

ILO Guidelines on Tobacco Smoke in the Workplace DRAFT

June 2003

Please note that this document is still a draft and not an official ILO publication or instrument. ILO SafeWork invites all who are interested to read the draft and send their comments on the content to Ms. Carin Håkansta.

E-mail address: hakansta@ilo.org

Preface.....	4
1. Objective.....	5
2. Use.....	5
3. Scope and limitation.....	5
4. Terms used in the guidelines.....	5
5. Key principles.....	7
The right to a safe and healthy work environment.....	7
Integration.....	7
Non-discrimination.....	7
Universality.....	7
Gender equality.....	8
Social dialogue.....	8
Prevention.....	8
Support.....	8
6. General duties, rights and responsibilities.....	8
Governments.....	8
Employers and their representatives.....	10
Workers and their organizations.....	11
7. Development of a policy on tobacco smoke.....	12
Workplace committee.....	13
Assessment.....	13
Comprehensive Approach.....	13
Formulation.....	13

Information	14
8. Implementation of a policy on tobacco smoke	14
Stigma	15
Compliance	15
Evaluation	15
Disciplinary measures.....	16
9. Information and education	16
Information and awareness-raising campaigns.....	16
Educational programmes	16
Linkage to health promotion programmes.....	16
10. Training	17
Training for managers, supervisors and personnel officers.....	17
Training for peer educators.....	17
Training for workers' representatives	17
Training for health and safety officers.....	18
Training for factory/labour inspectors	18
11. Cessation aid.....	18
Annex 1. Facts about smoking	20
Smoking in the World.....	20
Smoking and Women.....	20
Smoking in the Informal Economy.....	21
Annex 2: Impact of smoking in the workplace.....	22
Health Impact.....	22
<i>Active smoking</i>	22
<i>Passive smoking</i>	23
<i>Smoking at work</i>	23

Safety impact	24
Economic impact	24
<i>The smoker</i>	24
<i>The employer</i>	24
Annex 3. Checklist for planning and implementing a workplace policy on smoking ...	25
Annex 4. Relevant ILO instruments and documents.....	26
Conventions	26
Recommendations.....	26
Codes of Practice	26
Guidelines	26
Publications.....	26
Training programme	26
Annex 5. Regulating smoking at work	27

Preface

Smoking tobacco is one of the leading causes of disease, disability and premature death in the world. Second-hand tobacco smoke is the most common pollutant of indoor air and is usually present at higher concentrations than other indoor pollutants. With a steady increase of smokers, especially in developing countries, the share of tobacco-related diseases of the total burden of disease in the world is expected to grow dramatically. According to some estimates tobacco will become the largest single health problem by 2025, causing 10 million deaths annually. In developing regions of the world, this number is projected to increase from 2.1 million in 2000 to 7 million in 2025.

The workplace is an exceptionally useful arena for combating this health hazard. A large share of the world's population spend most of the time awake at the workplace, which has proven to be an excellent location for awareness raising and behavioural change. A workplace policy on smoking, apart from improving the well-being, safety and health of all workers, can have a strong positive influence over the behaviour of smoking workers as they learn to appreciate clean air at work and receive support to quit or smoke less from non-smoking co-workers.

The ILO Guidelines on Tobacco Smoke in the Workplace provides a tool for the prevention of tobacco smoke in the world of work, with the objective to contribute to the overall reduction of exposure to second-hand tobacco smoke at work. This should be achieved while avoiding discrimination and with a minimum of friction between smokers and non-smokers. It is suggested that a comprehensive policy is developed and implemented, integrating tobacco and other psychosocial health problems such as stress and substance abuse into the occupational safety and health policy or management system. The guidelines should be seen as a tool to be used by any institution involved in the promotion of safety and health at work. However, in some settings the guidelines will have to be modified to better fit into the particular circumstances. For example, the implementation of a tobacco policy is relatively easier in larger enterprises in developed countries, where an enabling environment exists such as extensive coverage of public health care; active workers' and employers' organisations; and awareness campaigns on the hazards of tobacco use. For workers and employers in smaller enterprises and/or in the informal economy, especially in developing countries, the task is much more complicated but nevertheless a very important one.

The management of an enterprise or organization should consider a policy on tobacco use in the workplace, not only out of self-interest in terms of legal liabilities, absenteeism, productivity, health-care costs, but also as a matter of health, life and death for its employees. Workers' organizations should recognize the significant impact of tobacco use on workers' safety, well-being and health, and be supportive to those workers who need their help. Governments play a crucial role in supporting the social partners and in facilitating efforts to clear the air of tobacco smoke. Collaborative efforts, innovative strategies, understanding and commitment are necessary ingredients for effective measures towards smoke-free workplaces all over the world.

1. Objective

The objective of these guidelines is to provide a tool for the prevention and reduction of problems related to tobacco smoking in the world of work, within the framework of the promotion of decent work. The guidelines cover the following key areas of action:

- C Development of safe, healthy and harmonious workplaces
- C Formulation of comprehensive workplace policies on tobacco use
- C Information, education and training
- C Access to cessation aid for smokers

2. Use

These guidelines should be used to:

- develop concrete responses at the enterprise, community, regional, sectoral, national and international levels
- promote dialogue, consultations, negotiations and all forms of cooperation between the concerned actors (governments, employers, workers and their representatives, occupational health personnel, community-based and non-governmental organizations) in the development of a comprehensive and sustainable workplace policy on tobacco smoke.
- give effects to its contents in consultation with the social partners:
 - in national laws, policies and programmes of action
 - in workplace/enterprise agreements, and
 - in workplace policies and plans of action

3. Scope and limitation

These guidelines apply to all workers in the public and private sectors and all aspects of work, formal as well as informal. The guidelines are limited to the issue of tobacco smoke and does not cover the occupational health and safety risks to which workers in tobacco growing, processing and manufacturing are exposed.

4. Terms used in the guidelines

Carcinogen: Any substance that causes cancer. Second-hand tobacco smoke contains about 4,000 compounds, and more than 200 of these are known to be hazardous for the human body. At least 40 of the compounds are classified as carcinogenic. According to ILO's Occupational Cancer Convention, 1974 (C.139): "The number of workers exposed to carcinogenic substances or agents and the duration and degree of such exposure shall be reduced to the minimum compatible with safety".

Designated Smoking Area (DSA): A designated smoking area is a clean and safe outdoor location or a room with proper ventilation, which is structurally separated from other work or break areas. If located outside, the DSA should not be located near windows or entrances. It must furthermore meet any requirements of the local public health authority, the municipality, and any other

regulatory bodies having jurisdiction. The location should be clearly identified to the work force by signs or other effective means and easily accessible.

