

Smoke-Free Policies Very Effective in Reducing Heart Disease

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Research reviewed by an international team of experts called together by the International Agency for Research on Cancer (IARC) concluded that smoke-free policies are “extremely effective” in reducing the health hazards of smoking.

The findings, to be published online and in the July edition of *The Lancet Oncology (TLO)*, are the latest in a series of reviews and evaluations from the IARC’s Tobacco and Cancer Team. This team was led by John Pierce, Ph.D., Director of the Cancer Prevention and Control Program at the Moores UCSD Cancer Center and María León, DrPH, M.P.H., Tobacco and Cancer Team, Lifestyle, Environment and Cancer Group, IARC, Lyon, France.

Many states and countries have gone smoke-free in the past five years, in response to the World Health Organization’s (WHO) Framework Convention for Tobacco Control, which 168 nations have signed. Although the United States has not yet signed the treaty, California was the first state to go smoke-free and is the only place in which there has been more than 10 years experience with this effort. “The IARC report uses California’s experience extensively to evaluate the long term effectiveness of such policies,” said Pierce. “For example, the 2005 California Tobacco Survey (CTS) recently released by the State Department of Health shows that although California workplaces were required to be smoke-free in 1995, 14 percent of non-smokers from California were still exposed to secondhand smoke at work in 2005.”

After detailed review of hundreds of studies, the IARC research group concluded that these policies do not decrease the business activity of the restaurant and bar industry. One area of concern in California is gambling casinos.

“Again, according to the CTS,” cited Pierce, “over 40 percent of nonsmokers and former smokers who have visited casinos indicated that they would visit more often if these establishments were smoke-free, while over 70 percent of smokers (less than 14 percent of California’s population) indicated that a smoke-free policy would not make a difference in their casino attendance. Therefore, it is unlikely that smoke-free casinos would lead to a decrease in business activity.”

From March 31 to April 5, 2008, a “working group” of 17 scientists from around the world met at the IARC in Lyon, France to assess whether or not smoke-free policies are effective. To arrive at the conclusions, the working group comprehensively assessed peer-reviewed, published work and accessible governmental reports on the effect of smoke-free policies.

The group found **sufficient** evidence for the following:

- implementation of smoke-free policies substantially decreases second-hand smoke exposure
- smoke-free workplaces decrease cigarette consumption in continuing smokers
- smoke-free policies do not decrease the business activity of the restaurant and bar industry
- introduction of smoke-free policies decreases respiratory symptoms in workers

- voluntary smoke-free home policies decrease children's second hand smoke-exposure

- smoke-free home policies decrease adult smoking

The group found **strong** (a lesser degree than 'sufficient') evidence for the following:

- smoke-free workplaces decrease the prevalence of adult smoking

- smoke-free policies decrease tobacco use in youths

- the introduction of smoke-free legislation decreases heart disease morbidity

- smoke-free home policies decrease smoking in youths

Because the lead time for diagnosing lung cancer after exposure to a carcinogen such as cigarette smoke can be 20 or more years, the group concluded that "information regarding the expected decline in lung cancer after implementation of smoke-free policies is not yet available."

The working group recommends that governments enact and implement smoke-free policies that conform to the World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC).

"Implementation of such policies can have a broader population effect of increasing smoke-free environments," added Pierce. "Not only do these policies achieve their aim of protecting the health of non-smokers by decreasing exposure to second-hand smoke, but they also have many effects on smoking behaviour, which compounds health benefits. These benefits will be greater if these policies are enacted as part of a comprehensive tobacco-control strategy that implements all of the

provisions called for by the WHO-FCTC.”

Because most of this research has been done in “high resource” countries, the working group also recommended the establishment of a multinational surveillance system to assess the effect of these policies in countries with fewer resources.

The 2005 CTS is available on ssdc.ucsd.edu/tobacco .

Source: University of California, San Diego

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