

## The Spanish smoking law: a model to be followed?

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During the last few years, numerous countries have developed and implemented smoking control policies (IARC 2009). However, the overall approach to tobacco control has been considerably different among them. In Spain, a new Smoking Law came into force in January 2006 (Ministerio de Sanidad 2005), including regulations on the sale, supply, consumption, and publicity of tobacco products (Fernández 2006). Among its main goals, the law intended to protect non-smokers from secondhand smoke (SHS). For this reason, smoking was prohibited in all enclosed public and private workplaces with the exception of the hospitality sector, where partial restrictions were established depending on the size of the venue. Hospitality venues larger than 100 m<sup>2</sup> could be completely smoke-free, or keep a smoking section (up to 30% of the total area) physically separated and independently ventilated. Owners of venues smaller than 100 m<sup>2</sup>, however, might decide to be smoke-free or to allow smoking without restrictions.

The Spanish smoking law is currently being promoted by the tobacco industry as a “model” to be followed by other countries (Muggli et al. 2009; Schneider and Pötschke-Langer 2008). However, the scientific evidence, far from supporting the partial restrictions, has clearly shown that total bans are the only way of protecting hospitality workers (IARC 2009). In Spain, where it is estimated that only

10–20% of hospitality venues banned smoking (Martín-Luengo 2007)—probably as a consequence of unfounded fears of a potential negative impact on sales—the studies evaluating the impact on SHS levels have shown extremely high levels of SHS exposure in most hospitality workers.

A recent overall evaluation study (GTT-SEE 2009) collected the scientific evidence of the impact of the Spanish law on different issues such as public attitudes regarding the law, tobacco consumption, secondhand smoke exposure or health effects. Regarding public attitudes, data from a national survey (CIS 2005) showed that in November 2005 more than 77% of the general population agreed with the smoking law that was going to be enacted. These data seem to be consistent with those shown in the paper of Halpern and Taylor (2009), where a strong support was found for smoking bans in workplaces in Spain (66% employees and 97% employers). The paper of Lazuras et al. (2009) shows that smokers are less supportive of smoke-free public places than non-smokers, but both groups—smokers and non-smokers—are predominantly supportive of these measures, even in countries with pro-smoking social norms and high smoking rates. In Spain, where the support was also lower among smokers, regional surveys (Departament de Salut 2009) carried out before and after the implementation of the law, showed that this support increased after the law in both smokers and non-smokers.

The impact of the law on tobacco consumption has also been analyzed. So far, the available information (GTT-SEE 2009) does not suggest any impact of the Spanish smoking law on the tobacco consumption indicators. The decrease in the prevalence of smokers and the number of cigarettes smoked, as well as the increase in quitting, continues the time trend observed before the implementation of the law, according to the expected smoking epidemic model evolution (Lopez et al. 1994).

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Concerning SHS exposure, studies with different approaches have measured the changes in SHS levels after the Spanish law by means of environmental and biological markers, such as vapor-phase nicotine or saliva cotinine (Fernández et al. 2009; Nebot et al. 2009). These studies have shown significant reductions on SHS levels in offices from the public and private sector (nicotine reductions of 60 and 97%, respectively). In hospitality venues, however, significant reductions of SHS levels were found only in those hospitality venues where smoking was totally banned (97% reduction), while in those where smoking has not been banned the levels of nicotine are associated with very high risks of lung cancer and other diseases. At the population level, the prevalence of SHS has significantly decreased in workplaces (more than 50% reduction), as shown by national and regional surveys conducted before and after the law (Galán et al. 2007; Jiménez-Ruiz et al. 2008).

Finally, with regard to health effects, reported respiratory symptoms were measured in Spanish hospitality workers before and after the law. The results have shown that workers from hospitality venues where smoking was totally banned reduced significantly the frequency of respiratory symptoms, while no differences were found in the other workers (Fernández et al. 2009). Furthermore, among the general population, the data available so far seem to show a significant reduction of hospital admissions for acute coronary syndrome after the implementation of the law (Villalbí et al. 2009). These findings, probably due to the smoking reduction in workplaces, would be consistent with those described by Goodman et al. (2009) after reviewing numerous evaluation studies of the health impact of smoking control laws.

In summary, the Spanish Smoking law seems to have had a very positive impact on different issues such as the reduction of SHS exposure in workplaces, but this is far from being a model to be followed. The protection of hospitality workers from secondhand smoke is probably the main issue to be faced, extending the smoking ban to all hospitality venues. Total bans would not only improve the health of these workers but would also avoid the current inequalities in working conditions. As stated in Goodman's review (Goodman et al. 2009), "There is no longer any reason why non-smokers should be exposed to SHS in any workplace".

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