Employer: A person or organization employing workers under a written or verbal contract of employment which establishes the rights and duties of both parties, in accordance with national law and practice. Governments, public authorities, private enterprises and individuals may be employers.

Indoor workplace: An indoor place of employment. It includes, but is not limited to: an indoor work area; a vehicle when an employee uses it in the course of employment and it is occupied by more than one employee; an employee lounge or restroom; a conference and meeting room; a classroom; a cafeteria operated by an employer for use by its employees; a hallway; a restaurant; a bar or tavern; a sleeping room in a hotel or motel; and an assembly, conference, convention, meeting establishment or enclosed portion of the establishment.

Nicotine: This alkaloid is the major psychoactive substance in tobacco. It has both stimulant and, subjectively, relaxing effects. It produces an altering effect in some individuals, and an increased capacity to focus attention. In others, it reduces anxiety and irritability. The most selective way to estimate the level of second-hand tobacco smoke in indoor air is to use nicotine as a marker.

Occupational health services (OHS) are used in these guidelines in accordance with the description given in the Occupational Health Services Convention, 1985 (No. 161). These health services have an essentially preventative function and are responsible for advising governments, employers as well as workers and their representatives on the requirements for establishing and maintaining a safe and healthy working environment. The OHS should also advice on work methods to facilitate optimal physical and mental health in relation to work.

Passive smoking: The involuntary inhalation of second-hand tobacco smoke. These guidelines concern all workers, including smokers and passive smokers, who are exposed to second-hand tobacco smoke.

Second-hand tobacco smoke: Smoke that a person inhales from sources other than by directly smoking tobacco products, i.e. what is exhaled by smokers and smoke deriving from the burning tobacco in a pipe or cigarette.

Small and medium size enterprises (SMEs): The SME environment is generally more competitive and finance is more difficult to obtain, leading to shorter time horizons and fewer expenditures on what may be perceived as "nonessential" items. Occupational safety and health (OSH) interventions are perceived to involve additional administrative work and increased costs, thus reducing competitiveness. In addition, workers in smaller enterprises often have less access to labour inspection services and occupational health services and the level of affiliation to workers' and employers' organisations is generally lower.

Tobacco: Any preparation of the dried leaves of the *Nicotiana tabacum*, a plant of the nightshade family. The main psychoactive ingredient is nicotine. Products of the tobacco plant have been used since ancient times, including cigarettes, cigars, pipes, snuff and chewing tobacco. Although all forms of tobacco use are damaging to health, these guidelines address only the smoking of tobacco products, i.e. cigarettes, cigars, cigarillos, pipes, bidis etc.

Workers' representatives: In accordance with the Workers' Representatives Convention, 1971 (No. 135), workers' representatives are persons recognized as such by national law or practice whether they are:

- (a) trade union representatives, namely, representatives designated or elected by trade unions or by members of such unions; or
- (b) representatives who are freely elected by the workers of the undertaking in accordance with provisions of national laws or regulations or of collective agreements and whose functions do not include activities which are recognized as the exclusive prerogative of trade unions in the country concerned.

5. Key principles

The right to a safe and healthy work environment

The work environment should be healthy and safe, so far as is practicable, for all concerned parties, in accordance with the provisions of ILO's Occupational Safety and Health Convention, 1981 (No. 155). All workers should have the right to breathe clean air, especially those who are pregnant, allergic or asthmatic. According to ILO's Working Environment (Air Pollution, Noise and Vibration) Convention, 1977 (No. 148), "Workers should as much as possible be protected from all air contaminated by substances, whatever their physical state, which are harmful to health or otherwise dangerous". According to ILO's Occupational Cancer Convention, 1974 (C.139): "The number of workers exposed to carcinogenic substances or agents and the duration and degree of such exposure shall be reduced to the minimum compatible with safety". It is important to stress that tobacco smoke, not the smoker, is the problem. Tobacco-related problems should be considered as health problems, and therefore dealt with, without any discrimination, as any other health problem at work.

Integration

Smoking should be treated as an occupational health and safety problem. Each enterprise or organization should ensure that all occupational safety and health strategies are part of a common framework, or management system. This is particularly important for psychosocial health problems because of their strong linkages to other health problems and their interrelatedness.

Non-discrimination

In the spirit of decent work and respect for human rights, there should be no discrimination against workers on the basis of their tobacco habit. Discrimination and stigmatisation of smokers during recruitment or work cannot be tolerated. Nor should workers involved in the process of achieving a workplace free of tobacco smoke be stigmatised.

Universality

These guidelines apply to all types of public and private employment including employment in the informal economy. The same directives and restrictions should apply to both management

personnel and workers, so that there is a clear and unambiguous policy.

Gender equality

The gender dimensions of tobacco use should be recognized. Because of their reproductive role, women are more vulnerable to tobacco use and second-hand tobacco smoke. There are also differences between men's and women's tobacco habits and how men's and women's bodies react to tobacco. The relative scarcity of women in policy-making bodies is a problem, which is why active participation of women in all processes leading to smoke-free workplaces should be encouraged.

Social dialogue

The successful implementation of a policy on tobacco smoke requires cooperation and trust between employers, workers and their representatives. Governments should facilitate this process by offering the social partners an enabling environment in which policies on tobacco smoke can be developed in a participative and gender sensitive manner.

Prevention

Tobacco use is the leading preventable cause of death in the world. Prevention of tobacco smoke in the workplace can greatly reduce disease, disability and premature death associated with tobacco. This can be achieved through a variety of strategies, which should be appropriately targeted to national and cultural conditions. Successful prevention of tobacco smoke in the world of work requires changes in attitudes, behaviour, knowledge and the creation of a socially harmonious environment. The social partners are in a unique position to promote workplace prevention efforts particularly in relation to changing attitudes and behaviours through information and education.

Support

Solidarity and support should be given both to non-smokers, who have the right to breath clean air in the workplace, and to those who wish to quit smoking. All workers should have access to affordable health services and cessation assistance.

6. General duties, rights and responsibilities

Governments

C Coherence

Governments should ensure coherence in the national tobacco strategy, recognizing the importance of a safe and healthy working environment and the relevant link to tobacco use. The participation of employers' and workers' representatives should be encouraged in the development of tobacco free campaigns. Relevant ministries, especially those responsible for labour and health, should work together in order to maximise the effects of various efforts to reduce the exposure to second-hand tobacco smoke in the workplace. Governments should ensure that policies and practices related to tobacco are mutually supportive rather than counteracting each other.

