EUROPEAN COMMISSION

Health & Consumer Protection
Directorate-General

# Report on the Green Paper Consultation

## Towards a Europe free from tobacco smoke: policy options at EU level









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# Towards a Europe free from tobacco smoke: policy options at EU level

DG Health and Consumer Protection
Directorate C - Public Health and Risk Assessment
**C6 - Health Measures**

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# I. INTRODUCTION

On 30 January 2007, the Commission published a **Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level"**(COM(2007) 27 final) to launch a broad public consultation on the best way to promote smoke-free environments in the EU. This was preceded by informal consultation with selected stakeholders in April-May 2006 which helped define the Green Paper questions.

The Green Paper examined the health and economic burdens associated with passive smoking, public support for smoking bans, and the measures taken so far at national and EU level. The Commission invited the stakeholders' views on the scope of measures to tackle passive smoking and the most appropriate form of EU intervention. All the consultation questions can be found in Annex I.

The Green Paper consultation closed on **1 June 2007.** The Commission received more than **300 contributions** from a wide range of stakeholders, including EU Institutions, Member States' authorities, the health sector, tobacco-related organisations, the social partners and individuals. This report is based on the replies received up until 1 November 2007.

The great majority of contributors welcomed the Green Paper as a timely addition to the EU and global debate on smoke-free policies and expressed support for further EU action.

This report summarises the key outcomes of the consultation. It does not necessarily reflect the views of the European Commission.

# II. RESPONSES TO THE CONSULTATION

The Commission received a total of 311 replies, comprising 171 institutional replies and 140 individual replies. Three individual respondents indicated that their response should not be published on the Commission's website.

## 1. CONTRIBUTIONS BY TYPE OF ORGANISATION

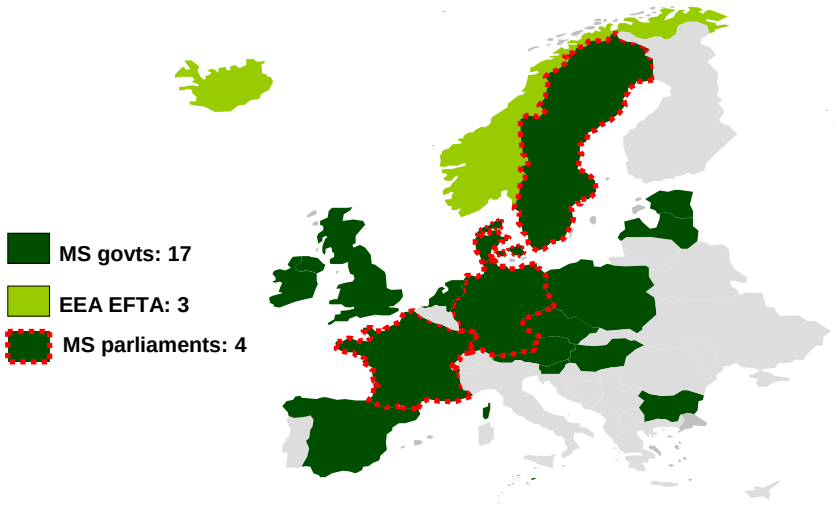
For the purpose of analysis, the respondents have been classified into five broad categories based on the type of organisation. Annex II contains a list of all the institutional contributors to the consultation.

| Public authorities | Health-related organisations | Tobacco-related organisations | Social partners | Other |
|---|---|---|---|---|
| EU Institutions **2** | NGOs **45** | Manufacture **22** | Inter-sectoral **7** | Individuals **140** |
| National govts **18** | Research **14** | Distribution **5** | HORECA **7** | MEPs **2** |
| National parliaments **4** | Healthcare professionals **18** | Growing **2** | Other **1** | Other industry **1** |
| Regional and local **13** | Pharmaceutical industry **4** | Smokers' NGOs **4** | | |
| | | Trade unions 2 | | |
| **37** | **81** | **35** | **15** | **143** |

Over a fifth of the institutional replies came from **public authorities**.

The Employment, Social Policy, Health and Consumer Affairs (EPSCO) **Council** held a public debate on the possible options for EU action to promote smoke-free environments on 31 May. In addition, the **European Parliament** adopted a resolution on the Green Paper on 24 October.

**The governments of 17 EU Member States** (Austria, Bulgaria, Czech Republic, Denmark, Germany, Estonia, France, Hungary, Ireland, Latvia, Malta, Netherlands, Poland, Slovenia, Spain, Sweden, United Kingdom) as well as the governments of three **EFTA States** (Iceland, Liechtenstein, Norway) replied to the consultation. The Bulgarian, Swedish and Estonian governments carried out their own stakeholder consultations on the Green Paper**.** In addition, four national parliaments and a dozen authorities at sub-national level made contributions.




Almost half (47%) of the institutional replies came from **health-related organisations.** These were most numerously represented by various health NGOs, including broad health alliances, dedicated tobacco control organisations, non-smokers' associations and disease-specific networks. Submissions were also received from associations of healthcare professionals (physicians, pharmacists, nurses, students' organisations) and scientific institutions (devoted mainly to respiratory diseases and cancer).

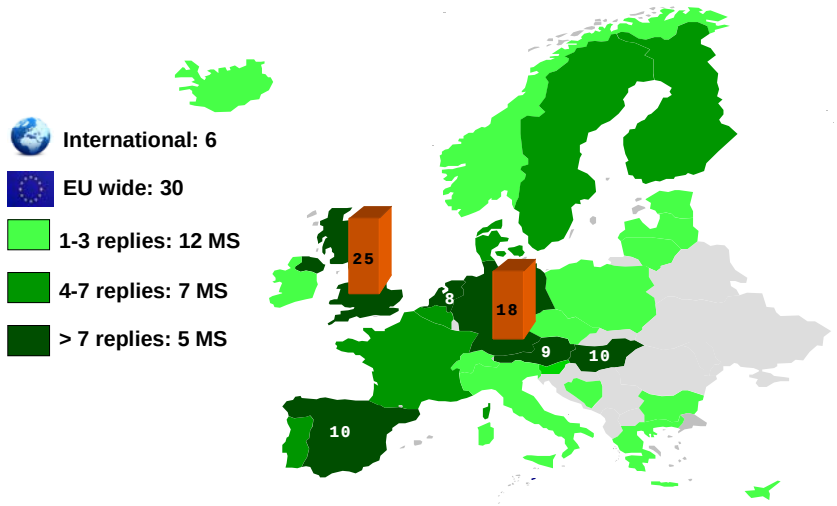
**Tobacco-related organisations** accounted for 20% of the institutional replies. They were represented mainly by manufacturers, including the EU-wide associations of cigarette, cigar and smoking tobacco producers and their member organisations at national level.

Less than a tenth of the institutional replies came from the **social partners**, represented primarily by employer organisations. There was only one trade union among inter-sectoral organisations and two among hospitality sector organisations.

