

Topic: Briefing Note on Tobacco Control in Poland with regards to the revision of the law on tobacco control.

Poland first adopted a law on tobacco control in 1995. Over the past three years this law has been under revision. The Health Committee of the the Lower Chamber of the Polish Parliament developed a revised text including proposal for a comprehensive smoking ban in all enclosed public places. The proposal aimed to reduce both the overall harm to active smokers, and the health damage to workers and the public caused by passive smoking through second hand smoke. The move to introduce a total smoking ban in enclosed public spaces was welcomed by leading public health experts across Europe.

In a vote on 4 March 2010, the Lower Chamber of the Polish Parliament rejected the comprehensive legislative proposal from the Health Committee, resulting in a revised law that neither protects public health objectives nor fulfills Poland's commitment to international treaties on tobacco control. As the revised law stands, there will be a series of exemptions which will permit smoking in public institutions such as schools and hospitals, and will allow restaurants and pubs the option to choose for themselves whether they are smoking or non-smoking. Indeed, the revised law is weaker in terms of public health protection than the original law. This goes directly against Poland's obligation as a WHO Member State and an EU Member State that has ratified the WHO Framework Convention on Tobacco Control.

The debate in Poland has ignored evidence from those countries in Europe and beyond that have successfully introduced such smokefree legislation. The literature indicates that there has been no long-term negative impact on the economic productivity of the hospitality sector and that such schemes remain overwhelmingly popular with the general population. The debate must be reframed in Poland to place non-smokers and vulnerable groups (such as children) as the main target group of such legislation. Successive reports have quantified the effects of second-hand smoke on people's health, and the related costs. Smokefree legislation should be improved to afford greater protection to vulnerable groups and those who chose not to smoke.

The Upper Chamber of the Polish Parliament (Senate) will now vote on this proposal, and the Health Committee of the Upper Chamber has already expressed its support for a comprehensive smoking ban in all enclosed public spaces. It is likely that the Upper Chamber will ask the Lower Chamber to reexamine the proposal.

Please find more detailed information on the situation in Poland below:

1. Smoking and Public Health

Exposure to environmental tobacco smoke (secondhand smoke) is recognised as a cause of significant short- and long-term harm to others. Increasing awareness of these health risks has led several countries to introduce legislation restricting or prohibiting smoking in enclosed public places. The legislation has been justified on legal and moral obligations to ensure safe working environments and protect the health of the wider population.

Each year 70,000 people die in Poland as a result of smoking-related disease and illness. Approximately 9 million Polish citizens smoke 15-20 cigarettes on a daily basis. Every single day 500 underage girls and boys take up tobacco smoking, accounting for approximately 180,000 children and adolescents trying smoking each year.

This issue has received increasing attention in the recent years. However, the issue of passive smoking (so-called "second-hand smoke") has been neglected to a large extent in Poland. 'Lifting the Smokescreen,' a landmark report produced by Smokefree Partnership, found that exposure to second hand smoke kills at least 79,000 people in the European Union each year. 2,000 non-smokers die of tobacco smoking-caused conditions due to exposure to second hand smoke in Poland.

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The dangerous health effects of second hand smoke have been documented in over twenty international reports, including reports by the International Agency for Research on Cancer and the US Surgeon General. Furthermore, the International Labour Organisation considers passive smoking to be an occupational hazard.

2. Legislation:

Poland ratified the WHO Framework Convention on Tobacco Control (FCTC) on 28 August 2006 as an individual WHO Member State, but also through the membership in the European Community which Poland is part of since May 2004.

Therefore, through its signature, Poland committed itself to respond to the globalization of the tobacco epidemics and “*to strive in good faith to ratify, accept, or approve it, and show political commitment not to undermine the objectives set out in it*”.

Hence, Poland is obliged to:

- Show strong political commitment to develop and support, at the national level, regional and international levels, comprehensive multi-sectoral measures and coordinated responses that would protect all persons from exposure to tobacco smoke, and prevent the initiation, promote and support cessation and decrease the consumption of tobacco products;
- 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 measures, in order to provide for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

The revised law, as it stands, will permit:

- separate rooms for smoking purposes in public places, including in hospitals, schools, kindergartens, workplaces.
- to create separate rooms in pubs and restaurants (for properties above 100 sq. m.) and for smaller places the owner can decide whether a place is entirely 'smoking' or 'non-smoking.' In Spain, where a similar system has been implemented, this has led to confusion and many proprietors opted to allow smoking
- Restaurants, bars and night clubs will be able to set up specially designated smoking areas/rooms inside. Public health evidence indicates that despite physical barriers or well-functioning ventilation systems, there is still a significant drift of smoke particles to those areas designated as non-smoking. Therefore such provisions are counter to public health objectives.

EPHA is the European Platform bringing together organisations from the public health community, representing health professionals, patient groups, health promotion and disease specific organisations and health NGOs. EPHA receives financial support from the European Commission, via the Public Health Programme of the European Union.

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