



**Break Free**  
**Choose to Breathe**  
**Not to Smoke**



World Health Organization  
Eastern Mediterranean Regional office



## **Second-hand smoke kills**

### **Let's clear the air**

Second-hand smoke is a real and significant threat to public health. Supported by two decades of evidence, the scientific community now agrees that there is no safe level of exposure to second-hand smoke.

Second-hand smoke has been causally associated with a range of life-threatening health effects, including lung cancer and heart disease. For children, the situation is particularly alarming, as involuntary exposure to tobacco smoke has been identified as a cause of respiratory disease, middle ear disease, asthma attacks, and sudden infant death syndrome (SIDS). Tobacco smoke is also an important source of indoor air pollution, contributing to a noxious environment, in addition to causing eye irritation, sore throat, cough, and headache.

The evidence is in. Let us act on it.

### **Clear the air around Tobacco industry deception**

Tobacco companies admit in private what they deny in public. Despite decades of scientific evidence that second-hand smoke is toxic, and despite confirmation by their own scientist, the tobacco companies publicly deny that second-hand smoke causes death and disease. In private however, they have identified second-hand smoke as a crucial battleground, one that could threaten the viability of the industry itself. A secret study commissioned by tobacco companies in 1978 concluded that:

***"What the smoker does to himself may be his business, but what the smoker does to the non-smoker is a different matter... This we see as the most dangerous development yet to the viability of the tobacco industry that has yet occurred."***

Roper Organization, 1978

As part of their corporate strategy, tobacco companies have consistently fought regulations and legislation that could protect people from second-hand smoke. They have spent millions of dollars hiring lobbyists, attacking legitimate scientific research, buying scientists, producing bogus studies, and creating controversy about second-hand smoke.

A 1988 memo from a joint meeting of several tobacco companies confirmed that:

***"[Philip Morris' world wide strategy is to] co-ordinate and pay so many scientists on an international basis to keep the environmental tobacco smoke controversy alive."***

We know their strategy. Let us counter it.

### **Publicize, mobilize and organize now For World No Tobacco Day**

The World Health Organization and its partners have a responsibility to ensure that the truth about second-hand smoke emerges loud and clear. We have a responsibility to promote public health and protect people from second-hand smoke.



We need to create a climate where second-hand smoke is recognized as an issue of major importance, particularly among policy-makers, media, and local government officials. Mass media campaigns, educational programmes, and partnerships with key organizations, including nongovernmental organizations, the private sector and UN agencies, should be initiated. We need to stimulate policies and programmes to tackle the problem with the seriousness it deserves. Smoke-free environments in public places, workplaces, and homes should be promoted through a combination of legislation and education.

### **World No Tobacco Day is also your Process, your project**

World No Tobacco Day is organized by WHO and actions will be taken on a global level, but the key to a successful and sustainable campaign will be local mobilization around the issue. Work with your local women's organizations, children's advocacy groups, business associations, trade unions, consumer groups or local government to initiate action on second-hand smoke. Pick an approach that is most appropriate to your region and start planning your projects now.

### **Participate in the "Second-hand smoke kills. Let's clear the air" competition**

Because local policies play a major role in determining public health, WHO is urging mayors of cities all over the world to launch "Second-hand smoke kills. Let's clear the air" campaigns on tobacco and the persistent problem of second-hand smoke.

Mayors of the cities that launch the most successful campaigns to clear the air will receive international recognition, and will be the guests of honour at a special World No Tobacco Day celebration to be held on 31 May 2001. At this celebration, WHO's Director-General, Dr Gro Harlem Brundtland, will present honoured mayors with special prizes for their achievements.

Even though second-hand smoke was chosen as the theme for World No Tobacco Day 2001, tobacco control is an ongoing process. Mayors are urged to begin their campaigns as soon as possible to ensure sustained results. Help your city and mayor shape the focus of the campaign on second-hand smoke. Make your voice heard on what is appropriate for your city, whether it is an implementation of bans on smoking in workplaces, restaurants, schools, hospitals, airports, government buildings, or even a smoke-free city hall or legislature.

### **Make public health happen**

WHO's 191-Member States have begun negotiations on the Framework Convention for Tobacco Control, (FCTC), the world's first legally binding public health treaty. The convention will provide global protection for countries and people against the enormous health, economic and social costs of tobacco-related death and disease.

Local actions taken by you and your organization to protect people from second-hand smoke are an essential complement to the international negotiations on the FCTC.

For more information on the "Second-hand smoke kills. Let's clear the air" competition and second-hand smoke see:

**<http://www.tobacco.who.int>**

**or contact the Tobacco Free Initiative, World Health Organization, EMRO  
TFI@emro.who.int.**

**For more information on tobacco control in the Eastern Mediterranean Region see:**

**<http://www.emro.who.int/tfi/tfi.htm>**

**or contact Tobacco Free Initiative, Eastern Mediterranean Regional Office  
TFI@emro.who.int**



## How second-hand smoke harms and kills non-smokers

Second-hand smoke is a complex mix of thousands of chemicals. At least 40 substances in second-hand smoke have been shown to cause cancer. Tobacco smoke also contains large quantities of carbon monoxide, a gas that inhibits the blood's ability to carry oxygen to body tissues including vital organs such as the heart and brain, as well as other substances that contribute to heart disease and stroke.