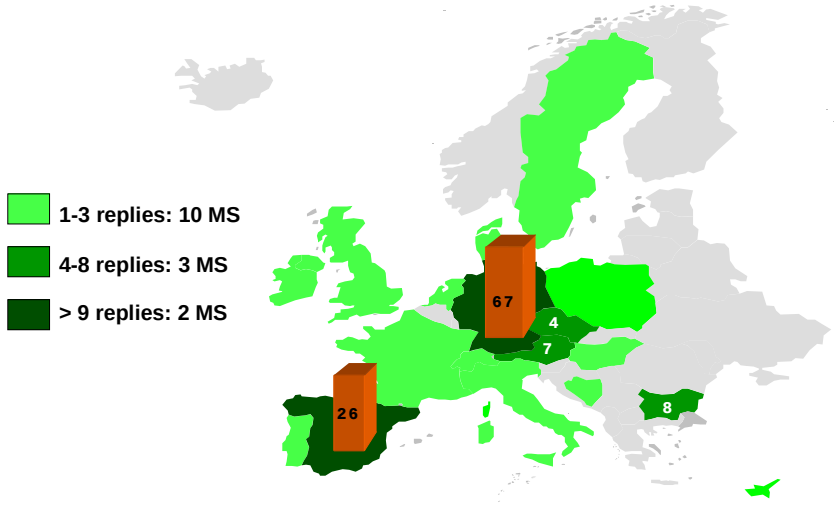
A large number of replies (140) came from **individual citizens**. However, almost half of these contributions came from one Member State and the majority of them consisted of an identical message.

## 2. GEOGRAPHIC DISTRIBUTION OF REPLIES

Institutional contributors included six international organisations and 30 EU-level organisations (the majority of them in the health sector). As for national organisations, the biggest number of replies came from the Netherlands (8), Austria (9), Hungary (10), Spain (10), Germany (18) and the UK (25). There were no replies from Luxembourg, Romania and Slovakia. The submissions from outside the EU included Norway, Iceland and Liechtenstein as well as Bosnia and Herzegovina.

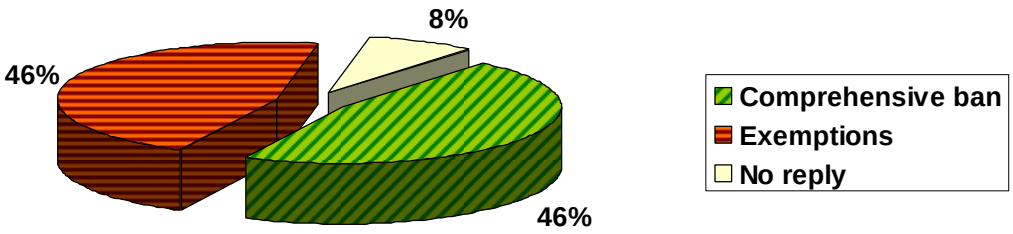



Citizens from 16 Member States as well as from Switzerland replied to the consultation. The biggest number of replies came from Germany (67) and Spain (26), followed by Bulgaria (8), Austria (7) and the Czech Republic (4).




## 3. CITIZENS' CONTRIBUTIONS

Most of the individual submissions did not explicitly reply to the consultation questions but were general statements in favour of or against smoke-free policies. Consequently, the rest of the report will be focused mainly on the institutional replies.




Overall, there was an almost equal number of replies in support of and against smoke-free policies. The attitudes towards smoke-free policies were strongly associated with the nationality of respondents. While all Spanish and Bulgarian respondents were in favour of smoke-free measures, most of Austrian and over 70% of German respondents were strongly against.

It should be noted that two out of three German replies consisted of the same message inspired by the tobacco industry.[1] Likewise, almost half of the Spanish replies were identical letters sent by a group of Spanish waiters.

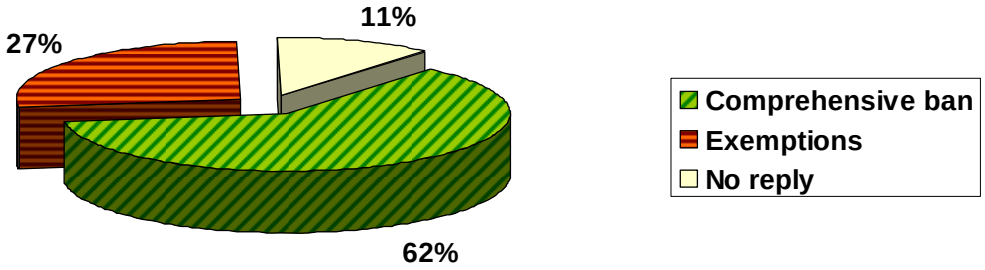
## III. SUMMARY OF THE CONTRIBUTIONS

### 1. SCOPE OF SMOKE-FREE MEASURES

The first consultation question concerned the **scope of measures to tackle passive smoking**. The Green Paper analysed the advantages and disadvantages of measures of different scope, including a total ban on smoking in all enclosed workplaces and public places and exemptions of different types (e.g. for bars and restaurants). The Commission concluded that the policy of widest scope would bring the biggest benefit to the public health of the population.

### 1.1. Overview of institutional replies

Over 60% of the institutional respondents expressed the view that the best option is a **comprehensive ban** on smoking in all enclosed workplaces and public places, with only minimum exemptions for places that are de facto somebody's homes, such as designated rooms in nursing homes or mental health settings. A quarter of respondents favoured different types of **exemptions**, for instance for bars and restaurants or separate smoking areas, whereas one in ten contributors did not explicitly reply to the question.




[1] The standard letter is available at http://www.zigarren-verband.de/formular.html

### 1.2. Public authorities

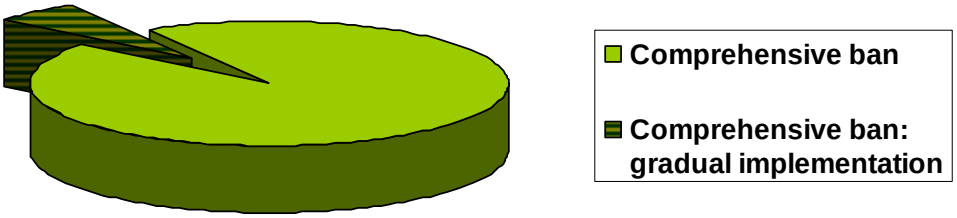
The **European Parliament's** resolution states that "only a full smoking ban in all enclosed workplaces, including catering and drinking establishments, and all public buildings and transport can protect the health of employees and non-smokers and make it considerably easier for smokers to give up".

This view was also endorsed by a clear majority of **Member States**. Comprehensive smoke-free regulations in all enclosed or substantially enclosed workplaces and public places were supported by thirteen Member States' governments. Within this group, one country claimed that restrictions should be introduced gradually to increase public acceptance and four opted for the possibility of creating enclosed, separately ventilated smoking rooms. Thee countries mentioned the issue of second-hand smoke also in certain outdoor places or situations such as open spaces of schools.

