefree – and the whole country will go smokefree in July. Other countries, such as Nigeria and Mauritius, have new laws drafted and waiting for approval and implementation. Resources to inform the public and to support implementation will be needed if these laws are going to improve health.

Extensive law good protection for most people

South Africa has an extensive laws that offers high standards of protection for most people, most of the time. However, it falls short of the standards set by the FCTC because it allows Designated Smoking Rooms (DSRs). Under this law, some workers may be exposed to sec-

ondhand smoke, and some of them may be very heavily exposed – especially as food and drink is served in DSRs. These hospitality workers have no legal protection. Cleaning staff will also be exposed to toxins when cleaning the rooms.

South Africa



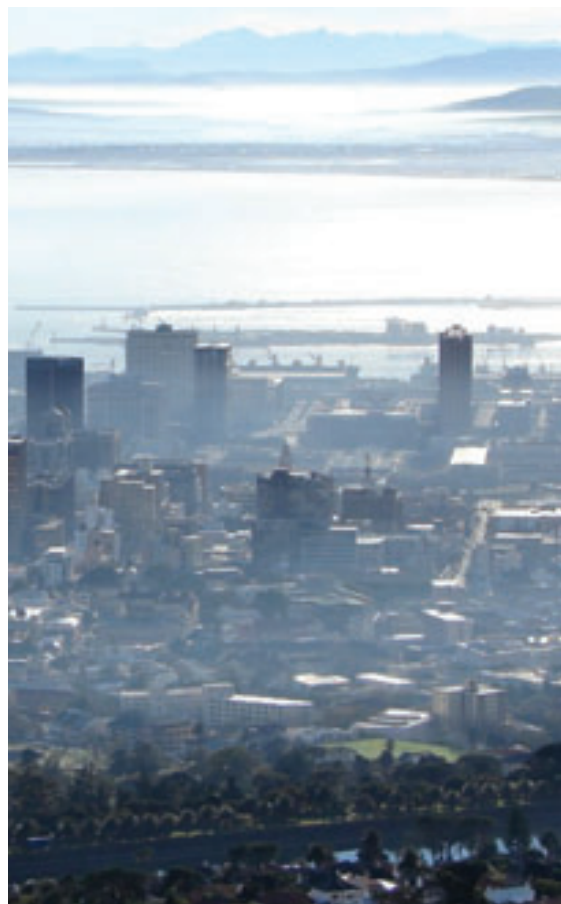
Proving economic scare stories wrong:

despite claims that restaurant business declined by 32% after the law came in, VAT returns showed that going smokefree had at worst no significant effect on restaurant revenues, and may have had a positive effect.³



Demonstrating enforceability: a poll of restaurant owners found that they believed that 87% of smokers, and nearly 100% of non-smokers had accepted the law.⁴

Smokefree law	Most places smokefree. Separate Designated Smoking Rooms (DSRs) subject to size constraints in workplaces and hospitality sector. Close to meeting the FCTC requirements. Falls short because smoking rooms permitted.
Includes:	Workplaces and public places, hospitality sector.
Exemptions:	Limited. Private dwellings, DSRs permitted.
Smokefree from	March 2007
People protected	44 million
Workers still at risk	<ul style="list-style-type: none"> » Those who work in DSRs are still exposed to very high levels of secondhand smoke for long periods of time. These levels may be as high as before the legislation. » Cleaners have to access DSRs



Local action

In Africa, local smokefree initiatives have not been developed to the same extent as in some other parts of the world. Only Kenya has made significant progress in this area, and these initiatives are very new.



Limited law many workers exposed to secondhand smoke

In some African countries, good smokefree measures are being undermined by ineffective implementation, usually because resources have not been committed to this. While smokefree laws are usually self-enforcing, the experience of other countries shows how important it is to prepare the public and businesses for the change, and to include meaningful sanctions against those who do breach the law.



Kenya



Involving civil society: about 30 Non Governmental Organisations (NGOs) have been involved in campaigning for more effective tobacco control in Kenya. Their efforts have resulted in progress on smokefree air, despite very strong lobbying by the tobacco companies.

Smokefree jurisdictions	3 cities with smokefree laws
Good examples	Mombasa, Nakuru, Nairobi.
People protected	2.7 million

Uganda



Flaws in the law: the impact of the smokefree law has been compromised because of lack of resources dedicated to implementation and enforcement.

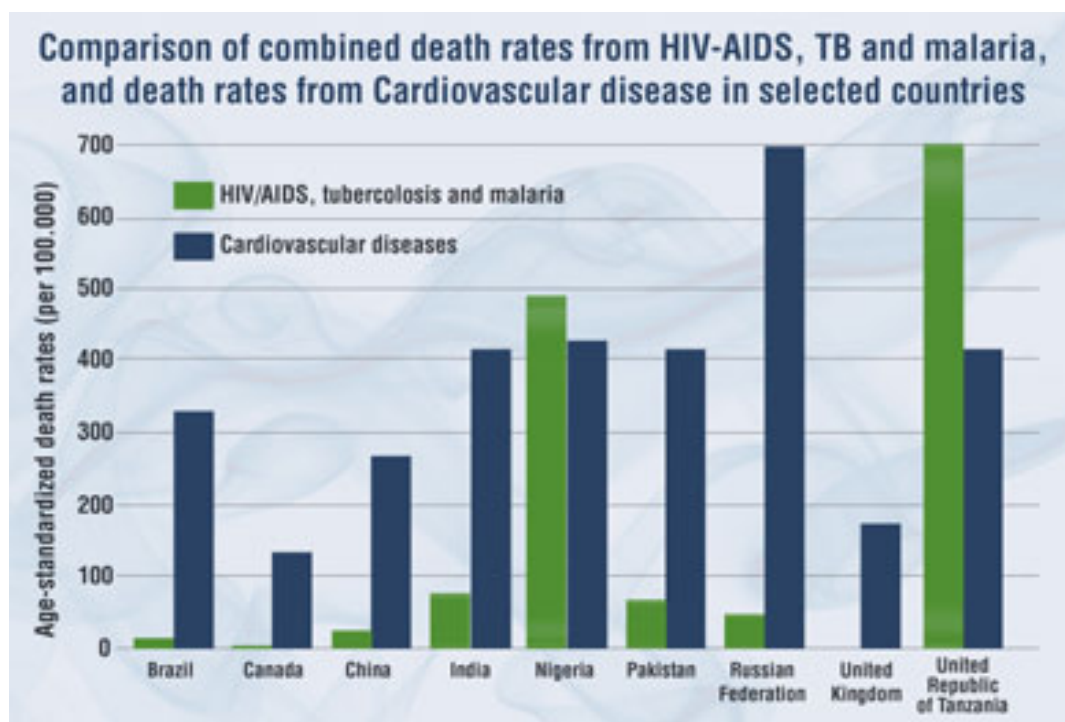
Smokefree law	Most places smokefree. Designated Smoking Rooms (DSRs) permitted. Some way from meeting FCTC requirements. Falls short of FCTC requirements because smoking rooms permitted and because of a lack of enforcement.
Includes:	Workplaces and public places, prisons.
Exemptions:	Limited. Restaurants, bars and discos can have DSRs.
Smokefree from	March 2004
Population	30.3 million
Workers still at risk	» Lack of enforcement means that most workers are still at risk from secondhand smoke
Countries with similar issues	Democratic Republic Of Congo, Niger

Why smokefree air matters in Africa

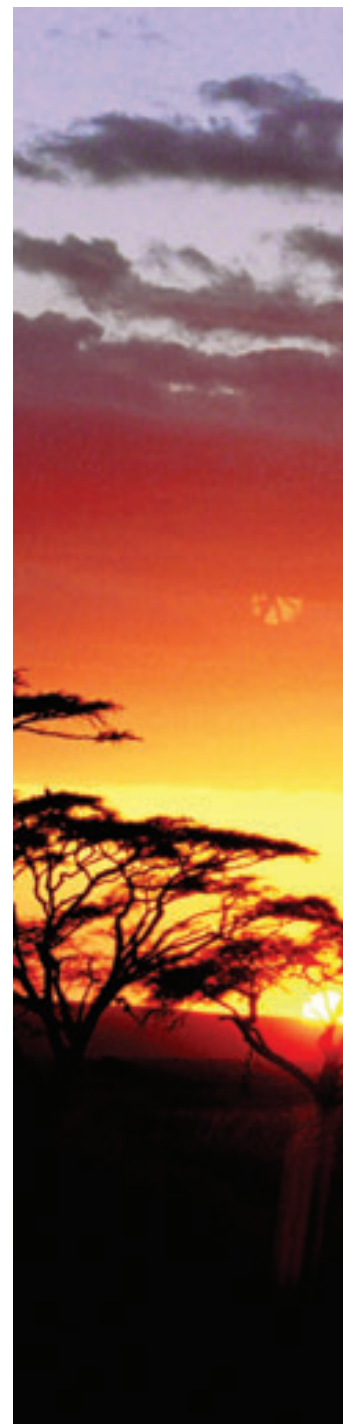
In light of the disease burden from infectious diseases including HIV-AIDS, TB and malaria, implementing smokefree laws can wrongly be perceived as a luxury in developing countries.

The reality is that:

- » Tobacco use increases the risk of developing HIV-AIDS,⁵ it also worsens the progression of TB, and may increase the risk of contracting it^{6 7 8}
- » Non-communicable diseases caused by tobacco use, such as heart disease, cancer and lung disease are increasing in low and middle income countries
- » Worldwide, tobacco kills 5.4 million people a year,⁹ more than HIV-AIDS and malaria combined
- » More than eight in ten of the world's smokers live in low and middle income countries¹⁰
- » Tobacco control policies - including smokefree air laws - are effective in reducing death and disease from tobacco
- » Tobacco control policies can help countries to achieve the Millennium Development Goals¹¹



Source: WHO¹²





Regional Overview

There is real progress towards smokefree air in the Americas. Pioneering countries like Uruguay and Bermuda are showing the way forward with comprehensive smokefree laws.

Uruguay is emerging as a regional leader, working with other countries to promote the benefits of smokefree air. Countries are sharing information and working together to achieve clean air for their citizens, and smokefree laws are spreading rapidly. In Guatemala a comprehensive smokefree law is making its way through the Congress, and in Panama a law modelled on Uruguay's example will become law once it receives Presidential approval.

