Winning the battle against tobacco

What can we learn from countries with comprehensive tobacco control and how do we get there?

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5. April 2016
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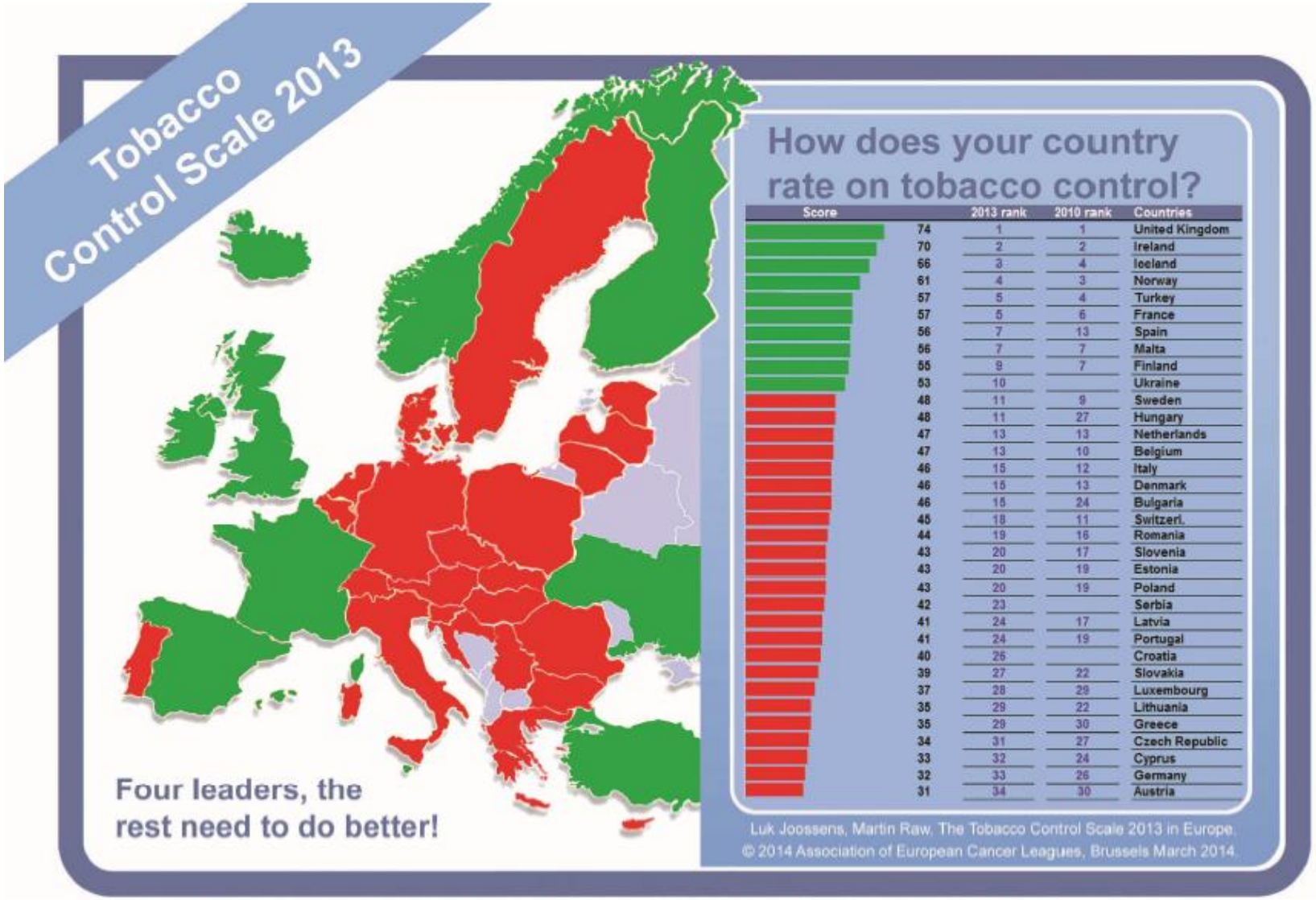
The UK:
The European Leader in Tobacco Control

