

CENTRAL BOARD OF SECONDARY EDUCATION
“Shiksha Kendra”, 2, Community Center,
Preet Vihar, Delhi-110092

CBSE/ACAD/HEALTH/2009

November 20, 2009

Circular No. 58

**All the Heads of Independent Schools
Affiliated to the CBSE**

Subject : Guidelines on Protection from Exposure to Tobacco Smoke.

Dear Principals,

Tobacco is the foremost cause of preventable death and disease in the world today. India is the second largest consumer of tobacco products in the world. National Family Health Survey – 3, 2006 indicates an increasing prevalence of tobacco consumption in India, with 57% male and 10.9% females reportedly consuming tobacco in some form. Global Youth Tobacco Survey (GYTS), 2006 also indicates that approx. 14% children in the age group of 13-15 years are consuming tobacco in some form and that the age of initiation into tobacco has come down. Moreover, tobacco is responsible for almost 40% of overall health problem and 50% of all cancer related deaths in the country. Every year more than 8 lakh people die due to tobacco related diseases.

The Central Board of Secondary Education as part of the Adolescent Education Programme and Comprehensive School Health Programme has been constantly endeavouring to raise awareness regarding prevention of students from becoming addicted to tobacco as well as the dangers of exposure to tobacco smoke.

The WHO Framework Convention on Tobacco Control (FCTC) under Article-8 has brought out **Guidelines on protection from exposure to tobacco smoke** which are enclosed for perusal and dissemination.

The guidelines may be followed meticulously and awareness regarding them may be brought to the notice of all concerned including students, teachers, parents as well as all other stakeholders.

Yours sincerely

(Dr. Sadhana Parashar)
Education Officer (L)

Encl : Guidelines on Protection From Exposure to Tobacco Smoke

Copy with a request to respective Heads of Directorates/KVS/NVS/CTSA as indicated below to also disseminate the information to all concerned schools under their jurisdictions:

1. The Commissioner, Kendriya Vidyalaya Sangathan, 18-Institutional Area, Shaheed Jeet Singh Marg, New Delhi-110 016.
2. The Commissioner, Navodaya Vidyalaya Samiti, A-28, Kailash Colony, New Delhi.
3. The Director of Education, Directorate of Education, Govt. of NCT of Delhi, Old Secretariat, Delhi-110 054.
4. The Director of Public Instructions (Schools), Union Territory Secretariat, Sector 9, Chandigarh-160 017.
5. The Director of Education, Govt. of Sikkim, Gangtok, Sikkim – 737 101.
6. The Director of School Education, Govt. of Arunachal Pradesh, Itanagar-791 111
7. The Director of Education, Govt. of A&N Islands, Port Blair-744 101.
8. The Secretary, Central Tibetan School Administration, ESS ESS Plaza, Community Centre, Sector 3, Rohini, Delhi-110 085.
9. All the Regional Officers of CBSE with the request to send this circular to all the Heads of the affiliated schools of the Board in their respective regions.
10. The Education Officers/AEOs of the Academic Branch, CBSE.
11. The Joint Secretary (IT) with the request to put this circular on the CBSE website.
12. The Library and Information Officer, CBSE
13. PA to Chairman, CBSE
14. PA to CE, CBSE
15. DO to Secretary, CBSE
16. PA to Director (Acad.)
17. PA to HOD (AIEEE)
18. PA to HOD (Edusat)
19. PRO, CBSE

Education Officer (L)

GUIDELINES ON PROTECTION FROM EXPOSURE TO TOBACCO SMOKE

Objectives of the guidelines

All the organization need to meet their obligations under Article 8 of the WHO Framework Convention, in a manner consistent with the scientific evidence regarding exposure to second-hand tobacco smoke and the best practice worldwide in the implementation of smoke free measures, in order to establish a high standard of accountability for in promoting the highest attainable standard of health. The objective is also to identify the key elements of legislation necessary to effectively protect people from exposure to tobacco smoke, as required by Article 8.

Underlying considerations

The development of these guidelines has been influenced by the following fundamental considerations.