Four Member States' governments favoured smoke-free regulation with **various types of exemptions,** mainly for hospitality venues and "separate smoking premises".

### 1.3. Health-related organisations

The health sector opted unanimously for a comprehensive smoke-free policy. A small proportion (5%) of organisations dealing with smoking cessation argued that restrictions should be implemented in a step-by-step manner to make it easier for smokers to adjust and thus increase public support for the measure.




A number of respondents claimed that certain **outdoor places** should be included within the scope of smoke-free regulation while non-smokers' associations argued that virtually all places where people gather – such as parks or beaches – should be made smoke-free. One organisation claimed that smoking should also be outlawed in private cars for reasons of road safety as well as of health.

Finally, a large part of the health sector, in particular healthcare professionals and the pharmaceutical industry, argued that smoke-free policies need to be complemented by smoking cessation measures, both behavioural and pharmacological, in order to maximise the effects of a smoking ban.

Numerous **reasons** were given in support of a total ban on smoking. First, it would offer the highest reductions in ETS exposure and related harm – equally to all groups of workers. It would also have the biggest potential to make smoking less attractive in society and thus contribute to reducing the levels of active smoking. Finally, it was pointed out that the Community and Member States have signed and ratified the Framework Convention on Tobacco Control (FCTC), which obliges them to provide effective protection from tobacco

smoke in all enclosed public places, workplaces, public transport and possibly other public places.

The main argument against exemptions – in particular for bars and restaurants – was that the workers most heavily exposed to tobacco smoke would not be protected. Different provisions for different establishments would also be more complicated and expensive to enforce and could leave room for biased interpretation.

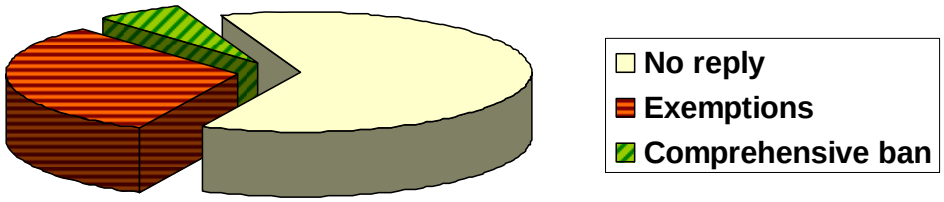
### 1.4. Tobacco-related organisations

Tobacco-related organisations, for the most part, favoured **regulation with exemptions**, as a solution to accommodate both smokers and non-smokers.

The major EU-level associations of cigarette, cigar and smoking tobacco producers provided a coordinated reply, according to which smoking should be banned in all enclosed public places and workplaces (including HORECA) with the option to set aside physically separated, ventilated parts of the premises for adult smokers. Managers of the hospitality venues with a primarily adult clientele and with a useable area of less than 100 m² would be allowed to choose to permit smoking throughout. Other manufacturer organisations called for wider exemptions including in the workplace.

**Alternatives to a smoking ban** were also suggested. A number of organisations argued that modern air-cleansing systems can provide an environment as good as or even better than the outside air and could thus replace the need for smoking restrictions. Other suggestions included establishing a "*de minimis* risk level" for tobacco smoke (in order to stimulate research on products which substantially reduce or even eliminate ETS) and making oral tobacco available throughout the EU (as a way to reduce the population's exposure to tobacco smoke).

### 1.5. Social partners




Over half of the social partners (all of them employer organisations) **did not explicitly reply** to the question on the scope of smoke-free measures, arguing that there is no need for EU action or even discussion on this issue. Instead, the extent of smoke-free measures should be determined on a case-by-case basis at national level or even left to individual employers.

**Exemptions for bars and restaurants** were favoured by hospitality sector organisations on the grounds that a total ban on smoking would bring great losses to the sector. However, according to the EU-level representation of hospitality workers, any exemptions to smoke-free provisions should be limited to isolated and ventilated areas so that non-smokers are not at all exposed to tobacco smoke.

A total smoking ban was advocated by only one organisation, which was also the only trade union of an inter-sectoral nature.

## 2. POLICY OPTIONS

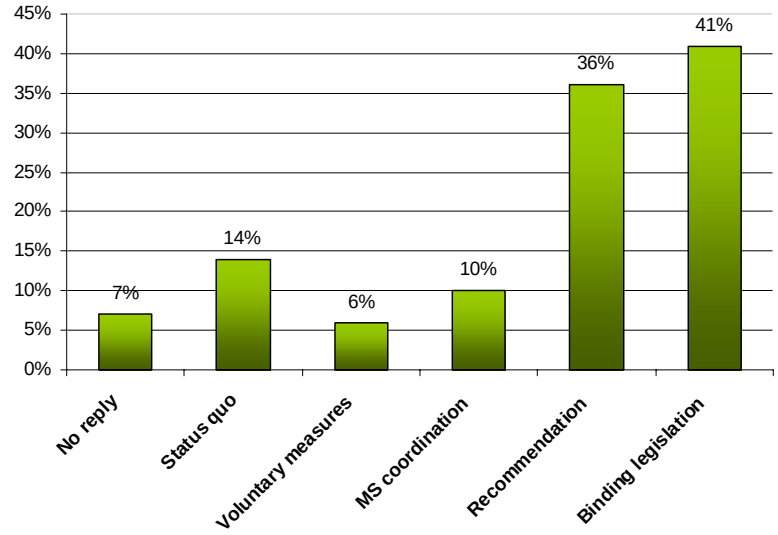
The second question concerned the **most appropriate form of EU intervention.** The five options presented for discussion in the Green Paper were:

- **No change from the status quo**: continuing the current work on second-hand smoke under the different Community programmes;
- **Voluntary measures**: encouraging self-regulation at European level through a wide platform process or an autonomous agreement of the European social partners;
- **Open method of coordination**: seeking convergence in national smoke-free legislation through guidelines, targets and exchanges of best practice;
- **Commission or Council Recommendation**: putting the issue on the political agenda at a high priority level in all Member States; or
- **Binding EU legislation**: imposing a minimum level of protection against tobacco smoke across the EU. This option could be achieved in different ways, including health and safety at work legislation.

These options are not mutually exclusive and might complement each other.

### 2.1. Overview of institutional replies

Overall, an **EU Recommendation** and **binding EU legislation** were the two most popular policy options with around 40% support each. 14% of respondents believe that no new action is needed at EU level while 7% of respondents did not explicitly reply to the question. One in eight contributors opted for more than one policy option, either in parallel or over time.