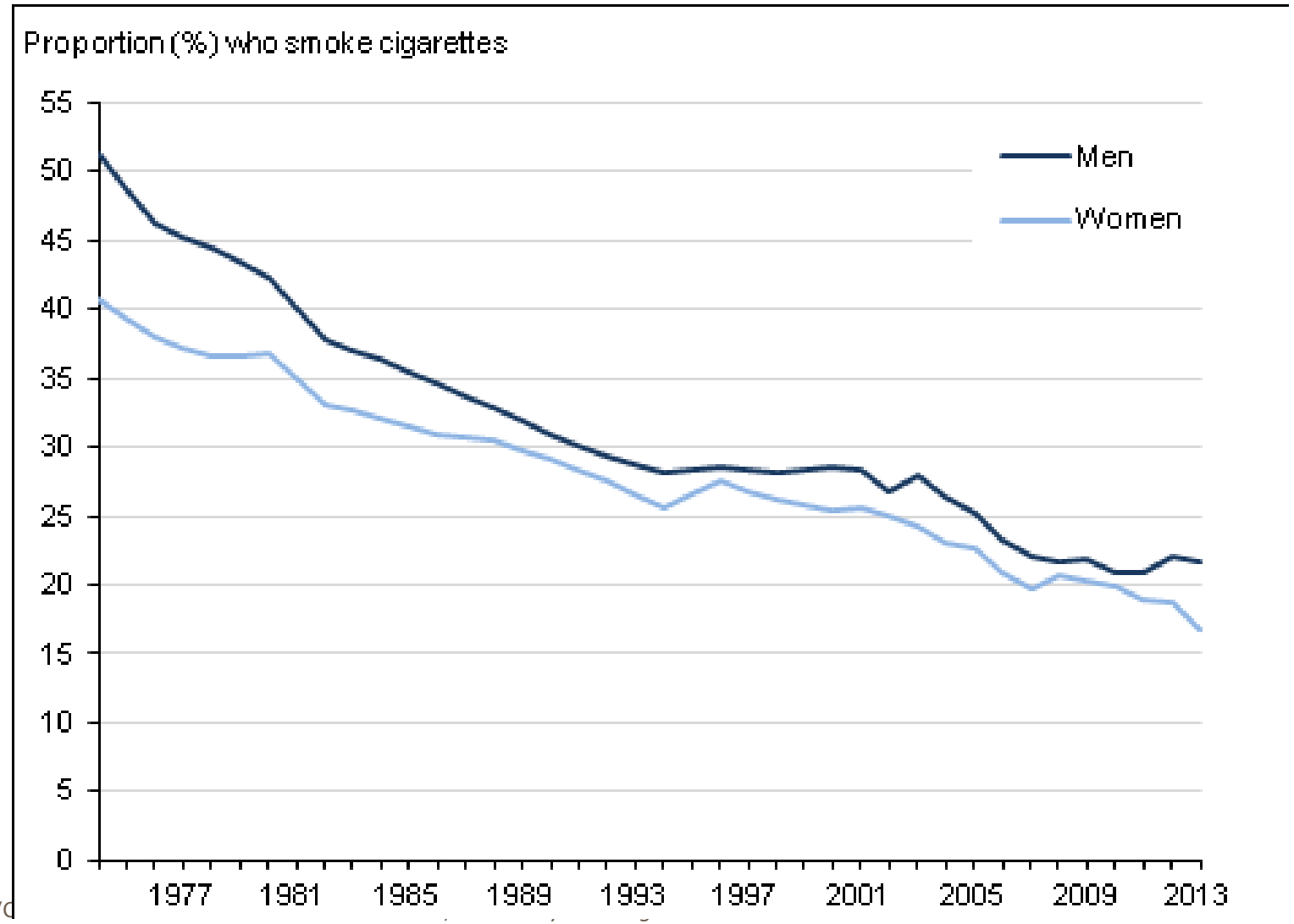


Score	2013 rank	2010 rank	Countries
74	1	1	United Kingdom
70	2	2	Ireland
66	3	4	Iceland
61	4	3	Norway
57	5	4	Turkey
57	5	6	France
56	7	13	Spain
56	7	7	Malta
55	9	7	Finland
53	10		Ukraine
48	11	9	Sweden
48	11	27	Hungary
47	13	13	Netherlands
47	13	10	Belgium
46	15	12	Italy
46	15	13	Denmark
46	15	24	Bulgaria
45	18	11	Switzerl.
44	19	16	Romania
43	20	17	Slovenia
43	20	19	Estonia
43	20	19	Poland
42	23		Serbia
41	24	17	Latvia
41	24	19	Portugal
40	26		Croatia
39	27	22	Slovakia
37	28	29	Luxembourg
35	29	22	Lithuania
35	29	30	Greece
34	31	27	Czech Republic
33	32	24	Cyprus
32	33	26	Germany
31	34	30	Austria

Top: UK

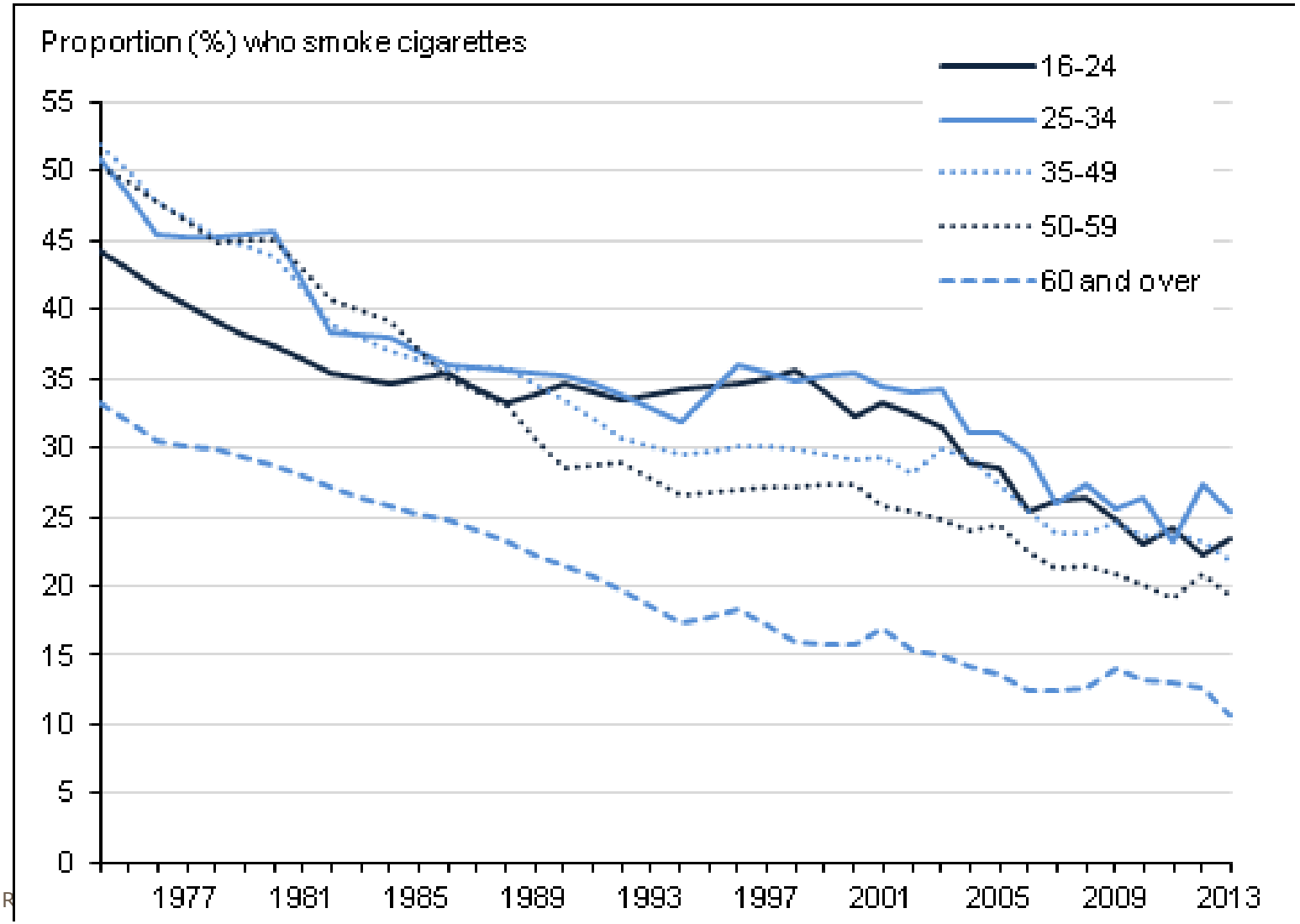
Last: Austria

Smoking prevalence in GB, 1974-2013



Opinions and Lifestyle Survey, General Lifestyle Survey, General Household Survey - Office for National Statistics 2014