According to a 1997 report of the California Environmental Protection Agency, the estimated annual tobacco-induced death rates among non-smokers in California range from 147 to 251 people per million inhabitants. If the same rate applied in the European Union, this would work out to an annual toll of 55,000 to 94,000 victims of second-hand smoke. In China, the same rate would result in a staggering death toll of 185,000 to 317,000.

Exposure to second-hand smoke can cause both long-term and immediate effects on human health. Immediate effects include irritation of the eyes, nose, throat and lungs. Nonsmokers, who are generally more sensitive to the toxic effects of tobacco smoke than smokers, may experience headaches, nausea, and dizziness. Second-hand smoke places extra stress on the heart and affects the body's ability to take in and use oxygen. The long-term health impact of second-hand smoke is increased cancer and heart disease rates after years of exposure. For asthma sufferers, however, tobacco smoke can cause immediate danger by triggering attacks. The majority of asthma sufferers report symptoms ranging from discomfort to acute distress from exposure to second-hand smoke.

### Second-hand smoke and children

Children's vulnerability to second-hand smoke is a particular concern, both for medical and ethical reasons. Children's lungs are smaller and their immune systems are less developed—which make them more likely to develop respiratory and ear infections triggered by second-hand smoke. Because they are smaller and breathe faster than adults, they breathe in more harmful chemicals per pound of their weight than an adult would in the same amount of time. Finally, children simply have less choice than adults. They are less likely to be able to leave a smoke-filled room if they want to: infants cannot ask, some children may not feel comfortable asking, and others may not be allowed to leave if they do ask.<sup>1</sup>

Extensive studies of the health effects of second-hand smoke on children found the following:

- Exposure to tobacco smoke causes an increase in bronchitis, pneumonia and other respiratory illnesses.
- It causes both acute and chronic middle-ear infections. In 1997, the California Environmental Protection Agency estimated that this effect alone accounted for 0.7 to 1.6 million visits to doctors per year across the United States.<sup>2</sup> A 1996 study suggested that 13% of ear infections in the United States were caused by tobacco.<sup>3</sup>
- It triggers asthma attacks in children who already have asthma and some authorities have concluded that it actually induces asthma in healthy children: in 1992, the U.S. Environmental Protection Agency estimated that every year, second-hand smoke exposure resulted in 8,000 to 26,000 new cases of asthma amongst children.<sup>4</sup>

<sup>1</sup> Canadian Health Network, [www.canadian-health-network.ca](http://www.canadian-health-network.ca).

<sup>2</sup> Office of Environmental Health Hazard Assessment of the California Environmental Protection Agency, Health Effects of Exposure to Environmental Tobacco Smoke, 1997. [http://www.oehha.org/air/environmental\\_tobacco/finalets.html](http://www.oehha.org/air/environmental_tobacco/finalets.html).

<sup>3</sup> DiFranza J and Lew R, "Morbidity and Mortality in Children Associated with the Use of Tobacco Products by Other People," *Paediatrics*, 1996; 97:560-568.

<sup>4</sup> U.S. Environmental Protection Agency (U.S. EPA, 1992). Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders. U.S. EPA Publication No. EPA/600/6-90/006F.



- Exposure to second-hand smoke very substantially increases the risk of Sudden Infant Death Syndrome (SIDS), also known as crib or cot death. This may be due to in utero exposure to tobacco smoke or exposure to second-hand smoke as infants. A WHO panel of international experts in 1999 concluded that maternal smoking causes one-third to one-half of SIDS cases.<sup>5</sup>
- Smoking by pregnant women and exposure of non-smoking pregnant women to tobacco smoke reduces the average birth weight of their babies. Babies with low birth weight may face an increased risk of developing medical problems and learning disabilities.

### Second-hand smoke in the workplace

Second-hand smoke also poses a threat in the workplace. Toxins and carcinogens spread quickly throughout offices, hotels, restaurants and other indoor places of work. Most workers are not in a position to change their work environment or leave their jobs to protect their health. In many cases, where smoke-free workplaces are not guaranteed, employees find themselves obliged to spend the majority of their waking hours in a health-threatening situation. In the case of a restaurant employee, the table below shows a selection of chemicals he or she would inhale directly in a 300m<sup>2</sup> area during one 8-hour shift!<sup>6</sup>

chemical	amount (ug)	chemical	amount (ug)
carbon monoxide	5606	<b>benzo[a]pyrene</b>	<b>18</b>
tar	3128	propionaldehyde	17
nicotine	678	resols	15
<b>acetaldehyde</b>	<b>207</b>	hydrogen cyanide	14
nitric oxide	190	styrene	13
isoprene	151	butyraldehyde	12
resorcinol	123	<b>acrylonitrile</b>	<b>11</b>
acetone	121	<b>crotonaldehyde</b>	<b>10</b>
toluene	66	<b>cadmium</b>	<b>9.7</b>
<b>formaldehyde</b>	<b>54</b>	1-aminonaphthalene	8.5
phenol	44	<b>chromium</b>	<b>7.1</b>
acrolein	40	<b>lead</b>	<b>6.0</b>
<b>benzene</b>	<b>36</b>	<b>2-aminonaphthalene</b>	<b>5.2</b>
pyridine	33	<b>nickel</b>	<b>4.2</b>
<b>1,3-butadiene</b>	<b>25</b>	3-aminobiphenyl	2.4
hydroquinone	24	<b>4-aminobiphenyl</b>	<b>1.4</b>
methyl ethyl ketone	23	<b>quinoline</b>	<b>1.3</b>
catechol	22		

The chemicals in bold are known carcinogens. Among this list are irritants, mutagens, toxins, and substances that increase blood pressure, promote tumors, effect the central nervous system, damage lungs and cause kidney malfunction.

