

SMOKE-FREE ENVIRONMENTS

Countering Industry Arguments

Tobacco companies oppose comprehensive smoke-free laws because they are a threat to their business. Below are a series of arguments against smoke-free laws used by tobacco companies, followed by responses that refute each argument.

INDUSTRY ARGUMENT:

Secondhand smoke is not harmful to health.

RESPONSE: Every major scientific body in the world, including the World Health Organization, the International Agency for Research on Cancer, and the U.S. Department for Health and Human Services have reached the same conclusion: secondhand smoke is a serious health threat and a significant cause of death and disease.¹⁻³

Cigarette smoke contains more than 7,000 chemicals and compounds.⁴ Hundreds are toxic and at least 69 cause cancer.⁴ Tobacco smoke is a known cause of lung cancer, heart disease, low birth-weight births, chronic lung ailments such as bronchitis, as well as other health problems.³ There is no safe level of secondhand smoke exposure. Even low levels of exposure can cause harm. Studies show that exposure can lead to a rapid and sharp increase in dysfunction and inflammation of the lining of the blood vessels, which are implicated in heart attacks and stroke.⁴

Studies that do not show a correlation between secondhand smoke and disease are typically funded by the tobacco industry.⁵ The tobacco companies have paid scientific consultants in every region of the world to attack the scientific evidence that secondhand smoke harms health.⁶

INDUSTRY ARGUMENT:

Legislation is not needed. A voluntary policy will work instead.

RESPONSE: Tobacco companies promote voluntary policies ahead of legislation because voluntary policies do not work. Only simple, clear, enforceable, and comprehensive legislation will ensure smoke-free air to employees and the public.⁷ The tobacco industry funds schemes such as “Courtesy of Choice,” which urge businesses to allow smoking in their establishments.⁸

In the United Kingdom, after more than five years of a voluntary code, the majority of bars did not comply with the scheme. Fewer than 1% of all bars were smoke-free, and the majority of restaurants permitted smoking.⁹ Since 2007, the United Kingdom has been covered by comprehensive smoke-free legislation. As a result, all indoor public places and workplaces are smoke-free with compliance rates as high as 98%.¹⁰

For more information about how the tobacco industry undermines effective smoke-free legislation, see: http://tobaccofreecenter.org/files/pdfs/en/SF_TI_tactics_en.pdf.

INDUSTRY ARGUMENT:

Smoke-free laws are unpopular. Most people don't want them.

RESPONSE: Smoke-free laws are extremely popular among the general public, and they become even more popular after they come into force. Many polls have been conducted in countries that have gone smoke-free, which show that there are very high levels of support for smoke-free laws. For example:

- In 2004, when Ireland became the first smoke-free country, 67% of the population supported the law. One year after implementation, support rose to 93%, and 98% felt workplaces were healthier because of the law.¹¹
- In Uruguay, 8 out of every 10 Uruguayans supported the smoke-free law, including nearly two-thirds of the country's smokers.¹
- In Kenya, 95% of the adult population supported government efforts to prohibit smoking in all enclosed public places and workplaces.¹²

INDUSTRY ARGUMENT:

Smoke-free laws violate an individual's right to smoke.

RESPONSE: Under the Framework Convention on Tobacco Control, the International Convention on Economic and Social Rights and other human rights treaties, and the constitutions of many countries, governments have the responsibility to protect their citizens' right to the highest standard of health, to life, and to a safe work environment. There is no constitutional right to smoke. Secondhand smoke exposure is a known cause of death and disease, and allowing exposure to secondhand smoke infringes on non-smokers' right to health.

The right of a person to breathe clean air takes precedence over any possible right of smokers to pollute the air other people breathe. Smoke-free laws are not about whether smokers smoke; they are about where smokers smoke.

INDUSTRY ARGUMENT:

Businesses have a right to allow smoking since tobacco is a legal product and smoking restrictions violate businesses' right to property and their right to commerce.