Smoking by age, 1974-2013



Opinions and Lifestyle Survey, General Lifestyle Survey, General Household Survey - Office for National Statistics 2014

Political milestones

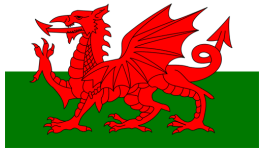
Smoking Kills

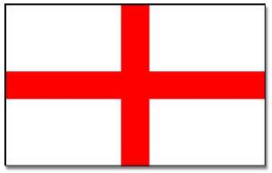
A White Paper on Tobacco

Presented to Parliament by the Secretary of State for Health and the Secretaries of State for Scotland, Wales and Northern Ireland by Command of Her Majesty

1998 2003 2005

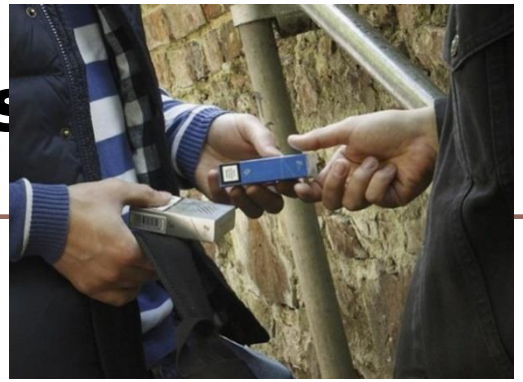
Political milestones



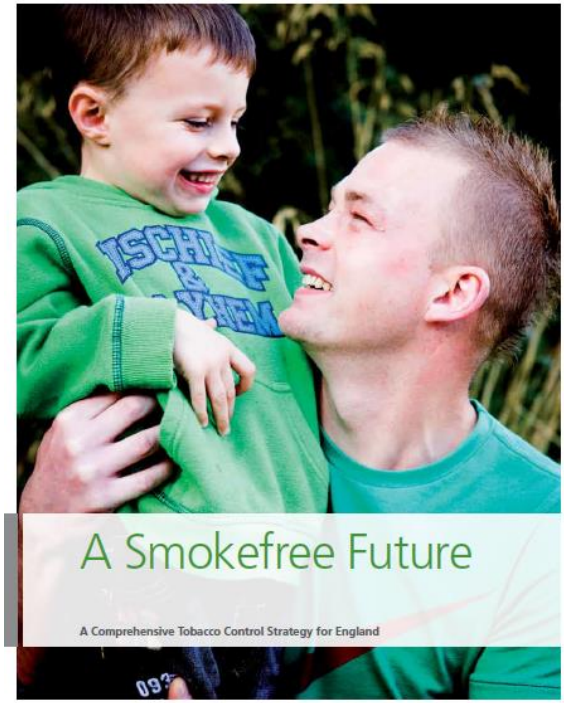


2006 2007 2008

Political milestones



HM Government



2010 2012

Political milestones

2015 2016

Effective protection from second hand smoke

- What are the current **legislative frameworks**?
- What do we know about the **effectiveness of policies** to protect people from second hand smoke?
- **What needs to be done** to achieve comprehensive policies?

International guidelines

- WHO FCTC Article 8
  - Austria signed (2003) and accepted (2005) FCTC
  - Signatories agree to adopt and implement effective measures to provide protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places
- European Council Recommendation on smoke-free environments
  - European policy initiative adopted by all EU member states, including Austria, in Nov 2009
  - Recommends European member states to adopt comprehensive smoke-free policies in line with FCTC Article 8

UK: a best practice example of comprehensive smoke-free policy

- Ireland first country in the EU to introduce comprehensive smoke-free policies in 2004 but UK followed suit
- Introduction of smoke-free policies across the UK
  - 26 March 2006: Scotland
  - 2 April 2007: Wales
  - 30 April 2007: Northern Ireland
  - 1 July 2007: England
- Comprehensive evaluation of policy

26 March 2006: Smoking ban in Scotland

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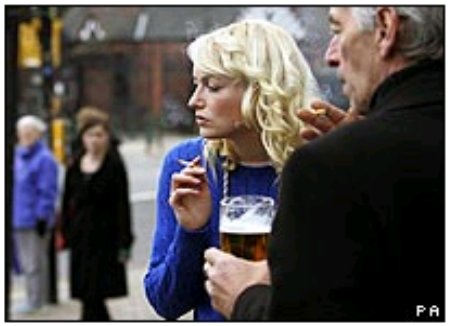
Scotland begins pub smoking ban

A ban on smoking in public places - including bars and restaurants - has come into effect in Scotland.



From now on smokers will have to use the street

It is being hailed as a step forward for health but critics say it will cost jobs and infringe human rights.

More than a fifth of smokers questioned in Scotland plan to flout the ban, which came into effect overnight, a poll by BBC Five Live suggests.

The impact will be watched closely in England, Wales and Northern Ireland, where bans have also been planned.

Last month MPs voted in favour of a total ban on smoking in enclosed public spaces in England, which is due to come into effect in the summer of 2007.