Local approaches are also yielding great results in the Americas. Millions of people now live in smokefree cities, states and provinces, in countries as diverse as Argentina, Brazil, Canada and the USA. Paraguay now has two towns where all enclosed public places and workplaces are 100% smokefree, and Mexico City has recently implemented a similar law.

There are year-on-year improvements in the numbers of places covered by clean air laws. This trend looks set to continue in the future, despite lobbying from tobacco companies trying to dissuade Governments from acting to protect their citizens.

Comprehensive laws best protection

Uruguay and Bermuda have laws that come close to meeting the standards set by the FCTC. These laws offer high standards of protection for most people, and are among the most effective at protecting people from secondhand smoke in the world. Nonetheless, a very small number of workers remain exposed to secondhand smoke because they work in places that are not covered by the law. Typi-

cally these workers are small in number and will be briefly exposed – such as cleaners, domestic workers and care workers, who work in people’s homes or in premises that are exempt from the law. Some workers, such as prison officers may be more heavily exposed.

Hospitality workers who serve in outdoor smoking areas may also be exposed to high levels of secondhand smoke.

Uruguay



Starting something new: Uruguay was the world’s first middle-income country to adopt a comprehensive smokefree law, and secondhand smoke levels were among the highest in the region.¹ Nearly a third of the population smoke every day² – but eight in ten people support the law.³

Smokefree law	Comprehensive Close to meeting FCTC requirements
Includes	Workplaces and public places, hospitality sector, gaming venues . Some outdoor places.
Exemptions	Very limited.
Smokefree since	March 2006 (by decree); February 2008 (by law)
People protected	3.5 million
Workers still at risk	A small number of workers occasionally exposed to secondhand smoke.

Bermuda



Visiting progress: tourism contributes over a quarter of Bermuda’s GDP, and revenues appear to have been unaffected by the smokefree law.

Smokefree law	Comprehensive Close to meeting FCTC requirements
Includes	Workplaces and public places, hospitality sector, private clubs, residential homes, gaming venues. Enclosed places only.
Exemptions	Very limited.
Smokefree since	April 2006
People protected	0.7 million
Workers still at risk	A small number of workers occasionally exposed to secondhand smoke.

Extensive law good protection for most people

Mexico has recently passed an extensive law which will offer high standards of protection for most people, most of the time. However, the law falls short of the standards set by the FCTC because it allows Designated Smoking Rooms (DSRs) in hospitality venues and workplaces.

Under this law, a larger number of workers may be exposed to secondhand smoke, and some of them may be

very heavily exposed – especially as food and drink may be served in DSRs. These hospitality workers have no legal protection.

In addition, workers who work in spaces next to DSRs may be exposed to secondhand smoke – and cleaning staff will also be exposed to toxins when cleaning the rooms.

Mexico



Strengthening weak laws: previous partial legislation has not been well enforced in Mexico, and monitoring showed high levels of secondhand smoke.⁴ This new law is a real opportunity for public health.

Smokefree law	Extensive. Separate Designated Smoking Rooms (DSRs) in workplaces and hospitality venues. Close to meeting FCTC requirements. Falls short because smoking rooms permitted.
Includes:	Workplaces and public places, hospitality sector. Enclosed places only.
Exemptions:	Limited. DSRs allowed in hospitality venues.
Smokefree from	August 2008 (law passed February 2008)
People protected	108.7 million
Workers still at risk	<ul style="list-style-type: none"> » Hospitality workers working in DSRs are still exposed to very high levels of secondhand smoke for long periods of time. These levels may be as high as before the legislation. » People working in areas adjacent to DSRs may be exposed if smoke leaks. » Cleaners have to access DSRs



Local action

In countries across the Americas, millions of people are protected from secondhand smoke because of smoke-free laws adopted at a local level – in towns, cities, states, provinces and territories.

These local laws are incredibly powerful. They are often easier to enact than national laws, and are able to be

implemented and enforced more readily.

In countries across the Americas, it has taken only a handful of local initiatives to persuade other areas to follow suit. The benefits of smokefree air can be seen, the lessons passed on to other localities, and progress is very rapid.

United States of America



Protecting those most at risk with comprehensive smokefree laws:

limited smokefree ordinances have made a difference to exposure to secondhand smoke in many workplaces. But laws that exclude the hospitality industry offer least protection to those most exposed.



Smokefree jurisdictions

14 states and territories (out of 56) have comprehensive smokefree laws, several others mostly smokefree with some exemptions. Many smokefree cities and local jurisdictions.

Good examples

Arizona, Delaware, District of Columbia, Illinois, Hawaii, Maryland, Massachusetts, Minnesota, New Jersey, New York, Ohio, Rhode Island, Washington, Puerto Rico.

People protected by comprehensive laws

96.9 million



Canada



Proving that smokefree laws do not harm business:

The comprehensive smokefree law in Canada's capital city did not have a negative impact on the hospitality sector.⁶

Smokefree jurisdictions

10 provinces and territories (out of 13) have comprehensive smokefree laws, others with some exemptions.

All Canadian prisons are 100% smokefree inside

Good examples

Alberta, British Columbia, Manitoba, New Brunswick, Northwest territories, Nova Scotia, Nunavut, Ontario, Quebec, Yukon (from May 2008)

People protected by comprehensive laws

31.4 million

Argentina



Cultivating smokefree air: the comprehensive smokefree laws in the city of Corrientes and Bahia Blanca and province of Tucumán show that these laws can succeed even in areas where tobacco growing is part of the local economy.

Smokefree jurisdictions

5 provinces (out of 23) and 3 cities with comprehensive smokefree laws

Good examples

Provinces: Santa Fe, Córdoba, Tucumán, Mendoza and Neuquén.

Cities: Bahia Blanca, Corrientes and Resistencia

People protected by comprehensive laws

10.8 million

Brazil



Building support for smokefree policies:

In a national survey, Brazilian smokers said that the most important reason to quit was because of concern about exposing children, family and friends to tobacco smoke.⁷ Nearly nine in ten residents of São Paulo support 100% smokefree indoor places.⁸

Smokefree jurisdictions

1 city with comprehensive smokefree law

Good examples

Recife

People protected

1.5 million

Mexico



Promoting the best possible health for all workers:

By Mexico City's new comprehensive smokefree law will demonstrate that smoking areas are not needed, and that all workers can be protected from secondhand smoke.

Smokefree jurisdictions

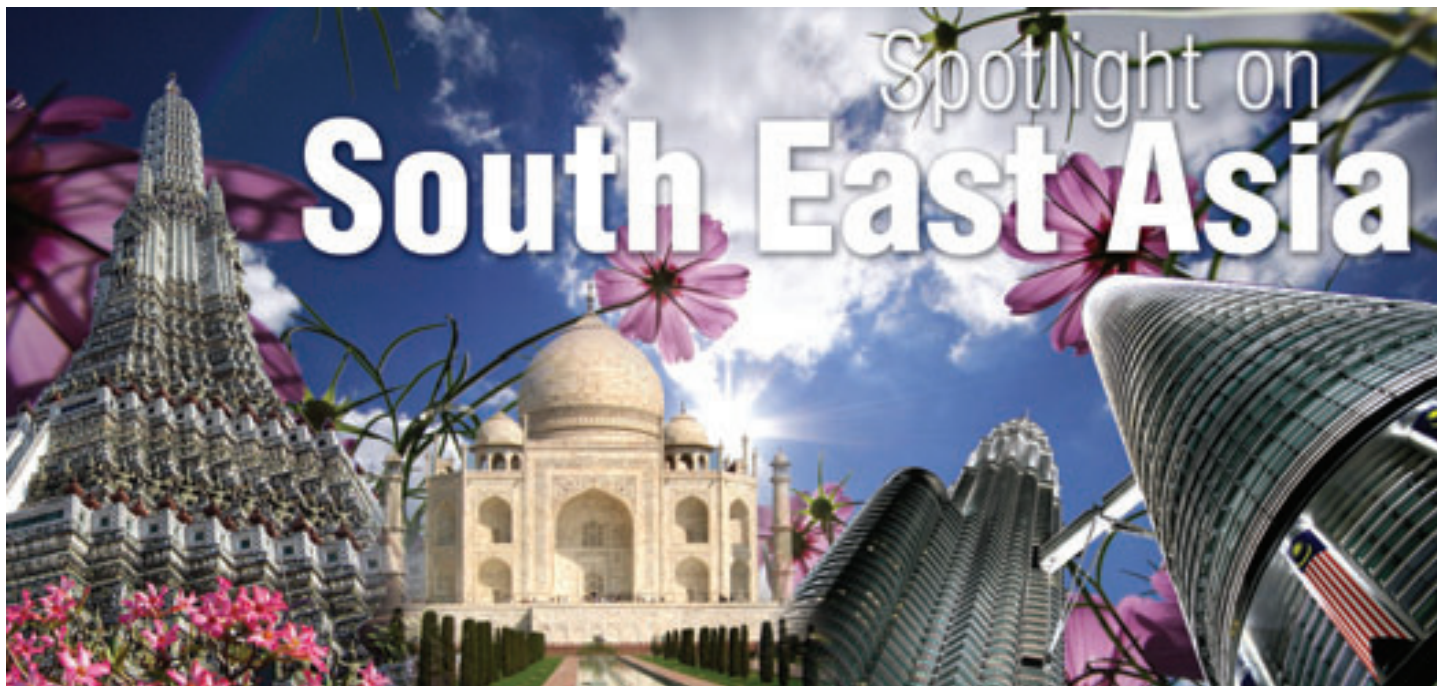
1 city with comprehensive smokefree law

Good examples

Mexico City

People protected

8.7 million



Regional Overview

With the exception of Thailand, which has long been a leader in the region, governments in South East Asia have not viewed smokefree places as a priority. Currently, no other country has a smokefree law that comes close to complying with the FCTC. Typically, countries have very high male smoking rates, and exposure to secondhand smoke is also high.

However, there are encouraging signs that comprehensive smokefree policies may be starting to gain a foothold.

India is the second biggest producer and consumer of tobacco in the world.¹ Despite a national law which has not been enforced, there is significant progress at a local

level, which will protect large numbers of people. The city of Chandigarh went smokefree in 2007, and Chennai expects to follow by 2010. One of the world's largest cities, Delhi, will introduce a smokefree law by 2012. There are also local smokefree laws in Jakarta and two cities in Indonesia.