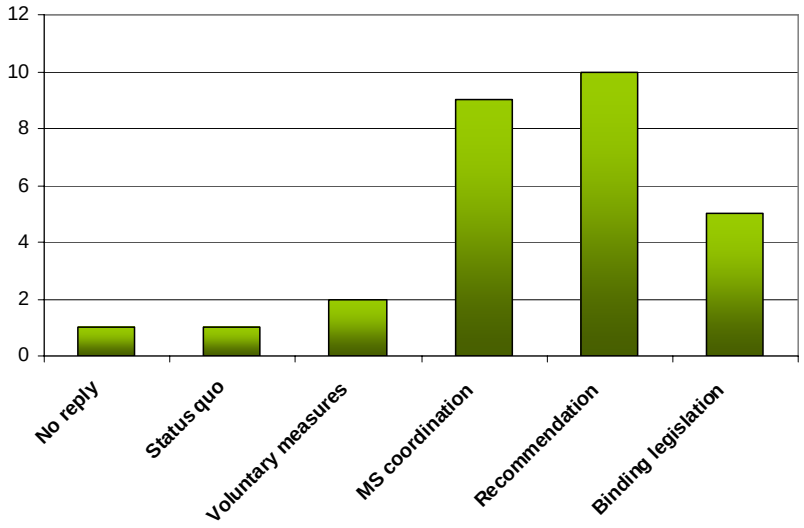



### 2.2. Public authorities

The **European Parliament's** resolution calls on the Member States to introduce comprehensive smoke-free laws within two years and invites the Commission to table a relevant legislative proposal by 2011 in the event of unsatisfactory progress. The Commission is also asked to propose an amendment of the current legislative framework in order to classify environmental tobacco smoke as a carcinogen and oblige employers to ensure that the workplace is smoke-free.

During the **Council** debate, the majority of Member States were of the opinion that the EU has an important role to play in promoting smoke-free environments by supporting and coordinating national efforts, e.g. through a relevant recommendation. This should be complemented by prevention, information and education campaigns.

The submissions from **Member States' governments** broadly reflect the exchange of views at the Council.




All but one of the Member States' governments recognised the need for strengthened EU action to promote smoke-free environments. Almost half of the countries (8) opted for more than one policy option.

One government was of the opinion that the EU **should not undertake any new activities** on passive smoking as Member States can tackle the issue effectively by themselves and, by ratifying the Framework Convention on Tobacco Control, they have already committed themselves to doing so.

Two Member States saw value in **voluntary measures** whereas two other countries were explicitly against this option, arguing that self-regulation has proved ineffective in the area of tobacco control.

Nine Member States recognised the value of **exchanging experience and best practice** among each other. The need to draw up a common set of indicators to monitor progress at sub-national, national and EU level was identified. The creation of a special centre of competence at EU level, which would provide know-how and issue guidelines based on Member States' experiences, was also suggested.

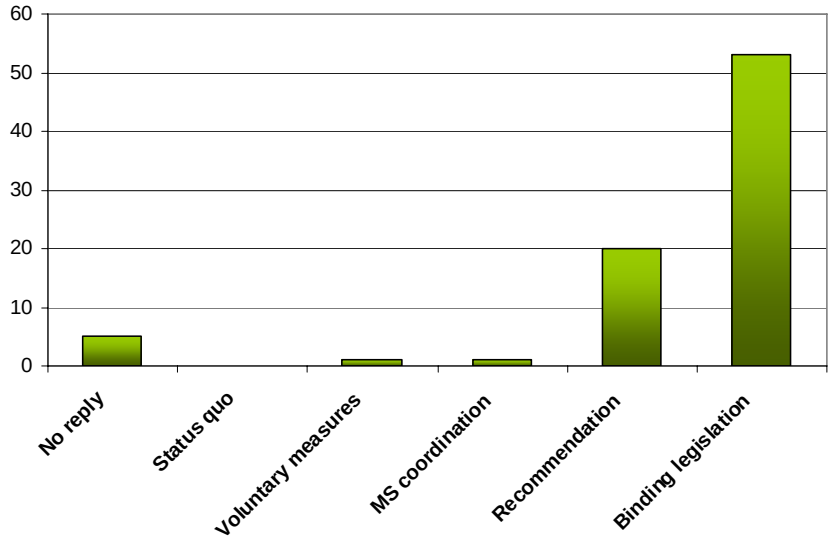
The most popular policy option was a **Commission or Council Recommendation**, which would encourage Member States to adopt comprehensive smoke-free legislation at national level. This was supported by 10 Member States either as the sole policy option or in combination with other initiatives (for instance to prepare or complement binding legislation).

**Binding EU legislation**, in combination with other policy options, was supported by five Member States. However, two of them pointed out that this should be a long-term solution and the ground should be prepared by non-binding measures. On the other hand, binding EU measures were explicitly opposed by seven governments on the grounds that legislation at

Member State level would be the most appropriate and effective way to achieve smoke-free objectives.

The four **national parliaments** also emphasised that smoke-free laws should be enacted within the Member State concerned and at the relevant legislative level, in accordance with the principle of subsidiarity. Among **regional authorities**, an EU Recommendation was the most popular policy option (7), followed by binding EU legislation (5).

### 2.3. Health-related organisations



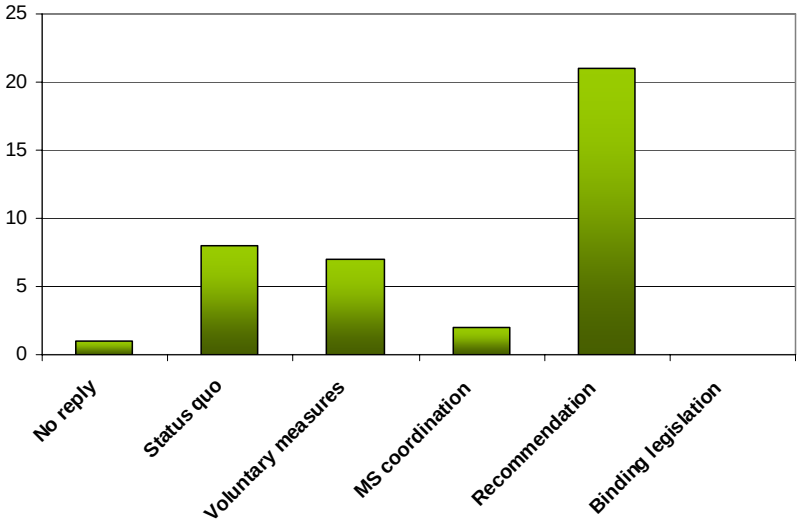

The **public health community** virtually unanimously rejected the first three policy options (status quo, voluntary measures and coordination of Member States' efforts), arguing that they would not be sufficient to bring about real change. In particular, voluntary measures were criticised as ineffective, given the experience of countries such as Germany, Spain or the UK.

The main controversy was whether the best course of action would be binding EU legislation or an EU Recommendation.

Two thirds of health stakeholders called for **binding EU measures**, arguing that this is the only policy option that could impose enforceable minimum standards throughout the EU. In particular, it would provide the basic level of protection from tobacco smoke for citizens and workers in those countries that are unwilling or unable to enact comprehensive smoke-free laws.