C Multi-sectoral participation

The competent authorities should mobilize and support broad partnerships for support and prevention, including the public and private sectors, workers' and employers' organizations, and all relevant stakeholders, for example health and fire insurance companies, in the formal as well as the informal economy so that the greatest number of partners in the world of work are involved.

C Coordination

Governments should facilitate and coordinate all activities at the national level which provide an enabling environment for world of work interventions and capitalize on the presence of the social partners and all relevant stakeholders. Coordination should build on measures and support services already in place to the extent possible.

- Incentives

Governments should promote incentives to enterprises to develop smoke-free policies and programmes. Insurance companies could for instance offer better premiums to smoke-free enterprises, e.g. fire or health.

C Health promotion

The competent authorities should instigate and work in partnership with the social partners, non governmental organizations, local medical practitioners and others to promote awareness raising activities related to tobacco and the access to cessation aid in the workplace.

C Research

The competent authorities should collect, maintain and publish statistics on the prevalence of smoking, tobacco-related illnesses and the effects of smoking on productivity. Based on the conclusions of investigations and statistical data, the competent authorities should take the following actions in order to promote workplaces free of tobacco smoke:

- 1 make appropriate recommendations for changes in the regulatory framework;
- 2 offer technical information to individual enterprises, workers' and employers' organizations and other relevant stakeholders on how to implement a policy on tobacco smoke.
- 3 issue publications on ways to promote smoke-free workplaces in various industries, branches and production processes.

C Legislation

Legislation and national policy with respect to the prevention and reduction of tobacco smoke in the workplace should be determined after consultation with the most representative employers' and workers' organizations and other experts. It should include the rights to a healthy and non-discriminatory environment for smokers as well as non-smokers. In Finland second-hand tobacco smoke has been classified as an occupational carcinogen.

C Enforcement

The competent authority should supply technical information and advice to employers and workers concerning the most effective means of complying with legislation and regulations related to tobacco smoke in the workplace. To the extent possible, the authorities should strengthen enforcement structures and procedures, such as factory/labour inspectorates and

labour courts and tribunals, and extend their mandate to include the protection against tobacco smoke in the workplace.

C Small and medium size enterprises (SMEs)

Governments should create an enabling environment for workers and employers in SMEs to develop programmes and policies for the prevention of exposure to tobacco smoke. Facilitating measures could be to improve access to information and training material, make cessation aid available and create networks between organisations active in tobacco prevention and SMEs in the same area. These networks could also include service providers to SMEs, such as workers' and employers' organizations, insurance companies, banks, chambers' of commerce and community based organizations.

C The informal economy

Governments should to the extent possible extend the coverage of social protection to all workers along the entire continuum from the formal to the informal end of the economy, including promotion of smoke free workplaces, awareness raising activities and access to cessation aid. Governments should facilitate the implementation of policies on tobacco smoke in the informal economy, utilising already existing infrastructure to reach these segments of the working population as well as explore new solutions.

C Regional and international collaboration

Where they exist, governments should take advantage of international campaigns and cross-border partnerships. They should promote and support collaboration and large campaigns at regional and international level, such as the World no Tobacco Day and WHO's Framework Convention on Tobacco Control (see annex).

Employers and their representatives

C Workplace policy

Employers should consult with workers and their representatives to develop and implement cost-effective and appropriate policies for their workplaces, preferably integrated into comprehensive policies covering other occupational safety and health issues. The policy should be clear, comprehensible and accessible. It should be consistent, i.e. applied throughout the organization as well as throughout the management structure. The policy should promote the safety and health by eliminating exposure to second-hand tobacco smoke.

- National, sectoral and workplace/enterprise agreements

Employers and their representatives should adhere to national law and practice when negotiating terms and conditions of employment and strive toward provisions of a working environment free of tobacco smoke into national, sectoral and workplace/enterprise agreements.

C Information, education and training

Employers and their organizations, in consultation with workers and their representatives, should initiate and support programmes at their workplaces to educate all employees about the safety and health hazards of tobacco smoke. Workers should be consulted and informed about the development of a workplace policy and the relevant divisions of the enterprise should receive training in how to implement the policy.

C Disciplinary procedures

Employers should provide procedures in the company policy for work-related grievances. These procedures should specify under what circumstances disciplinary proceedings could be commenced in any situation of violation of the policy on tobacco smoke.

C Working conditions

Employers should pursue good management practices, adopt fair employment practices, organize work in a satisfactory way and strive constantly to create a working environment that does not cause undue stress or physical or mental hardship. A harmonious working environment is important to workers who want to quit smoking.

C Advocacy

Employers should, when appropriate, encourage fellow employers to contribute to the prevention and management of a tobacco policy in the workplace, and encourage governments to take all necessary action to promote a world of work free from tobacco smoke.

C The informal economy

Employers' organisations should contribute to an improved awareness level among employers in the informal economy, also the ones that are not affiliated, through education and distribution of educational material. Innovative strategies should be explored and new alliances forged between employers and their representatives and stakeholders in the informal economy such as public health services, NGOs, workers' organisations and community-based organisations.

- Small and medium size enterprises (SMEs)

Employers in SMEs should take advantage of on-going awareness campaigns and participate, to the extent possible, in the development of local initiatives promoting an environment free of tobacco smoke. SME employers need innovative and cost-effective alternatives and use existing collective occupational safety and health services and best practices from other enterprises. Employers' organisations should make existing services and material available to affiliated and other enterprises and, if necessary, modify them to the special needs of SMEs.

C International partnerships

Where they exist, employers and their organizations should take advantage of international partnerships and campaigns for the promotion of a smoke-free world of work.

Workers and their organizations

C Workplace policy

Workers and their representatives should support and encourage employers in creating and implementing personnel policies and practices which defend workers' rights to breath clean air; lead to a harmonious working environment that does not cause undue stress or physical or mental hardship; and defend workers who are discriminated. Workers' organisations should extend support to unorganised workers to the extent possible.

C Information and education

Workers and their representatives should use existing trade union structures and other channels for the distribution of information and the development of educational materials and activities appropriate for workers and their families. Workers should also receive regularly updated

information about the policy and workers' rights and benefits.

C Advocacy

Workers and their organizations should work with employers, their organizations and governments to raise the awareness of the safety and health hazards of tobacco smoke. They should also advocate the access to cessation aid for all workers.

C Compliance

Workers' and their representatives have the right to take up issues at their workplaces through grievance procedures if a smoking policy is not adhered to.