Government Ministers have confirmed that Sri Lanka plans to strengthen its existing law to meet many of the requirements of Article 8 in 2008. Bhutan has a law prohibiting the sale of tobacco, but the country does not currently have a smokefree law. The Bhutanese Government is considering further legislation.

Extensive law good protection for most people

Thailand has an extensive law that offers high standards of protection for most people, most of the time. However, it falls short of the standards set by the FCTC because it allows Designated Smoking Rooms (DSRs) in some types of restaurant.

Under this law, some workers may be exposed to sec-

ondhand smoke, and some of them may be very heavily exposed – especially as food and drink is served in DSRs. These hospitality workers have no legal protection.

Cleaning staff will also be exposed to toxins when cleaning the rooms.

Thailand



Saving lives with smokefree laws: Thailand's package of tobacco control measures - including progressively stronger smokefree laws - have saved over 31,000 lives in 15 years. By 2026, over 315,000 deaths will have been prevented.



Spending money wisely

Smokefree laws are a highly cost effective health intervention when they are introduced in combination with other tobacco measures.³ In South East Asian countries like Thailand, comprehensive smokefree laws prevent death and disease at a cost of US \$0.25 per person, compared with US\$7.71 per person for nicotine replacement therapy to stop smoking.

Smokefree law	Extensive. Most places smokefree. Separate Designated Smoking Rooms (DSRs) are allowed in non-air conditioned restaurants and workplaces. Close to meeting FCTC requirements. Falls short because smoking rooms permitted.
Includes:	Workplaces and public places, air conditioned restaurants, bars, nightclubs, discos, pubs.
Exemptions:	Limited. DSRs in non-air conditioned restaurants and workplaces
Smokefree from	February 2008
People protected	65.1 million
Workers still at risk	» Waiting staff working in DSRs are still exposed to very high levels of secondhand smoke for long periods of time. These levels may be as high as before the legislation. » Cleaners have to access DSRs

Local action

There has been limited local action in South East Asia to date, but the picture is starting to change, with local laws in place in India and Indonesia. Given the large populations of many cities in the region, local legislation has the potential to protect large numbers of people, as well as developing experience from which other localities can learn. In the coming years, more local smokefree laws are expected.



India



Reducing the impact of Tuberculosis - There is emerging evidence that smokefree laws - and other measures proven to reduce smoking prevalence - could reduce the death toll from TB.⁴ 900 people die each day from TB in India, and the country has the highest infection rate in the world.⁵ Men who smoke are up to four times more likely to die of TB than non-smokers.⁶ Those who are exposed to secondhand smoke are also at higher risk of developing TB disease.⁷

Indonesia



Starting to make progress - the importance of the FCTC worldwide— Indonesia is one of a handful of countries where action is being taken on smokefree air, but the Government has yet to become a party to the FCTC.

Smokefree jurisdictions

1 city with most places smokefree, but with Designated Smoking Rooms (DSRs) permitted in hospitality premises.

Good examples

Chandigarh

People protected by extensive law

0.8 million

Smokefree jurisdictions

1 Province and 2 cities with most places smokefree, but with Designated Smoking Rooms (DSRs) permitted in hospitality premises.

Good examples

Jakarta Province, Cirebon City, Bogor City

People protected by smokefree laws

9.3 million

Countries making progress on smokefree with/ without FCTC ratification

Overall, countries that have not ratified the FCTC are less likely to have effective smokefree policies at either local or national level. Around the world, health advocates say that being a party to the FCTC is helping to persuade governments to act. It is harder – but not impossible – to protect people from secondhand smoke in countries that are not Parties to the FCTC.



Country	Existing smokefree policies	
	National	Local
Australia		✓
Brazil		✓
Canada		✓
Estonia	✓	
France	✓	
India		✓
Iran	✓	
Iceland	✓	
Ireland	✓	
Lithuania	✓	
Malta	✓	
Mexico	✓	✓
New Zealand	✓	
Norway	✓	
Philippines		✓
Singapore	✓	
Slovenia	✓	
South Africa	✓	
Sweden	✓	
Thailand	✓	
Uganda	✓	
UK	✓	
Uruguay	✓	
Argentina		✓
Bermuda	✓	
Indonesia		✓
Italy	✓	
Switzerland		✓
USA		✓

(KEY: - green – ratified - blue – not ratified)



Spotlight on Europe

Regional Overview

More than 200 million European citizens are currently protected by good national smokefree laws. In the near future, governments from Turkey and Serbia in the south to Finland and the Netherlands in the north, will introduce or strengthen legal protection from secondhand smoke. In Switzerland and Germany, local jurisdictions are also starting to introduce smokefree laws.

The European Commission is expected to announce its plans to support smokefree laws in EU Member states in 2008. This follows a consultation in which more action to protect people from secondhand smoke won majority support.¹

Although most countries' laws protect the majority of people from secondhand smoke, Ireland and the countries of the UK have laws that come closest to meeting the requirements of the FCTC. The majority of other countries

permit Designated Smoking Rooms (DSRs), and some of these laws mean that workers are at greater risk than others. There are also countries like Spain and Belgium, whose laws mean that large numbers of hospitality workers experience sustained exposure to very high levels of secondhand smoke at work.

There are two big regional challenges. The first is to ensure that the governments introduce laws that meet the requirements of the FCTC – laws that protect everyone, and do not leave the most highly exposed workers at risk. The second is to address the geographical disparity in smokefree laws. There has been good progress in the Western parts of the region, but very little change in most of Eastern Europe, the Russian Federation and the Commonwealth of Independent States. The examples of Lithuania, Estonia and Slovenia demonstrate what can be achieved.

Comprehensive law best protection for most people

Ireland and the UK have laws which come closest to meeting the standards set by the FCTC. They offer high standards of protection for most people, and their laws are among the most effective at protecting people from secondhand smoke in the world.

Nonetheless, a very small number of workers remain exposed to secondhand smoke because they work in places that are not

covered by the law. Typically these workers are small in number and will be briefly exposed – such as cleaners, domestic workers and care workers, who work in people’s homes or in premises that are exempt from the law. Some workers, such as prison officers may be more heavily exposed. Hospitality workers who serve in outdoor smoking areas may also be exposed to high levels of secondhand smoke.

Ireland



Reducing workplace exposure to substances that cause cancer:

a typical Irish bar worker’s exposure to cancer causing substances at work fell by more than 90% after the smokefree law came into force.²

Smokefree law	Comprehensive Close to meeting FCTC requirements
Includes	Workplaces and places to which the public has access, hospitality sector, gaming venues and private clubs. Enclosed places only.
Exemptions	Very limited. Including prisons, and bedrooms in: residential homes, hotels, hospices and psychiatric institutions.
Smokefree since	March 2004
People protected	4.1million
Workers still at risk	A small number of workers occasionally exposed to secondhand smoke.

United Kingdom



Reducing workers’ exposure to particles that damage the heart and lungs:

in Scotland, the smokefree law reduced bar workers’ exposure to harmful air particles by 86%, and to secondhand smoke by 90%.³

Smokefree law	Comprehensive Close to meeting FCTC requirements
Includes	Similar legislation exists in the four different countries of the UK. The laws include: workplaces and public places, hospitality sector, gaming venues and private clubs. Enclosed places only.
Exemptions	Very limited. Including bedrooms and sealed designated smoking rooms in prisons and oil rigs and private bedrooms in: residential homes, hospices, hotels
Smokefree since	March 2006 (Scotland) April 2007 (Wales and Northern Ireland) June 2007 (England)
People protected	60.7 million
Workers still at risk	A small number of workers occasionally exposed to secondhand smoke.

Extensive law good protection for most people

Nine European countries, including Norway, Italy and France, have good laws that offer high standards of protection for most people, most of the time. However, they fall short of the standards set by the FCTC. Typically, this is because they allow Designated Smoking Rooms (DSRs) in hospitality venues and/or workplaces.

Under these laws, a larger number of workers may be

exposed to secondhand smoke, and some of them may be very heavily exposed – especially in countries where food and drink is served in DSRs. These hospitality workers have no legal protection.

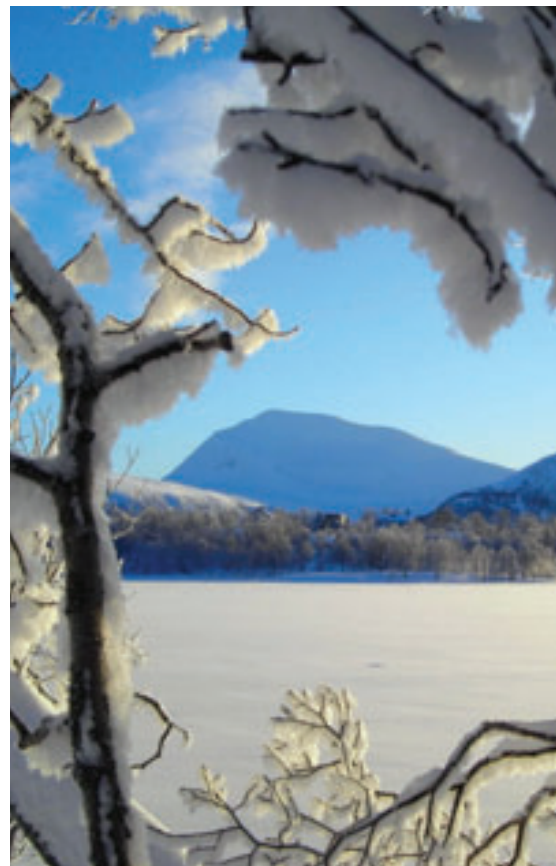
In addition, workers who work in spaces next to DSRs may be exposed to secondhand smoke; and cleaning staff will also be exposed to toxins when cleaning the rooms.

Norway



Supporting workers to quit smoking:

in Norway, the smokefree law motivated many restaurant workers to give up smoking or reduce their tobacco consumption. Daily smoking fell by four percentage points the year after the law came into force.⁴



Smokefree law	Extensive. Most places smokefree. Smoking rooms permitted in workplaces, but not in hospitality venues. Close to meeting the FCTC requirements. Falls short because smoking rooms permitted.
Includes	Workplaces and public places, hospitality sector, anywhere where food or drink is served. Enclosed places only.
Exemptions	Limited, including living rooms in institutions and workplace smoking rooms.
Smokefree since	June 2004
People protected	4.6m
Workers still at risk	<ul style="list-style-type: none"> » A small number of workers occasionally exposed to secondhand smoke. » Hospitality workers very well protected. » People working in areas adjacent to workplace smoking rooms may be exposed if smoke leaks. » Cleaners have to access workplace smoking rooms.