RESPONSE: The safety of workers and the public is not a matter of choice for business owners. Businesses cannot choose to opt out of food hygiene standards or other health and safety requirements for workers and the public. All workers have the right to be equally protected from the harms of secondhand smoke.

INDUSTRY ARGUMENT:

Ventilation and designated smoking rooms for smokers provide adequate protection from secondhand smoke.

RESPONSE: Ventilation systems and designated smoking rooms do not provide effective protection to the public and workers from the deadly effects of secondhand smoke.¹

The American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), the leading association of ventilation professionals, concluded, “the only means of effectively eliminating health risk associated with indoor exposure is to ban smoking activity.” ASHRAE found that no engineering approaches, including current and advanced dilution ventilation or air cleaning technologies, have been demonstrated to control health risks from environmental tobacco smoke exposure in spaces where smoking occurs.¹³

Internal British American Tobacco (BAT) documents reveal that the company knew that air filtration and ventilation systems were ineffective yet still promoted the technology as a viable option to smoking restrictions. According to the documents, BAT’s interest in ventilation systems was primarily “to negate the need for indoor smoking bans around the world.”¹⁴

INDUSTRY ARGUMENT:

Smoke-free laws harm the economy.

RESPONSE: Allowing smoking in workplaces and public places harms the economy. It imposes a heavy financial burden through increased medical costs, lost productivity due to illness, higher insurance premiums, and increased cleaning and property maintenance costs.¹⁵ Smoke-free laws actually benefit the economy by eliminating the primary cause of these burdens.

INDUSTRY ARGUMENT:

Smoke-free laws harm the hospitality and tourism industries.

RESPONSE: Smoke-free laws do not have a negative economic impact on the hospitality or tourism industries.

The WHO International Agency for Research on Cancer reviewed 165 studies and found that “smoke-free policies do not have an adverse economic impact on the business activity of restaurants, bars, or establishments catering to tourists, with many studies finding a small positive effect of these policies.”¹⁶

A comprehensive review of 97 studies on the economic impact of smoke-free laws concluded that: “All of the best designed studies report no impact or a positive impact of smoke-free

restaurant and bar laws on sales or employment. Policymakers can act to protect workers and patrons from the toxins in secondhand smoke confident in rejecting industry claims that there will be an adverse economic impact.” Additionally, the review found that all of the studies reporting a negative impact were supported by the tobacco industry.¹⁷

INDUSTRY ARGUMENT:

Smoke-free laws will result in more smokers smoking in their homes and will expose more children to the dangers of secondhand smoke.

RESPONSE: Evidence suggests that comprehensive smoke-free laws do not increase smoking in the home and may even reduce secondhand smoke exposure in the home. For example:

- In Scotland, more children reported a complete ban on smoking at home after the introduction of smoke-free legislation.¹⁸
- Three years after the national smoke-free law went into effect, a study in Ireland found no significant increase in exposure to secondhand smoke among children (age 13-14) in the home.¹⁹
- Following New York City’s smoke-free law, exposure to secondhand smoke in the home among non-smoking adults dropped by 29%, equivalent to 105,000 fewer non-smokers exposed.²⁰
- One study from Hong Kong found an increase in exposure to secondhand smoke after implementation of a smoke-free law.²¹ Such a finding shows that implementation of smoke-free laws must include strong public education efforts to inform the public about the dangers of secondhand smoke, especially among children.

INDUSTRY ARGUMENT:

Smoke-free laws are not feasible or appropriate for all countries.