Whether it is at home, at work, at school, in restaurants, theatres or bars-second-hand smoke is a proven health threat to the young and old, from all walks of life, in all countries.

<sup>5</sup> Consultation Report, International Consultation on Environmental Tobacco Smoke (ETS) and Child Health, 11-14 January 1999, Geneva. Available on-line at <http://tobacco.who.int/en/health/papers/ets-report.pdf>.

<sup>6</sup> These calculations assume only 10 smokers per 300m<sup>2</sup> each smoking 2 cigarettes per hour and take into account standard ventilation rates. Courtesy of Physicians for a Smoke-Free Canada. More information available at <http://www.smoke-free.ca/factsheets/Chemicals.htm>.



## **Religion and tobacco**

### ***A real threat to the tobacco industry in the Eastern Mediterranean Region***

The tobacco industry has always been worried by the influence of Islam in the Middle East, which they fear will be used by health authorities and religious activists to discourage smoking in the region and encourage strict government regulation of industry activities. A 1984 Brown & Williamson trip report from Saudi Arabia, for example, states that "The pressure upon smoking is continuous, with Friday sermons being delivered in the mosques stating that smoking is haram (outlawed by Islam)." The author was confident however that "this is only rhetoric and no action will be taken. The rationale for this is that smoking is not as clearly *haram* as alcohol, pork, etc. and will not therefore be banned." Nevertheless, the industry continued to monitor publications and speeches to ensure that a stricter interpretation of what constituted *haram* did not start to gain currency.

A draft 1987 Philip Morris Corporate Affairs Plan meanwhile called for "better argumentation" on the "major issue" of smoking and Islam. One of the company's strategies was to "Work to develop a system by which Philip Morris can measure trends on the issue of Smoking and Islam. Identify Islamic religious leaders who oppose interpretations of the Quran which would ban the use of tobacco and encourage support for these leaders. Keen to burnish its image with religious leaders, the company publicized its charitable donations to Islamic institutions, as in 1989 when it obtained "extensive coverage in GCC media for Philip Morris' corporate contribution to the House of Quran, an Islamic cultural institution in Bahrain." The company's religious sensitivities only went so far, however. A 1991 memo from Baroudi to META Secretary Robin Allen regarding the draft voluntary code for the UAE stated that "Philip Morris would prefer to maintain the right to hold special promotions during Ramadan" and proposed instead that companies "give up cinema advertising during the Holy month".

Brown & Williamson took this a step further, when, in 1995, they prepared a "creative brief" for an advertising campaign during Ramadan to promote their light brands. They hoped that, instead of quitting during Ramadan, smokers in the Middle East would instead switch to light cigarettes. Having abstained from smoking during daylight hours, the company reasoned, would make the lower dose of nicotine in a light cigarette more palatable. The ad campaign would focus on smokers' desire during Ramadan to "cleanse the body" and would take advantage of the fact that other companies reduced their tobacco advertising during this period:

#### **"Lights Ramadan creative brief**

The Holy Month of Ramadan is a time of fasting, in order to practice self restraint and cleanse the body. It is a time when Muslims try to live a healthier life and it is believed that many people may try to give up smoking.

Smoking during daylight hours is banned until the *Iftaar* cano goes off around 6:30pm. Therefore smokers will not have had a cigarette for around 14 hours.

This being the case it is reasonable to assume that after such a period of abstinence the tar/nicotine levels of a Lights/U.L.T. brand may be more acceptable to consumers than at normal times. This coupled with a desire to lead a healthier life may provide an opportunity to get smokers to switch.

In addition, during Ramadan the level of support/activity for competitive brands are significantly reduced (both in advertising and at point of sale) allowing us to be more prominent with lesser funds. N.B. As Ramadan is the Holy Month it is very important that we are careful not to offend prospective consumers, the trade and importantly the religious authorities.

Finally, when looking at options, we must consider how this can be linked to the light shadow concept. Indeed one option might be to simply tweak the existing creative to allude to Ramadan as being the ideal time to switch to a Lights/U.L.T. brand.



## **Communication objectives (ATL/BTL):**

To build awareness of the Lights category.

To build brand varieties of the Lights category as being the logical and sensible choice.

## **Role for communications:**

Convince full flavour smokers that now (Ramadan) is the ideal time to switch to a U.L.T. brand.

## **Target audience:**

All full flavour cigarette smokers (Arab).

## **Proposition:**

Now (during Ramadan) is the time to switch to Lights.

## **Support:**

Full range of U.K./U.S. Lights brands, i.e. tastes, flavours, price and image.