Italy



Improving population health: smoking

prevalence in Italy declined

by 7.3% in the two years after the smokefree law came into force.⁵

There was an 11% reduction in heart attacks in Italians aged under 64 after the law was implemented.⁶

Smokefree law	Extensive. Most places smokefree. Designated Smoking Rooms in hospitality venues and workplaces. Close to meeting the FCTC requirements. Falls short because smoking rooms permitted.
Includes	Workplaces and public places. Enclosed places only.
Exemptions	Limited. DSRs subject to strict rules on size and ventilation. Few have been installed. Service is allowed in DSRs.
Smokefree since	January 2005
People protected	58.1m
Workers still at risk	» A small number of hospitality workers working in DSRs are still exposed to very high levels of secondhand smoke for long periods of time. These levels may be as high as before the legislation. » People working in areas adjacent to DSRs may be exposed if smoke leaks. » Cleaners have to access DSRs.

Sweden



Withstanding the cold:

Some parts of Sweden have freezing temperatures

for over half the year – but inspections showed that more than 99% of premises complied with the law.⁷

Smokefree law	Extensive. Most places smokefree. Designated Smoking Rooms in hospitality venues. Close to meeting the FCTC requirements. Falls short because smoking rooms permitted.
Includes	Workplaces and public places, hospitality sector, gaming venues. Enclosed places only.
Exemptions	Limited. DSRs in hospitality venues are limited in size, no food or drink is permitted in DSRs.
Smokefree since	June 2005
People protected	9m
Workers still at risk	» A small number of workers occasionally exposed to secondhand smoke. » Hospitality workers mostly protected. People working in areas adjacent to DSRs may be exposed if smoke leaks. » Cleaners have to access DSRs.

Malta



Smokefree law	Extensive. Most places smokefree. Designated Smoking Rooms in hospitality venues and workplaces. Close to meeting the FCTC requirements. Falls short because smoking rooms permitted
Includes	Workplaces and public places, hospitality sector, gaming venues. Enclosed places only.
Exemptions	Limited. DSRs are permitted in workplaces and public places, but subject to size requirements. Service is allowed in DSRs. Residential bedrooms.
Smokefree since	October 2005
People protected	0.4m
Workers still at risk	<ul style="list-style-type: none"> » Hospitality workers working in DSRs are still exposed to very high levels of secondhand smoke for long periods of time. These levels may be as high as before the legislation. » People working in areas adjacent to DSRs and workplace smoking rooms may be exposed if smoke leaks. » Cleaners have to access DSRs and workplace smoking rooms.

Lithuania



Winning support despite high smoking rates: more than

four in every ten Lithuanian men are smokers,⁸ yet three quarters of the population, and more than half of all smokers supported the law before it came into force.⁹

Smokefree law	Extensive. Most places smokefree. Pipes and cigar clubs exempt. Smoking rooms permitted in workplaces and long distance trains, but not in hospitality venues. Close to meeting the FCTC requirements. Falls short because of exemption and because smoking rooms permitted
Includes	Workplaces and public places, hospitality sector, gaming venues. Enclosed places only.
Exemptions	Limited. Cigar and pipe clubs; DSRs in workplaces, but not in hospitality sector; long distance trains may also have DSRs.
Smokefree since	January 2007
People protected	3.6 million
Workers still at risk	<ul style="list-style-type: none"> » A small number of workers occasionally exposed to secondhand smoke. » Hospitality workers very well protected. » The law includes a loophole exempting pipe and cigar clubs from the law. Currently there are no such clubs in the country, but this loophole would leave any future employees with no protection. » People working in areas adjacent to workplace smoking rooms may be exposed if smoke leaks. » Cleaners have to access workplace smoking rooms.

Iceland



Smokefree law	Extensive. Most places smokefree. Designated Smoking Rooms in hospitality venues and workplaces. Close to meeting the FCTC requirements. Falls short because smoking rooms permitted
Includes	Workplaces and public places, hospitality industry, gaming venues. Enclosed places only.
Exemptions	Limited. DSRs in hospitality venues and workplaces. DSRs in hospitality venues are limited in size, no food or drink is permitted in DSRs. Designated bedrooms in hotels, residential care homes, prison cells.
Smokefree since	June 2007
People protected	0.3 million
Workers still at risk	» A small number of workers occasionally exposed to secondhand smoke. » Hospitality workers mostly protected. People working in areas adjacent to DSRs may be exposed if smoke leaks. » Cleaners have to access DSRs.

Estonia



Making a difference in countries with high exposure to secondhand smoke:

Before the law came into force, one in five Estonian adults reported being exposed to secondhand smoke for more than an hour each day outside the home.¹⁰

Smokefree law	Extensive. Most places smokefree. Cigar lounges exempt. Designated Smoking Rooms in hospitality venues, workplaces long distance trains and ships. Close to meeting the FCTC requirements. Falls short because of smoking rooms permitted.
Includes	Workplaces and public places, hospitality sector, anywhere where food or drink is served. Enclosed places only.
Exemptions	Cigar lounges. DSRs in hospitality venues and workplaces. DSRs are subject to ventilation requirements.
Smokefree since	June 2007
People protected	1.3m
Workers still at risk	» Hospitality workers working in cigar lounges and DSRs are still exposed to very high levels of secondhand smoke for long periods of time. These levels may be as high as before the legislation. » People working in areas adjacent to DSRs may be exposed if smoke leaks. » Cleaners have to access to cigar lounges and DSRs.

Slovenia



Working in countries that are new to the EU:

Slovenia is one of four new EU member states with a successful smokefree law.

Smokefree law	Extensive. Most places smokefree. Designated Smoking Rooms in hospitality venues and workplaces. Close to meeting the FCTC requirements. Falls short because smoking rooms permitted.
Includes	Enclosed places only.
Exemptions	Limited. DSRs limited in size and ventilation must be in place. Service is allowed in DSRs. Hotel bedrooms, areas in care centres for older people and prisons.
Smokefree since	August 2007
People protected	2 million

France



Reducing heart attacks:

heart attack rates fell by 15% after smokefree workplaces were introduced in France.¹²

Smokefree law	Extensive. Most places smokefree. Designated Smoking Rooms in hospitality venues. Close to meeting the FCTC requirements. Falls short because smoking rooms permitted.
Includes	Public places and workplaces, hospitality industry, gaming venues. Enclosed places only.
Exemptions	None in the law, but discussion is ongoing about spaces that are substitute homes. Very limited uptake of DSRs. DSRs subject to strict size and ventilation rules, with no food or drink served. Workers may only enter the room one hour after it was last used for smoking. However, they are still at risk from exposure to secondhand smoke.
Smokefree since	February 2008 (law extended to hospitality sector)
People protected	60.7million
Workers still at risk	» People working in areas adjacent to DSRs may be exposed if smoke leaks. » Cleaners and other workers may still be exposed to secondhand smoke toxins one hour or more after smoking has stopped ¹¹

Local action

Most European countries are making progress with national laws, but Switzerland and Germany are examples

of countries where change is being driven by action at local level.

Switzerland



Building support for smokefree at a local level:

in a referendum, 79% of Ticino voters were in favour of the smokefree law¹³

Smokefree jurisdictions

6 cantons (out of 26) with most places smokefree

Good examples

Ticino, Appenzell Ausserrhoden, Graubünden, Solothurn, Valais, Geneva



Germany



Smokefree jurisdictions

11 länder (out of 16) with some smokefree laws, some 100% smokefree.

Good examples

Bavaria, Lower Saxony, Baden-Württemberg



Limited laws - large numbers of workers exposed to secondhand smoke

Some countries in Europe, including Spain, Portugal and Belgium have adopted laws that leave many workers exposed to the hazards of secondhand smoke. These laws do not comply with the FCTC. They do offer some

health benefits to the population but the most heavily exposed workers are offered no protection at all, and members of the public will also be frequently exposed. Finally, these laws are often more difficult to enforce.

Spain



Flaws in the law – Spain

- » Nine in every ten small bars, and six in every seven small restaurants still allow smoking since the law came into force¹³
- » The law has reduced exposure to secondhand smoke for many workers outside the hospitality trade, but has had little impact on the most heavily exposed workers¹⁴

Smokefree law

Limited. Many places smokefree. Smoking permitted throughout hospitality venues measuring less than 100m². DSRs permitted in hospitality venues more than 100m², and in airports and cinemas. Some way from meeting FCTC requirements. Falls short because most hospitality premises allow smoking

Law introduced

January 2006

Workers at risk

Large numbers of hospitality workers in smoking premises and DSRs still exposed to very high levels of secondhand smoke for long periods of time. These levels are as high as before the legislation.

Countries with similar laws

Denmark, Portugal

Belgium



Flaws in the law – Belgium

- » The definition of “bar” and “restaurant” has provided a loophole, and is making enforcement difficult
- » Non-smoking areas offer little or no protection from secondhand smoke
- » Most heavily exposed workers are not protected

Smokefree law

Limited. Many places smokefree. Smoking permitted throughout bars measuring less than 50m², bars larger than 50m² must provide “non-smoking areas”. DSRs permitted in restaurants if food is not served, and workplaces.

Some way from meeting FCTC requirements. Falls short because bars permit smoking, and offer ineffective “nonsmoking areas”, and because DSRs are permitted in restaurants and workplaces

Law introduced

January 2007

Workers at risk

Large numbers of hospitality workers in smoking premises and DSRs still exposed to very high levels of secondhand smoke for long periods of time. These levels are as high as before the legislation.



Regional Overview

Many countries in the Eastern Mediterranean region have very high male smoking rates.¹ Most countries currently have some legal restrictions on smoking in public places, typically covering health and education facilities and government buildings. However – with some notable exceptions – these policies fall a long way short of the requirements of the FCTC, and enforcement tends to be weak.

