

# Why workplaces should be smokefree

## Reasons why

- There is now incontrovertible evidence that secondhand smoke is a killer - **at least** 1,000 people die from secondhand smoke exposure each year in the UK <sup>1</sup>.
- Some three million people <sup>2</sup> are still exposed to secondhand smoke in the workplace yet have little protection in law. Policies that aim to protect **employees** from tobacco smoke will also improve conditions for consumers.
- Expert advice by the World Health Organisation states that ventilation is not effective in protecting people from secondhand smoke as there is no safe level of exposure below which there are no adverse effects.<sup>3</sup>
- Public opinion supports smokefree workplaces – 78 per cent of the population <sup>4</sup> now believe that all employees should be able to work in a smokefree environment.
- 80 per cent of the population don't smoke <sup>5</sup>. If smokers make an informed decision to smoke then that's their decision – but it should not be allowed to impact on other people's health.
- 70 per cent of smokers would like to quit <sup>6</sup> and most believe smoke-free environments would help them in their quit attempts.
- The UK is lagging a long way behind many other countries in protecting non smokers from secondhand smoke <sup>7</sup>.

## Health Arguments

- Tobacco smoke is a potent cocktail of over 4,000 chemicals, including more than 50 known to cause cancer such as benzene and arsenic <sup>8</sup>.
- Secondhand smoke exposure (equivalent to just 1 percent of that of active smoking) carries a risk of coronary heart disease of almost half that of smoking 20 cigarettes a day <sup>5</sup>.
- People with particular illnesses are vulnerable to secondhand smoke, and they represent a substantial proportion of the population. For example there are 5.1 million people with asthma and 3 million with other types of lung disease, 2.1 million people with angina and 1.3 million people who have had a heart attack <sup>5</sup>.
- Secondhand smoke is a major trigger of asthma attacks and worsens respiratory conditions like bronchitis <sup>5</sup>.
- Exposure to secondhand smoke during pregnancy is linked to low birthweight and prematurity <sup>9</sup>.
- The health of workers improves immediately when smoking is banned in the workplace <sup>10</sup>.

## Economic Arguments

- Smokefree policies cost less to put in place and enforce than policies allowing smoking <sup>11</sup>.
- Insurance, cleaning and maintenance costs are significantly reduced in smokefree workplaces <sup>12</sup>.
- Smokefree policies reduce smoking by employees, and are a cost-effective way of helping people quit smoking <sup>13</sup>.
- Less smoking means less absenteeism, lower worker turnover and fewer accidents <sup>14 15 16</sup>.
- Worldwide smokefree policies have been shown to have a positive or neutral impact on trade in bars and restaurants. The only studies showing a negative economic impact had tobacco industry backing and most were subjective and of poor quality <sup>17</sup>.

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## References

- 1 BMA Towards smoke-free workplaces, Board of Science and Education & Tobacco Control Resource Centre November 2002
- 2 Survey source: MORI March 1999 Sample size:1,029 respondents
- 3 WHO policies to reduce exposure to environmental tobacco smoke 29-30 May 2000
- 4 Survey source: MORI Fieldwork dates: 20th – 24th March, 2003 Sample size: 1972 respondents
- 5 BMA Towards smoke-free workplaces, Board of Science and Education & Tobacco Control Resource Centre November 2002
- 6 Smoking related Behaviour & Attitudes Series OS no.18 June 2002
- 7 See ASH website for up to date information at <http://www.ash.org.uk/html/workplace/html/smokefreenews.html>
- 8 WHO International Agency for Research on Cancer (1986) Monograph vol.38 Tobacco Smoke. WHO IARC:Lyons.
- 9 Windham GC, Hopkins B, Fenster L, & Swan SH (2000) Pre-natal active or passive tobacco smoke exposure and the risk of pre-term delivery or low birthweight. *Epidemiology* 11:427-33
- 10 Eisner M, Smith A, Blanc P Bartenders respiratory health after establishment of Smoke-free Bars and Taverns *JAMA* 1998; 280 1909-1914
- 11 Ducatman A, McLellan R. Epidemiological basis for an occupational and environmental policy on environmental tobacco smoke, *Amer. Coll. of Occup. And Environmental Medicine*, 2000
- 12 Parrott S. Godfrey C. Cost of employee smoking in the workplace in Scotland. *Tob. Control* 2000;9(2):187-192
- 13 Fichtenberg CM, Glantz SA Effect of smoke-free workplaces on smoking behaviour: systematic review. *BMJ* 2002;325:188-191
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- 15 Ryan J, Zwerling C, Jones M Cigarette smoking at time of hire as a predictor of employment outcome *J.Occup Environ Medicine* 1996;38(9):928-33
- 16 Ryan J, Zwerling C, Orav E Occupational risks associated with cigarette smoking: a prospective study. *Am J Public Health* 1992; 82(1):29-32
- 17 Scollo M et al Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry. *Tobacco Control* 2002; 12: 13-20

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## Further information

Clear the Air Coalition Statement:

<http://www.ash.org.uk/html/workplace/html/ctac.html>

More Clear the Air Campaign factsheets:

[www.ash.org.uk/html/ctac.php](http://www.ash.org.uk/html/ctac.php)

For detailed information visit ASH smokefree environments page:

[www.ash.org.uk/?smokefree](http://www.ash.org.uk/?smokefree)