

SMOKE-FREE AREAS

“Fears in the hospitality industry that smoking bans may damage business interests are largely unfounded.”

—WORLD BANK, 2002

Smoking bans benefit nonsmokers and smokers alike. Nonsmokers are exposed to significantly less secondhand smoke, while smokers tend to smoke less, have greater cessation success, and have increased confidence in their ability to quit. These effects are greater under a comprehensive ban than under a partial one. When indoor smoking areas are allowed, ventilation is inadequate to eliminate secondhand smoke, and the reduction in smoking among smokers is less significant.

Smoking bans, relatively inexpensive to implement, produce immediate economic benefits to employers in the form of reduced accidental fire risk, lower insurance premiums, and less employee absenteeism.

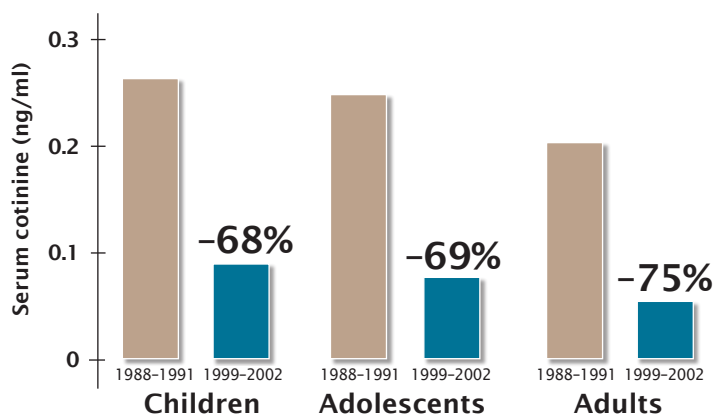
Support is high for smoking bans in public places. In many countries with few regulations on smoke-free areas, the public is overwhelmingly in favor of establishing clean indoor air laws. In regions where smoking bans have been mandated by law, employees, customers, and business owners report high compliance and satisfaction with the results.

There is no safe level of exposure to secondhand smoke/environmental tobacco smoke. Attempts to control the toxic and carcinogenic properties of secondhand smoke by ventilation are futile, requiring tornado-strength rates of air flow. Among nonsmoking adults living in countries with extensive smoke-free law coverage, 12.5 percent were exposed to secondhand smoke, compared with 35.1 percent with limited coverage, and 45.9 percent with no law, and only 5 percent of the world's population is covered by comprehensive smoke-free laws.



DECREASE IN MEDIAN SERUM COTININE LEVELS IN NONSMOKERS, UNITED STATES, FOLLOWING REDUCTION IN EXPOSURE TO SECONDHAND SMOKE

Decrease between 1988–1991 and 1999–2002



UNITED STATES, 2007: Nonsmoking employees left unprotected from workplace secondhand smoke exposure had elevated levels of a tobacco-specific carcinogen in their bodies.

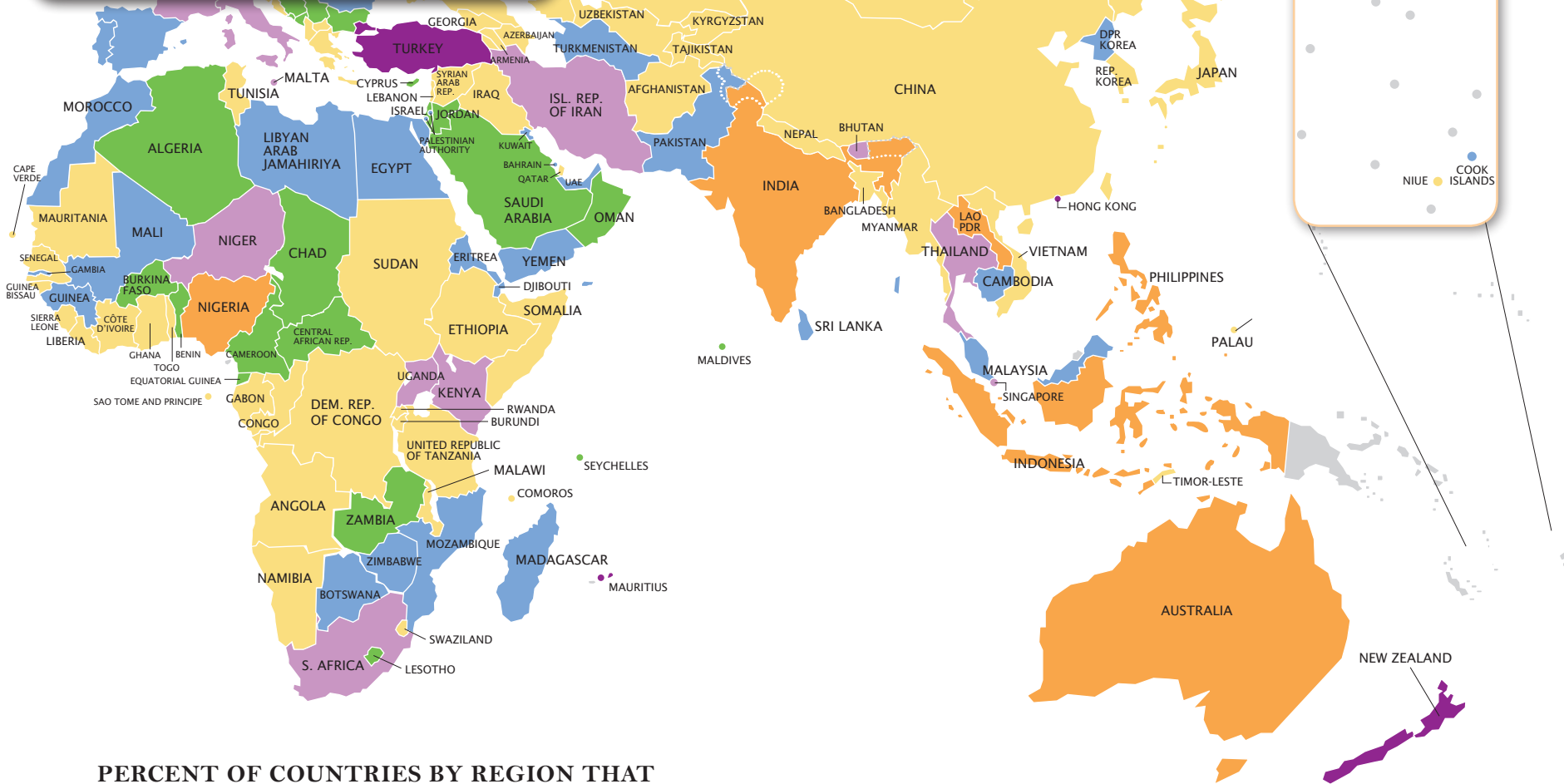
IRELAND, 2004: With smoke-free legislation, bar workers' exposure to secondhand smoke plunged from thirty hours per week to zero.

