

WHO Europe

Policies to Reduce Exposure to ETS

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General

1. Public health policy and action should aim at the elimination of ETS pollution by creating smoke-free environments for everyone.
2. This goal should be achieved through a combined programme of legislation and education. Legislation is necessary to create smoke-free workplaces and public places, including restaurants, educational institutions, day care centres and hospitals. Educational and promotional campaigns should be implemented to facilitate compliance with this legislation and also to encourage smoke-free homes.
3. An integrated multisectoral response should be developed involving, among others, the health, environment and education ministries as well as appropriate NGOs.

Legislation

4. Laws and regulations are essential to provide protection against involuntary smoking. Voluntary arrangements are not sufficient. For such legal instruments to be effective, they should have viable means of enforcement, be supported through educational and promotional programmes, and be equipped with appropriate sanctions for non-compliance.
5. Since there is no evidence for a safe exposure level, legislation limited to ventilation design and standards cannot achieve smoke-free workplaces and public places.

6. The enforcement instruments should be created and administered by the health, occupational health and safety, and environment agencies.
7. Action at both national and sub-national levels to develop and enforce legislation or regulations is important and mutually reinforcing. The model of local or grass-roots legislation (e.g. city by-laws) has proved very effective and should be encouraged in countries where this is possible. In countries where action cannot be taken locally, the focus should be on national legislation.
8. The tobacco industry should be required to disclose the names of people and organizations to which it provides both direct and indirect funding and support.

Litigation

9. Legal action should be taken using existing laws to protect nonsmokers and to require smoke-free environments. This action should be encouraged to use existing laws and legal systems to protect the rights of nonsmokers most effectively.
10. The American litigation has proved very effective in bringing the truth to the public, and has acted as a catalyst for political action. The British and Irish parliamentary enquiries and the USA Congressional hearings have also contributed to this. Such enquiries are most effective when parliaments have the legal authority to compel witnesses to testify and documents to be produced. Countries are encouraged to take appropriate action to hold the tobacco industry accountable for damage caused by second-hand smoke.

Education and the promotion of smoke-free environments

11. Governments should educate their populations regarding the right to smoke-free air, existing laws and the dangers of involuntary smoking, including the fact that there is no safe level of exposure.
12. Educational efforts on the particular dangers of second-hand smoke to children should be used as a critical part of educational campaigns designed to achieve smoke-free homes. These educational programmes should address parents, children, child health professionals and family doctors.
13. Employers, health professionals, teachers, occupational health and safety professionals, union leaders, policy-makers, the media, the hospitality industry and other opinion-formers should be informed of the benefits of and need for smoke-free environments.

14. Legislators, policy-makers and the public (including employers and members of the hospitality industry) should be educated about disinformation campaigns by the tobacco industry.
15. No educational institution should accept any “educational” programme prepared, distributed or financed by the tobacco industry.

Information/networking

16. WHO/EURO should provide a clearing-house to support legislation and other action to create and support smoke-free environments. This support should include a comprehensive database of existing legislation, individuals and organizations working to create smoke-free environments, current data on the health effects of involuntary smoking, and information on the tobacco industry’s activities to prevent the creation of smoke-free environments.
17. WHO/EURO should disseminate the *Air quality guidelines* chapter on environmental tobacco smoke as a separate document. It should also encourage occupational agencies to promote smoke-free workplaces and advise Member States’ environmental health agencies to promote smoke-free environments.
18. There is a need for a well supported, structured European network to share experience related to ETS on a continuing basis and to develop and operate standardized analytical tools.
19. WHO’s activities need to recognize and address the distinct needs of different regions, which have different cultures and perspectives.
20. There is a need for uniform reporting of the indicators on both active and passive smoking across the WHO European Region to assess progress towards meeting the stated goals. Readily accessible data, which quantify the exposure of the population (both adults and children) and the efficacy of specific interventions, should be a part of this information. WHO should include these data in its information system.