## **Creative considerations:**

Must enhance existing 'Light Shadow' creative concept.

## **Proposition:**

Now (during Ramadan) is the time to switch to Lights.

## **Support:**

Full range of U.K./U.S. Lights brands, i.e. tastes, flavours, price and image.

## **Creative considerations:**

Must enhance existing 'Light Shadow' creative concept.

## **Timing:**

Immediate

## **Geography:**

All GCC. Therefore must be able to run unbranded in Saudi, i.e. no brand names, nor mention of tar, nicotine, cigarettes etc".



## **frequently asked questions about second-hand smoke**

### **What is second-hand smoke?**

Second-hand smoke results from the "sidestream" smoke that comes from the burning tip of a cigarette and the "mainstream" smoke that is exhaled by the smoker. Second-hand smoking, passive smoking, involuntary smoking or exposure to environmental tobacco smoke (ETS) all refer to the phenomena of breathing other people's smoke.

### **What's in second-hand smoke?**

Second-hand smoke is the smoke that individuals breathe when they are located in the same air space as smokers. Second-hand smoke is a mixture of exhaled mainstream smoke from the tobacco user, sidestream smoke emitted from the smoldering tobacco between puffs, contaminants emitted into the air during the puff, and contaminants that diffuse through the cigarette paper and mouth end between puffs.<sup>1</sup> It is a complex combination of over 4000 chemicals in the form of particles and gases. It includes irritants and systemic poisons such as hydrogen cyanide, sulphur dioxide, carbon monoxide, ammonia, and formaldehyde. It also contains carcinogens and mutagens such as arsenic, chromium, nitrosamines, and benzo(a)pyrene. Many of the chemicals, such as nicotine, cadmium and carbon monoxide, damage reproductive processes. Second-hand smoke is a major indoor air pollutant. It has been classified by the United States Environmental Protection Agency as a "class A" or human carcinogen for which there is no safe level of exposure.

### **How does second-hand smoke affect health?**

Non-smokers who breathe second-hand smoke suffer many of the same diseases as regular smokers. Heart disease deaths as well as lung and nasal sinus cancers have been causally associated with second-hand smoke exposure. Second-hand smoke also causes a wide variety of adverse health effects in children including bronchitis and pneumonia, development and exacerbation of asthma, middle ear infections, and "glue ear", which is the most common cause of deafness in children. Exposure of non-smoking women to second-hand smoke during pregnancy reduces fetal growth, and postnatal exposure of infants to second-hand smoke greatly increases the risk of sudden infant death syndrome (SIDS). Tobacco smoke also causes immediate effects such as eye and nasal irritation, headache, sore throat, dizziness, nausea, cough, and respiratory problems.

### **What is the extent of the problem of second-hand smoke?**

Exposure to second-hand smoke is a widespread problem that affects people from all cultures and countries. This exposure occurs throughout ordinary situation in daily life: in homes, at work and school, on playgrounds and public transport, in restaurants and bars--literally everywhere people go.

Surveys conducted around the world confirm widespread exposure. One survey estimated that 79 % of Europeans over age 15 were exposed to second-hand smoke. Another estimated that 88% of all non-smokers in the United States were exposed to second-hand smoke. Recent data from South Africa shows that 64 % of children below age five in Soweto live with at least one smoker in the house. The Cancer Society of New Zealand reports that second-hand smoke is the third largest killer in the country, after active smoking and alcohol use.

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<sup>1</sup> Environmental Protection Agency. Respiratory health effects of passive smoking: Lung cancer and other disorders. Washington, D.C.: Office of Health and Environmental Assessment, 1992.



### **Are well-ventilated non-smoking sections the answer?**

No. Although good ventilation can help reduce the irritability of smoke, it does not eliminate its poisonous components. When smoking sections share ventilation with non-smoking areas, the smoke is dispersed everywhere. Smoking sections only help protect non-smokers when they are completely enclosed, have a separate ventilation system that goes directly outdoors without re-circulating air in the building, and when employees are not required to pass through them.

### **So how can we protect people from second-hand smoke?**

Governments can regulate and legislate smoking bans in public places, educate people about the dangers of second-hand smoke, and provide support for those who wish to quit smoking. Employers can initiate and enforce smoking bans in workplaces. Parents can stop smoking in the house and car, particularly around children, and ask others to do the same. They can also ensure that their children's day-care, school and after-school programs are smoke-free. Individuals can let their family, friends and co-workers know that they do mind if they smoke near them.

Work with your local organizations to initiate actions on second-hand smoke.

### **Are smoking restrictions hard to enforce?**

Most of the public -- even smokers -- support smoke-free spaces. Smoking bans in workplaces and public places work when people are aware of them. The public should know in advance that smoking bans are being implemented, and they should know the health reasons for smoking bans. Good education and advance planning lead to self-enforcement and success of smoking restrictions.

### **Do smoking restrictions hurt business?**

No. Most employers who go smoke-free save money by increasing productivity, lowering maintenance and cleaning costs, and lowering insurance coverage. Studies of sales receipts from restaurants and bars in the US before and after smoking bans have found that sales usually stay the same or go up after a smoking ban.