Reaction to Scotland's smoking ban

Northern Ireland is introducing a ban in April next year, while

10 years on…

Comprehensive smoke-free policies reduce hospitality staff exposure to second-hand smoke

	Baseline	Follow up	P value	Difference
Republic of Ireland				
Salivary cotinine (nmol/l)	29.0	5.1	<0.001	–22.7
Hours exposed at work during past 7 days	40	0	<0.001	-40
Northern Ireland				
Salivary cotinine (nmol/l)	25.3	20.4	0.05	–5.7
Hours exposed at work during past 7 days	42	40	0.02	-3

Allwright et al (2005), BMJ

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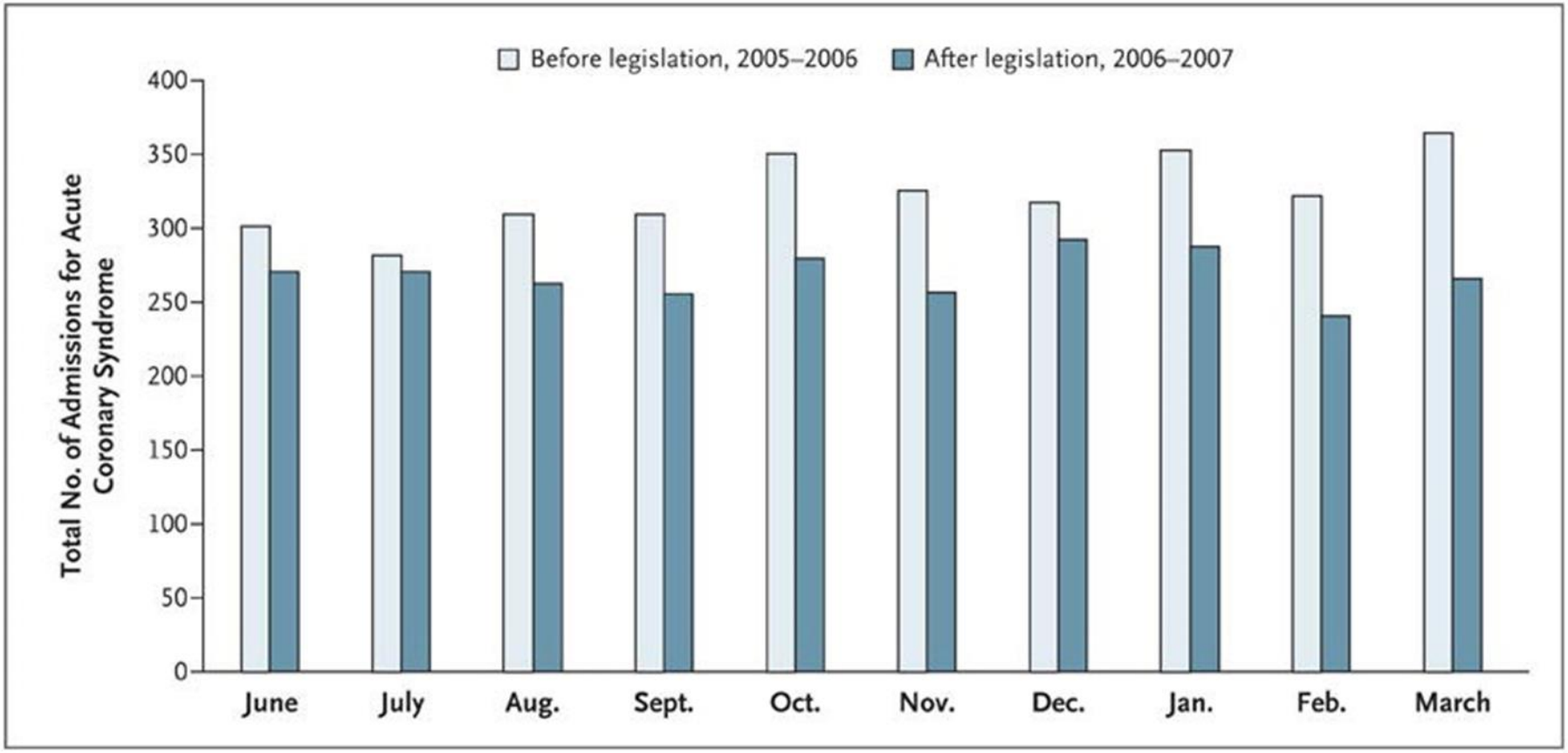
Allwright et al (2005), BMJ

