TOBACCO: ADVICE FOR NON-SMOKERS ON HEALTH EFFECTS

1. Introduction

Active exposure to tobacco smoke that comes from directly smoking tobacco is now known to be very harmful to health. Whilst it is not the main focus of this e-fact, active tobacco exposure is linked with death and suffering mostly from respiratory [1] and cardiovascular illness, including a very significant increased risk of developing certain cancers. This is because cigarette smoke contains over 4000 chemicals, more than 70 of which are known to be able to cause cancer including benzene, formaldehyde, cadmium and lead.

Environmental tobacco smoke (ETS) is a complicated mix of substances and chemicals found in the indoor air as a direct result of tobacco smoking. Other than being a nuisance, long-term exposure to ETS is also linked to an increased risk of cancer, respiratory [2] and cardiovascular disease [3] [4]. In the European Union (EU), over half a million deaths per year are estimated to relate to smoking, about 79,000 of which are thought to relate to ETS exposure alone.

As result, recent European recommendations have been made to provide smoke-free environments at work. Early evidence supports the fact that this approach is working. Within hours of reducing tobacco smoke in a room, particle levels drop very quickly and levels of myocardial infarctions (heart attacks) have been noted to fall since the indoor smoking ban was introduced [5].

This e-fact is designed to assist and advise workers and workplaces in relation to the potential harm caused by ETS, make some comments relating to the EU legal situation and give information and advice about how to avoid ETS exposure. In reality, a combination of multiple approaches carried out by different mixes of people in worksites is likely to be required to effect sustained change for the better.

Everyone needs to act now to eliminate exposure to tobacco smoke at work.

2. The health effects of ETS exposure

Whilst the composition of ETS is different to active cigarette smoke, the overall harmful health effects are similar to active smoking. However, the risks of these harmful effects are extended to surrounding work colleagues, customers, friends and family. The potential for ETS to cause harm is variable from person to person, although the main known harmful effects are discussed below.

2.1. Respiratory system

Apart from the unpleasant odour and nuisance of ETS, exposure is also known to cause acute irritation of the nose, throat and lungs [6]. This is because exposure to ETS can cause inflammation in the body, and particularly in the lungs, throat, nose and eyes [7]. For example, inflamed and painful eyes were commonly reported in staff that had to work in smoky bars [8]. As the nose, throat and lungs are lined with a moist membrane, they are particularly at risk of the effects of ETS in the workplace. ETS exposure has also been associated with nasal irritation, shortness of breath, cough and phlegm production. Thankfully, many of these symptoms have been seen to get better following the introduction of smoke-free policies at work [9].

People who already have breathing problems such as asthma and chronic obstructive pulmonary disease (COPD), may be at an increased risk of developing problems from ETS exposure. ETS is highly irritant and it can therefore worsen the symptoms of bronchitis

(regular cough and phlegm) and provoke an attack of asthma in someone who already has asthma [10]. Being an allergic type of person (atopic) may also increase the sensitivity to ETS. Furthermore, ETS exposure may increase absence from work due to the above health problems [11].

Children are also at risk from ETS exposure, again causing increased breathing problems and attacks of asthma, although this is not normally an issue within the workplace.

Finally, exposure to ETS has also been shown to reduce the size of the lungs measured by simple breathing tests, again with improvement following the introduction of smoke-free policies at work. These tests of breathing are a very good measure of the overall health of the lungs and they are sensitive to the effects of smoking related damage.

2.2. Cardiovascular diseases

The link between exposure to ETS and an increased risk of coronary heart disease, cardiac death among both men and women and the risk of stroke is well established. Exposure to ETS increases the risk of an acute coronary event (or 'heart attack', also known as a myocardial infarction) event by 25–35% [12]. The size of the cardiovascular effects seen following even brief (minutes to hours) ETS exposure may be nearly as high (80%-90%) as that of long-term active smoking [12]. This is because even low levels of inhaled tobacco smoke can produce the same changes in the human body that lead to heart and circulatory diseases, and ETS exposure causes complicated changes in the blood vessels and body in general. Changes that lead on to a heart attack include the blockage or narrowing of arteries that supply the heart with blood, or the development of blood that clots too easily in these arteries.

ETS is also harmful as it contains a gas, carbon monoxide, that binds strongly to haemoglobin, the substance in the red blood cells that should carry oxygen to body tissues. This leads to a reduction in oxygen supply to all the body tissues, and this is important, as oxygen is vital to life and the correct functioning of all body cells.