- a) The duty to protect from tobacco smoke, embodied in the text of Article 8, is grounded in fundamental human rights and freedoms. Given the dangers of breathing second-hand tobacco smoke, the duty to protect from tobacco smoke is implicit in, inter alia, the right to life and the right to the highest attainable standard of health, as recognized in many international legal instruments (including the Constitution of the World Health Organization, the Convention on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination against Women and the Covenant on Economic, Social and Cultural Rights), as formally incorporated into the preamble of the WHO Framework Convention and as recognized in the constitutions of many nations.
- b) The duty to protect individuals from tobacco smoke corresponds to an obligation by governments to enact legislation to protect individuals against threats to their fundamental rights and freedoms. This obligation extends to all persons, and not merely to certain populations.
- c) Several authoritative scientific bodies have determined that second-hand tobacco smoke is a carcinogen. Some Parties to the WHO Framework Convention (for example, Finland and Germany) have classified second-hand tobacco smoke as a carcinogen and included the prevention of exposure to it at work in their health and safety legislation. In addition to the requirements of Article 8, therefore, Parties may be obligated to address the hazard of exposure to tobacco smoke in accordance with their existing workplace laws or other laws governing exposure to harmful substances, including carcinogens.

STATEMENT OF PRINCIPLES AND RELEVANT DEFINITIONS UNDERLYING PROTECTION FROM EXPOSURE TO TOBACCO SMOKE

Principle 1

Effective measures to provide protection from exposure to tobacco smoke, as envisioned by Article 8 of the WHO Framework Convention, require the total elimination of smoking and tobacco smoke in a particular space or environment in order to create a 100% smoke free

environment. There is no safe level of exposure to tobacco smoke, and notions such as a threshold value for toxicity from second-hand smoke should be rejected, as they are contradicted by scientific evidence. Approaches other than 100% smoke free environments, including ventilation, air filtration and the use of designated smoking areas (whether with separate ventilation systems or not), have repeatedly been shown to be ineffective and there is conclusive evidence, scientific and otherwise, that engineering approaches do not protect against exposure to tobacco smoke.

Principle 2

All people should be protected from exposure to tobacco smoke. All indoor workplaces and indoor public places should be smoke free.

Principle

Legislation is necessary to protect people from exposure to tobacco smoke. Voluntary smoke free policies have repeatedly been shown to be ineffective and do not provide adequate protection. In order to be effective, legislation should be simple, clear and enforceable.

Principle 4

Good planning and adequate resources are essential for successful implementation and enforcement of smoke free legislation.

Principle 5

Civil society has a central role in building support for and ensuring compliance with smoke free measures, and should be included as an active partner in the process of developing, implementing and enforcing legislation.

Principle 6

The implementation of smoke free legislation, its enforcement and its impact should all be monitored and evaluated. This should include monitoring and responding to tobacco industry activities that undermine the implementation and enforcement of the legislation, as specified in Article 20.4 of the WHO Framework Convention.

Principle 7

The protection of people from exposure to tobacco smoke should be strengthened and expanded, if necessary; such action may include new or amended legislation, improved enforcement and other measures to reflect new scientific evidence and case-study experiences.

Definitions

In developing legislation, it is important to use care in defining key terms. Several recommendations as to appropriate definitions, based on experiences in many countries, are set out here. The definitions in this section supplement those already included in the WHO Framework Convention.

“Second-hand tobacco smoke” or “environmental tobacco smoke”

Several alternative terms are commonly used to describe the type of smoke addressed by Article 8 of the WHO Framework Convention. These include “second-hand smoke”, “environmental tobacco smoke”, and “other people’s smoke”. Terms such as “passive smoking” and “involuntary exposure to tobacco smoke” should be avoided, as experience in France and elsewhere suggests that the tobacco industry may use these terms to support a position that “voluntary” exposure is acceptable. “Second-hand tobacco smoke”, sometimes abbreviated as “SHS”, and “environmental tobacco smoke”, sometimes abbreviated “ETS”, are the preferable terms; these guidelines use “second-hand tobacco smoke”.

Second-hand tobacco smoke can be defined as “the smoke emitted from the burning end of a cigarette or from other tobacco products usually in combination with the smoke exhaled by the smoker”.

“Smoke free air” is air that is 100% smoke free. This definition includes, but is not limited to, air in which tobacco smoke cannot be seen, smelled, sensed or measured.

“Smoking”

This term should be defined to include being in possession or control of a lit tobacco product regardless of whether the smoke is being actively inhaled or exhaled.

“Public places”

While the precise definition of “public places” will vary between jurisdictions, it is important that legislation define this term as broadly as possible. The definition used should cover all places accessible to the general public or places for collective use, regardless of ownership or right to access.

“Indoor” or “enclosed”

Article 8 requires protection from tobacco smoke in “indoor” workplaces and public places. Because there are potential pitfalls in defining “indoor” areas, the experiences of various countries in defining this term should be specifically examined. The definition should be as inclusive and as clear as possible, and care should be taken in the definition to avoid creating lists that may be interpreted as excluding potentially relevant “indoor” areas. It is recommended that “indoor” (or “enclosed”) areas be defined to include any space covered by a roof or enclosed by one or more walls or sides, regardless of the type of material used for the roof, wall or sides, and regardless of whether the structure is permanent or temporary.

