



**European Medical Association on Smoking or Health  
Association Médicale Européenne Tabac ou Santé  
EMASH-AMETOS**

**President:** Roberto Masironi (Geneva): [rmasironi@gmail.com](mailto:rmasironi@gmail.com)

**Vice Presidents:** Laura Ciaffei (Geneva), Luisa Costa (Coimbra), Michael Kunze (Vienna),  
Florin Mihaltan (Bucharest), Lars Ramström (Stockholm)

**Founder and President emeritus:** Paul Fréour (Bordeaux)

**Website:** [www.hon.ch/emash](http://www.hon.ch/emash)

Year 17, N° 64  
Fall 2009

## News on tobacco from the World Health Organization

### IARC Publications

#### Evaluating the Effectiveness of Smoke-free Policies

IARC Handbooks of Cancer Prevention Volume 13, 2009

#### World Health Organization's International Agency for Research on Cancer

This volume reviews the evidence critically appraised by a Working Group of 17 scientists from nine countries and draws conclusions about the effectiveness of smoke-free policies. The volume covers the evolution of smoke-free policies, impact of smoke-free policies on businesses in the hospitality sector, public attitudes towards smoke-free policies and compliance, reductions in exposure to second-hand smoke and effects on health due to restrictions on smoking following policy implementation, effects of mandated smoking restrictions on smoking behaviour, and the effects of voluntary home smoking restrictions on exposure to second-hand smoke and smoking behaviour. This Handbook will be useful for health professionals and policymakers in countries who are currently considering legislation to protect the population from tobacco (334 pages [English] CHF/US\$ 50.00)

#### *Contents:*

- List of participants, Acknowledgements, Preface
- Chapter 1. Overview of Handbook volume 13
- Chapter 2. Health effects of exposure to secondhand smoke (SHS)
- Chapter 3. The evolution of smoke-free policies
- Chapter 4. Impact of smoke-free policies on businesses and the hospitality sector.,
- Chapter 5. Public attitudes towards smoke-free policies – including policy compliance
- Chapter 6. Reductions in exposure to secondhand smoke and effects on health
- Chapter 7. The effect of mandated smoking restrictions on smoking behaviour
- Chapter 8. Home smoking restrictions, SHS exposure and smoking behaviour.
- Summary, Recommendations; Appendices, References, Working procedures

## **No smoking at the UN/New York**

In one of the previous issues of this Newsletter we reported how the UN/New York went smoke-free. The Director General of WHO complimented the UN for this decision. Nevertheless, smoking is still going on. Although there are no-smoking areas, they remain deserted as smokers prefer to smoke in cafeterias, bars and corridors, in spite of no-smoking signs. Normal people who dare to smoke in restaurants or other enclosed public places down the street can be summed by police and fined. But at the UN most of the conference participants feel protected by their diplomatic immunity. So, no police. Unfortunately, there is not much that the UN administration can do to prohibit smoking in the premises. The only solution would be responsible behaviour by the smokers, even if they are diplomats. But evidently this too much to expect.

## **News from other tobacco-control NGOs**

SRNT, the Society for Research on Nicotine and Tobacco will hold its 2<sup>nd</sup> Latin American Conference on October 14-16, 2009 in Mexico City, Mexico. This conference aims to bring together tobacco control scientists, treatment specialists, and policy advocates in the region, to learn from the latest science and from each other, to strengthen research and encourage policy change and implementation of tobacco control measures throughout Latin America and the Caribbean. Details can be obtained either by Martin Raw at [martin@martinraw.com](mailto:martin@martinraw.com) or at <http://www.srnt-iahfmexico09.org>

## **News from countries**

### **Austria**

Prof. Manfred Neuberger tells us that the Austrian tobacco law grants exemptions for restaurants and bars up to 80m<sup>2</sup>. In premises below 50m<sup>2</sup> the innkeeper can choose to be a smoking place and has to put up a sign. Owners of >50 up to 80 m<sup>2</sup> may apply for the same exemption. As expected, most small restaurants remained smoking for fear of loosing guests to neighbouring smoking restaurants, or applied for exemptions. Even inns >80m<sup>2</sup> were allowed to stay without separation until mid 2010. Afterwards they are required to prevent smoke to enter the non-smoking section, but the law does not give detailed instructions. The most important deficit of the Austrian law is lack of control. Neither the police nor work inspectors or food inspectors are empowered to control smoking. Reporting of violations is left to guests only, but they would have to show proofs by taking photos and knowing the name of the violator. As a rule the administration is unable to provide proof of violations.

Austria introduced smoke-free workplace legislation in 2001 and went into force in 2002 with exceptions for the hospitality industry. Further improvements were the Tobacco Law of 2004 banning smoking in public buildings so that finally in 2006 schools became smoke-free. In 2008 sanctions for violations of non smoker protection were introduced into the tobacco law. The hospitality industry was obliged

to provide non-smoking rooms, except for small, single-room enterprises. Part of this law went into force in 2009, but control is still very poor.

### **France**

Discouraging news from France are the recent data showing that in spite of price increases and of smoking restriction laws, cigarette sales went up last year by 2%. Evidently anti-tobacco action does not seem to be very effective.