2.3. Cancer

ETS exposure could cause human cancers, as several substances in cigarette smoke contribute to this disease in non-smokers exposed to ETS [13]. As the dose of these substances is lower than for the active smoker, the risk of cancer is lower than for active smokers, but still important. Indeed, there is not thought to be a 'safe' level of exposure to ETS that is not associated with increased cancer risk. The strongest evidence is for lung cancer, with a 20-30% increase in the risk of developing lung cancer in non-smokers exposed to ETS [14]. Once developed, lung cancer is a devastating illness causing the direct death of most affected patients. Because of the very poor outlook of patients who develop lung cancer, any efforts that can prevent lung cancer have merit, and reducing ETS exposures is clearly one of these risk factors that can be modified.

The links between ETS exposure and other cancer development are less clear, but suggest a possible increase in risk for breast cancer, cancers of nasal sinuses and upper pharynx (throat) [15] [16].

2.4. Effects of ETS on pregnancy and infants

The development of the unborn baby is very sensitive to certain external harmful factors. Several substances in tobacco smoke may harmfully affect this process. The significant risk of actively smoking during pregnancy is widely known [17]. Less known, however, are the effects of ETS exposure on the unborn baby, as women who are exposed to ETS during pregnancy have an increased risk of giving birth to babies with lower birth weight and congenital anomalies [18].

Exposure to ETS before birth also causes reduced lung function or breathing capacity in the child, and causes an increased risk of the child developing asthma [19]. Again there is certain evidence to suggest that exposure of a baby to ETS may be related to a threefold increase in the risk of sudden infant death syndrome or 'cot death' [20].

3. How to educate and sensitise workers about the harmful effects of ETS?

In general, training should be given to workers to help them understand the issues of smoking at work, stressing that attempts to reduce ETS exposure at work should not be seen as a 'battle' between smokers and non-smokers. Rather, that smokers require help and assistance to stop smoking, and the workplace is a good place to provide this help. There are many good examples available on the Internet relating to how workplaces have offered high quality schemes for smoking cessation to workers, one of which enrolled both smokers and a small number of interested non-smokers [21]. Ideally, training relating to smoking and the effects of ETS exposure could be added to pre-employment or pre-placement modules, and workers given refresher sessions when possible. It is important that all workers understand these issues, not just those who smoke currently.

A range of training packages could be used, including face-to-face training and internet-based modules. Firm and friendly language and advice should be used in any educational material provided, and should include the following:

1. Basic health risks from active and ETS exposure (heart diseases, lung diseases and certain cancers), including an emphasis on the fact that recent evidence suggests that indoor smoking bans have, for example, reduced the rate of acute heart attack patients being taken to hospitals. In other words, reducing ETS exposure is possible and it is effective at improving the health of workers and the workplace. Reducing ETS exposure works!
2. Encouragement for smokers to join smoking cessation programmes, as this will reduce ETS exposure for all workers. If other smoking deterrents are to be used at work, the use of strong images and written warnings [22] are those that appear to work best, and could be added into mandatory training for workers. Also, talking to your doctor, both at work and in the community, will help you understand better the dangers of second hand smoke.
3. Encouragement for ex- and non-smokers to remain non-smokers. More information will be available locally in each EU Member State about the wider public health policy relating to smoking, and advice at work should be developed to be consistent with this. Indeed, involvement of never smokers and ex-smokers in such training may allow certain points to be illustrated using case histories and real life stories and experiences. Again, it should be emphasised that these workers have successfully beaten an addiction, and should be seen as exemplars for those trying to stop smoking now.
4. Ideally, no one at work would smoke. However, if you work alongside workers who smoke, training can help understand how to reduce ETS exposure using simple and practical advice. Working in well ventilated areas by opening windows, the use of a fan or air conditioning or asking colleagues not to smoke near you will not eliminate second hand smoke exposure. This can only be achieved by creating enclosed separated areas for smokers, although these areas become heavily polluted and exposes those who have to service these spaces to ETS. The detail of how each workplace tries to reduce the physical exposure to ETS will vary from one worksite to another.

4. How to motivate employees to speak up against smoking at work?

Generally, increasing the awareness of smoking issues with all workers will create a workplace that will encourage discussion about the risks to non-smokers of exposure to ETS. Specifically:

1. There may be a training need for managers at work to understand the potential harm that can result from ETS exposure. Only when managers understand these issues, will it be possible for workplaces to fully encompass the problems associated with smoking and develop a plan to reduce these exposures.
2. Links to existing communications strategies at work may help to develop free and honest discussion; for example, an article in the internal newsletter or placed on the company website may help highlight the issue of ETS exposure, the harm this can pose, and perhaps what a particular workplace can do to turn things around for the overall good of the business.
3. Other internal factors may help motivate workers to discuss these issues, and include brief discussion about perceived health risks during an appraisal or performance review meeting. For example, it might be possible to build work related health goals into an annual appraisal or performance review. Likewise, regular communications from managers, directors or a board might be scheduled to include aspects of health, and perhaps including ETS as an example.
4. Other external factors may also help motivate workers to discuss their views about ETS exposure. Employers should include media resources e.g. newspapers, radio, internet and other sources of information relevant to smoking at work. It might be possible to engage local media to cover a story about smoking cessation and the effect of these changes at your particular workplace.
5. Raising public awareness in general may also help workers speak freely about these issues; given that it is a fundamental right not to have something harmful imposed upon you by another person.

