



smoke-free world
doctors' notes on clean air laws

Foreword



Mr James Johnson

Chairman of Council, British Medical Association

Second-hand smoke kills. That is why the BMA has called for legislation to make all indoor public places smoke-free.¹

Despite the urgent need for action, progress has been slow. Across the world, the tobacco industry and its apologists oppose smoke-free laws. It is not hard to see why. If all UK workplaces were smoke-free, the tobacco multinationals would lose an estimated £310 million in sales every year.

Powerful vested interests peddle myths that smoke-free legislation is unnecessary. They say that it is unworkable, unpopular, and will lead to economic ruin.

Such predictions are little more than scaremongering. The evidence shows that smoke-free laws save lives. They protect non-smokers, help smokers to give up, and reduce the risk of young people starting to smoke.

In this document, doctors' leaders from around the world relate their first-hand knowledge of how smoke-free laws protect people from second-hand smoke. Their testimonies reveal the truth about smoke-free laws: that they are effective, workable and popular.

Smoke-free policies work. What we need now is political leadership. As we go to press, Italy is going smoke-free. Doctors in countries without clean air laws are asking how long their patients must wait for action.

We call on politicians everywhere to make all indoor public places smoke-free by law.

(1) The BMA considers a public place 'any enclosed space to which the public has access'.
Smoke-free means that smoking is not permitted within that space.



In the tobacco industry's own words...

*'the economic arguments often used by the industry to scare off smoking ban activity were no longer working... these arguments simply had no credibility with the public, which isn't surprising when you consider that our dire predictions in the past rarely came true.'*²

A Philip Morris Executive

(2) Lauffer D. CAC Presentation No 4. 1994.
www.pmdocs.com
Bates No. 2041183751 3790.

What the experts say...



Sir Charles George
President, British Medical Association

“Reduction in smoking has played a major role in the declining death rate from coronary heart disease. However, recent studies have shown that the hazards of second-hand smoke are greater than previously thought.

Making enclosed places smoke-free encourages some people to give up and others to reduce the number of cigarettes smoked, thereby further reducing the risks of heart attack.”



Dr Carolyn Dresler
Head of Tobacco Control, International Agency for Research on Cancer

“The International Agency for Research on Cancer has reviewed all the available evidence on second-hand smoke and cancer. This independent panel of international scientists concluded that exposure to other people’s smoke increases the risk of lung cancer in non-smokers by 20-30%.

This evidence demands that we take all necessary steps to eliminate people’s exposure to second-hand smoke.”



Dr Vera da Costa e Silva
Director, Tobacco Free Initiative, World Health Organisation

“The WHO Framework Convention on Tobacco Control calls upon all Governments to take action to protect their citizens from the negative health consequences of exposure to second-hand smoke.

More than 700 million children worldwide are exposed to other people’s smoke.

Effective smoke-free policies together with education and awareness raising will help protect millions of people from serious conditions, including heart and lung disease, cancer and cot death. The World Health Organisation supports smoke-free policies because they save lives.”

usa

Seven US states are now smoke-free. California was the first to go completely smoke-free in 1998.

“Going smoke-free has reduced deaths in California. Since we have been smoke-free, California’s lung cancer rates have fallen 6 times faster than in US States without smoke-free laws.”

Dr Robert Hertz
President, Californian Medical Association

“In New York City, no one has to choose between their job and their health. Our restaurants and bars are flourishing and smoke-free. New Yorkers are enthusiastic about being able to work, eat and drink without being exposed to other people’s smoke.”

Thomas R. Frieden MD MPH
Commissioner of Health and Mental Hygiene, New York City

FACT

- In New York, receipts in bars and restaurants increased by **nearly 9%** in the first year after going smoke-free.



Smoke-free
California July 1998

Delaware May 2002
New York Mar 2003
Connecticut Jan 2004
Maine Jan 2004
Massachusetts Jul 2004
Rhode Island Mar 2005

FACT

- Smoke-free laws have been associated with **significant reductions** in heart disease.



Smoke-free
Nunavut Feb 2004

Northern Territory May 2004
Manitoba Oct 2004
New Brunswick Oct 2004
Saskatchewan Jan 2005

A number of cities, provinces and territories have introduced smoke-free policies since 2002. Three provinces and two territories are now completely smoke-free.

“Many Canadian cities, provinces and territories are smoke-free, but some allow ventilated smoking rooms. These don’t protect against second hand smoke – in one region, three quarters of these rooms leaked smoke into the rest of the premises. But where smoke-free measures are introduced, they work. Some smokers quit, and the rest take their cigarettes outside – even in a Canadian winter!”

FACT

- **No safe level of exposure** to second-hand smoke has ever been established.

Dr Albert Schumacher
President, Canadian Medical Association

canada

ireland



Smoke-free
29 March 2004

“Over 7,000 smokers gave up in the 6 months before the law came into force. The new law has encouraged many more smokers to quit – as is evident in the continuing drop in tobacco sales – and they say that they are less likely to start again because their workplaces and social venues are smoke-free.”

Dr James Reilly
President, Irish Medical Organisation

FACT

- **95% of the population** agree that going smoke-free is good for health.