### **...then why are smoke-free places so rare?**

The tobacco industry spends millions to fund misinformation campaign on second-hand smoke. Scientists and consultants have been hired to not only confuse the public about the validity of scientific data, but to also create doubt about the researchers who produce the data and about the science itself. In addition to attacking legitimate studies, bogus research projects that downplay the seriousness of second-hand smoke are funded and promoted. Tobacco lobbyists and lawyers deflect government regulation of second-hand smoke, and this has been supplemented, aided by huge tobacco contributions to political campaigns. When money and misinformation don't work, the industry promotes false solutions to control second-hand smoke.

Although evidence shows that ventilation is not an effective solution to the problem of second-hand smoke, the industry continues to push for this option, even forming indoor air consulting "front groups" who downplay the risks of second-hand smoke.

A campaign to promote "courtesy of choice" as an alternative to banning smoking in public places has been launched worldwide. This implies that the serious problem of second-hand smoke can be solved merely by smokers asking for permission before they light up, or by having separate smoking and non-smoking sections. Second-hand smoke is thus portrayed as a mere annoyance for non-smokers, rather than as a health issue. The industry also funds smokers rights' movements to create so-called independent opposition to smoking bans. People concerned about second-hand smoke are then branded as zealots.

Fortunately, tobacco industry opposition to clean air can be defeated. Your actions will make a difference. Become a leader in your workplace, your organization, your community, and your home. Speak up for clean air and make your voice heard! Let's clear the air.



**Voice of truth  
and Second-hand smoke  
"Environmental Tobacco Smoke" (ETS)**

***Activities by the tobacco industry to undermine efforts to control second-hand smoke in the Eastern Mediterranean Region***

The tobacco industry not only worked hard at the international level to bury the issue of second-hand smoke, formerly known as environmental tobacco smoke (ETS), at the regional level they also acted in the same way by standing in front of all legal measures that aimed at restricting tobacco use in public places, in addition to many other activities as seen in the regional report *Voice of truth*, volume 2.

In the second volume of *Voice of truth*, excerpts from the tobacco industry's own documents provide evidence that the behaviour of the tobacco industry was the same throughout the world. The tobacco industry identified public health authorities and the media as the two main sources of "imported" material on ETS. They believed that the authorities were obtaining scientific studies on ETS carried out in developed countries "via WHO Geneva or WHO-EMRO," studies they complained were "usually never disputed or criticized by the local health/scientific establishment neither officially nor privately." At the same time, the industry was upset at the local and regional media for creating a "sensational effect by plagiarizing ETS related articles from Western media" covering the U.S. Surgeon General's report and other scientific studies. Although smoking bans in governmental offices, hospitals and private companies had already been passed, they were not being strictly enforced. Even more encouraging for the tobacco industry was their belief that "fundamental differences exist between the Western and the GCC's approach to individual rights and liberties. Non-smokers in the GCC are more tolerant or less likely to fight for their 'individual rights as non-smokers', than their counterparts in the US or Europe." Taking these factors into account, Philip Morris's "1987 ETS Plan" for the GCC had two main objectives:

- a) Resist the adoption of smoking restrictions in public and [the] work place.
- b) Minimise the impact of media reports on smokers' confidence (In the GCC, smoker's confidence is undermined by more than health concerns; government mandated restrictions already in force and peer pressure, on religious grounds, play an important role).

In order to carry out these objectives, the company planned to organize an "ETS media briefing" for the Pan-Arab and Pan-Gulf media and "encourage print media in certain GCC countries to publish "rebuttals" on specific articles dealing with Smoking and Health." Articles questioning the science behind ETS restrictions would be planted in local media by Radius/Leo Burnett and Tihama in Saudi Arabia using the "International Tobacco Science Information Service" (ITI). To carry out this plan, the company planned to utilize a "Philip Morris 'ETS issue scientist' in presentations tailored to Arab health officials/markets (argumentation, language, degree of sophistication). The same scientist should be prepared to address the primary Smoking and Health issues." The company's media operation in the Middle East would also need to be strengthened and a Corporate Affairs executive "identified, hired and relocated to Bahrain to assist in the coordination of smoking and health ETS related activities." Finally, to be on the safe side, the company would "Obtain EEMA's legal opinion on the feasibility of conducting ETS briefings for Government officials in foreign locations should in-country briefings become impractical or undesirable."<sup>1</sup>

The tobacco industry constantly attempted to get its message on ETS into the media. One of its more successful tactics in the GCC region was to frame the threat of public smoking restrictions as one of "smokers' rights", as noted in this Philip Morris telex from George L. Nassif to Keith Ware:

<sup>1</sup> "870000 Ets Plan-Gcc", PM 2501189899-9903 PM;  
<http://www.pmdocs.com/getallimg.asp?DOCID=2501189899/9903>



Since the media has reacted promptly in favour of the smoker's rights, Dr. Al Awadhi will definitely use ETS as part of his arsenal against our lobbying. The media has been very helpful and I have requested meetings with Kuwaiti editors. Depending on the outcome of our conversations, we hope to set up follow-up meetings and we can set up an ETS briefing for the Kuwaiti media to start with. Our point of view on ETS will definitely be carried by the Kuwaiti media if packaged properly.