- Confidentiality

Workers have the right to access their own personal and medical files. When carrying out trade union responsibilities and functions, the rules of confidentiality and the requirement for the concerned person's consent set out in the Occupational Health Services Recommendation, 1985 (No. 171), should apply.

C The informal economy

Workers and their organizations should promote smoke-free workplaces in the informal economy in partnership with all other relevant stakeholders. New and innovative strategies are needed to reach out to this heterogeneous and mostly non-unionised section of the workforce. Existing programmes and educational material should be used, if necessary modified to suit the special needs of informal workers. Activities should first of all focus on raising the awareness of all workers.

- Small and medium size enterprises (SMEs)

Workers' organisations should extend programmes and educational material to SME workers, including those who are not organised. Good practices could be drawn from experiences in similar enterprises and support should be sought from the government, employers, community based organizations and any other institution which normally gives support or services to the enterprise, branch or geographical area.

C International partnerships

Workers' organizations should build solidarity across national borders by using sectoral, regional and international groups to highlight the importance of a smoke-free world of work, and to include it in workers' rights campaigns.

7. Development of a policy on tobacco smoke

Some work places are at the same time public places. Legislations prohibiting smoking in public places automatically protect all workers in such places, as well as those workers who spend part of their time at work in public places and the transit to and from work. For all workers to be protected from exposure to tobacco smoke throughout the day, a well-planned and carefully implemented effort by the employer to introduce a tobacco policy is essential. Such an effort to protect the health of workers gives a positive signal not only to the workers within the organization, but also to the society. It shows that the enterprise or organization cares about all

employees. A clear organizational policy is appreciated by smokers as well as non-smokers, and makes management easier. It should be developed through social dialogue and introduced in combination with education campaigns on the hazards of tobacco use and second-hand tobacco smoke. Cessation aid should be explained and made available to those who wish to stop smoking. The smoking policy should, if possible, be integrated into a comprehensive policy that addresses other occupational safety and health issues.

Workplace committee

A bipartite working group or committee should be set up to ensure greater cooperation and create a sense of ownership of the policy. Encouraging active participation in the development of the policy will avoid frictions and inspire initiative and responsibility during the implementation. The committee should consist of all or some of the following: workers' and employers' representatives, management and representatives from the health department, human resources, training and communication departments. It is important that women and men are equally represented in the committee because of women's often weaker position for negotiation within the organizational structure and under-representation in workers' and employers' organisations. Studies have furthermore shown that workplaces with a greater number of women employees are faster at introducing measures of tobacco control. Smokers, former smokers and people who have never smoked should be included in the committee if they agree. The size and nature of the workplace would determine the exact composition of the committee. The purpose of the committee is to develop, evaluate and update a policy on tobacco smoke acceptable to all workers and to make sure that the policy is adhered to.

Assessment

An important initial activity is to assess the current situation. Laws and regulations must be taken into consideration and if a policy already exists, it should be reviewed. An assessment is needed of the attitudes, beliefs and behaviours of the employees with regard to smoking. This information can be gathered for example through meetings, working groups, task forces or surveys.

Comprehensive Approach

Tobacco addiction and other psychosocial problems are serious occupational safety and health issues. Each enterprise or organization should ensure that occupational safety and health strategies are part of a common framework, or management system. In order to achieve continuous improvement of the occupational safety and health management system, the implementation of the policy should be evaluated and improved upon on a regular basis. Because of the interrelated nature of many psychosocial problems, the ILO suggests that they should be dealt with an integrated approach. In order for smoking cessation campaigns to be successful at a workplace, it might for example be vital to tackle the stress levels and to ensure that alcohol consumption is regulated during working hours.

Formulation

When formulating the policy, the committee should take into account and decide on measures to optimise the health and safety of all workers and management. Important decisions to take during

the formulation process are:

- C Whether to provide indoors or outdoors designated smoke areas.
- C Whether to use incentives to encourage smokers to quit.
- C Which form of cessation aid (if any) should be offered, who should pay for it and from where it would be provided.

The policy should include:

- C The purpose of the policy
- C Available cessation aid
- C Existing incentives to encourage smokers to quit.
- C A clear statement of where smoking is permitted (if anywhere)
- C Number and duration of smoking breaks
- C Consequences of non-compliance and who is responsible for the enforcement.
- C Details of support for smokers given by peers, workers' organizations, community organizations etc.
- C Name and coordinates of persons who can answer questions related to the policy.

Information

It is very important that the new policy is announced well in advance. This announcement is the start of a transition period which should last for several months. The upcoming policy change acts as a "stimulus to change" and creates a new environment in which it is in the interest of the smokers to seek a means of successfully adapting to the new policy.

The announcement should be followed by an information programme aimed at all workers, but focused on two important groups: the supervisors who will implement and oversee the new policy, and the smokers who need to learn to adapt to the new environment. An important message in the communication programme should be that smokers will not be required to quit smoking unless they choose to do so. They must nonetheless adhere to the new policy. Information about the policy must be given on a regular basis to all workers.

8. Implementation of a policy on tobacco smoke

Supervisors, managers and others involved in the implementation of the policy, should be informed or trained during the transition period. This will enable them to understand the policy change and anticipate questions, problems or other concerns which may come up during or after the change. As the group most directly affected by the new policy, smokers should be consulted about their specific needs and acquainted with available cessation aid programmes. Smokers should have the possibility to choose his or her own preferred way, whether it be quitting altogether or just learning how not to smoke during parts of the workday. Accordingly, resentment is neutralized and the change to the smoke-free workplace becomes a positive motivating factor for the smoker.

The contents of the new policy should be easily accessible via posters, orientation and training sessions and included in the policy manual. It is important that information is geared to various education levels of workers and persons with disabilities, and that the policy and all materials are translated into the languages of the workers. Visitors should be informed, and are expected to

adhere to, the policy. New employees should receive all necessary information. Education campaigns should be offered to management and workers on the safety and health hazards of tobacco use on an on-going basis. Information about available cessation aid should preferably be available before the implementation of the policy.

Stigma

Introducing a policy on tobacco smoke is an effort to make the workplace safer and healthier. It is important that the new policy is perceived as a measure of health protection and not a regulation against smokers. Sufficient support must be given to smokers so that they are not stigmatised because of their habit or discriminated against during recruitment. To avoid a polarization at the workplace because of frictions between smokers and non-smokers, management should stimulate communication and involvement in the development of the policy. Social dialogue, a gradual transition to the new policy, a supportive attitude from management, workers' organizations and colleagues, and access to cessation support could help to avoid misconceptions and encourage smokers who want to quit. The integration of tobacco into policies that cover other psychosocial problems, such as stress, bullying and violence, could reduce the stigma. Wellness programmes that integrate smoking cessation into general health promotion such as diet and exercise could achieve the same effect.