Countries can have very high levels of secondhand smoke – in an international comparison of secondhand smoke levels in 32 countries, Syria and Lebanon were placed first and third.² In Syria, almost all non-smokers are exposed to secondhand smoke.³

However, there are signs of change in the region. There is overwhelming support among young people for smoke-free policies. More than eight in every ten young people support laws to make public places smokefree, similar to the support found in Europe, the Americas and the Western Pacific where countries have introduced 100% smokefree laws.⁴ Young people are already taking steps to make their communities smokefree. In Jordan, for example, there have been several campaigns to create smokefree university campuses.⁵

Oman is in the process of developing a more comprehensive law, which will include restaurants and coffee shops. Oman was recently ranked first in the region for

enforcement of its current smokefree law,⁶ which bodes well for when the new legislation is introduced.

Pakistan was one of the first countries in the world to respond to the FCTC by introducing a law to make public places and workplaces smokefree. However, although the 2002 law covers all public places, it also allows smoking areas. This means that the law needs to be revised to meet the requirements of Article 8 and offer effective protection from secondhand smoke.

The most effective law currently in force is in Iran. Until very recently, all Iranian public places and workplaces were 100% smokefree. Unfortunately, in 2008, it was decided that tea houses should become exempt for water-pipe (*shisha* or *narghile*) smoking. This is a major – and regrettable – step backwards.

Elsewhere in the region, Yemen's smokefree legislation includes restrictions on smoking indoor offices and restaurants. Other countries including Djibouti and Egypt have laws that make public places smokefree, but exclude places that serve food and drink. In Egypt, a project is underway to make the port of Alexandria smokefree.

In Saudi Arabia, the religious cities of Medina and Mecca are tobacco-free, reflecting recent theological rulings that tobacco is *haram* (prohibited under Islamic law). Tobacco products are not openly sold or advertised there. However, enforcement of the smokefree regulations is weak.⁷

Limited laws - large numbers of workers exposed to secondhand smoke

Iran has a moderately effective law offers high standards of protection for many people, most of the time, and is the most comprehensive law currently in place in the Eastern Mediterranean. However, it now falls short of the standards set by the FCTC because of a recent deci-

sion to allow water pipe smoking.

Under this law, a large number of workers may be exposed to secondhand smoke, some at very high levels. Those who serve in or clean tea houses have no legal protection under this law.

Iran



Excluding an important source of

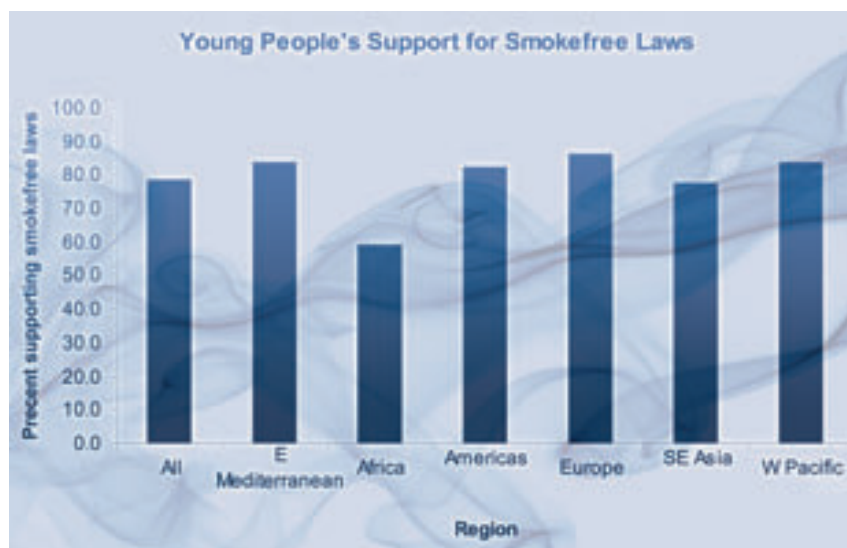
secondhand smoke: shisha (waterpipe)

smoking can create levels of harmful particles that are more than 50% higher than cigarettes.⁸

Smokefree law	Limited. Most places smokefree. Ban on shisha smoking in tea houses overturned in 2008. Some way from meeting FCTC requirements. Falls short because shisha (waterpipe) smoking is now permitted in tea houses
Includes:	workplaces and public places, cafés
Exemptions:	tea houses
Smokefree from	December 2007
Population	65.4 million

Looking to a smokefree future

There is very strong support for smokefree public places from young people worldwide. In every region of the world, a clear majority of young people want a smokefree future. In the Eastern Mediterranean region, more than eight in every ten young people support smokefree laws⁹ - a loud voice for change.



Source: Global Youth Tobacco Survey¹⁰



Spotlight on Western Pacific

Regional Overview

The Western Pacific region has some excellent examples of smokefree laws in action. New Zealand was one of the first countries in the world to adopt a comprehensive smokefree law, and many Australians have been protected by comprehensive laws for years. Singapore continues to be a regional leader.

More progress is expected in 2008. Malaysia is expected to introduce a comprehensive smokefree law, and Brunei Darussalam is expected to enact strong legislation affecting most public places. Cambodia has draft legislation prepared, which has yet to be approved. Some local action is expected in Vietnam and the Philippines to make localities smokefree. In the Philippines,

at least five cities are planning to introduce laws making all enclosed public places 100% smokefree.

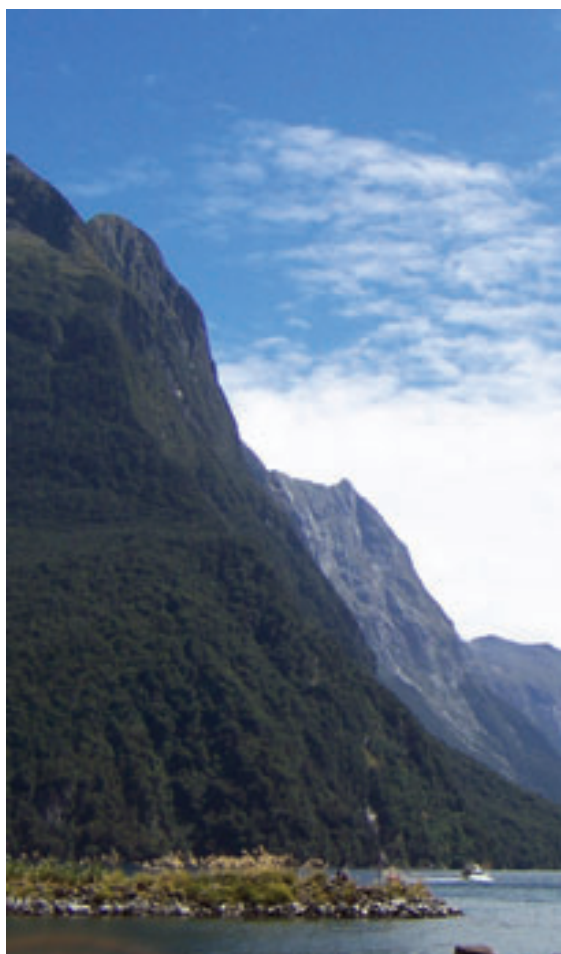
In population terms, China dominates this region. Hong Kong is the only part of China with clear plans to introduce a comprehensive smokefree law. In 2009, bars and restaurants will be included in its existing law, and no designated smoking rooms will be permitted. Meanwhile, the Chinese Government has confirmed that many public places in the city of Beijing will become smokefree in May 2008, in time for the Olympic Games. If the law is adequately enforced, more than 17 million people living in the city will receive some protection from secondhand smoke for the first time.

Comprehensive law best protection for most people

New Zealand's law comes close to meeting the standards set by the FCTC. It offers high standards of protection for most people, and is among the most effective at protecting people from secondhand smoke in the world.

Nonetheless, some workers remain exposed to secondhand smoke because they work in places that are not covered by the law. Typically these workers are small in

number and will be briefly exposed – such as cleaners, domestic workers and care workers, who work in people's homes or in premises that are exempt from the law. Some workers, such as prison officers may be more heavily exposed. Hospitality workers who serve in outdoor smoking areas may also be exposed to high levels of secondhand smoke.



New Zealand



Increasing revenues in parts of the hospitality sector: the New Zealand law had an overall positive effect on the hospitality industry

Sales in bars and clubs	Up 0.9%
Sales in cafes and restaurants	Up 9.3%
Employment in pubs, taverns and bars	Up 24%
Employment in cafes and restaurants	Up 9%
Employment in clubs	Down 8%

Source¹

Smokefree law	Comprehensive Close to meeting FCTC requirements
Includes:	Workplaces and public places, hospitality sector, gaming venues. Outdoor areas of schools and early childhood centres.
Exemptions:	Very limited. Private premises, smoking rooms for live in patients and residents.
Smokefree from	December 2004
People protected	4.1 million
Workers still at risk	<ul style="list-style-type: none"> » A small number of workers occasionally exposed to secondhand smoke. » Hospitality workers in outside serving areas where smoking is permitted may be exposed to high levels of secondhand smoke. » Cleaners have to enter smoking rooms.

Extensive law good protection for most people

Singapore's extensive law offers high standards of protection for most people, most of the time. However, it falls short of the standards set by the FCTC because it allows smoking areas in indoor hawker centres and Designated Smoking Rooms (DSRs) in hospitality venues.

Under this law, a larger number of workers may be exposed to secondhand smoke, and some of them may be

very heavily exposed – especially in indoor hawker centres and premises with DSRs where food and drink may be served.

These hospitality workers have no legal protection.

In addition, workers who work in spaces next to DSRs may be exposed to secondhand smoke; and cleaning staff will also be exposed to toxins when cleaning the rooms.

Singapore



Changing with the times: Singapore's first smokefree law was passed in 1970, and has been revised many times. By 2005, fewer than a quarter of middle-aged adults had ever been exposed to secondhand smoke at work.²

Smokefree law	Most places smokefree. Designated Smoking Rooms (DSRs) in workplaces and hospitality venues. Smoking areas allowed in hawker centres without outside space. Close to meeting FCTC requirements. Falls short because smoking rooms permitted
Includes:	Workplaces and public places, hospitality sector. Enclosed places only.
Exemptions:	Limited. Indoor hawker centres. Prisons. DSRs in workplaces, hospitality venues, airport. Hotel function rooms when not in use.
Smokefree from	July 2007
Population	4.6 million
Workers still at risk	<ul style="list-style-type: none"> » Prison officers » Employees in hawker centres with smoking areas » Hospitality workers working in DSRs are still exposed to very high levels of secondhand smoke for long periods of time. These levels may be as high as before the legislation. » People working in areas adjacent to DSRs may be exposed if smoke leaks. » Cleaners have to access DSRs



Local action

Many Western Pacific countries are introducing smoke-free laws at a local level – in towns, cities, states, provinces and territories. These local laws are incredibly powerful. They are often easier to enact than national laws, and are able to be implemented and enforced more readily.