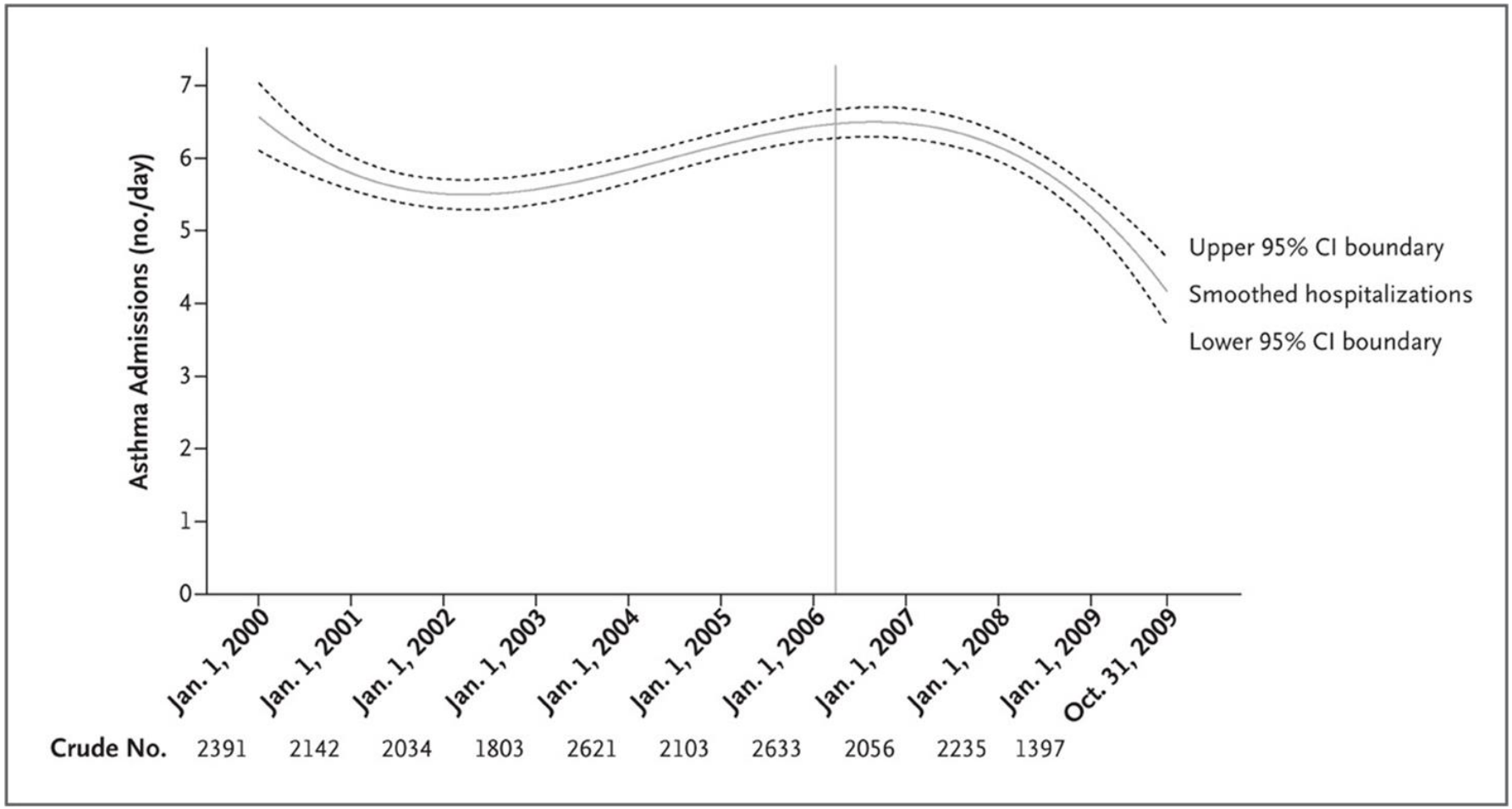
Comprehensive smoke-free policies reduce myocardial infarction

Admissions for Acute Coronary Syndrome According to Month before and after Smoke-free Legislation



Pell JP et al. N Engl J Med 2008;359:482-491.

Comprehensive smoke-free policies reduce hospital admissions for asthma in children



MRC/CSO Social and Public Health Sciences Unit, University of Glasgow.

Mackay D et al. N Engl J Med 2010;363:1139-1145.

Comprehensive smoke-free policies do NOT increase smoking in the home

- Jarvis et al 2011: "Predictions that the 2007 legislative ban on smoking in enclosed public places would adversely affect children's exposure to tobacco smoke were not confirmed. While overall exposure in children has not been greatly affected by the ban, the trend towards the **adoption of smoke-free homes by parents who themselves smoke has received fresh impetus**."
- Martinez-Sanchez et al 2013: "Smoke-free legislation in workplaces and public places is **not correlated with increased smoking prevalence in private venues** (houses and cars) at an ecological level."
- Cheng et al 2013: "Clean indoor air laws provide the **additional benefit of encouraging voluntary adoption of smokefree rules in homes and cars**."

Cochrane review (2016): Health effects of smoke-free laws

- **Exposure to second-hand smoke**: Evidence of significant reductions; key groups: pregnant women and their babies, children and non-smokers
- **Smoking prevalence**: Indication of reduction in smoking prevalence
  - Key group: men of lower socio-economic status
  - UK data suggests reduction in smoking uptake amongst (female) teenagers
- **Cardiovascular disease**: Clear evidence of significant reductions; clear dose-response effect
- **Respiratory illness**: Significant reductions and downward trends
- **Perinatal problems**: Evidence of reduced maternal smoking and impact on foetal health

Comprehensive smoke-free policies are cost-effective and have no detrimental impact on business

- **Limited short-term costs** for introducing and enforcing comprehensive smoke-free policy
- Otherwise, **no costs for hospitality sector**; if anything: some positive effect
- **Partial policies more expensive** to implement than comprehensive policies
- Financial savings
  - **Health care** savings
  - Higher **productivity** of employees
  - Savings on cleaning and maintenance
  - No potential litigation costs

IARC (2009)

Comprehensive smoke-free policies are widely supported and complied with

- Most citizens support smoke-free workplaces
- Smokers usually less supportive than non-smokers
- Support has increased in recent decades
- Support increases after implementation

IARC (2009)

Comprehensive smoke-free policies can be implemented without problems

- Compliance best and little police enforcement needed when
  - Customers know that **premises are legally required** to be smoke-free
  - **Smoke-free signs** are displayed at entrance and in places where smoking may take place
  - Owners and staff are prepared to use **disciplinary procedures** if requirements are not met
- Compliance is usually moderate to high when smoke-free laws are introduced

IARC (2009)

What are the factors that lead to the successful adoption of comprehensive smoke-free policy

1) Political will

"The momentum on smoke-free policies was really very high…The health attachés of the member states…and DG SANCO [were] interested in the whole issue. They were really trying to move the agenda."