Compliance

The policy should be gradually introduced with a clear announcement by the management and a transition period during which all workers are informed and given time to adapt. In order to keep up the awareness level and ensure that all workers are aware of the current or changed policy, regular education campaigns should be carried out. A high awareness level combined with sufficient disincentives for those who do not comply, a sense of ownership and availability of suitable cessation aid should facilitate the implementation of the policy and lead to high compliance.

Evaluation

In evaluating the effectiveness of the policy, there are two separate criteria that must be considered. The first is whether the workplace has become a smoke-free environment and the second is the number of employees who actually quit smoking and maintain their smoke-free status. It is also possible to measure the effectiveness through an epidemiological investigation, comparing smoke-related health complaints in a few pilot sites before the policy is introduced and after some time. Another method is to measure the quality of the air.

The assessment of a smoke-free environment can be based on supervisors' reports on violations of the policy within their work areas; monitoring complaints from other employees; and the result of unannounced spot checks of the workplace to reveal the presence of cigarette butts, ashes and smoke in the air. Checking the epidemiological pilot sites is another way of measuring the effect.

Identifying the non-smoking status of workers is more complicated. Identifying smokers through saliva tests for cotinine, a marker for tobacco smoke, is an expensive and complicated method fraught with legal and ethical questions regarding employee privacy. The use of anonymous

questionnaires is a better method to find out the proportion of smoking. Other similar methods are surveys, feedback sessions with management and workers or a telephone hot line. Results of the assessment should indicate how individuals' smoking habits have changed and how long abstinence from smoking has been maintained. It should also probe changes in employees' toward the policy. Such questionnaires have the added advantage of being a means of reinforcing the non-smoking message and of keeping the door open for those still smoking to reconsider dropping the habit. The results of the assessment should also indicate the use of cessation activities among workers. Specific problems should be discussed and resolved in the committee.

Disciplinary measures

Progressive disciplinary rules should be elaborated by the committee, clearly communicated to all workers and enforced by the management. The committee is responsible for the reformulation of these measures if supervisors are not enforcing them or if the disincentives are not sufficient.

9. Information and education

Worksites are becoming increasingly common settings for health education and promotion efforts. Information and education are keys to successful implementation of the policy. Continuous education will bring understanding of the usefulness of the policy and awareness of the health and safety risks of tobacco use and second-hand tobacco smoke.

Information and awareness-raising campaigns

Information campaigns should, where possible, be linked to broader tobacco campaigns within the local community, sector, region or country. They should also make a link to other occupational safety and health problems, in particular psychosocial issues such as alcohol consumption and stress. The programmes should be based on correct and up-to-date information about the medical aspects and occupational hazards of tobacco use and various cessation strategies. Information programmes, courses and campaigns should be integrated into existing education and human resource policies and programmes as well as occupational safety and health strategies.

Educational programmes

Educational strategies should be based on consultations between the social partners and other relevant stakeholders with expertise in smoke-free workplaces. The methods should be as interactive and participatory as possible. Consideration should be given to conducting educational programmes to all workers during paid working hours. The programmes should include health and safety aspects of tobacco use and second-hand tobacco smoke, how to stop smoking and how tobacco use is linked to other safety and health problems. It should also be emphasized that the health risks of tobacco smoke are different for women and men.

Linkage to health promotion programmes

Educational programmes should be linked, where feasible, to health promotion programmes dealing with other occupational health issues, including substance abuse, stress and violence. Existing work councils or health and safety committees provide an entry point to awareness

campaigns and educational programmes promoting a smoke-free workplace. This linkage should highlight mental and physical well-being at work and a supportive environment to facilitate the process of quitting smoking.

10. Training

Training should be adapted to the different target groups: trainers of trainers; peer educators; social workers; occupational safety and health officers; and factory/labour inspectors. Innovative approaches should be sought to defray costs. For example, enterprises could seek external support from national programmes or other relevant stakeholders by borrowing instructors or having their own trained. Training materials may vary according to available resources and should be adapted to local customs and cultures and to the different circumstances of women and men. Training in how to implement the tobacco policy should become part of the annual training plan, which should be developed in consultation with workers' representatives.

Training for managers, supervisors and personnel officers

In addition to participating in information and education programmes that are directed at workers, supervisory and managerial personnel should receive training to:

- enable them to explain and respond to questions about the workplace's tobacco policy;
- be well informed about the health and safety hazards of second-hand tobacco smoke;
- identify and manage discrimination or tensions between smokers and non smokers at the workplace;
- enable them to advise about available health services and other support services.

Training for peer educators

Fellow workers who participate in awareness raising, so-called peer educators, should receive specialized training so as to:

- be sufficiently knowledgeable about the health and safety hazards of tobacco and methods how to avoid exposure to second-hand tobacco smoke, so that they can deliver information and education programmes to the workforce;
- be sensitive to race, gender and culture in developing and delivering their training;
- link into and draw from other existing workplace policies, such as those on substance abuse and stress;
- enable their co-workers to identify working situations which are harmful to their safety and health because of tobacco smoke;
- be able to advice smokers where they can get professional help to quit.

Training for workers' representatives

Workers' representatives should, during paid working hours, receive training so as to:

- enable them to explain and respond to questions about the workplace tobacco policy;
- enable them to train other workers in trainer education programmes;
- identify tensions or discrimination between smokers and non-smokers in order to effectively solve such problems;

- be able to advise smokers where they can get professional help to reduce mental and physical stress elements in their occupational and private life, which could hamper attempts to quit smoking;
- be well instructed about the safety and health aspects of tobacco use in order to inform workers about its prevention;
- be able to support and represent workers who suffer from second-hand tobacco smoke at the workplace if the employer take no steps to improve the situation.

Training for health and safety officers

In addition to becoming familiar with the information and education programmes that are directed at all workers, health and safety officers should receive specialized training in order to:

- be sufficiently knowledgeable about the content and methods of smoke prevention so that they can deliver the information and education programme to the workforce;
- be able to assess the working environment and identify working conditions which could be changed or improved in order to lessen mental or physical stress;
- verify whether the employer provides and maintains a smoke-free, healthy and safe working environment and processes for the workers;
- ensure that all medical information is maintained under conditions of strict confidentiality and disclosed only in accordance with the ILO's Guidelines on the protection of workers' personal data;
- be able to refer workers to in-house cessation aid services or those outside the workplace which can effectively respond to their needs.