5. How to motivate workers to approach the employer to reduce ETS exposure?

It is important for workers to discuss ETS exposure at work if there is a health concern. It is important to build a robust case so that the employer understands the views of workers, to seek strong backing from as many people at work as possible, and it is also important to communicate the concerns of workers clearly, so that the employer can consider developing a workplace policy directly out of this discussion.

Building a good case for reducing ETS exposure at work will require identifying not only the best and most robust current medical evidence but also developing smoke-free workplace policies that protect workers from the health dangers of second hand smoke, and produces a more efficient work environment and makes good financial sense [23] [24]. Campaigners should also highlight the commercial benefits of going smoke-free in the workplace:

- lower maintenance expenses (carpets, drapes, cloths, paintwork), as ETS at work will damage the fabric and furnishings of the site, and will require more frequent cleaning and renewal;
- lower insurance premiums (fire, medical, works compensation, liability), given that smoking increases risks associated with fire;
- the possibility of improved productivity and reduced sickness absence. There is some evidence that those exposed to tobacco smoke have greater levels of sickness absence related to breathing problems.

Strong backing from other professionals at work is key, including that from doctors and other health workers, and from local and national public opinion. It is important for employers to realise that there is a body of knowledge to support health harm from ETS, and that the wider health and safety and public attitude is strongly supporting the development of smoke-free workplaces.

The role of unions in workplaces is also key; there is a natural bond between unions and those trying to develop smoke-free environments. Both are keen to improve the health of workers through education and policy initiatives. Involving unions will enable 'bottom-up' designed programs that represent the concerns of workers related to ETS exposure.

It may even be necessary to take legal advice, although this will differ widely across the various EU Member States.

5.1. Policy development

Ideally, employers should work towards developing smoking policies that reflect available evidence and information about ETS exposure. These policies are best and most appropriate if developed by involving employees, including where available occupational health physicians and nurses (who have key roles in producing acceptable policies) [2] [25], union representatives, health and safety officers and management teams.

Any policy that is developed should have a good lead in time, in order to ensure that workers understand this, and can learn about what the policy means for them. Good workplaces will conduct information sessions where staff can learn about the policy, reasons for its introduction, and offer workers an opportunity to ask questions and contribute to policy development.

All workers should been given a copy of the final policy, and should be encouraged to discuss this at staff or team meetings. Policies should also be regularly reviewed, to make sure that they are sensible, useful and are achieving what they set out to achieve.

Other methods of ensuring that the policy is implemented well are to consider policy 'countdown' messages via e-mail, particularly for new or changing policies, providing policy information leaflets at the workplace and using phone ‘on-hold messages’ to outline policy details.

6. Conclusions

There is strong evidence that exposure to ETS for non-smokers at work is unpleasant and harmful to health. Certain Member States of the EU already impose complete bans on indoor smoking and have demonstrated the health benefits of this approach. Where this is not the case, employers play a key role in protecting their employees by voluntarily introducing a comprehensive smoke-free policy. Smoke-free workplaces are good for workers health and also for business. This is an argument that workers can use when raising the issue with their employer. Their effort is most likely to be successful by gaining collaborative support from the whole of the workforce, union representatives and occupational health staff.

We all need to act NOW to reduce ETS exposure for all workers in the EU.

7. More information

European Agency for Safety and Health at Work, Preventing a negative impact of tobacco smoke in the workplace

http://osha.europa.eu/en/topics/whp

European Commission information on smoke-free workplaces

http://ec.europa.eu/health/tobacco/law/free_environments/index_en.htm

Link to Interactive map showing the implementation of smoke free legislation across all 27 EU Member States

http://www.smokefreepartnership.eu/Smoke-free-legislation-in-the-EU

World Health Organisation Framework Convention on Tobacco Control, Guidelines on the protection from exposure to tobacco smoke

http://www.who.int/fctc/protocol/guidelines/adopted/article_8/en/index.html

Americans for non-smokers rights

http://no-smoke.org/

Smoke-free Australia- coalition for safe workplaces

http://www.ashaust.org.au/SF'03/index.htm

Guide to a smoke-free workplace- a plan of action for employees

http://www.gaspforair.org/gasp/gedc/pdf/Smoke-FreeWorkplaceGuide.pdf

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8. References

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Annex 1 - Helpful links on workplace health promotion (WHP) and ETS exposure from EU Member States