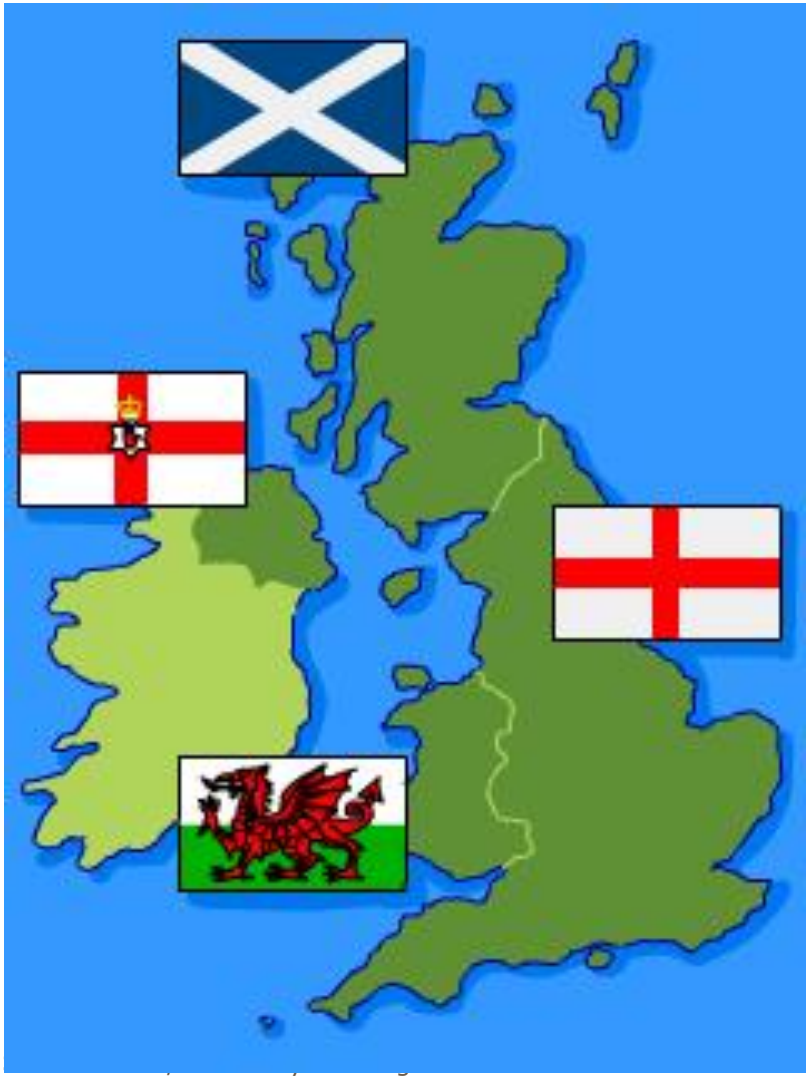
(Public health advocate)

2) Competition with other countries

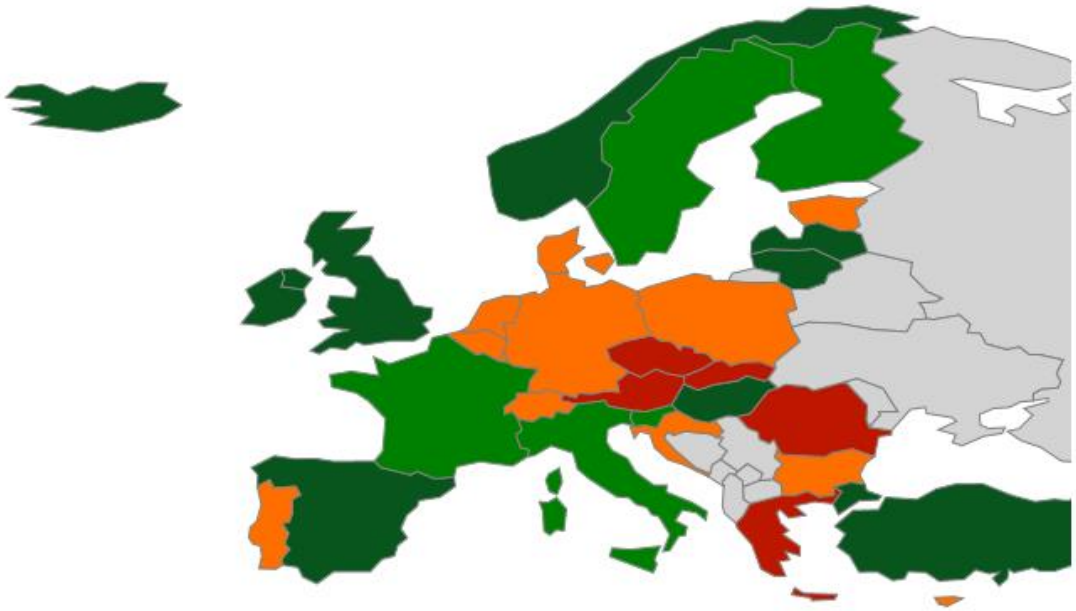
"Everybody in Europe [was] talking about it and we certainly [didn't] want to be the last kid in the classroom to catch on"

(Representative of national advocacy organisation)