At the same time, a quarter of the health organisations opted for a comprehensive **Council Recommendation,** which would set the gold standard for national smoke-free efforts based on the FCTC guidelines. It was argued that such a recommendation would be speedier and more robust than the legislative process. It would also enhance the sense of ownership of smoke-free policy among Member States.

## 2.4. Tobacco-related organisations



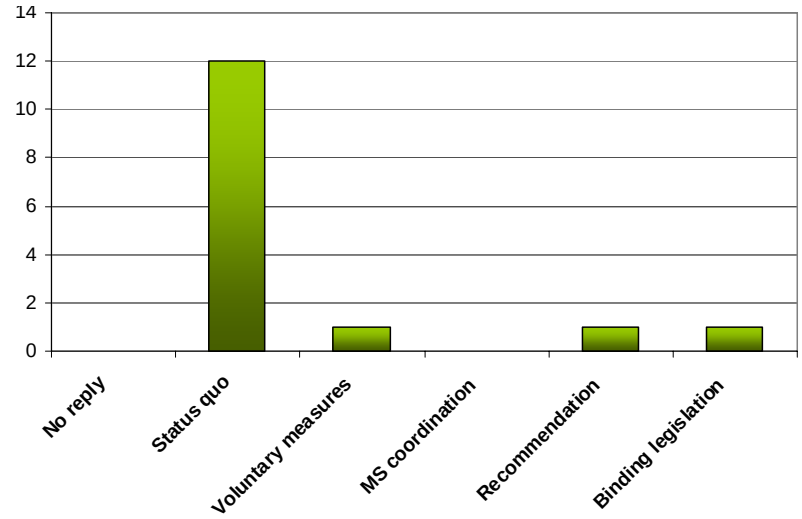

The tobacco industry, by a great majority, opted for an **EU Recommendation** as the best course of action. The major EU-level associations of cigarette and smoking tobacco manufacturers as well as their member organisations committed themselves to working with individual Member States on the rapid transposition of such a recommendation into binding legislation at national level to ensure consistent rules and legal certainty across the EU.

Other parts of the industry claimed that there is no need for unified rules in the EU, given the varying conditions in each Member State.

Some organisations also supported voluntary measures, such as the establishment of a broad platform process at EU level that would include the tobacco industry.

A quarter of respondents – including all smokers' NGOs - opted for the status quo, arguing that the issue falls within the exclusive competence of the Member States.

## 2.5. Social partners




The **status quo** was the preferred policy option for all employer organisations, the main argument being that the issue of second-hand smoke would be best tackled at national level,

depending on national circumstances and cultural differences. This could be done, for instance, through voluntary agreements between employers and employees. It was also argued that the existing EU directives on health and safety at work are sufficient to protect workers from exposure to tobacco smoke.

The three organisations which favoured options other than the status quo were all trade unions. Again, as was the case with the scope of smoke-free measures, the only trade union at inter-sectoral level stood clearly apart, calling for binding EU-wide measures.

## 3. FURTHER DATA

The third question asked for further quantitative or qualitative **data on the health, social or economic impact of smoke-free policies** which should be taken into account.

A number of contributors referred to the Scottish evaluation of smoke-free legislation (presented at an international conference in Edinburgh on 10-11 September 2007)[2] as a significant contribution to international understanding of the health effects of exposure to ETS and the broader social, cultural and economic impact of smoke-free legislation.

### 3.1. Health data

#### Health burden of ETS exposure

Regarding exposure to second-hand smoke, new studies from the Czech Republic[3] (exposure at home and in public places) and from Bavaria[4] (ETS concentration in hospitality venues) were brought to the Commission's attention.

A number of contributors - in particular disease-specific organisations - highlighted the links between exposure to second-hand smoke and various health conditions, including respiratory diseases, lung cancer, cardiovascular diseases and mental health. A new review of 22 studies found a 24% higher risk of lung cancer among workers exposed to second-hand smoke, and a two-fold increased risk for the most heavily exposed workers.[5]

A small proportion of tobacco-related organisations and one employer organisation questioned the health threat posed by second-hand smoke. The objectivity and statistical relevance of the data quoted in the Green Paper were also disputed.

#### Impact of smoke-free policies

Regarding the health gains from smoke-free policies, the latest studies from Ireland[6] and Sweden[7] demonstrate a significant improvement in the respiratory health of hospitality

[2] http://www.smokefreeconference07.com
[3] SZÚ [National Institute of Public Health] 2007.
[4] Bolte G, Heitmann D, Kiranoglu M, Schierl R, Diemer J, Koerner W, Fromme H., Exposure to environmental tobacco smoke in German restaurants, pubs and discotheques.J Expo Sci Environ Epidemiol. 2007 Jun 13; [Epub ahead of print].
[5] Stayner L, Bena J, Sasco AJ, Smith R, Steenland K, Kreuzer M, Straif K (2007) Lung cancer risk and workplace exposure to environmental tobacco smoke. American Journal of Public Health, 97, 545-551.
[6] Goodman P, Agnew M, McCaffrey M, Paul G, Clancy L. Effects of the Irish smoking ban on respiratory health of bar workers and air quality in Dublin pubs. Am J Respir Crit Care Med. 2007 Apr 15;175(8):840-5. Epub 2007 Jan 4.

workers after a year of smoke-free legislation. In addition, in Sweden, there has been a significant overall reduction of respiratory symptoms among adults since 1996, including a 1% drop in chronic bronchitis and chronic obstructive pulmonary disease (COPD).[8]

### 3.2. Social data

#### Support for smoke-free policies

High and increasing support for total smoking bans was reported in a number of countries where comprehensive smoke-free laws are already in place or are being introduced, including Iceland, Lithuania, the Netherlands, Norway and the UK. On the other hand, it was pointed out that in Austria, the Czech Republic and Hungary, the majority of citizens are sceptical about smoking bans in hospitality establishments.

One smokers' association alleged that the Green Paper overstated public support for smoke-free policies declared in the special Eurobarometer on Tobacco by adding those "somewhat in favour" to those "totally in favour" of such measures.

#### Impact on smoking behaviour

Several public health stakeholders highlighted the positive impact of smoke-free policies on **smoking cessation**. It was pointed out that the countries that have introduced smoke-free legislation have seen a considerable increase in quit attempts in the run-up and during policy implementation.

Regarding the impact on actual **smoking rates**, a Finnish study found that smoke-free legislation has been highly effective in reducing smoking prevalence and tobacco consumption among employees in Finland.[9] Decreasing smoking rates and tobacco consumption were also reported in Norway and Lithuania, respectively.

On the other hand, it was pointed out that in Ireland, after an initial drop, smoking rates are now rising again.

#### Impact on social equity

A number of contributors highlighted the link between active and passive smoking and **socio-economic factors**, and the impact that smoke-free policies can have on reducing socio-economic inequalities in health. The importance of **gender perspective** was also emphasised. A number of governments have called for more research into these issues.