Training for factory/labour inspectors

The competent authority should ensure that factory or labour inspectors have sufficient means at their disposal to fulfil their supervisory, enforcement and advisory functions, in particular regarding the prevention of exposure to tobacco smoke in the workplace. Factory and labour inspectors should ensure that designated smoking areas and ventilation systems are designed in such a way that no worker is exposed to tobacco smoke during work hours. To achieve this, they should receive specialized training on strategies how to prevent exposure to tobacco smoke at work. This training should include:

- information on relevant international labour standards such as the Occupational Cancer Convention, 1974 (C.139), the Occupational Health Services Convention, 1985 (No. 161), the Occupational Safety and Health Convention, 1981 (No. 155), the Working Environment (Air Pollution, Noise and Vibration) Convention, 1977 (No. 148) as well as national laws and regulations;
- how to provide awareness about the harm that tobacco does to safety and health of workers and management;
- how to incorporate tobacco issues into their regular occupational safety and health briefings and workplace training;
- how to identify violations, or the lack of implementation of, existing tobacco policies and to assist workers to exercise their legal rights.

11. Cessation aid

All workers should be educated about the adverse effects of tobacco use and instructed in the various kinds of cessation methods available. In some cases incentives from the employers to workers who want to quit may be considered for example by reimbursing the course fee to workers who have successfully terminated a cessation programme. There should similarly be support, and possibly rewards, to employers who implement tobacco policies in the enterprise from the side of the government or employers organizations.

Smoking cessation methods are divided into two categories:

- Unassisted methods, which include stopping without recourse to any special technique; gradually reducing the number of tobacco products used per day; quitting with friends, relatives or acquaintances; using special cigarette filters or holders; using other non-prescription products; or substituting the used tobacco product for another one (snuff, chewing tobacco, pipes or cigars).
- Assisted methods, which include attending a programme or a course with or without a fee; consulting a mental health professional; hypnosis; acupuncture; and using nicotine replacement products (gum, inhalers or nicotine skin patches) or other pharmacological products that help people quit (such as bupropion).

Which kind, if any, of these aids the organization or company chooses to use, will depend on how strong the organizational support is to help workers quit smoking, the available resources in the company or in the community, and what the workers want and need. Studies have shown that those individuals most successful in permanently quitting do so largely on their own, often after numerous attempts to do so. Secondly, multiple interventions in combination appear to enhance the effectiveness of efforts to quit. Cessation programmes should not be expected to produce dramatic positive results but, instead, should be viewed as requiring a persistent, patient effort towards the goal of quitting smoking.

Annex 1. Facts about smoking

Smoking in the World

In several developed countries, increased awareness of tobacco's harmful effects in combination with anti-smoking measures from the government, have brought about a slight decline in tobacco use. However, in most of these countries at least one of the following groups remain problematic: lower income earners, young people and women.

The picture in developing countries is less encouraging. The largest share of world smokers live in these countries and even if the prevalence would fall, the expansion of the world's population would still lead to more smokers. A projected decrease in smoking among men will, according to WHO, probably be offset by an increase in female smoking rates. It is expected that by 2030, 70% of all deaths from tobacco will occur in developing countries, up from 50% in 2000.

Smoking and Women

Global estimates from WHO show that about 22 percent of women in developed countries smoke and 9% of women in developing countries. In developing countries, this rate is projected to increase to 20% by 2020. Among men the smoking rate is 35% in developed countries and 50% in developing countries (WHO, 2002). Although tobacco smoking is declining in many developed countries, it is rising among young women and in several countries of Southern, Eastern and Central Europe as well as developing countries where tobacco use was previously taboo. In several industrialized countries, including Denmark, Germany and the United States, more young women aged 14 to 19 years than young men now smoke. In the Asian and Pacific countries, where smoking is a symbol of women's liberation and freedom from traditional gender roles, young women are increasingly becoming addicted to tobacco. Moreover, there is a popular belief that smoking keeps them slim.

The tobacco industry is marketing this growing market with special "female brands" and "light" cigarettes. It also makes cigarettes more accessible to young persons through low prices, easy availability and free samples. This is particularly serious since those who start smoking as children find it hardest to quit.

Tobacco-related deaths among women are expected to double within the next decades. Women who use tobacco face virtually the same risks as men and in some cases even more. In the US, lung cancer has surpassed breast cancer to become the leading cause of cancer mortality among women. Furthermore, some studies show that women might be more susceptible to the effect of tobacco carcinogens than men. Smoking is also a major cause of coronary heart disease, especially among those who use oral contraceptives. Smoking postmenopausal women have lower bone density than non-smokers and run an increased risk of hip fracture. Women who smoke during pregnancy expose both themselves and the foetus to damages as maternal smoking is associated with a higher risk of miscarriages and low birth weight babies, as well as an increase of sudden infant death when the baby is born.

In order to respond to women's particular needs at the workplace, it is important that health

personnel is informed about tobacco's effects on women and the importance of pregnant women not being exposed to second-hand tobacco smoke not at work nor at home. Furthermore, women should be actively involved in the policy-making process leading to a workplace policy on tobacco use.

Smoking in the Informal Economy

Preventing smoking at work is difficult in developing countries where it can be most problematic due to lack of resources and adequate infrastructure. It is a particularly big problem in the informal economy, which is large, heterogeneous and complex. Informal work is a rapidly growing phenomenon in developing countries and to some extent also in developed countries. This diverse group of enterprises and workers range from those in survival type of activities to those in productive activities with dynamic growth potentials. Workers in the informal economy range from garbage collectors to sweatshops producing shoes. The one characteristic they share in common is that they are, to varying degrees, not registered or recorded under the legislation, regulations and statistics of national or local governments and are, therefore, largely 'invisible' and unprotected. Social protection is especially critical for informal workers as they are much more likely than formal workers to be exposed to poor working environments, low safety and health standards and environmental hazards. Such exposure impairs the health and productivity and also the general well being of informal workers and their families. Often they are not even aware of the risks they are exposed to, and, even if they are aware, they do not know how to avoid them.

Annex 2: Impact of smoking in the workplace

In 2002 an estimated 4.9 million deaths per year were caused by tobacco. If the trend continues, the WHO predicts that this number will double by 2020. Approximately 70% of these deaths will occur in developing countries. Together with HIV/AIDS, tobacco use is the fastest growing cause of death in the world and is set to become the leading cause of premature death in the 2020s.