Philip Morris also worked through Intermarkets, one of its media and corporate affairs firms, to "publicize in the GCC and Pan Arab media the IFAQ expert presentations and documents utilized on Oct. 25 during the IFAA Congress in Brussels. During this summer, Middle East Corporate Affairs successfully stimulated the GCC media to publicize Swissair's policy of continuing to provide seats for smokers."<sup>2</sup> The tobacco industry closely watched the activities of WHO on the ETS issue. Jeffery Philips, the Cairo-based consultant hired by Philip Morris to monitor WHO-EMRO, tracked the work of Dr Mojtabai, the Head of the EMRO Disease Prevention and Control Department (and former Inspector General of Health for the late Shah of Iran) who was "responsible for anti-smoking programs - the principal emphasis of which is ETS".<sup>3</sup> Philip Morris continued to supply ETS and IFAQ issue papers supplied by the U.S. law firm of Covington & Burling to "key GCC health officials. As part of the effort, Middle East Corporate Affairs is working with Steve Parrish\* to finalize by mid-1989 a tobacco issues Question and Answer booklet which will be printed in Arabic."<sup>4</sup>

One of the "key issues/threats" identified by META in its 1992-1993 workplan was the "threat of restrictions/bans on workplace smoking, public smoking, airline smoking and similar restrictions or bans in the hospitality sector." In order to deal with this "threat" META members set out to:

Maintain and step up MEMAC's ETS communications effort with a view to promote balanced coverage of the public smoking debate. Concentrate this effort on management, travel and leisure and business publications.

Consider, and if feasible, undertake a direct mailing campaign to leading GCC private employers, communicating the Industry's arguments against workplace and public smoking restrictions/bans.

Establish contact with the Amman-based Arab Air Carriers Organisation (AACO) and develop this relationship to serve as a conduit through which technical/scientific arguments/solutions to cabin air quality problems can be communicated to GCC and Arab airlines.<sup>5</sup>

This strategy was refined and elaborated in an October 1992 "Analysis and Action Plan" prepared by Robin Allen for a meeting of META companies and their distributors in Dubai. This document has been reproduced in Annex 1 because of the sophistication of the plan and the fact that this meeting brought all of the principals together in the same place. It is also remarkable in its honesty (e.g. its advocacy of advancing "pseudo-scientific arguments" and "damage limitation") as well as its specific targeting of Middle Eastern health officials.<sup>6</sup>

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\* Now Senior Vice President of Philip Morris.

<sup>2</sup> "Telex from George L. Nassif to Keith Ware", 25 May 1987, PM 2028370573A; <http://www.pmdocs.com/getallimg.asp?DOCID=2028370573A>

<sup>3</sup> "EEMA regional annual report regarding PMI corporate affairs action plan", 6 October 1989, PM 2500019962-9976, <http://www.pmdocs.com/getallimg.asp?DOCID=2500019962/9976>.

<sup>4</sup> "EEMA regional annual report regarding PMI corporate affairs action plan", 6 October 1989, PM 2500019962-9976, <http://www.pmdocs.com/getallimg.asp?DOCID=2500019962/9976>

<sup>5</sup> "META's Priorities and Proposed Work Plan 92-93", 1992, PM 2028651232-1235; <http://www.pmdocs.com/getallimg.asp?DOCID=2028651232/1235>

<sup>6</sup> "Public smoking the industry and the campaign against public smoking (ETS) in the GCC: ANALYSIS & action plan prepared for META and META companies' field managers' meetings, Dubai, 921019", 14 Oct 1992, PM 2028651266-1273, <http://www.pmdocs.com/getallimg.asp?DOCID=2028651266/1273>



## **Second-hand smoke and the tobacco industry**

Second-hand smoke is one of the most critical issues facing tobacco companies today. Increasing public knowledge about the health effects of second-hand smoke threatens tobacco companies' future profits and makes them accountable for the damage caused by tobacco products, not only in smokers, but also in people who are exposed to second-hand smoke.

Tobacco companies recognized the problem of second-hand smoke in the 1970s, well before the issue was even on the public agenda in most countries. "What the smoker does to himself may be his business, but what the smoker does to the non-smoker is quite a different matter," noted the Roper Organization in 1978, in a confidential study on public attitudes for the US Tobacco Institute, "...this we see as the most dangerous development to the viability of the tobacco industry that has yet occurred...the strategic and long run antidote to the passive smoking issue is, as we see it, developing and widely publicizing clear-cut, credible, medical evidence that passive smoking is not harmful to the non-smoker's health."<sup>1</sup>

Action to protect people from the dangers of second-hand smoke effects the bottom-line profits of tobacco companies, both directly and indirectly. Smoking restrictions, particularly in the workplace, reduce tobacco consumption and help some smokers to quit altogether. Widespread knowledge of the health damage of second-hand smoke also helps convince the public of the need for effective tobacco control policies. A 1993 proposal for a new "smokers' rights" group in the United States sums it up:

"Financial impact of smoking bans will be tremendous - Three to five fewer cigarettes per day will reduce annual manufacturer profits a billion dollars plus per year."<sup>2</sup>

Tobacco companies have huge resources-human, financial, and political-at their disposal to oppose policies that protect people from second-hand smoke. Among their techniques are:

### **distraction and diversion,**

Tobacco companies distract the public from the issue of second-hand smoke by emphasizing the dangers of other pollutants, including carpet glue fumes and car exhaust. A broader discussion of indoor air quality, ventilation, and the "Sick Building Syndrome" (SBS) has served, in some cases, to drown out concerns about second-hand smoke. According to a 1990 Philip Morris publication for Europe, the range of pollutants found in offices which cause SBS include fumes and gases emitted from carpets, computer screens, photocopiers, etc., with the problem often augmented by bacteria, molds, and dusts from ventilation equipment.<sup>3</sup> It has even been argued that tobacco smoke can be a useful visual marker of bad ventilation inside buildings.

