

## Press release

### Evaluation of the effects on health of the implementation of the French smoking ban

- February 1st 2007: Total smoking ban in public and working places,
- January 1st 2008: Smoking ban in restaurants, bars and discos

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#### Final analysis of the 1 monthly index of ETS indicator (from January 2007 to January 2008)

Pr Bertrand Dautzenberg<sup>1</sup>

**The smoking ban in the hospitality sector in France highlights an important drop (15 %) of the rate of myocardial infarction and of the rate of stroke in emergency wards** related to the decrease of the indoor air pollution, which was still very high until December 2007. In early 2007, the monthly survey of the impact of the total smoking ban since February, showed a significant decrease of tobacco smoke exposure in public places, but no effect on tobacco consumption and almost no effects on health.

The monthly indicator (**ImETS**), was developed in collaboration with several organizations<sup>2</sup>. It comprises:

- 4 indicators of the exposure to tobacco smoke **(E)**,
- 4 indicators of tobacco consumption and cessation **(T)**,
- 4 health indicators **(S)**.

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<sup>1</sup> Asked by the former French Minister of Health, Xavier Bertrand, in November 2006 to supervise the application of the tobacco ban.

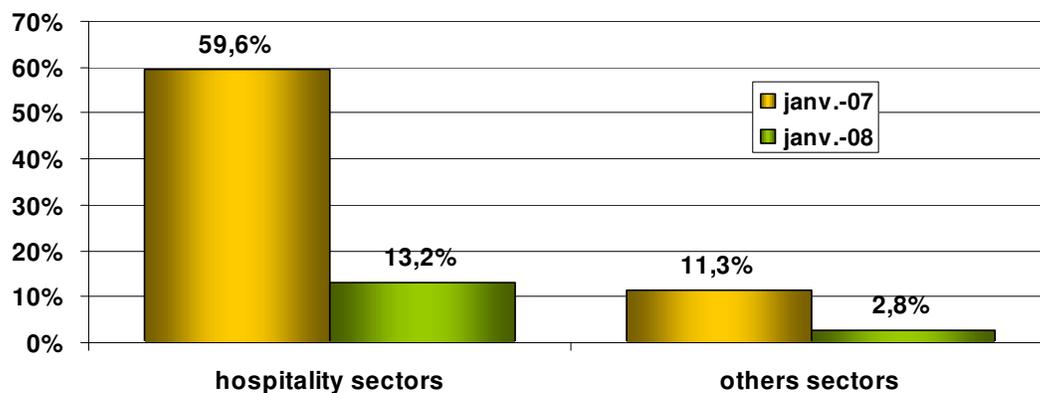
<sup>2</sup> **Inpes** (Institut national de prévention et d'éducation pour la santé), **InVS** (Institut de veille sanitaire), **OFDT** (Observatoire français des drogues et toxicomanies), **OQAI** (Observatoire de la qualité de l'air intérieur) and **DGS** (Direction générale de la santé)

The total smoking ban in public and working places that came into effect on February 1st 2007 (except for the hospitality sector), has:

- E** brought about a massive improvement of the exposure indicator in the sectors concerned: decrease of 80% of the exposure to small particles (PM2.5).
- T** showed no effect on cigarettes sales and realised only a low effect on quitting.
- S** had an almost immeasurable effect on health indicators.

The comparison of the data between January 2007 and January 2008, report a significant effect, as shown in the following graph.

rate of PM 2.5 exceeding limit value



- E** There is an improvement of approximately 80% on the four indicators for exposure. Till December 2007, more than 50% of the places that were surveyed exceeded WHO's urban pollution rate (limit of 25 mg/m<sup>3</sup> for PM 2.5); since January 2008, only 12% of the surveyed places have a level higher than 25mg/m<sup>3</sup> (that means an enhancement of 80%) showing that **tobacco smoke was indeed the main cause of pollution of the premises due to its small particles.**

These results with regard to air pollution measurements are reinforced by the results of two studies; one conducted by INPES on a monthly basis and the other conducted by occupational physicians (SST-OFT).

- T** The effects on quitting tobacco (in terms of number of calls to the French tobacco quit lines "Tabac Info Service", number of new patients in smoking cessation services, resort to substitutes and medicines for quitting) are situated

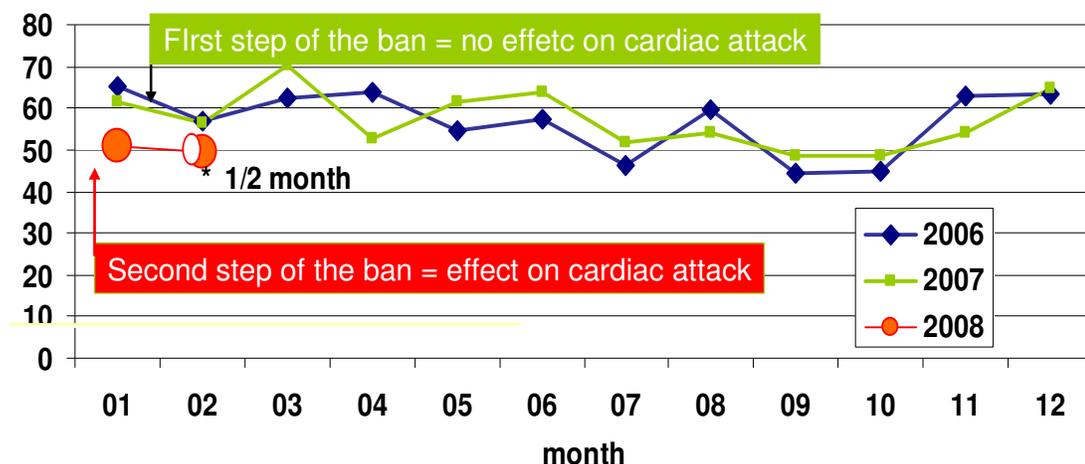
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between the results of January 2006 and those of January 2007. Data for tobacco sales will be available soon.

- S** The implementation of the smoking ban in the hospitality sector has positive effects on health. More precisely, we observe:
- A significant decrease of admissions for myocardial infarctions, as has also been demonstrated in Italy and in the United-Kingdom, in particular for people under 65 years. In France, the decrease varies between 11% and 19%. According to the data of the first weeks of February, the decrease is about 15%.
  - A decreasing trend of the admissions rate to emergency wards for cerebral vascular accidents (CVA), similar to that of myocardial infarctions.
  - A decrease of the respiratory and ocular symptoms in employees of the hospitality sector. (Between January 2007 and January 2008, this decrease varies between 13% and 67% according to symptoms).

**rate of hearth attacks/100 000 admissions patients ≤ 65 years old**



This significant improvement in the health of French people is to be confirmed in two following months and constitutes:

- an encouragement for enforcement of the law in all sectors;
- a significant information for countries, like Spain, Luxembourg or Belgium, where smoking is allowed in all the hospitality sector,

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- a confirmation of the quick benefit of not being exposed to second-hand smoke;
- a demonstration that political decisions in the area of public health can protect our health effectively if they are well applied and enforced;
- an encouragement in taking further public health measures that will assist the 13.5 million smokers in France to quit smoking.

The overall results are available in a presentation at the following web site:

**[www.oft-asso.fr](http://www.oft-asso.fr)**

**OFT contact**

*Pr Bertrand Dautzenberg, President* • 06 13 43 70 48 • [b.dautzenberg@oft-asso.fr](mailto:b.dautzenberg@oft-asso.fr)  
66, bd Saint-Michel • 75006 Paris • Tel.: +33 1 43 25 19 65 • Fax: +33 1 43 25 18 27

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