At work, smoking is a security hazard, a financial burden and a health problem. Tobacco use significantly increases the risk of heart and lung diseases as well as various forms of cancer. But smoking also harms others. The International Agency for Research on Cancer concluded in 2002 that second-hand tobacco smoke is carcinogenic to humans. It is estimated that 30,000 to 60,000 deaths are caused by passive smoking in the USA. The equivalent figure for the EU is estimated to 50,000 – 100,000 deaths. Some workplaces are particularly hazardous because tobacco smoke can interact with certain chemicals and radiation, producing either an additive or multiplicative effect and increasing significantly the risk of some occupational diseases. One example is the negative synergistic effect between asbestos and tobacco smoke. Tobacco smoke is furthermore a major cause of fires and explosions and a distraction in the work of the smoker when smoking on the job. Another problem is the tensions and conflicts that can arise between smokers and non-smokers.

In terms of productivity, smoking is a significant factor because of the effects on morbidity, absenteeism and time off work during smoking breaks. Tobacco-related illnesses affect retirement and health care costs and because of the fire and explosion risk, smoking has a negative effect on insurance costs. In addition, maintenance costs of facilities exposed to tobacco smoke are higher.

Health Impact

Active smoking

The damage of smoking on people's health is well documented. According to the World Health Organization, tobacco caused 8,8% of deaths and 4,1% of DALYs¹ (59.1 million) worldwide in 2002. The proportion of diseases caused by tobacco smoke were 12% for vascular diseases, 66% for trachea bronchus and lung cancer and 38% for chronic respiratory diseases in 2002. According to the International Agency for Research on Cancer, there is sufficient evidence that tobacco smoking causes over 15 different types of cancer. In populations with prolonged cigarette use, according to the International Agency for Research on Cancer, the proportion of lung cancer cases caused by cigarette smoking has reached 90%. Smoking is also a major cause of heart and circulatory diseases as well as respiratory illnesses. Tobacco smoke also has a detrimental effect on persons with allergies and asthma, two public health problems on the rise. Women who smoke run the same health risks as men do, but studies have shown higher rates of lung cancer in women, indicating that they may be more susceptible to the effects of tobacco carcinogens than men are. Smoking also carries unique health risks to women such as cervical cancer, low birth weight babies, delayed conception and unsuccessful

¹ DALY's=Disability Adjusted Life Years, a measure of burden of disease in population. It combines "Years of Life Lost"(YLLs) and "Years Lived with Disability"(YLDs).

pregnancies. Smoking is reported to reduce the fertility of both men and women, and men who smoke run a 50% higher risk of impotency than non-smokers do.

Passive smoking

Exposure to second-hand tobacco smoke means breathing in the same toxic chemicals as smokers do. According to the International Agency for Research on Cancer the risk of lung cancer is 20% greater among non-smoking women and 30% greater for non-smoking men who are exposed to second-hand tobacco smoke. For this reason some countries have classified tobacco smoke, although tobacco smoke in fact contains a number of different carcinogenic substances, an occupational carcinogen. The Finnish Government has classified second-hand tobacco smoke as an occupational carcinogen and the United States Environmental Protection Agency has made the classification "class A" or human carcinogen for which there is no protection. Figures from the United States in 2002 showed that second-hand tobacco smoke caused about 3,000 lung cancer deaths per year, compared to less than 100 lung cancer deaths per year from traditional forms of outdoor air pollution. Regarding other types of cancer, there are not enough data available to conclude whether second-hand tobacco smoke is a major cause. Heart diseases on the other hand are considered to be even more frequent. The chemicals in second-hand tobacco smoke have a serious effect on the heart muscle and the blood vessels, and the net effect is that there are about 15 times more deaths from heart disease caused by second-hand tobacco smoke than from lung cancer. Second-hand tobacco smoke also aggravates asthma and other breathing problems, especially in children and it is an important cause of sudden infant death syndrome and children's ear infections.

Smoking at work

Since many people spend a considerable amount of time at work, the total exposure to second-hand tobacco smoke is considerable in workplaces where smoking is not regulated. The International Information System on Occupational Exposure to Carcinogens CAREX published a report in 1998, indicating that second-hand tobacco smoke was the second most common occupational exposure to carcinogens (after solar radiation) in the European Union. Some 7.5 million European workers were exposed to second-hand tobacco smoke at least 75% of their working time. There is also a risk of synergy between smoking and other occupational exposures to hazardous substances. According to the International Programme on Chemical Safety and the International Agency for Research on Cancer, interaction between smoking and other substances augment the risk of many diseases, particularly chronic obstructive pulmonary diseases, lung cancer, cardiovascular diseases and disabilities. Tobacco smoke can add to the biological effect caused by certain chemicals and interact synergistically with existing chemicals. Examples of such hazardous materials are coal, grain, silica, welding materials, asbestos, petrochemicals, aromatic amines, pesticides, cotton dust and ionising radiation. Asbestos workers or construction workers who smoke are exposed to the additive and multiplicative interaction between smoke from tobacco products and asbestos, which may lead to lung cancer and chronic lung disease. Uranium miners and other workers in radioactive environments are exposed to radon which, when interacting with tobacco smoke, increases the risks of lung cancer. The multiplicative effects of alcohol intake and smoking also imply significant risks of for example oral cancer.

Safety impact

Smoking is a leading cause of fires and explosions at work, especially where flammable and explosive chemicals are used. Tobacco products can also cause burns and reduce visibility. Because of its distracting effects when lighting the tobacco product, smoking has also proved to be a factor in motor vehicle accidents.

Economic impact

The smoker

Statistics show that the majority of smokers in both developed and developing countries can be found in the low-income bracket. For those with a low income, financing a tobacco habit can become a serious strain on the household income. In some developing countries, households are reported to spend 10-20% of their household incomes on tobacco products. Additional costs for the smoker include higher medical costs and lower earnings caused by illness and a shorter productive life.

The employer

Studies have shown that employers with a smoking workforce face higher costs due various reasons:

- Lost productivity and absenteeism. Significant costs are associated with workers spending less time working due to sickness or time used for smoking breaks. Especially in smaller enterprises, where workers often handle many different tasks, production can be greatly increased by reducing absenteeism. Recruitment and retraining costs are higher because of death and disability. In addition, workers' morale is better in a non-smoking workplace, eliminating the illness and discomfort non-smokers can suffer when exposed to second-hand tobacco smoke
- Annual health care costs are higher among smokers.
- Insurance. Smoking leads to higher fire and life insurance costs as well as a negative impact on health insurance costs.
- Workers' compensation payments in cases of disability stemming from exposure to second-hand tobacco smoke.
- Maintenance and cleaning costs. Fire risks are greater, especially in certain industries and the transport sector. A smoke-free workplace experiences less property damage caused by smoke pollution; premises, painting, wallpaper, light, computer equipment, furniture and carpets need less maintenance in a smoke-free environment and last longer.