Australia



Smokefree jurisdictions

4 states and territories (out of 8) with comprehensive smokefree laws. Others with extensive smokefree laws and limited exemptions

Good examples

Queensland, American Capital Territory, South Australia, Tasmania.

People protected by comprehensive laws

6.6 million



Reducing youth smoking: in South Australia, the smokefree law has changed young people's attitudes to smoking. Since the law came into force, a growing number of young smokers say they intend to reduce their consumption or quit.³



Flaws in the laws: Victoria and New South Wales Undermining health by offering the least protection to the most heavily exposed: in Victoria and New South Wales, smokefree laws protect nearly all workers – except for those who work in the gaming industry. But these are amongst the most heavily exposed workers worldwide. In one survey, more than seven in ten casino workers described themselves as nearly always exposed to heavy levels of SHS at work. Levels of sensory symptoms were typically higher than those experienced by bar workers.⁴

In Australia, state-level laws are levelling up – becoming progressively more alike, and protecting more people from secondhand smoke. It is hoped that the examples of pioneering municipalities elsewhere in the region will trigger similar action in their countries.

People's Republic of China



Smokefree jurisdictions

1 Special Administrative Region smokefree in most indoor public places, including restaurants and karaoke bars. Will have comprehensive law in 2009.

Good examples

Hong Kong

People protected

6.9 million



Saving workers' lives: before the smokefree law came into force, three catering workers died every week because of long-term exposure to secondhand smoke at work.⁵



Showing the size of the task in the rest of China: there are 350 million smokers in China, and about 56,000 deaths each year from lung cancer and heart disease caused by secondhand smoke. Women account for eight in every ten of these deaths.⁶



Philippines



Smokefree jurisdictions

3 cities with most places smokefree, but with Designated Smoking Rooms (DSRs) permitted. Planning to remove DSRs soon.

Good examples

Davao City, Makati City, Legazpi

People protected by extensive laws

1.3 million



Overcoming tobacco industry interference: the tobacco industry has historically enjoyed great influence in the Philippines. Tobacco companies have obstructed tobacco control and prevented policies from being introduced at national level.⁷ Local laws can prove that the tobacco industry's dire predictions about smokefree laws do not come true.

Lao People's Democratic Republic



Smokefree jurisdictions

1 city smokefree in most indoor public places, including restaurants and cafes.

Good examples

Luang Prabang

People protected

est 22,000



Protecting workers and visitors in a World Heritage Site: Luang Prabang welcomes six times as many visitors as its population each year.⁸ The smokefree law was introduced without concern that tourism would suffer as a result.

References

Getting smokefree working everywhere

- 1 World Health Organization (2008) Report on the Global Tobacco Epidemic, 2008: The MPOWER package. Geneva, Switzerland: WHO. Online at http://www.who.int/tobacco/mpower/mpower_report_full_2008.pdf Accessed 26.02.08
- 2 World Health Organization (2007) FCTC/COP2(7) Adoption of the guidelines for implementation of Article 8 (Protection from exposure to tobacco smoke) in Decisions of the Second Conference of the Parties. Geneva, Switzerland: WHO. Online at http://www.who.int/gb/fctc/PDF/cop2/FCTC_COP2_DIV9-en.pdf Accessed 26.02.08
- 3 World Health Organization (2006) Annex 1 to Decision 15 of the First Conference of the Parties on elaboration of guidelines for implementation of Article 8 of the Convention. Geneva, Switzerland: WHO. Online at http://www.who.int/gb/fctc/PDF/cop1/FCTC_COP1_DIV8-en.pdf Accessed 26.02.08
- 4 Trout D et al (1998) Exposure of casino employees to environmental tobacco smoke. *Journal of Occupational and Environmental Medicine* 40:270–6
- 5 Johnsson T et al (2006) Environmental tobacco smoke in Finnish restaurants and bars before and after smoking restrictions were introduced. *Annals Occupational Hygiene* 50(4):331–41
- 6 Cains T et al (2004) Designated “no smoking” areas provide from partial to no protection from environmental tobacco smoke. *Tobacco Control* 13:17–22
- 7 Witschi H et al (1997) The carcinogenic potential of the gas phase of environmental tobacco smoke. *Carcinogenesis* 18: 2035–42
- 8 Repace J (2004) Respirable particles and carcinogens in the air of Delaware hospitality venues before and after a smoking ban. *Journal of Occupational and Environmental Medicine* 46(9):887–905.
- 9 Kotzias D et al (2003) Report on Preliminary results on the impact of various air exchange rates on the levels of environmental tobacco smoke (ETS) components. ISPRA – IHCP Physical and Chemical Exposure Unit
- 10 World Health Organization (2007) Policy recommendations on protection from exposure to second-hand tobacco smoke. Geneva, Switzerland: WHO. Online at http://www.who.int/tobacco/resources/publications/wntd/2007/who_protection_exposure_final_25June2007.pdf Accessed 24.02.08
- 11 Pion M, Givel MS (2006) Airport smoking rooms don't work. *Tobacco Control* 13(1):i37–40
- 12 World Health Organization (2007) Policy recommendations on protection from exposure to second-hand tobacco smoke. Geneva, Switzerland: WHO. Online at http://www.who.int/tobacco/resources/publications/wntd/2007/who_protection_exposure_final_25June2007.pdf Accessed 24.02.08
- 13 City of Ottawa Communications and Marketing Department (2002) Court Upholds ban on Designated Smoking Rooms, Press release. Online at: <http://www.smokefreeottawa.com/english/article-e20.htm> Accessed 26.02.08
- 14 World Health Organization (2007) Policy recommendations on protection from exposure to second-hand tobacco smoke. Geneva, Switzerland: WHO. Online at http://www.who.int/tobacco/resources/publications/wntd/2007/who_protection_exposure_final_25June2007.pdf Accessed 24.02.08
- 15 US Department of Health and Human Services (2006) The Health Consequences of Involuntary Exposure to Tobacco Smoke *A report of the Surgeon General*. Rockville: USDHHS
- 16 EU Joint Research Council Institute for Health and Consumer Protection (2005) Statement: Towards Healthy Indoor Air In Europe Ispra, Italy: JRC IHCP
- 17 American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) (2005) Environmental Tobacco Smoke: Position Document Atlanta, Georgia: ASHRAE. Online at <http://www.ashrae.org/aboutus/page/335> Accessed 28.02.08
- 18 The Charter Group (2003) The Public Places Charter on Smoking: Industry Progress Report. London Charter Group

Smokefree air: safer workers, safe jobs

- 1 International Labour Organization (2005) Introductory Report: Decent Work – Safe Work. Geneva: International Labour Organization. Online at www.ilo.org/public/english/protection/safe-work/wdcongrs17/intrep.pdf Accessed 28.02.08
- 2 Stayner L et al (2007) Lung cancer risk and workplace exposure to environmental tobacco smoke. *American Journal of Public Health* **97**(3):545–51
- 3 WHO International Agency for Research on Cancer (2004) Monograph Vol 83, Tobacco Smoke and involuntary smoking. Lyons: WHO IARC
- 4 US Department of Health and Human Services (2006) The Health Consequences of Involuntary Exposure to Tobacco Smoke: *A report of the Surgeon General*. Rockville: USDHHS
- 5 Office of Tobacco Control (2005) Smoke-free workplaces in Ireland: A one-year review. Clane, Ireland: Office of Tobacco Control
- 6 Menzies D et al (2006) Respiratory Symptoms, Pulmonary Function, and Markers of Inflammation Among Bar Workers Before and After a Legislative Ban on Smoking in Public Places. *JAMA* **296**(14):1742–48
- 7 Repace JL et al (2006) Air pollution in Boston bars before and after a smoking ban. *BMC Public Health* **6**:266
- 8 Semple S et al (2007) Secondhand smoke levels in Scottish pubs: the effect of smoke-free legislation. *Tobacco Control* **16**:127–32
- 9 Waa A and McGough S (2006) Reducing exposure to second hand smoke: Changes associated with the implementation of the amended New Zealand Smoke-free Environments Act 1990: 2003–2006. Wellington: Health Sponsorship Council Research and Evaluation Unit
- 10 Allwright S et al (2005). Legislation for smoke-free workplaces and health of bar workers in Ireland: before and after study. *BMJ* **331**(7525):1117
- 11 Eisner M. et al (1998) Bartenders' respiratory health after establishment of smoke-free bars and taverns *JAMA* **280**:1909–14.
- 12 Menzies D et al (2006) Respiratory Symptoms, Pulmonary Function, and Markers of Inflammation Among Bar Workers Before and After a Legislative Ban on Smoking in Public Places. *JAMA* **296**(14):1742–48
- 13 Sargent RP et al (2004) Reduced incidence of admissions for myocardial infarction associated with public smoking ban: before and after study. *BMJ*. **328**(7446):977–80
- 14 Bartecchi C et al (2006) Reduction in the incidence of acute myocardial infarction associated with a citywide smoking ordinance *Circulation*. **114**(14):1490–6
- 15 Pell J (2007) Testing the Montana Hypothesis: Results from Scotland. Presentation at Towards a Smokefree Society Conference, Edinburgh: 10–11th September 2007
- 16 Barone-Adesi F et al (2006) Short-term effects of Italian smoking regulation on rates of hospital admission for acute myocardial infarction. *European Heart Journal* **27**(20): 2468–72
- 17 Fichtenberg CM and Glantz SA (2002) Effect of smoke-free workplaces on smoking behaviour: systematic review. *BMJ* **325**:188
- 18 Wakefield MA et al (2000) Effect of restrictions on smoking at home, at school and in public places on teenage smoking: cross sectional study. *BMJ* **321**:333–37
- 19 Siegel M et al (2005) Effect of local restaurant smoking regulations on progression to established smoking among youths. *Tobacco Control* **14**:300–06
- 20 Fichtenberg CM and Glantz SA (2002) Effect of smoke-free workplaces on smoking behaviour: systematic review. *BMJ* **325**:188
- 21 Walls T (1994) CAC Presentation Number 4 Tina Walls – Introduction (Jul 8, 1994) Bates No. 2041183751/3790. Online at <http://legacy.library.ucsf.edu/tid/vnf77e00> Accessed 26.02.08
- 22 Assunta M et al (2004) “Care and feeding”: the Asian environmental tobacco smoke consultants programme. *Tobacco Control* **13**(2):ii4–12
- 23 Barnoya J, and Glantz SA (2005) The Tobacco Industry's worldwide ETS consultants project: European and Asian components. *European Journal of Public Health* **16**(1):69–77
- 24 Barnoya J Glantz S (2002) Tobacco industry success in preventing regulation of secondhand smoke in Latin America: the “Latin Project”. *Tobacco Control* **11**:305–14
- 25 Muggli ME et al (2004) Turning free speech into corporate speech: Philip Morris' efforts to influence U.S. and European journalists