### **Greece**

As of July 1<sup>st</sup> smoking in public places has been prohibited in Greece. This is an important step forward, considering that Greece is the second largest tobacco producer in the EU.

### **Spain**

Barcelona's 2006 smoke-free law has had a positive effect in the decline in heart attack hospitalization rates in the city. ProCor is providing a review of "Acute myocardial infarction hospitalization statistics: Apparent decline accompanying an increase in smoke-free areas" [Revista Española de Cardiología 2009; 62(7): 812-815] for those of you unable to access the full article, a review is available at [http://www.procor.org/research/research\\_show.htm?doc\\_id=1003](http://www.procor.org/research/research_show.htm?doc_id=1003). (Juan Ramos Program Coordinator, ProCor).

### **Switzerland**

Seen on Swiss TV on 24 September: *Smokeless tobacco is catching up with young sportsmen*. Decades ago, chewing tobacco was used practically only by baseball players in the US who would chew like goats just before throwing the ball. Snus was used in Sweden, mostly by fishermen and lumberjacks. In its Technical Report Series N° 773 on Smokeless Tobacco Control, in 1988, WHO clearly described the harmful effects of smokeless tobacco and recommended legislative control of the product except "in countries where smokeless tobacco use is already too well established for prohibition of sales of the product to be feasible in the short-term...." This alluded to Sweden. In 1992 the EU prohibited smokeless tobacco use, but here again, with the exception of Sweden. In a controversial issue, it seems that Swedish snus is produced in such a way as to not contain the cancer producing nitrosamines, which are instead present in US smokeless tobacco thus contributing to cancer of the mouth in users. Besides this controversy, the danger is now that a survey revealed high use of smokeless tobacco by Swiss hockey players and skiers. One out of 4 athletes uses it. "It relaxes me before competition", said one athlete, who took one portion every 15 minutes, an obvious sign of nicotine dependence. The other controversy is that use of smokeless tobacco is somehow "healthful" in that it decreases the risk of developing lung cancer. This reminds us old timers of the misleading "health" oriented ads appearing in medical journals e.g. "Do you like a Camel, doc?" or showing a doctor happily smoking away a "healthy" cigarette, supposed to be mild and good for your throat.

Due to the federal structure of the country, an antismoking law cannot be adopted on a national basis, but only canton by canton. The first to start was Canton Ticino a few years ago, followed by Bern, Wallis, Geneva and others. In Ticino they are getting tough, as smoking in public places is considered at the same level as obscenities or other forms of public nuisance whereby the restaurant owner has the right to expel the smoker and to call the police. Last year Geneva voted by 79% against smoking in

public places. The vote could not be fully applied on jurisdictional grounds, so the city voted again this year, even better, by 82% against! The message against passive smoking is really going through. In Bern, to avoid littering of the streets with cigarette butts by smokers pushed outside to smoke, the city distributed pocket ashtrays to smokers. Sometimes funny situations arise, like the unusual case of a restaurant which is sitting on the border of two cantons, one which voted against smoking in public places and the other not yet. So, customers who wish to smoke simply cross the border by moving from one table to another one to light up.

In spite of the laws, black market of cigarettes is still flourishing in Switzerland. According to recent newspapers, mafia-like dealers pocketed 150 million dollars in illicit trade but, when caught by the police, they were left free. Obviously, their very well paid lawyers knew how to bypass the laws. One would take for granted that cigarette ads were forbidden in printed media. Well, not really. A Swiss women magazine (name withdrawn) went back to publish well-known women-oriented cigarettes as it was in the 1970s.

## Science

*Call for papers:* Tobacco use and exposure to second-hand smoke (SHS) exposure during pregnancy are widely viewed as serious threats to the health of women and children. The threat is especially significant in low- and middle-income countries, where poor birth outcomes are already common and women's tobacco use is rising. Because cessation can improve pregnancy outcomes, effective tobacco cessation interventions for pregnant women have the potential to significantly improve perinatal and neonatal health. Maternal cessation, if sustained, will also reduce chronic disease and death in women. We read in Globalink that Acta Obstetrica et Gynecologica Scandinavica is issuing an international call for papers addressing tobacco use and exposure to second-hand smoke during pregnancy in low-, middle-, and high-income countries.

*Pascal Diethelm* informs us that a summary of smoking bans by country is available at [http://en.wikipedia.org/wiki/List\\_of\\_smoking\\_bans](http://en.wikipedia.org/wiki/List_of_smoking_bans). This is a very useful list to see what is going on and where.

***Acknowledgements:** Written contributions by tobacco-and-health experts are welcome, with the proviso that their personal views do not necessarily reflect EMASH views. The news contained in this Newsletter are excerpts from various published sources including the WHO/TFI website, Globalink, The International Network Towards Smoke-free Hospitals, AT (the Swiss association for the prevention of tobacco use), newspapers etc. These sources are gratefully acknowledged. The invaluable assistance by HON, Health On the Net, Geneva University Hospital, in securing the complimentary publication of this Newsletter in our website [www.hon.ch/emash](http://www.hon.ch/emash), is also gratefully acknowledged.*