Annex 3. Checklist for planning and implementing a workplace policy on smoking

Employers, workers and their organizations should cooperate to develop a policy restricting tobacco exposure at work that responds to, and balances the needs of, employers and workers. Backed by commitment at the highest level, the policy should offer an example to the community in general of how to manage this health problem. The core elements of the policy, developed in section 7-11 of these guidelines, include the importance of social dialogue, how to formulate a policy, the importance of information, training and education, the provision of support to smokers who want to quit and non-acceptance to any form of discrimination or stigmatisation at the workplace.

The following steps may be used as a checklist for developing a policy and programme:

- ❑ Gender balanced committee is set up with representatives from top management, supervisors, workers, trade unions, human resources department, training department, industrial relations unit, occupational health unit, health and safety committee, smokers as well as non-smokers if possible.
- ❑ Committee decides its terms of reference and decision-making powers and responsibilities
- ❑ Review of existing policies and national laws and their implications for the enterprise
- ❑ Committee assesses the smoking prevalence on the workplace and the willingness to quit in an anonymous baseline study.
- ❑ Committee establishes what health and information services are already available – both at the workplace and in the community
- ❑ Committee formulates a draft policy; draft circulated for comment then revised and adopted
- ❑ Committee draws up budget, seeking funds from outside the enterprise if necessary and identifies existing resources in the local community
- ❑ Committee establishes plan of action with timetable and lines of responsibility to implement policy
- ❑ Policy and plan of action are widely disseminated through, for example, notice boards, mailings, pay slip inserts, special meetings, induction courses, training sessions
- ❑ Committee monitors the enforcement and impact of the policy
- ❑ Committee regularly reviews the policy in the light of internal monitoring

Every step described above should be integrated into a comprehensive enterprise policy that is planned, implemented and monitored in a sustained and ongoing manner.

Annex 4. Relevant ILO instruments and documents

Conventions

No	Title
98	Right to Organise and Collective Bargaining, 1949.
111	Discrimination (Employment and Occupation), 1958
121	Employment Injury Benefits, 1964.
139	Occupational Cancer, 1974.
148	Working Environment (Air Pollution, Noise and Vibration)
154	Collective Bargaining, 1981
155	Occupational Safety and Health, 1981
158	Termination of Employment, 1982
161	Occupational Health Services, 1985.
170	The Chemicals Convention, 1990

Recommendations

No.	Title
139	Occupational Cancer, 1974.
156	Working Environment (Air Pollution, Noise and Vibration)
164	Occupational Safety and Health, 1981
166	Termination of Employment, 1982.
171	Occupational Health Services, 1985.
177	The Chemicals Convention, 1990

Codes of Practice

Protection of workers' personal data (Geneva, 1997)
Safety in the use of chemicals at work (Geneva, 1993)
Ambient Factors in the workplace (Geneva, 2001)

Guidelines

Technical and ethical guidelines for workers' health surveillance (Geneva, 1998)
Guidelines on occupational safety and health management systems ILO-OSH 2001 (Geneva, 2001)

Publications

International Programme on Chemical Safety (ILO, WHO, UNEP): Environmental Health Criteria Series No. 211(1999): Health effects of interactions from tobacco use and exposure to chemical, physical or biological agents.
ILO Encyclopaedia of Occupational Health and Safety

Training programme

SOLVE – Addressing Psychosocial Problems at Work

Annex 5. Regulating smoking at work

Laws and voluntary policies to restrict smoking at the workplace have increased in number and scope since the 1980s. They are characterized by banning smoking altogether or restricting smoking in common areas such as cafeterias and meeting rooms, and allowing smoking only in designated areas. Other regulations restrict smoking in workplaces where certain hazardous materials are present. Legislation restricting smoking in some worksites can also be part of a broader regulation covering public places or legislation covering the health and/or education sectors.

Legislation regulating smoking in the workplace exist on various levels. However, until now supra-national legislation has been uncommon. The most important international instrument is WHO's Framework Convention on Tobacco Control, adopted 21 May 2003. Under *Article 8. Protection from Exposure top Tobacco Smoke*, we can read the following:

2. Each Party shall adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Some attempts to include the problem of smoking have also been made on the regional level. One example is the the European Union. The European Council Directive concerning the minimum safety and health requirements for the workplace (89/654/EEC) from 1989 and the European Council Resolution on the reduction of smoking in the European Community from 1996 (89/391/EEC), both suggested greater protection from exposure to second hand tobacco smoking. More recently, a European Council Recommendation on the prevention of smoking and on initiatives to improve tobacco control was adopted in December 2002 (2003/54/EC). All European member states were herein recommended to:

4. Implement legislation and/or other effective measures in accordance with national practices and conditions at the appropriate governmental or non-governmental level that provide protection from exposure to environmental tobacco smoke in indoor workplaces, enclosed public places, and public transport. Priority consideration should be given to, inter alia, educational establishments, health care facilities and places providing services to children.

Another example is MERCOSUR (Mercado Comùn del Sur), the free trade zone of the countries in Latin America's southern cone, where the problem of smoking has been on the agenda of meetings between the ministries of health of the member countries.

At the national level, smoke-free environments are promoted in different ways. Nation-wide awareness campaigns are common and some countries have workplace specific programmes promoting the idea to employers and workers' organizations. However, legislation regulating smoking in different environments is becoming increasingly common. In some countries

legislation is put in place as one of the first measures, in others laws are developed later as a legal base to existing campaigns. Several countries have started by introducing legislation that covers public places and public sector workplaces, especially in public transport and the health and education sectors. The private sector is more difficult to regulate but as an effect of the general health campaigns, employers of especially larger enterprises often introduce voluntary smoking bans before such legislation is introduced. The most difficult workplaces to regulate tend to be the informal sector, small size enterprises and the hospitality sector.

Public attitudes to the establishment of policies curbing workplace smoking are very important for a successful implementation. A positive change in public attitudes can be seen today reflecting:

- Recognition of scientific evidence of the risk of tobacco smoke and smoking
- Decline in the prevalence of smoking in most developed countries
- Decline in the social acceptability of smoking
- Heightened awareness of the rights of non-smokers.

In addition to laws and policies prescribing smoke-free workplaces, discrimination laws usually cover cases of discrimination during recruitment or stigmatisation of smokers at work.