“Workplace”

A “workplace” should be defined broadly as “any place used by people during their employment or work”. This should include not only work done for compensation, but also voluntary work, if it is of the type for which compensation is normally paid. In addition, “workplaces” include not only those places at which work is performed, but also all attached or associated places commonly used by the workers in the course of their employment, including, for example, corridors, lifts, stairwells, lobbies, joint facilities, cafeterias, toilets, lounges, lunchrooms and also outbuildings such as sheds and huts. Vehicles used in the course of work are workplaces and should be specifically identified as such.

Careful consideration should be given to workplaces that are also individuals' homes or dwelling places, for example, prisons, mental health institutions or nursing homes. These places also constitute workplaces for others, who should be protected from exposure to tobacco smoke.

“Public transport”

Public transport should be defined to include any vehicle used for the carriage of members of the public, usually for reward or commercial gain. This would include taxis.

INFORM, CONSULT AND INVOLVE THE PUBLIC TO ENSURE SUPPORT AND SMOOTH IMPLEMENTATION

Raising awareness among the public and opinion leaders about the risks of second-hand tobacco smoke exposure through ongoing information campaigns is an important role for government agencies, in partnership with civil society, to ensure that the public understands and supports legislative action. Key stakeholders include businesses, restaurant and hospitality associations, employer groups, trade unions, the media, health professionals, organizations representing children and young people, institutions of learning or faith, the research community and the general public. Awareness-raising efforts should include consultation with affected businesses and other organizations and institutions in the course of developing the legislation.

Key messages should focus on the harm caused by second-hand tobacco smoke exposure, the fact that elimination of smoke indoors is the only science-based solution to ensure complete protection from exposure, the right of all workers to be equally protected by law and the fact that there is no trade-off between health and economics, because experience in an increasing number of jurisdictions shows that smoke free environments benefit both. Public education campaigns should also target settings for which legislation may not be feasible or appropriate, such as private homes.

Broad consultation with stakeholders is also essential to educate and mobilize the community and to facilitate support for legislation after its enactment. Once legislation is adopted, there should be an education campaign leading up to implementation of the law, the provision of information for business owners and building managers outlining the law and their responsibilities and the production of resources, such as signage. These measures will increase the likelihood of smooth implementation and high levels of voluntary compliance. Messages to empower non-smokers and to thank smokers for complying with the law will promote public involvement in enforcement and smooth implementation.

ENFORCEMENT

Duty of compliance

Effective legislation should impose legal responsibilities for compliance on both affected business establishments and individual smokers, and should provide penalties for violations, which should apply to businesses and, possibly, smokers. Enforcement should ordinarily focus on business establishments. The legislation should place the responsibility for compliance on the owner, manager or other person in charge of the premises, and should clearly identify the actions he or she is required to take. These duties should include:

- (a) a duty to post clear signs at entrances and other appropriate locations indicating that smoking is not permitted. The format and content of these signs should be

determined by health authorities or other agencies of the government and may identify a telephone number or other mechanisms for the public to report violations and the name of the person within the premises to whom complaints should be directed;

- (b) a duty to remove any ashtrays from the premises;
- (c) a duty to supervise the observance of rules;
- (d) a duty to take reasonable specified steps to discourage individuals from smoking on the premises. These steps could include asking the person not to smoke, discontinuing service, asking the person to leave the premises and contacting a law enforcement agency or other authority.

Mobilize and involve the community

The effectiveness of a monitoring-and-enforcement programme is enhanced by involving the community in the programme. Engaging the support of the community and encouraging members of the community to monitor compliance and report violations greatly extends the reach of enforcement agencies and reduces the resources needed to achieve compliance. In fact, in many jurisdictions, community complaints are the primary means of ensuring compliance. For this reason, smoke free legislation should specify that members of the public may initiate complaints and should authorize any person or nongovernmental organization to initiate action to compel compliance with measures regulating exposure to second-hand smoke. The enforcement programme should include a toll-free telephone complaint hotline or a similar system to encourage the public to report violations.

Outcomes

- a) reduction in exposure of employees to second-hand tobacco smoke in workplaces and public places;
- b) reduction in content of second-hand tobacco smoke in the air in workplaces (particularly in restaurants) and public places;
- c) reduction in mortality and morbidity from exposure to second-hand tobacco smoke;
- d) reduction in exposure to second-hand tobacco smoke in private homes;
- e) changes in smoking prevalence and smoking-related behaviours;
- f) economic impacts.