#### Unintended consequences of smoke-free legislation

A number of tobacco and hospitality sector organisations emphasised the adverse social consequences of smoke-free policies, such as the increase in cigarette litter and the noise in the streets; the destruction of social networks due to the closure of traditional pubs and bars;

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[7] Boëthius, G; Larsson M.Smoking Ban Works: Substantial reduction of ETS exposure and symptoms in Swedish workers.

[8] Results presented at the XXVI Congress of the European Academy of Allergology and Clinical Immunology which took place from 9-13 June 2007 in Göteborg - http://www.congrex.com/eaaci2007.

[9] Heloma A. Impact and Implementation of the Finnish Tobacco Act in Workplaces. People and Work Research Reports 57. Finnish Institute of Occupational Health. Helsinki 2003.

social disharmony and stigmatisation of smokers as well as the displacement of smoking to the home.

### 3.3. Economic data

**Economic burden of ETS exposure and impact of smoke-free policies**

A number of Member States and public health stakeholders highlighted the economic burden of active and passive smoking, including medical costs and the productivity loss caused by illness and premature death attributable to tobacco.

On the other hand, some tobacco and employer organisations questioned the Green Paper's description of the economic consequences of smoke-free policies, emphasising in particular the significance of tobacco-related employment and the contribution of tobacco taxes to state revenue.

**Impact on the hospitality industry**

Employer and tobacco-related organisations argue that smoking restrictions have had a serious negative impact on employment and revenue in the hospitality sector in a number of EU Member States (Ireland, Belgium, Italy, UK). In a members' survey carried out by the major association of licensed premises operators in Scotland, the respondents reported an 11% drop for drink sales in pubs, while a third of those surveyed reported staff reductions within a year of policy implementation.

At the same time, public health stakeholders cautioned against anecdotal reports or polls involving business owners, pointing out that no objective, peer reviewed study has found a significant negative economic impact associated with smoke-free legislation.

**Other implications**

Employer organisations voiced concerns that a total ban on indoor smoking in the workplace could lower the productivity of workers who would take smoking breaks outside buildings. Potential harm to other economic sectors (e.g. specialised tobacconists or petrol stations with an attached shop) was also highlighted. One public health organisation from outside the EU voiced concern that making smoking more difficult within the EU might prompt the tobacco industry to try and increase its market share in the EU's neighbourhood.

## 4. OTHER COMMENTS AND SUGGESTIONS

The fourth question invited any **other comments or suggestions** on the Green Paper.

A number of support measures were proposed in order to maximise the impact of smoke-free policies.

- **Smoking cessation support**

  There was wide agreement that smoke-free environments should be complemented with increased access to cessation therapies (both behavioural and pharmacological) for persons who wish to stop smoking. The importance of health professionals' training in tobacco cessation was also highlighted.

A number of contributors called on the EU to play a more active role in promoting effective cessation interventions through a relevant recommendation and/or facilitating the exchange of best practices between Member States.

One government as well as the European Parliament asked the Commission to consider the impact of oral tobacco use on cigarette consumption.

- **Awareness-raising**

The importance of information and education campaigns in raising awareness about the dangers of active and passive smoking and increasing support for smoke-free measures was also highlighted.

The Commission was encouraged to continue to implement awareness-raising measures beyond 2008. The European Parliament, as one arm of the budgetary authority, called for adequate financing of these awareness-raising measures once the Tobacco Fund runs out.

The need for continued support for tobacco control research was also emphasised.

- **Monitoring**

It was pointed out that any smoke-free initiative should be equipped with a transparent monitoring regime in order to assess its impact across a range of key outcome areas.

The need to draw up common, comparable indicators that would enable tracking of key information (on exposure to second-hand smoke, compliance with smoke-free legislation, etc.) was emphasised.

The Commission was invited to monitor the implementation of smoke-free legislation throughout the EU, focusing in particular on changes in attitudes and smoking behaviour as well as social equity.

- **International context**

The importance of the international context was also highlighted. In particular, a number of contributors pointed to the need to take into account and implement the FCTC guidelines on smoke-free environments adopted at the second Conference of the Parties in July 2007.

Other proposals for tobacco-control work were not directly related to smoke-free environments and concerned issues such as tobacco taxation, product regulation and youth smoking prevention.

## IV. CONCLUDING REMARKS

The great majority of contributors welcomed the Green Paper as a timely addition to the EU and global debate on smoke-free policies and expressed support for further efforts to promote smoke-free environments throughout the EU.

The majority of respondents share the Commission's view that only a full smoking ban in all enclosed workplaces and public places, with minimum exemptions on humanitarian grounds, can adequately protect the health of citizens and workers.

As for the ways to achieve this goal, the need for strengthened action both at Member State and EU level was identified. The recent trend towards smoke-free policies throughout the EU was applauded. At the same time, it was acknowledged that not all governments have made attempts to better protect their citizens from tobacco smoke, while a number of others have encountered serious difficulties in introducing comprehensive smoke-free legislation, mainly in the hospitality and leisure sector. EU support in such cases was recognised as particularly important. The need to take into account and support the FCTC guidelines on smoke-free environments was also emphasised.

Building on the support received in the Green Paper consultation, the Commission intends to put forward a follow-up initiative on smoke-free environments by the end of 2008. This would assist Member States in implementing comprehensive smoke-free laws in line with the FCTC guidelines.

Current work on second-hand smoke under the different Community programmes will continue. The Commission is also willing to continue its media prevention campaign beyond 2008 provided that adequate resources are made available.

**ANNEX I – Consultation questions**

(1) Which of the two approaches suggested in Section IV would be more desirable in terms of its scope for smoke-free initiative: a total ban on smoking in all enclosed public spaces and workplaces or a ban with exemptions granted to selected categories of venues? Please indicate the reason(s) for your choice.

(2) Which of the policy options described in Section V would be the most desirable and appropriate for promoting smoke-free environments? What form of EU intervention do you consider necessary to achieve the smoke-free objectives?

(3) Are there any further quantitative or qualitative data on the health, social or economic impact of smoke-free policies which should be taken into account?

(4) Do you have any other comments or suggestions on the Green Paper?