AT
Betriebliche Gesundheitsförderung
http://www.netzwerk-bgf.at

BE
BeSWIC: Belgisch kenniscentrum over welzijn op het werk
http://www.beswic.be/

BG
Насърчаване на здравето на работното място
http://osha.europa.eu/bg/topics/whp/index_html

CY
Αντικαρκινικός Σύνδεσμος Κύπρου - Όχι στο Κάπνισμα (The Cyprus Anti-Cancer Society – Not smoking)
http://www.anticancersociety.org.cy/anticancer1/page.php?pageID=50

CZ
Česká koalice proti tabáku (Czech Coalition Against Tobacco)
http://www.dokurte.cz

DE
Deutschen Netzwerk für Betriebliche Gesundheitsförderung DNBGF
http://www.dnbgf.de

DK
Egenomsorg – en litteraturbaseret udredning af begrebet
http://www.si-folkesundhed.dk/

EE
Tervise Arengu Instituut – Tubakas (National Institute for Health Development - Tobacco)
http://www.tai.ee/?id=2465

EL
Nosmoke.gr
http://www.nosmoke.gr/

ES
Ministerio de Sanidad, Política Social e Igualdad - Espacio sin humo
http://www.msps.es/novedades/sinHumo/home.htm

FI
Ministry of Social Affairs and Health
http://www.tyohyvinvointifoorumi.fi

FR

Travailler Mieux

http://www.travailler-mieux.gouv.fr/

HU

OEFI Dohányzás Fókuszpont (*Anti-smoking Focal Point of the Institute of Health Promotion*)

http://color.oefi.hu/index.html

IE

Report on the health effects of environmental tobacco smoke (ets) in the workplace

http://www.medicine.tcd.ie/public_health_primary_care/assets/pdf/reports/ETS_Report.pdf

Workplace Health Partnership

http://www.workplacehealth.ie/

IT

Istituto Superiore di Sanità – Fumo (ISS - Smoking)

http://www.iss.it/fumo/index.php?lang=1

Fumo.it

http://www.fumo.it/nonfumatore/

LV

No smoking!

http://www.nosmoking.times.lv/

Par tabakas izstrādājumu ražošanas, realizācijas, reklāmas un smēķēšanas ierobežošanu LV, 3/4 718/719

http://www.likumi.lv/doc.php?id=41774

Par tabakas izstrādājumu realizācijas, reklāmas un lietošanas ierobežošanu - On Restrictions Regarding Sale, Advertising and Use of Tobacco Products

http://osha.europa.eu/data/links/par-tabakas-izstradajumu-realizacijas-reklamas-un-lietosanas-ierobezosanu-on-restrictions-regarding-sale-advertising-and-use-of-tobacco-products/view

LT

Nacionalinė tabako ir alkoholio kontrolės koalicija (The National Tobacco and Alcohol Control Coalition)

http://koalicija.org/index.php?option=com_content&task=view&id=44&Itemid=65

LU

A la Une

http://www.itm.lu/

MT

Ministry of Health, the Elderly and Community Care – Health Promotion Unit

https://ehealth.gov.mt/HealthPortal/health_promotion/legislation.aspx

PL

Ministerstwo Zdrowia

http://www.mz.gov.pl/

PT

Confederação Portuguesa de Prevenção do Tabagismo – COPPT (Portugal Confederation of Tobacco Prevention)
http://www.coppt.pt/

RO

Controlul tutunului (*Tobacco control*, Ministry of Health)
http://www.ms.ro/?pag=138
STOPfumatul.ro
http://www.stopfumatul.ro/pagini/index.php

SE

Arbetsmiljöverket
http://www.av.se/
Prevent - Arbetsmiljö i samverkan
http://www.prevent.se/

SL

Slovenska zveza za tobačno kontrolo in javno zdravje (*Slovenian Coalition for Tobacco Control and Public Health*)
http://www.tobak-zveza.si/

SK

Stop fajčeniu (Stop Smoking)
http://www.stopfajceniu.sk

UK

Environmental Tobacco Smoke
http://www.laia.ac.uk/factsheets/993.pdf
Tobacco smoke pollution: the hard facts
http://bookshop.rcplondon.ac.uk/contents/6ea5fa51-577e-4c86-af10-f639938dbfb9.pdf
Health, Work and Well-being
http://www.dwp.gov.uk/health-work-and-well-being/