FACT

- Sales of cigarettes fell **almost 16%** in the first six months of 2004.

norway

“Passive smoking kills 500 Norwegians each year. We now know that half measures such as designated smoking areas and ventilation cannot protect health – there’s no way we could allow them now.

These measures were simply not good enough. There is no reason for others to repeat this experiment.”

Dr. Hans Kristian Bakke
President, Norwegian Medical Association



Smoke-free
1 June 2004

FACT

- Non-smoking areas offer **partial to no protection** against second-hand smoke.

FACT

- Many toxins in second-hand smoke are **invisible, odourless gases**, which are not removed by ventilation and air-filtering systems.



new zealand

“Our experience shows that introducing smoke-free legislation makes people more aware about the health impacts of second-hand smoke.”

And the legislation is popular. Polls now show that 9 out of 10 New Zealanders support the right to work in a smoke-free environment.”

Dr Tricia Briscoe

Chair, New Zealand Medical Association



Smoke-free
10 December 2004

FACT

- In smoke-filled rooms, **pollution levels can reach 50 times those in a busy road tunnel.**

FACT

- Tobacco smoke contains **more than 4,000 chemicals**, at least 50 of which **cause cancer.**

sweden



Smoke-free
1 June 2005

“Fewer than one in every five Swedish adults is a smoker, and most workplaces are already smoke-free. Women are more likely to work in the hospitality sector than men. Our new law will give these workers the same protection from second-hand smoke as other Swedes.”

Dr Eva Nilsson Bågenholm

President, Swedish Medical Association

FACT

- Pregnant non-smokers exposed to second-hand smoke are more likely to have low birth weight babies and to **give birth prematurely.**

FACT

- Bar workers' exposure to second-hand smoke is **six times that of office workers.**
- 

australia



Smoke-free
Tasmania Jan 2006

Australian Capital Territory Dec 2006
Victoria Jul 2007
South Australia Oct 2007

FACT

- The more cigarettes smoked in a household, **the greater the risk** of cot death.

FACT

- When fewer adults smoke, children's exposure to second-hand smoke **is reduced**.

All Australian states and territories have made many public places and workplaces smoke-free. Tasmania will go completely smoke-free by January 2006, and three others will follow.

"The Australian experience shows that when workplaces are smoke-free, families are more likely to have smoke-free homes.

The proportion of family homes with smoking restrictions more than doubled in 8 years. That means that fewer children are at risk from chest and ear infections, asthma and cot death."

Dr William Glasson
Federal President, Australian Medical Association

scotland



Smoke-free
Spring 2006

The Scottish Government has published a bill to make all public places smoke-free. The legislation is expected to be in place by Spring 2006.

"Scotland has the highest smoking rates of any part of the UK, and our smoke-filled rooms have taken their toll on the nation's health. When Scotland goes smoke-free it will be a triumph for devolution – but we simply can't understand why bar staff in Liverpool have been deemed less worthy of protection than their counterparts in Lanarkshire."

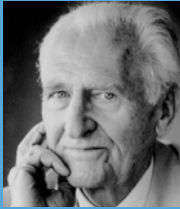
Dr Peter Terry
Chairman of Scottish Council, British Medical Association

FACT

- Completely smoke-free workplaces could **cut smoking rates by 4%**.

FACT

- Smoking costs Scottish businesses **£500 million each year**.



Sir Richard Doll
University of Oxford

“We first established the causal link between smoking and lung cancer in 1950, but the tobacco industry spent decades arguing that our results did not justify our conclusion.

As recently as 2003, one UK tobacco company said that it did not know whether smoking causes lung cancer. Now tobacco companies are using the same techniques to undermine the conclusion that passive smoking causes fatal disease.

The evidence that it does is clear. As a responsible citizen, I believe that nobody should have to work in an atmosphere polluted by other people’s smoke.”

MYTH “Bar sales will fall by 30%”

FACT **There is no reputable evidence that smoke-free laws harm the hospitality sector.**

MYTH “Smoke-free laws will be unenforceable”

FACT **In Ireland and New York more than 95% of premises are smoke-free.**

MYTH “Voluntary action is enough”

FACT **Despite voluntary agreements, fewer than 1% of British pubs are smoke-free.**

MYTH “Non-smoking areas and ventilation are solutions”

FACT **Neither non-smoking areas nor ventilation can remove the health risks of second-hand smoke.**

Smoke-free World: Doctors’ notes on clean air laws

Editors: Tanith Muller, Tuija Tengvall

Suggested citation: Smoke-free World: Doctors’ notes on clean air laws

British Medical Association Tobacco Control Resource Centre, January 2005.

Web: <http://www.doctorsandtobacco.org>

Tobacco Control Resource Centre

Director: Dr Sinéad Jones

Manager, Capacity Building and Policy: Tanith Muller

Projects Manager: Tuija Tengvall

British Medical Association

14 Queen Street Edinburgh EH2 1LL UK

Tel: +44 (0)131 247 3070 Fax: +44 (0)131 247 3071

E-mail: tcrc@bma.org.uk Web: www.tobacco-control.org



For more information and original references, visit the TCRC website, or consult Tobacco FactFile.

The BMA Tobacco Control Resource Centre receives funding from the European Commission. ©BMA Tobacco Control Resource Centre 2005.