Tobacco companies have also invested heavily in research on air quality issues. Substantial funds have been channeled to outside investigators through scientific organizations and companies focusing on indoor air research that were meant to appear independent and objective, but in fact were run by tobacco industry consultants.<sup>4</sup>

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<sup>1</sup> Roper Organization, A Study of Public Attitudes toward Cigarette Smoking and the Tobacco Industry in 1978, Vol. 1. Available online at various locations, including the Philip Morris document site (<http://www.pmdocs.com>), for example at Bates numbers 2040499960-500264. Quote at 2040499989.

<sup>2</sup> "A Smokers' Alliance," 1 July 1993, on [www.pmdocs.com](http://www.pmdocs.com) at 2025771934-995. Quotes at 2025771937.

<sup>3</sup> Philip Morris EEC, Smoking in the Workplace, available on [www.pmdocs.com](http://www.pmdocs.com) at Bates numbers 2501348521-536.

<sup>4</sup> "Who's behind the building doctor? by Myron Levin, The Nation, 9/16 August 1993.



## **attacking science,**

Tobacco companies have vigorously attacked the science on the health effects of second-hand smoke exposure through elaborate public relations and disinformation campaigns. The scope of the attack on science has been far-reaching. They have spent millions on bogus studies and conferences, placed articles by paid surrogates in the media, subsidized "directed" research, and created third-party groups to publicly support their positions. These activities have been coordinated and mutually reinforcing.

Tobacco companies have also systematically worked to discredit major health and environmental authorities' findings on second-hand smoke issue. When the World Health Organization (WHO) began to actively draw attention to the health hazards of second-hand smoke, companies embarked on a major campaign to undermine the organization. This involved a sustained campaign that has been documented at length in a recent WHO inquiry, "Tobacco Industry Strategies to Undermine Tobacco Control Activities at the World Health Organization."<sup>1</sup> In an attempt to discredit a report of the US Environmental Protection Agency, the Tobacco Institute and their lawyers paid 13 scientists more than \$156,000 to write letters to influential publications criticizing the report.<sup>2</sup>

"[G]roups of scientists should be able to produce research or stimulate controversy in such a way that public affairs people in relevant countries would be able to make use of, or market, the information," said a BAT executive in 1988.<sup>3</sup> The ultimate goal was not to prove that second-hand smoke is harmless - an impossible task - but to keep the "controversy" alive as long as possible.

## **proposing false solutions.**

Tobacco companies encourage "tolerance" between smokers and non-smokers and suggest that second-hand smoke is simply an annoyance rather than a public health issue. The reasoning behind "Courtesy of Choice" campaigns, sponsored by tobacco companies, in some bars and restaurants would suggest that carcinogenic substances have a lessened effect if exposure occurs in a courteous environment. Technical solutions such as better ventilation systems, air cleaners or spatial separation are also proposed. Although evidence shows that ventilation is not an effective solution, cigarette manufacturers continue to support this option, in order to prevent smoking restrictions.

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<sup>1</sup> See <http://www.who.int/genevahearings/inquiry.html> .

<sup>2</sup> Hanners, D. Scientists were paid to write letters: tobacco industry sought to discredit EPA report, Pioneer Planet, August 1998.

<sup>3</sup> Memo from Sharon Boyse, "Note on a special meeting of the UK Industry on Environmental Tobacco Smoke, London," 17 February 1988. On [www.pmdocs.com](http://www.pmdocs.com) at 2063791182-187.



## What can be done about second-hand smoke?

### Smoke-free homes

The best place to begin is right at home. Make your home smoke-free. Let your loved ones and visitors know that you care about their health and about your own. Post posters and cards reminding your guests that they are in a smoke-free area.

### Smoke-free workplaces

Advocate for smoke-free workplaces. If your own workplace is not yet smoke-free, contact employee groups, management, building owners, etc. and let them know how smoking restrictions at the workplace can benefit everyone. There are many sound reasons for protecting employees' health and creating workplaces free from second-hand smoke:

- Employee health, productivity and morale is higher in a smoke-free workplace;
- Smoking restrictions encourage some employees to smoke less or even quit smoking altogether, leading to lower absenteeism, lower health care costs and increased productivity;<sup>1</sup>
- Smoke-free workplaces mean lower cleaning costs, less damage to furniture and equipment, and a lower risk of fire;
- Smoke-free workplaces often reduce the risk from other industrial hazards, particularly from chemical products.<sup>2</sup> In many workplaces, smoking is a serious fire and safety hazard;
- Smoke-free workplaces can help employers avoid smoking-related workers' compensation claims.