- regarding the U.S. EPA report on second-hand smoke. *Preventive Medicine* **39**(3):568-80
- 26 Chapman S, Penman A (2003) "Can't stop the boy": Philip Morris' use of Healthy Buildings International to prevent workplace smoking bans in Australia. *Tobacco Control* **12**(3):iii107-12.
- 27 Barnoya J Glantz SA (2005) The Tobacco Industry's worldwide ETS consultants project: European and Asian components. *European Journal of Public Health* **16**(1): 69-77
- 28 Ong EK and Glantz SA (2000) Tobacco industry efforts subverting International Agency for Research on Cancer's second-hand smoke study. *Lancet* **355**:1253-9.
- 29 Scollo M et al (2003) Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry. *Tobacco Control* **12**:13-20
- 30 Glantz SA, Charlesworth A (1999) Tourism and hotel revenues before and after passage of smoke-free restaurant ordinances. *JAMA* **281**(20):1911-8
- 31 Ludbrook A et al (2005) International Review of the Health and Economic Impact of the Regulation of Smoking in Public Places. Edinburgh: NHS Health Scotland
- 32 ASH Australia (2006) Job loss claims by hotel lobby exposed as false following Tas pubs going smokefree. Press release 31.07.06 Online at <http://www.ashaust.org.au/mediareleases/060731.htm> Accessed 26.02.08
- 33 Lund KE (2007) The introduction of smoke-free hospitality venues in Norway Impact on revenues, frequency of patronage, satisfaction and compliance. Oslo: SIRUS. Online at <http://www.sirus.no/internet/tobakk/publication/375.html> Accessed 25.02.08
- 34 Connolly GN et al (2005) Evaluation of the Massachusetts Smoke-Free Workplace Law: A Preliminary Report. Cambridge, MA: Harvard School of Public Health. Online at http://www.hsph.harvard.edu/academics/public-health-practice/files/Smoke-free_Workplace.pdf Accessed 26.02.08
- 35 Scollo M et al (2003) Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry. *Tobacco Control* **12**:13-20
- 36 New York City Departments of Finance, Health and Mental Hygiene, Small Business Services and Economic Development Corporation (March 2004) The State of Smoke-free New York City: A one-year review. New York: City of New York
- 37 Alamar B, Glantz SA (2004) Smoke-free ordinances increase restaurant profit and value. *Contemporary Economic Policy* **22**:520-525
- 38 Alamar B, Glantz SA (2007) Effect of smoke-free laws on bar value and profits. *American Journal of Public Health* **97**:1400-1402.
- 39 Ludbrook A et al (2005) International Review of the Health and Economic Impact of the Regulation of Smoking in Public Places. Edinburgh: NHS Health Scotland
- 40 Tsai SP et al (2005) Workplace smoking related absenteeism and productivity costs in Taiwan. *Tobacco Control* **14**:i33-i37
- 41 World Bank (2002) Smokefree at a Glance. Washington DC: World Bank. Online at <http://www1.worldbank.org/tobacco/AAG%20SmokeFree%20Workplaces.pdf> Accessed 22.04.07
- 42 Behan DF et al (2005) Economic Effects of Environmental Tobacco Smoke. Society of Actuaries: Schaumburg, Illinois. Available at: <http://www.soa.org/research/life/research-economic-effect.aspx> Accessed 25.02.08
- 43 Office for Tobacco Control (2005) Smoke-free workplaces in Ireland: A one year review. Clane, Ireland: Office for Tobacco Control
- 44 Gorini G et al (2007) What happened in Italy? A brief summary of studies conducted in Italy to evaluate the impact of the smoking ban *Annals of Oncology* **18**(10):1620-22
- 45 Waa A and McGough S (2006) Reducing exposure to second hand smoke: Changes associated with the implementation of the amended New Zealand Smoke-free Environments Act 1990: 2003-2006. Wellington: Health Sponsorship Council Research and Evaluation Unit . Online at http://www.hsc.org.nz/pdfs/SFEWorkplace_Final.pdf Accessed 22.04.07
- 46 Office for Tobacco Control (2005) Smoke-free workplaces in Ireland: A one year review. Clane, Ireland: Office for Tobacco Control
- 47 Equifax / MORI (2006) Concocimiento Y Actitudes Hacia El Decreto 268/005 Regulacióde consumo de tabaco en lugares públicos y privados (unpublished)
- 48 Waa A and McGough S (2006) Reducing exposure to second hand smoke: Changes associated with the implementation of

- the amended New Zealand Smoke-free Environments Act 1990: 2003–2006. Wellington: Health Sponsorship Council Research and Evaluation Unit . Online at http://www.hsc.org.nz/pdfs/SFEWorkplace_Final.pdf Accessed 22.04.07
- 49 Office for Tobacco Control (2005) Smoke-free workplaces in Ireland: A one year review. Office for Tobacco Control: Clane, Ireland
- 50 Luk, R et al (2003) The Economic Impact Of A Smoke-Free Bylaw On Restaurant And Bar Sales In Ottawa, Canada. Ontario Tobacco Research Unit: Toronto. Online at http://www.otru.org/pdf/updates/update_june2003.pdf Accessed 26.02.08
- 51 New York City Departments of Finance, Health and Mental Hygiene, Small Business Services and Economic Development Corporation (March 2004) The State of Smoke-free New York City: A one-year review. City of New York: New York
- 52 National Research Bureau (2005) Smoking in New Zealand Bars A Pre and Post December 10th Legislation Survey; ASH New Zealand: Newmarket. Online at <http://www.ash.org.nz/pdf/NewsandPress/Main/2005/background.pdf> Accessed 28.02.08
- 53 Connolly GN et al. (2005) Evaluation of the Massachusetts Smoke-Free Workplace Law: A Preliminary Report. Cambridge, MA: Harvard School of Public Health. Online at http://www.hsph.harvard.edu/academics/public-health-practice/files/Smoke-free_Workplace.pdf Accessed 26.02.08
- 54 Lund KE (2007) The introduction of smoke-free hospitality venues in Norway Impact on revenues, frequency of patronage, satisfaction and compliance Oslo: SIRUS. Online at <http://www.sirus.no/internet/tobakk/publication/375.html> Accessed 25.02.08
- 55 Barone-Adesi F et al (2006) Short-term effects of Italian smoking regulation on rates of hospital admission for acute myocardial infarction. *European Heart Journal* **27**(20): 2468-2472
- 56 Scottish Government (2008) Smoke-Free Legislation – National Compliance Data: Summary, 1 October, 2007–31 December, 2007. Online at: <http://www.clearingtheairscotland.com/latest/index.html> Accessed 26.02.08
- 57 Welsh Assembly Government (2008) Compliance data for Wales 1st - 31st December 2007 Online at <http://www.smokingban-wales.co.uk/english/compliance-data> Accessed 26.02.08
- 58 Department of Health (2007) Awareness, attitudes and compliance: three months after the commencement of smokefree legislation – a summary report. Online at: <http://www.smokefreeengland.co.uk/files/three-month-report-factsheet.pdf> Accessed 26.02.08
- 59 Hilton S et al (2007) Expectations and changing attitudes of bar workers before and after the implementation of smoke-free legislation in Scotland. *BMC Public Health*. **7**(147):206
- 60 Pursell L et al (2007) Before and after study of bar workers' perceptions of the impact of smoke-free workplace legislation in the Republic of Ireland. *BMC Public Health* **7**(147):131
- 61 Lund KE (2007) The introduction of smoke-free hospitality venues in Norway Impact on revenues, frequency of patronage, satisfaction and compliance Oslo: SIRUS. Online at <http://www.sirus.no/internet/tobakk/publication/375.html> Accessed 25.02.08
- 62 Laufer D (1994) CAC Presentation Number 4 Tina Walls – Introduction; David Laufer (Jul 8, 1994) Bates No. 2041183751/3790. Online at <http://legacy.library.ucsf.edu/tid/vnf77e00> Accessed 26.02.08
- 63 Jarvis MJ et al (2000) Children's exposure to passive smoking in England since the 1980s: cotinine evidence from population survey. *BMJ* **321**: 343-5
- 64 Borland R et al (1999) Trends in environmental tobacco smoke restrictions in the home in Victoria, Australia. *Tobacco Control* **8**: 266–271
- 65 Borland R et al (2006) Determinants and consequences of smoke-free homes: findings from the International Tobacco Control (ITC) Four Country Survey. *Tobacco Control* **15**(3):iii42-50
- 66 Akhtar PC et al (2007) Changes in child exposure to environmental tobacco smoke (CHETS) study after implementation of smoke-free legislation in Scotland: national cross sectional survey. *BMJ* **335**(7619):545
- 67 Borland R et al (1999) Trends in environmental tobacco smoke restrictions in the home in Victoria, Australia. *Tobacco Control* **8**:266–71
- 68 Gilpin EA et al(2002) Clean indoor air: advances in California, 1990-1999. *American Journal of Public Health*. **92**(5):785-91
- 69 Waa A and McGough S (2006) Reducing exposure to second hand smoke: Changes associated with the implementation of the amended New Zealand Smoke-free Environments Act 1990: 2003–2006. Health Sponsorship Council Research and Evaluation Unit: Wellington. Online at http://www.hsc.org.nz/pdfs/SFEWorkplace_Final.pdf Accessed 21.04.07