## ANNEX II – List of institutional contributors to the consultation

**Public authorities**

| | | |
|---|---|---|
| **European institutions** | | |
| | European Parliament | EU |
| | Council | EU |
| **National governments** | | |
| 1. | Ministry of Health, Family and Youth of Austria | AT |
| 2. | Belgian Government | BE |
| 3. | Ministry of Health | BG |
| 4. | Ministry of Health | CZ |
| 5. | Federal Government of Germany | DE |
| 6. | Danish Government | DK |
| 7. | Standing Committee of the EFTA States | EEA EFTA |
| 8. | Ministry of Health and Consumer Protection | ES |
| 9. | Ministry of Social Affairs | EE |
| 10. | French Government | FR |
| 11. | Ministry of Health | HU |
| 12. | Ministry of Health | IE |
| 13. | Ministry of Health | LV |
| 14. | Ministry of Health | MT |
| 15. | Dutch Government | NL |
| 16. | Ministry of Health | PL |
| 17. | Ministry of Health | SI |
| 18. | Ministry of Social Affairs | SE |
| 19. | Department of Health | UK |
| **National parliaments** | | |
| 1. | Bundesrat | DE |
| 2. | Danish Parliament's Health and European Affairs Committee | DK |
| 3. | French Senate | FR |
| 4. | Social Affairs Committee of the Swedish Parliament | SE |
| **Regional and local authorities** | | |
| 1. | Regional Management of the Waldviertel | AT |
| 2. | Provincial Administration for Health, Hospitals and Personnel of Styria | AT |
| 3. | Committee for Welfare, Public Health and Family of the Flemish Parliament | BE |
| 4. | Bavarian State Ministry for the Environment, Health and Consumer Protection | DE |
| 5. | Minicipality of Illingen | DE |
| 6. | Government of Aragon (Department of Health and Consumer Protection) | ES |
| 7. | Swedish Association of Local Authorities and Regions | SE |
| 8. | Fresh Smoke Free North East (SFNE) | UK |
| 9. | Smoke Free Derwentside | UK |
| 10. | Smoke-free Bristol (SFB) | UK |
| 11. | Smoke Free Norfolk | UK |
| 12. | Cheshire & Merseyside Tobacco Alliance | UK |
| 13. | Heart of Mersey | UK |

**Health-related organisations**

| | | |
|---|---|---|
| **Health NGOs and health promotion** | | |
| 1. | Framework Convention Alliance (FCA) and the Global Smokefree Partnership (GSP) | International |
| 2. | Smoke Free Partnership (SFP) | EU |

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|---|---|---|
| 3. | European Network for Smoking Prevention (ENSP) | EU |
| 4. | International Network of Women Against Tobacco Europe Board – INWAT-Europe | EU |
| 5. | European Federation of Allergy and Airways Diseases Patients' Associations (EFA) and International Primary Care Respiratory Group (IPCRG) | EU |
| 6. | Association of European Cancer Leagues (ECL) | EU |
| 7. | European Public Health Alliance (EPHA) | EU |
| 8. | European Heart Network (EHN) | EU |
| 9. | European Union of Nonsmokers (EUN) | EU |
| 10. | l'Union Européenne des Non-Fumeurs (UEN) | EU |
| 11. | My Lungs (Moje Pluca) | BA |
| 12. | (Association for a Smoke-Free Environment (RookVrij vzw – Vereniging voor een rookvrije leefomgeving ) | BE |
| 13. | Cyprus National Coalition for Smoking Prevention | CY |
| 14. | Bundesvereiningung für Gesundheit | DE |
| 15. | German Cancer Aid (Deutsche Krebshilfe) | DE |
| 16. | Smoke-Free Forum (Forum Rauchfrei) | DE |
| 17. | Berlin Non-Smokers' Alliance (Nichtraucherbund Berlin e.V.) | DE |
| 18. | Non-Smokers' Initiative for Germany (Nichtraucher-Initiative Deutschland) | DE |
| 19. | German Lung Foundation (Deutsche Lungenstiftung) | DE |
| 20. | Association for Tobacco Prevention in Aragon (Asociación para la Prevención del Tabaquismo en Aragón, APTA) | ES |
| 21. | INWAT-España | ES |
| 22. | Afectados por el Tabaco/ No Fumadores (AFECTA) | ES |
| 23. | Nofumadores.org | ES |
| 24. | Spanish Association Against Cancer (Asociación Española Contra el Cancer) | ES |
| 25. | ASH Finland | FI |
| 26. | Cancer Society of Finland | FI |
| 27. | Finnish Heart Association | FI |
| 28. | Pulmonary Association Heli | FI |
| 29. | French Cancer League | FR |
| 30. | Paris Without Tobacco | FR |
| 31. | French Alliance Against Tobacco | FR |
| 32. | Public benefit Association of Patients Cured with Oxygene | HU |
| 33. | Hungarian Foundation of Health Prevention | HU |
| 34. | Health 21 Hungarian Foundation | HU |
| 35. | Generatio 2020 Egyesület | HU |
| 36. | Alleanza per la salute mentale - Brescia<br>(Alliance for Mental Health – Brescia) | IT |
| 37. | Dutch cancer Society, Netherlands<br>Heart Foundation, Dutch Asthma Foundation and STIVORO | NL |
| 38. | Dutch Nonsmokers Association Clean Air Nederland | NL |
| 39. | (Portguese Confederation on Smoking Prevention (Confederação Portuguesa de Prevenção do Tabagismo, COPPT) | PT |
| 40. | Slovenian Coalition for Tobacco Control | SI |
| 41. | Action on Smoking and Health (ASH) | UK |
| 42. | ASH Scotland | UK |
| 43. | British Heart Foundation | UK |
| 44. | Association for Nonsmokers' Rights (ANSR) | UK |
| 45. | The Roy Castle Lung Cancer Foundation | UK |
| **Scientific institutions** | | |
| 1. | European Respiratory Society (ERS) | EU |

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| 2. | Europe Region of the International Union against Tuberculosis and Lung Disease | EU |
| 3. | Austrian Nicotine Institute (ARGE) | AT |
| 4. | German Cancer Research Center (DKFZ) | DE |
| 5. | Deutsche Gesellschaft für Pneumologie und Beatmungsmedizin (German Pneumonology Society) | DE |
| 6. | Hellenic Thoracic Society | EL |
| 7. | Finnish Institute of Occupational Health | FI |
| 8. | Italian Society of Respiratory Medicine (SiMER) and Italian Federation Against Pulmonary Diseases and Tuberculosis (FIMPST). | IT |
| 9. | Italian Interdisciplinary Scientific Association for Research in Lung Disease (AIMAR) | IT |
| 10. | Dutch Society of Pulmonologists (NVALT) | NL |
| 11. | National School of Public Health, Universidade Nova de Lisboa | PT |
| 12. | Portuguese Society of Pneumology (Sociedade Portuguesa de Pneumologia) | PT |
| 13. | National Institute of Public Health of the Republic of Slovenia | SI |
| 14. | Cancer Research UK | UK |
| **Professional organisations** | | |
| 1. | European Network of Quitlines | EU |
| 2. | European Medical Students' Association (EMSA) | EU |
| 3. | European Pharmaceutical Students' Association (EPSA) | EU |
| 4. | European Pharmaceutical Union (EPU) | EU |
| 5. | Pharmaceutical Group of the European Union (PGEU) | EU |
| 6. | NÖ Landeskliniken-Holding (Lower Austrian Provincial Clinics Holding) | AT |
| 7. | German Medical Association (Bundesärztekammer) | DE |
| 8. | German Medical Action Group Smoking or Health | DE |
| 9. | Balearic Islands Health Services (IB – Salut) | ES |
| 10. | Doctors Against Smoking network in Finland (DAT) | FI |
| 11. | Health Professionals against Tobacco | SE |
| 12. | British Psychological Society (BPS) | UK |
| 13. | Royal College of Physicians (RCP) | UK |
| 14. | Royal College of Physicians of Edinburgh (RCPE) | UK |
| 15. | Royal College of Nursing (RCN) | UK |
| 16. | Royal College of General Practitioners (RCGP) | UK |
| 17. | Faculty of Public Health of Royal College of Physicians (FPH) | UK |
| 18. | British Medical Association (BMA) | UK |
| **Pharmaceutical industry** | | |
| 1. | Johnson and Johnson | International |
| 2. | Association of the European Self-Medication Industry (AESGP) | EU |
| 3. | Novartis | International |
| 4. | Pfizer | International |

