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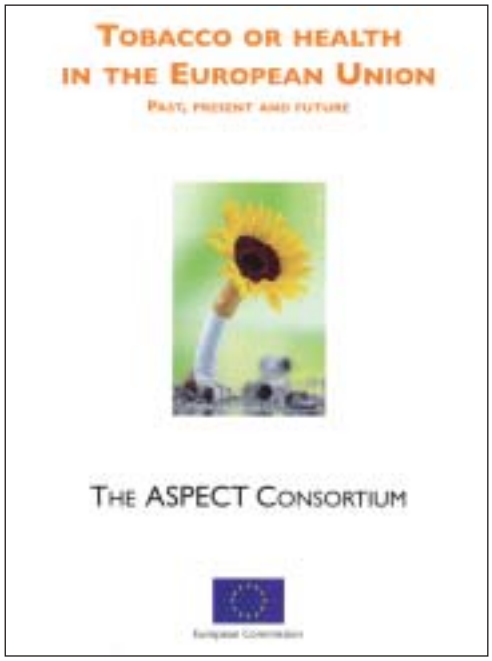
The right time for Europe to stop smoking

Tobacco smoking has been popular for a long time. After the invention of the cigarette at the end of the 19th century and the advent of some of the world's most successful marketing campaigns, the habit became a mass killer in the developed world in the second half of the 20th century. However, for the first time in a century, the tide is turning in Europe. Tobacco control interventions introduced in the USA and Europe over the last 15 years are beginning to show concrete results, and smoking prevalence rates have fallen significantly in the last 15 years in many developed nations.

There have been many false starts, but we now have a clear idea of which interventions work in tobacco control, and we know that investment in smoking prevention policies is one of the most cost-effective public health tools available to governments. Broadly speaking, six interventions have been identified as particularly important in bringing down smoking rates [1]:

1. regular increases in tobacco taxes and prices
2. comprehensive advertising bans
3. smokefree workplace laws
4. graphic warning labels
5. smoking cessation services
6. public information campaigns.



Some of these policies will achieve reductions in smoking prevalence on their own, but all of them work best when applied together as part of a comprehensive, well-funded, tobacco-control strategy.

Most of these policies were controversial when first introduced, but health advocates now have the arguments and evidence to support their use. This is particularly true in the case of smokefree workplaces. Whilst the links between active tobacco smoking and disease became widely recognised in the 1950s and 60s, the links between passive smoking, or second-hand smoke (SHS) exposure, were not conclusively proven and accepted until the 1990s. Even today, some tobacco companies dispute that SHS causes lung cancer and even the ones who don't still insist that smokers nevertheless enjoy the right to smoke in the presence of non-smokers.

Fortunately, governments and other funding bodies are now paying more attention to the links between SHS and disease. Almost every week, a new study reveals the adverse effect on heart disease of even short-term exposure to SHS [2], or the impact on asthma and other respiratory diseases of *in utero* and post-natal SHS exposure in children [3]. The amount and weight of this evidence is causing many governments to take smokefree policies seriously.

Just as importantly, governments can also access a growing list of studies pointing to the

success of workplace smoking prevention strategies. The most recent examples of this phenomenon are the evaluation studies into the effect of the laws banning smoking in the workplace in Ireland and Norway. Research into bar workers' health in both countries has shown a dramatic improvement in respiratory function within weeks of the introduction of the laws [4].

Economic evaluations have also shown that hospitality sector fears of massive job losses have been completely unfounded. Studies from elsewhere, such as New York, have found that jobs were created in this sector after the introduction of the ban there [5]. A recent paper published in the *American Journal of Public Health* in June 2005 [6] also found that smoking bans were nine times more cost effective at persuading smokers to quit than the provision of free nicotine replacement therapy. In addition, evidence published in July revealed that tobacco sales fell in Ireland by 11% in the year after the introduction of the ban in March 2004 [7].

Many who would otherwise support smoking bans worry about the impact on domestic exposure of children in the home, fearing that smokers who cannot smoke at work simply smoke more at home. This was certainly a fear of the former UK health minister John Reid. However, research carried out by the International Tobacco Control (ITC) project in Ireland found no evidence of this effect and, in fact, observed that the number of homes with a total smoking ban in Ireland rose from 15 to 20% in the year after the ban was introduced [8].

Others worry about how smoking bans will be enforced. Given the experience of early pioneers in smokefree policies, such as in France, where strong legislation was introduced in the early 1990s but not enforced, this is a valid fear. However, again, the research from Ireland and Norway has found that where the dangers of passive smoking and the health effects of such policies have been promoted over a prolonged period of time the public will buy into the policy and the bans become largely self-enforcing. Compliance rates in both countries are well over 90% and few problems have been reported.

Then, there is the impact on the smokers themselves. How do they react to these huge experiments in social engineering? Again, the results are encouraging. The ITC project assessed smokers' attitudes to the Irish ban 6 months before and 6 months after its introduction. Before, 40% of smokers supported the workplace law; 6 months afterwards the levels of support had risen to over 60%. When they enquired about quit attempts, the researchers found a significant shift in smokers' attitudes to quitting. At wave two, 79% of the smokers who had quit since the ban said the law made them more likely to quit; 90% said it helped them to stay quit [8]. So, the Irish law has enjoyed significant success in getting smokers to move beyond the pre-contemplative stage to a more active stage of smoking cessation.

Smokefree policies do everything their

supporters claimed they would, and, increasingly, Europe's governments are buying into this policy. Ireland, Norway, Italy, Malta and Sweden are now smokefree. Scotland, England, Wales, Finland, Belgium, Spain, Portugal and Slovenia have or are about to introduce smokefree laws, although with the exception of Scotland, Wales and Finland, none of them will go completely smokefree initially. However, there is clearly a groundswell of opinion in favour of smokefree policies across Europe, and it is no longer impossible to imagine a smokefree EU by 2015.

There is still a lot to be done, but, increasingly, tobacco control advocates will begin to pass the baton to respiratory doctors. Soon, we will have the right incentive policies in place and then it will be up to us, as physicians, to engage in smoking cessation counselling as a routine part of our work and complete the circle started by advocates and, increasingly, our politicians.

The Smoke Free Europe 2006 conference was held in Luxembourg on June 2. The conference brought together, for the first time, the European-level public and private sector employers' associations, trade unions and the hospitality sector, with the politicians who have taken their countries smokefree or would like to, and leading researchers who have investigated the economic and behavioural effects of smokefree policies in Ireland and elsewhere.
For more information and access to the conference material please visit: www.smokefreeeurope.com

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