Multi-level governance: Race to the top

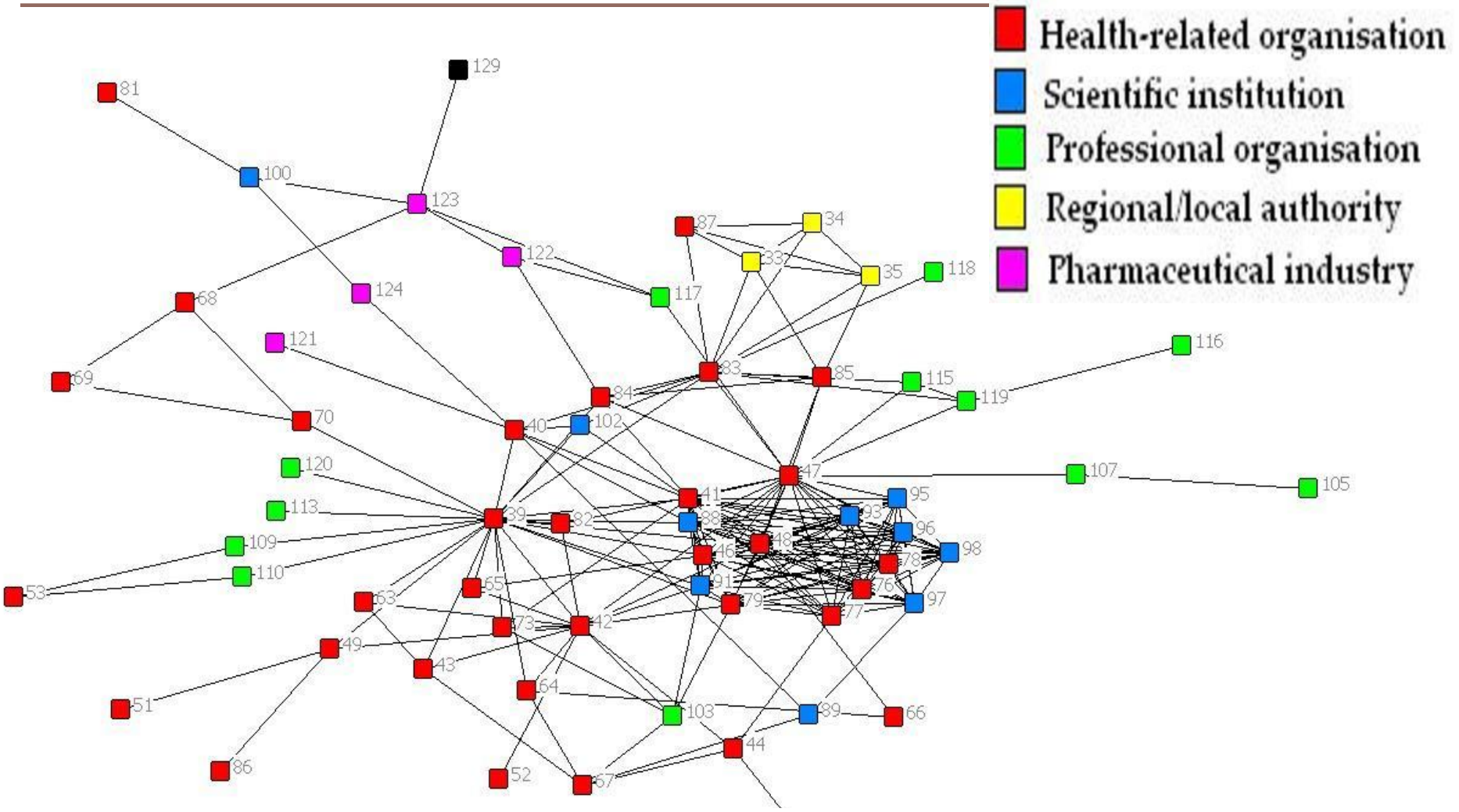


Opportunities for moving upwards



Country	Bar	Restaurant	Workplace	Transport	Compliance	Overall	e-cigarette
Austria	Partial Ban	Partial Ban	Partial Ban	Complete Ban	Weak	Weak	No legislation/Unknown

3) Building alliances



Weishaar H, Collin J, Amos A. (2015): Tobacco control and health advocacy in the European Union: Understanding effective coalition-building. Nicotine & Tobacco Research. Online available: http://ntr.oxfordjournals.org/content/early/2015/03/04/ntr.ntv016.full.pdf

Leadership and coordination

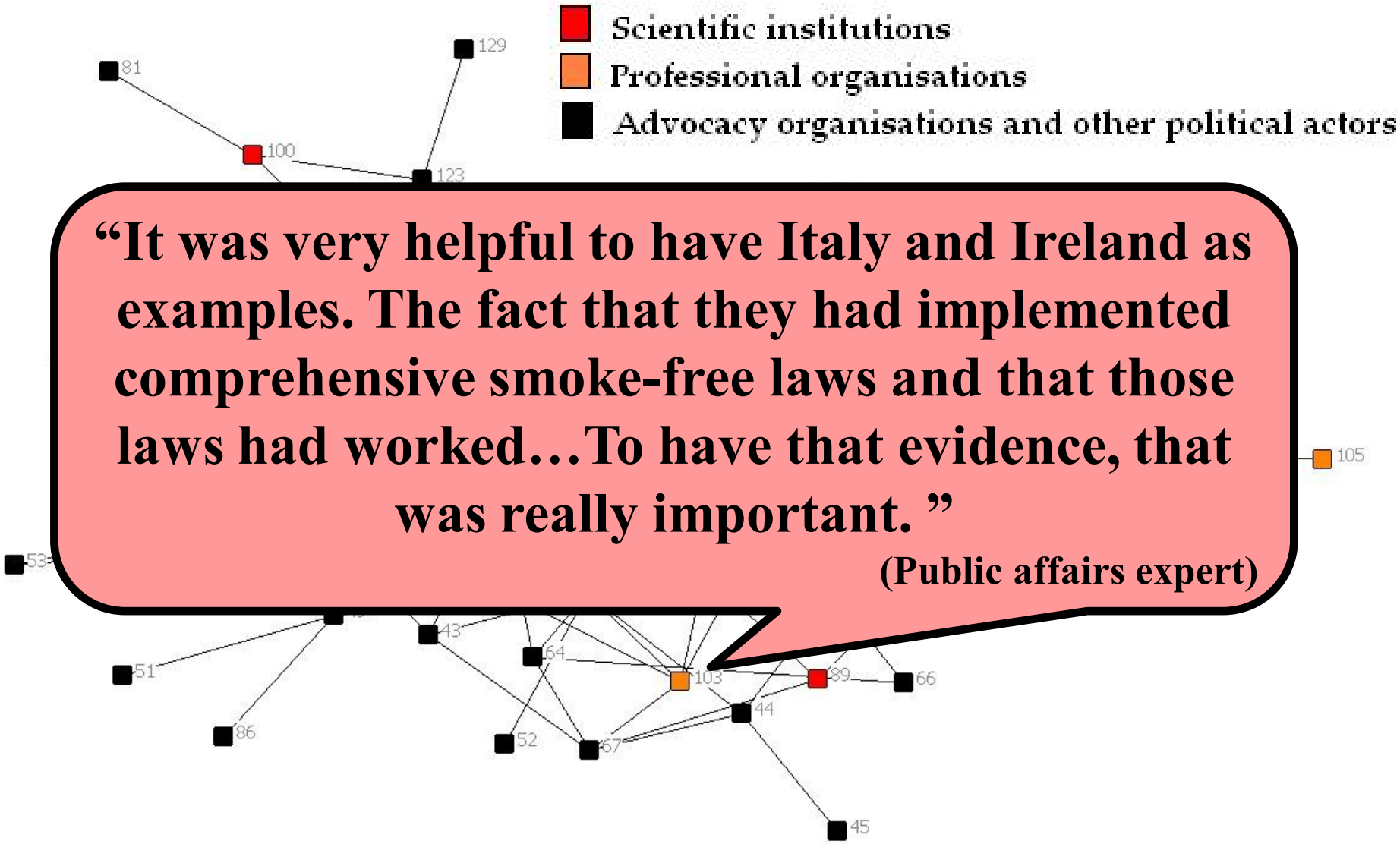
- Lead organisation
- Thorough understanding of the issue and policy process
- Monitored developments
- Provided strategic guidance
- Mobilised support and coordinated action