**Tobacco-related organisations**

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|---|---|---|
| **Manufacturers** | | |
| 1. | Confederation of European Community Cigarette Manufacturers (CECCM) | EU |
| 2. | European Cigar Manufacturers Association (ECMA) | EU |
| 3. | European Smoking Tobacco Association (ESTA) | EU |
| 4. | Groupement des Industries Europeennes du Tabac (GITES) | EU |
| 5. | International Smokeless Tobacco Company's | International |
| 6. | Philip Morris International (PMI) | International |
| 7. | British American Tobacco, Cyprus | CY |
| 8. | Association of the German Smoking Tobacco Industry (Verband der | DE |

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| | Deutschen Rauchtabakindustrie) | |
| 9. | Federal Association for the Cigar Industry (Bundesverband der Zigarrenindustrie– BdZ) | DE |
| 10. | Tobacco Manufacturers Association of Denmark (Tobaksindustrien) | DK |
| 11. | Estonian Tobacco Manufacturers Association | EE |
| 12. | Spanish Association of Tobacco Companies (Asociacion Empresarial del Tabaco) | ES |
| 13. | Finnish Tobacco Industries´ Federation | FI |
| 14. | Hungarian Association of Tobacco Industry | HU |
| 15. | Irish Tobacco Manufacturers Advisory Committee | IE |
| 16. | Lithuanian Tobacco Manufacturers' Association | LT |
| 17. | Latvian Tobacco Manufacturers Association | LV |
| 18. | British American Tobacco Malta Ltd. | MT |
| 19. | Nederlandse Vereniging voor de Sigarenindustrie (Dutch Association of Cigar Industry) | NL |
| 20. | Ritmeester Cigars | NL |
| 21. | Gallaher Norway AS and Gunnar Stenberg AS. | NO |
| 22. | Tobacco Manufacturers' Association | UK |
| **Wholesalers and retailers** | | |
| 1. | European Tobacco Wholesaler Association | EU |
| 2. | Confédération Européenne des Détaillants en Tabac (CEDT) (European Confederation of Tobacco Retailers) | EU |
| 3. | Interbranch organisation for the tobacco retail trade (NSO) | NL |
| 4. | Belangenvereniging Tankstations, BETA Association of petrol station operators | NL |
| 5. | The Imported Tobacco Products Advisory Council (ITPAC) | UK |
| **Growers** | | |
| 1. | Regional Union of Tobacco Growers in Grudziadz (change name) | PL |
| 2. | Regional Union of Tobacco Growers in Augustow | PL |
| **Trade unions** | | |
| 1. | Federation of the Trade Unions of the Tobacco Industry Employees (FZZPPT) | PL |
| 2. | Tobacco Workers Alliance (TWA) | UK |
| **Smokers' NGOs** | | |
| 1. | Austrian Smokers Network | AT |
| 2. | Netzwerk Rauchen – Forces Germany e.V | DE |
| 3. | Smoker's Society | HU |
| 4. | Freedom Organisation for the Right to Enjoy Smoking Tobacco (FOREST) | UK |

**Social partners**

| **Inter-sectoral organisations** | | |
|---|---|---|
| 1. | European Association of Craft, Small and Medium-sized Enterprises (UEAPME) | EU |
| 2. | Austrian Federal Chamber of Labour | AT |
| 3. | Austrian Chamber of Commerce (WKO) | AT |
| 4. | Confederation of German Employers' Associations (Bundesvereinigung der Deutschen Arbeitgeberverbände, BDA) | DE |
| 5. | Confederation of Danish Industries | DK |

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|---|---|---|
| 6. | Confederation of Hungarian Employers and Industrialists | HU |
| 7. | National Association of Entrepreneurs and Employers | HU |
| **Hospitality sector** | | |
| 1. | European Federation of Food Agriculture and Tourism Trade Unions (EFTAT) | EU |
| 2. | HOTREC - Hotels, Restaurants & Cafés in Europe | EU |
| 3. | Federació Catalana de Locals d'Oci Nocturn (FECALON) | ES |
| 4. | Trade Association of Hungarian Caterers | HU |
| 5. | Equilibrum Association | PL |
| 6. | ARESP® – Associação da Restauração e Similares de Portugal | PT |
| 7. | SLTA - Scottish Licensed Trade Association | UK |
| **Other** | | |
| 1. | Danish Employers Association for the Financial Sector (FA) | DK |

**Other**

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| **MEPs** | | |
| 1. | Jörg Leichtfried MEP | AT |
| 2. | Alyn Smith MEP | UK |
| **Other industry** | | |
| 1. | European Alliance for Technical Non-smoker Protection (EATNP) | EU |

# Towards a Europe free from tobacco smoke: policy options at EU level

On 30 January 2007, the Commission published a Green Paper "Towards a Europe free from tobacco smoke: policy options at EU level" (COM(2007) 27 final) to launch a broad public consultation on the best way to promote smoke-free environments in the EU.

The Green Paper examined the health and economic burdens associated with passive smoking, public support for smoking bans, and the measures taken so far at national and EU level. The Commission invited stakeholders to submit their views on the scope of measures to tackle passive smoking and the most appropriate form of EU intervention.

In reply to the Green Paper consultation, the Commission received more than 300 contributions from a wide range of stakeholders, including EU Institutions, Member States' authorities, the health sector, tobacco-related organisations, the social partners and individuals.

The great majority of contributors welcomed the Green Paper as a timely addition to the EU and global debate on smoke-free policies and expressed support for further EU action. Several stakeholders also provided further evidence and data.

This report presents the key outcomes of the consultation. The replies to the Green paper can be found at: *http://ec.europa.eu/health/ph_determinants/life_style/Tobacco/smoke_free_consultation_en.htm*

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More information and data on health-related issues and activities at European and international level, can be consulted at:

Health-EU *http://ec.europa.eu/health-eu/*

Health-EU Newsletter *http://ec.europa.eu/health-eu/newsletter_en.htm*

2007

**European Commission**

Health & Consumer Protection Directorate-General