Spotlight on Africa

- 1 WHO AFRO Tobacco Free Initiative website. Available online at <http://www.afro.who.int/tfi/tobaccopolicy.html> Accessed 01.04.08
- 2 Tanimowo MO (2002) Air pollution and respiratory health in Africa: a review *East African Medical Journal* **77**(2): 71-5
- 3 Blecher EH (2006) The effects of the Tobacco Products Control Amendment Act of 1999 on restaurant revenues in South Africa: a panel data approach. *South African Journal of Economics* **74**(1):123-130
- 4 van Walbeek C et al (2007) Effects of the Tobacco Products Control Amendment Act of 1999 on restaurant revenues in South Africa -a survey approach. *South African Medical Journal* **97**(3):208-11
- 5 Furber AS et al (2007) Is smoking tobacco an independent risk fac-

tor for HIV infection and progression to AIDS? A systemic review. *Sexually Transmitted Infections* **83**:41-46

- 6 Gajalakshmi V et al (2004) Smoking and mortality from tuberculosis and other diseases in India: retrospective study of 43 000 adult male deaths and 35000 controls *The Lancet* **362**: 507-15
- 7 Bates MN et al (2007) Risk of Tuberculosis From Exposure to Tobacco Smoke: A Systematic Review and Meta-analysis *Archives of Internal Medicine* **167**(4):335-42.
- 8 Slama K et al (2007) Tobacco and tuberculosis: a qualitative systematic review and meta-analysis. *International Journal of Tuberculosis and Lung Disease* **11**(10):1049-61

Spotlight on the Americas

- 1 Navas-Acien A et al (2004) Secondhand tobacco smoke in public places in Latin America, 2002-2003. *JAMA* **291**(22):2741-5
- 2 PAHO PATIOS database (2008) Online at www.paho.org/tobacco/PatiosHome.asp Accessed 27.03.08
- 3 Equifax / MORI (2006) Conocimiento y Actitudes Haca el Decreto 268/005 Regulación de consumo de tabaco en lugares publicos y privados. (Unpublished)
- 4 Barrientos-Gutiérrez, T (2007) [Involuntary exposure to tobacco smoke in public places in Mexico City] *Salud Pública de México* **49**(2): s2 05-12

- 5 Siegel M, Skeer M (2003) Exposure to secondhand smoke and excess lung cancer mortality risk among workers in the "5 B's": bars, bowling alleys, billiard halls, betting establishments, and bingo parlours *Tobacco Control* **12**(3):333-8
- 6 Luk R et al (2006) The economic impact of a smoke-free bylaw on restaurant and bar sales in Ottawa, Canada. *Addiction* **101**(5):738-45
- 7 Gigliotti A, Laranjeira R (2005) Habits, attitudes and beliefs of smokers in four Brazilian capitals. *Revista Brasileira de Psiquiatria* **27**(1):37-44
- 8 Paula Johns (2008) personal communication

Spotlight on South East Asia

- 1 Reddy SK and Gupta PC (2004) Report on tobacco control in India. New Delhi: Ministry of Health and Family Welfare.
- 2 Levy DT et al (2008) The role of tobacco control policies in reducing smoking and deaths in a middle income nation: results from the Thailand SimSmoke simulation model *Tobacco Control* **17**:53-59
- 3 WHO (2008) "SEAR B: Cost effectiveness results for Tobacco Use" WHO CHOosing Interventions that are Cost Effective (WHO-CHOICE) website. Online at http://www.who.int/choice/results/tob_searb/en/index.html Accessed 30.03.08
- 4 Bates MN et al (2007) Risk of Tuberculosis From Exposure to

Tobacco Smoke: A Systematic Review and Meta-analysis *Archives of Internal Medicine* **167**(4):335-42.

- 5 WHO Country Office for India (2008) Communicable Diseases and Disease Surveillance: Tuberculosis webpage Online at: www.whoindia.org/en/Section3/Section123.htm Accessed 31.03.08
- 6 Gajalakshmi V et al (2004) Smoking and mortality from tuberculosis and other diseases in India: retrospective study of 43 000 adult male deaths and 35000 controls. *The Lancet* **362**: 507-15
- 7 Slama K et al (2007) Tobacco and tuberculosis: a qualitative systematic review and meta-analysis. *International Journal of Tuberculosis and Lung Disease* **11**(10):1049-61

Spotlight on Europe

- 1 Health & Consumer Protection Directorate-General (2007) Report on the Green Paper Consultation: Towards a Europe free from tobacco smoke: policy options at EU level. Brussels: European Commission
- 2 McNabola A et al (2006) Effects of the smoking ban on benzene and 1,3-butadiene levels in pubs in Dublin *Journal of Environmental Science and Health. Part A, Toxic /Hazardous Substances and Environmental Engineering*. 41(5):799-810
- 3 Semple S et al (2007) Bar workers' exposure to second-hand smoke: the effect of Scottish smoke-free legislation on occupational exposure. *Annals of Occupational Hygiene* 51(7):571-80
- 4 Braverman MT et al (2006) Changes in smoking among restaurant and bar employees following Norway's comprehensive smoking ban *Health Promotion International* 23(1):5-15
- 5 Gorini G et al (2007) What happened in Italy? A brief summary of studies conducted in Italy to evaluate the impact of the smoking ban *Annals of Oncology* 18(10):1620-2
- 6 Cesaroni G et al (2008) Effect of the Italian smoking ban on population rates of acute coronary events *Circulation* 117(9):1183-8.
- 7 Tobaksfakta.org. Few violations of Swedish ban on smoking. Online at <http://www.tobaksfakta.org/default.aspx?id=4109> Accessed 23.03.08
- 8 Veryga, A (2007) Is Lithuania a success story? Presentation at Smoke Free Places Workshop, EPHA Conference, Bratislava, 17th April 2007
- 9 Jones S, Muller T (2006) Public attitudes to smokefree policies in Europe. In *Lifting the Smokescreen: 10 Reasons for a Smokefree Europe*. Brussels: European Respiratory Society
- 10 Larsson ML (2003) Passive smoking and respiratory symptoms in the FinEsS Study *European Respiratory Journal* 21:672-676
- 11 Matt GE et al (2004) Households contaminated by environmental tobacco smoke: sources of infant exposures. *Tobacco Control* 13:29-37
- 12 European Cardiology Society (2008) Heart attack rates fall following national smoking bans (27th February 2008). Online at <http://www.escardio.org/vpo/Press+Area/Press+Releases/2007-esc-press-releases/heart-attack-rates-fall.htm> Accessed 24.03.08
- 13 Swiss News (2006) Politics May 2006: Smokefree Switzerland. Online at www.swissnews.ch/backissues/2006/05.06/sn0506_politics.pdf . Accessed 22.03.08
- 14 Spanish Consumer Association (2007) Reported in *Spanish bars smoky as ever despite tobacco law*, Reuters, 22.05.07. Online at <http://www.healthcentral.com/heart-disease/news-39433-66.html> Accessed 23.03.08
- 15 National Committee for the Prevention of Tobacco Addiction (2007) reported in *Nicotine levels in the workplace fall 83% following anti-smoking legislation*, TypicallySpanish.com Online at http://www.typicallyspanish.com/news/publish/article_8126.shtml Accessed 23.03.08

Spotlight on Eastern Mediterranean

- 1 WHO (2008) Mpower Report - Adjusted prevalence estimates for WHO Member States (Eastern Mediterranean) Online at http://www.who.int/tobacco/mpower/appendix_3a_adjusted_adult_prevalence.xls Accessed 06.04.08
- 2 Hyland A et al (2008) A 32-country comparison of tobacco smoke derived particle levels in indoor public places. *Tobacco Control* e-published in advance.
- 3 Maziak W et al (2006) Measuring exposure to environmental tobacco smoke (ETS): a developing country's perspective. *Preventive Medicine* 42(6):409-14
- 4 Warren CW et al (2008) Global Youth Tobacco Surveillance, 2000—2007 *MMWR Surveillance Summaries* 57(1):1-28
- 5 UNICEF (2005) Press release World No Tobacco Day Health Professionals and Tobacco Control Online at http://www.unicef.org/jordan/media_1114.html Accessed 06.04.08
- 6 WHO (2008) Mpower report - Eastern Mediterranean Policy Spreadsheet. Online at http://www.who.int/tobacco/mpower/appendix_3a_adjusted_adult_prevalence.xls . Accessed 06.04.08
- 7 WHO Office for the Eastern Mediterranean (2007) Tobacco free Mecca and Medina. WHO Cairo, Egypt: EMRO Online

at http://www.emro.who.int/tfi/wntd2007/pdf/tobacco_free_mecca_medina.pdf . Accessed 30.03.08

- 8 Maziak W et al (2008) Waterpipe-associated particulate matter emissions. *Nicotine Tobacco Research* 10(3):519-23

Spotlight on Western Pacific

- 1 Thomson G and Wilson N (2006) One year of smokefree bars and restaurants in New Zealand: impacts and responses *BMC Public Health* 6:64
- 2 David GL et al (2005) Childhood exposure to environmental tobacco smoke and chronic respiratory symptoms in non-smoking adults: the Singapore Chinese Health Study. *Thorax* 60(12):1052-8
- 3 Miller CL and Hickling JA. (2006) Phased-in smoke-free workplace laws: reported impact on bar patronage and smoking, particularly among young adults in South Australia. *Australian and New Zealand Journal of Public Health* 30(4):325-7
- 4 Pilkington P A et al (2006) Health impacts of exposure to second hand smoke (SHS) amongst a highly exposed workforce:

- 9 Warren CW et al (2008) Global Youth Tobacco Surveillance, 2000—2007 *MMWR Surveillance Summaries* 57(1):1-28
- 10 Warren CW et al (2008) Global Youth Tobacco Surveillance, 2000—2007 *MMWR Surveillance Summaries* 57(1):1-28

survey of London casino workers *BMC Public Health* 7: 257

- 5 Hedley AJ et al (2006) Risks for heart disease and lung cancer from passive smoking by workers in the catering industry. *Toxicological Sciences* 90(2):539-48
- 6 Gan Q et al (2007) Disease burden of adult lung cancer and ischaemic heart disease from passive tobacco smoking in China *Tobacco Control* 16(6):417-22
- 7 Alechnowicz K and Chapman S (2004) The Philippine tobacco industry: “the strongest tobacco lobby in Asia” *Tobacco Control* 13:ii71-ii78
- 8 ODI/SNV (2006) How can governments boost the local economic impacts of tourism? Options and tools. London, UK: Overseas Development Institute.

© Global Smokefree Partnership 2008



FRAMEWORK CONVENTION
ALLIANCE
BUILDING SUPPORT FOR TOBACCO CONTROL