4) Strong public health message

Focus on health: Comprehensive smoke-free policy with no exemptions is the only option to prevent exposure to second hand smoke. (FCTC article 8)

Underlying, shared vision of reducing harms from tobacco

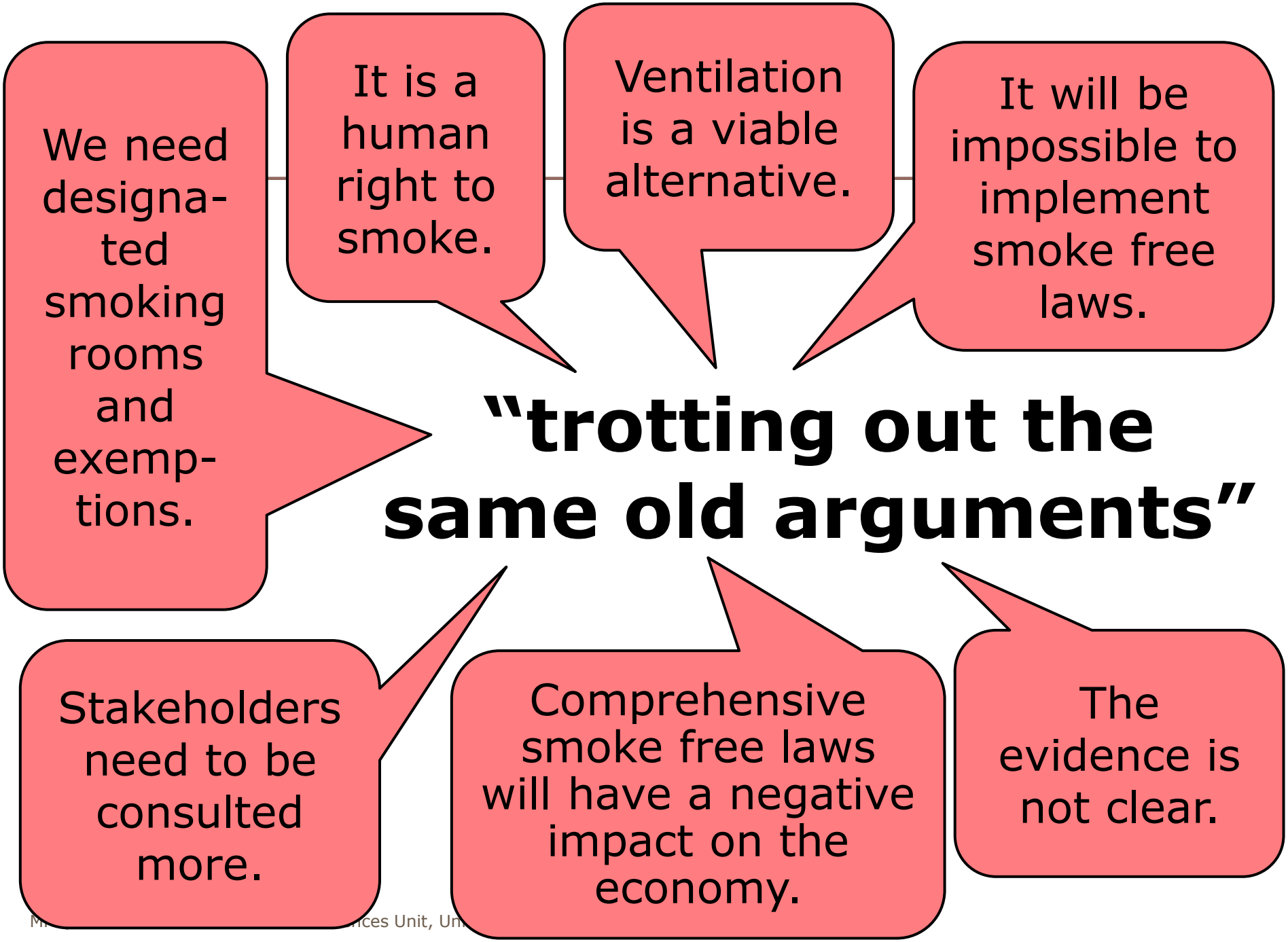
5) Links between evidence and practice



"It was very helpful to have Italy and Ireland as examples. The fact that they had implemented comprehensive smoke-free laws and that those laws had worked…To have that evidence, that was really important. "

(Public affairs expert)

6) Countering false evidence and tobacco industry opposition


We need designa-ted smoking rooms and exemp-tions.
It is a human right to smoke.
Ventilation is a viable alternative.
It will be impossible to implement smoke free laws.
"trotting out the same old arguments"
Stakeholders need to be consulted more.
Comprehensive smoke free laws will have a negative impact on the economy.
The evidence is not clear.

“[We know] a lot about the advocacy lobbying tactics of the industry… [We know] the statistics and the arguments that they…try and use.”

(Public health advocate)

FCTC article 5.3

Protect tobacco control policies from the vested interests of the tobacco industry

Conclusions and lessons learned

- Conclusive evidence shows: **comprehensive smoke-free policies are effective**
- **Many EU countries have successfully implemented comprehensive smoke-free policy** > Austria can learn from them
- Austria: bound by international agreements (FCTC and 2009 EU Council Recommendation), i.e. has **signed up to implementing comprehensive smoke-free policy**

In order to implement comprehensive smoke-free legislation, Austria needs a hand:

1. Focus on public health
2. Show political will
3. Counter tobacco industry interference
4. Acknowledge the evidence
5. Adopt a coordinated public health response