RESPONSE: At least 385 million people are protected by 100% smoke-free laws.²² These countries, states, and cities are large and small and represent many cultures, climates, and income levels. Countries such as Australia, Canada, Turkey, and Uruguay have successfully passed and implemented 100% smoke-free laws. It is appropriate to protect all people from death and illness caused by secondhand smoke, no matter what country they live in. There is no safe level of exposure to secondhand smoke.⁴

(1) World Health Organization. WHO Report on the Global Tobacco Epidemic: Implementing smoke-free environments. Geneva: World Health Organization, 2009. (2) World Health Organization International Agency for Research on Cancer. Tobacco Smoke and Involuntary Smoking. IARC Monographs on the Evaluation of Carcinogenic Risk to Humans. Lyon: WHO IARC, 2004. (3) U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta, 2006. (4) U.S. Department of Health and Human Services. How tobacco smoke causes disease: the biology and behavioral basis for smoking-attributable disease: a report of the Surgeon General. Rockville, MD: Dept. of Health and Human Services, Public Health Service, Office of Surgeon General, 2010. (5) Barnes DE, Bero LA. Why review articles on the health effects of passive smoking reach different conclusions. *Journal of the American Medical Association* 1999;279(19):1566-70. (6) Ong EK, Glantz SA. Tobacco industry efforts subverting International Agency for Research on Cancer’s second-hand smoke study. *Lancet* 2000;355(9211):1253-59. (7) World Health Organization. Protection from exposure to second-hand smoke: Policy recommendations, 2007. (8) Dearlove J, Bialous S, Glantz SA. Tobacco industry manipulation of the hospitality industry to maintain smoking in public places. *Tobacco Control* 2002;11(2):94-105. (9) The Charter Group. The public places charter on smoking industry progress report. London: The Charter Group, 2003. (10) Smoke-free England, Local Government Association. Smokefree legislation compliance data: Report covering January to June 2010 (Period 13). London: Smokefree England, Local Government Association, 2010. (11) Office of Tobacco Control. Smoke-Free Workplaces in Ireland: A One-Year Review. Clane: Office of Tobacco Control, 2005. (12) Ministry of Health – Kenya. Press Release. New poll: Kenyans express overwhelming support for tobacco control measures. Nairobi: Ministry of Health – Kenya, 2007. (13) American Society of Heating Refrigerating and Air Conditioning Engineers (ASHRAE). Environmental tobacco smoke: Position document. Atlanta: ASHRAE, 2005. (14) Leavell NR, Muggli ME, Hurt RD, Repace J. Blowing smoke: British American Tobacco’s air filtration scheme. *British Medical Journal* 2006;332(7535):227-29. (15) Ross H. Economics of smoke-free policies. In: Partnership TSE, editor. SmokeFree Europe makes economic sense: A report on the economic aspects of smoke free policies. Belgium: The SmokeFree Europe Partnership, 2005:13-17. (16) World Health Organization International Agency for Research on Cancer. Evaluating the Effectiveness of Smoke-free Policies. IARC Handbook of Cancer Prevention. Lyon: WHO IARC, 2009. (17) Scollo M, Lal A, Hyland A, Glantz S. Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry. *Tob Control* 2003;12(1):13-20. (18) Akhtar PC, Haw SJ, Currie DB, Zachary R, Currie CE. Smoking restrictions in the home and secondhand smoke exposure among primary schoolchildren before and after introduction of the Scottish smoke-free legislation. *Tob Control* 2009;18(5):409-U103. (19) Kabir Z, Manning PJ, Holohan J, Goodman PG, Clancy L. Active smoking and second-hand-smoke exposure at home among Irish children, 1995-2007. *Arch Dis Child* 2010;95(1):42-45. (20) Frieden TR, Mostashari F, Kerker BD, Miller N, Hajjat A, Frankel M. Adult tobacco use levels after intensive tobacco control measures: New York City, 2002-2003. *Am J Public Health* 2005;95(6):1016-23. (21) Ho SY, Wang MP, Lo WS, Mak KK, Lai HK, Thomas GN, et al. Comprehensive smoke-free legislation and displacement of smoking into the homes of young children in Hong Kong. *Tobacco Control* 2010;19(2):129-33. (22) World Health Organization. WHO Report on the Global Tobacco Epidemic: Warning about the dangers of Tobacco. Geneva: World Health Organization, 2011.