CHINA, 2007: Ninety percent of those living in large cities support a ban on smoking in public transport, schools, and hospitals. Eighty percent support a ban in the workplace.

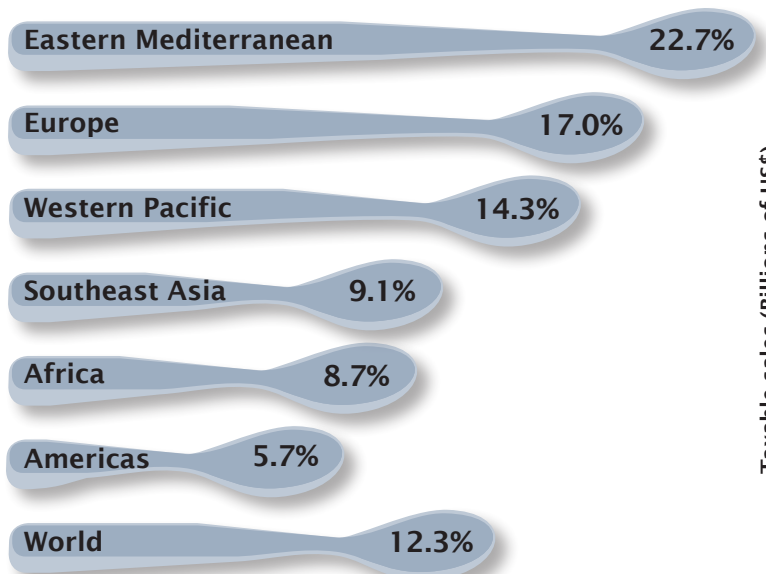


SMOKE-FREE AREAS, 2008

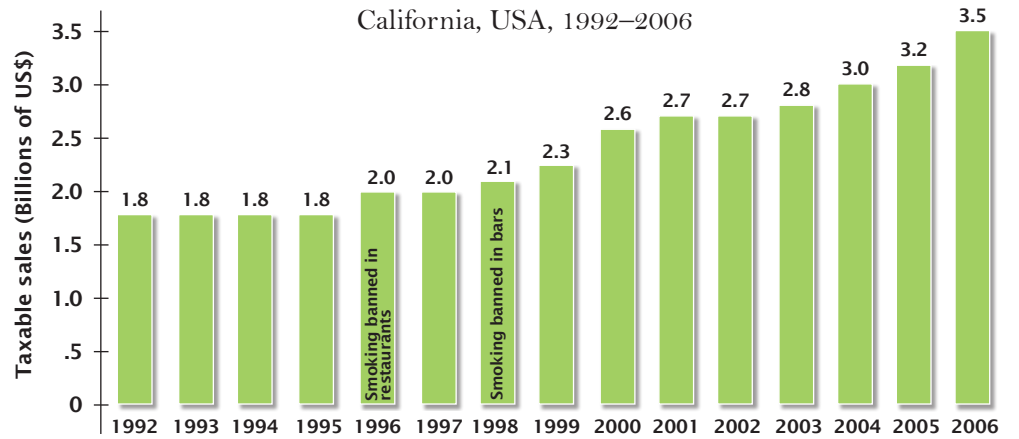
- Complete ban:** Smoke-free legislation covering all types of places and institutions.
- Strong ban:** Smoke-free legislation covering all types of places and institutions but with limited exemptions.
- Moderate ban:** Smoke-free legislation covering health-care and educational facilities, as well as 3, 4, or 5 other places and institutions.
- Minimal ban:** Smoke-free legislation covering health-care and educational facilities, as well as 1 or 2 other places and institutions.
- Comprehensive local legislation:** Smoke-free legislation at a subnational level.
- No ban or dysfunctional ban:** Complete absence of smoke-free legislation, or absence of smoke-free legislation covering either health-care or educational facilities.
- No data**



PERCENT OF COUNTRIES BY REGION THAT BAN SMOKING IN RESTAURANTS, 2007



NO LOSS OF RESTAURANT AND BAR SALES AFTER SMOKE-FREE INITIATIVE



First-quarter sales before and after smoking bans.