In several countries, employees have applied to the courts to obtain smoke-free workplaces. In the Netherlands, the Asthma Fund recently sponsored a test case against the Dutch Post Office which established the legal right to a smoke-free workplace.<sup>3</sup>

### Smoke-free businesses

Support local smoke-free businesses and restaurants and encourage establishments that are not yet smoke-free to adopt a smoke-free policy. If your favorite restaurant isn't smoke-free, let the owner know that the chef's specialty would taste even better without tobacco smoke!

In countries around the world, smoke-free policies are being developed and implemented. There are many studies and success stories to dispel the fears of declined revenues due to smoking restrictions. A recent study in the US shows that smoke-free policies had no negative impact on the receipts restaurants and bars in 80 localities; and that in some cases, business increased!

Smoke-free policies are not only for restaurants, caf  s and bars. Hotels, airlines, rental car agencies, department stores, taxis, public transportation agencies around the world have successfully implemented their own policies, protecting the health of customers and employees, lowering maintenance costs and improving business.

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<sup>1</sup> A 1997 economic study commissioned by the Canadian government calculated that it cost C\$2560 (roughly U.S. \$1870) more to employ a smoker than a non-smoker.<sup>1</sup>

<sup>2</sup> See the International Programme on Chemical Safety's 1999 document on the issue, "Environmental Health Criteria 211: Health Effects of Interactions arising from Tobacco Use and Exposure to Chemical, Physical or Biological Agents," at [http://www.who.int/pcs/docs/ehc\\_211.html](http://www.who.int/pcs/docs/ehc_211.html).

<sup>3</sup> See Astma Fonds press reports, at [http://www.astmafonds.nl/artikel.phtml?URI=nieuws/persb.phtml&nav=nieuws/\\_nav.phtml](http://www.astmafonds.nl/artikel.phtml?URI=nieuws/persb.phtml&nav=nieuws/_nav.phtml).



## **Build partnerships within the community**

Second-hand smoke effects virtually everyone. Many diverse groups are ready and able to act. Look within your community to gather support for the development of smoke-free places. Groups working in community health and health care are often most experienced in information campaigns on many aspects of tobacco use.

Teachers and other educators are in a privileged position to inform young people about the dangers of second-hand smoke and to help mobilize youth advocacy campaigns. They are often particularly sensitive to the issues of youth smoking and child health.

Environmentalists are likely supporters of clean indoor air laws. The similarities between second-hand smoke and other forms of pollution are clear: second-hand smoke is a by-product of a highly profitable industry that makes individuals, governments and businesses bear the health and financial costs of its actions.

Sports clubs and coaches are also well-placed to know how tobacco and second-hand smoke lowers physical performance and debilitates the body.

Turn to community, business and spiritual leaders for support. These leaders often have influence and access to infrastructure to reach many people with their messages.

Cooperation and goodwill will prove very helpful, but may not be sufficient to provide protection from second-hand smoke. Call on your elected officials and urge them to create and support legislation, as well as enforcement of existing laws, that guarantee smoke-free places.

## **World No Tobacco Day events and beyond...**

Take advantage of World No Tobacco Day (WNTD), 31 May, to plan events that support your long- term goals. The following are some ideas for a WNTD events:

- Take the opportunity to focus media attention on second-hand smoke and the need for further action. Inform the media of your activities, or call a press conference.
- Organize a children's congress or a youth summit where young people develop and pass a resolution asking governments to protect their rights to health and clean air.
- Consider extending WNTD to a smoke-free week, clean air month, or a smoke-free 2001. Try to keep the focus on the issue as long as possible.
- WNTD is a good day for clean air initiatives to come into effect. For example, a town's schools or restaurants or hospitals become smoke-free as of 31 May. It can also be effectively used as a day to announce new initiatives that will come into effect as of a specific future date: a workplace may announce a phase-in period for a smoking ban that will be completed on WNTD of the following year.
- Organize contests and competitions to increase public participation. For example, a "smoke-free homes" challenge could lead up to WNTD, where parents who register their homes as smoke-free are eligible for prizes and recognition.
- Workplaces can organize special events and provide information to employees about second-hand smoke. Workplaces that are not already smoke-free can sponsor a smoke-free day or week. An important complement would be the provision of programs to help employees quit smoking.
- Encourage restaurants to become smoke-free for the day, the week, or permanently. These restaurants can be part of a WNTD food festival. Table cards and other items that promote smoke-free dining can be distributed to local restaurants. Smoke-free restaurants can be honored with a "smoke-free seal of approval sticker" to put on their door. Develop a website or publication that provides an updated list of restaurants, caf  s and bars that are smoke-free.
- Create and publicize a smoke-free tourists' guide to your city listing restaurants, caf  s and other facilities that are smoke-free. As this type of guide lends itself well to advertising and sponsorship, it can usually be self-supporting.
- Enlist musicians who do not like playing in smoky venues to perform "smoke-free" concerts in honor of WNTD. Venues that have traditionally allowed smoking could use WNTD to launch a trial no-smoking night once a week.
- Initiate a letter-writing campaign to your elected officials and newspaper editors to inform and encourage action on second-hand smoke.