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On 26 November 2011, the CPME Board adopted the “CPME Policy on Smoking in the Presence of Children” (CPME 2011/112 FINAL EN)

CPME Policy on Smoking in the Presence of Children

CPME has repeatedly stated that smoking is an evidence-based risk factor for many diseases and premature mortality. CPME has adopted numerous policy papers¹ to this end and reaffirms its past actions and statements against tobacco.

CPME acknowledges that gradual progress has been made to limit smoking in public spaces. However smoking in the private space, such as private houses and cars, has received less attention.

CPME fully respects the inviolability of the private space and the individual’s freedom to enjoy this privacy. Laws foresee however that this freedom must be limited when exercising it threatens to harm the rights and freedoms of others, especially those dependent or unprotected. Smoking in the private space can constitute such a threat, especially in cases of smoking in the presence of children.

Children are persistently subjected to inhaling smoke if their parents, family or friends are smokers. It is well-documented that unborn babies and children are the most sensitive to the effects of passive smoking, as it constitutes a known risk factor for low birth weight, sudden infant death syndrome, asthma, cardiovascular diseases and cancer, as well as increasing the likelihood for the children to become smokers themselves. There is an urgent need to promote these facts to become common knowledge.

CPME underlines the right of each child to live and grow up in a smoke-free environment. To genuinely create and sustain surroundings in which children can live without exposure to tobacco smoke, CPME believes that a lasting change in societal behaviour and attitude is the only appropriate solution. If the dissemination of information on the harmful effects of smoking in the presence of children or pregnant women is purposefully designed and implemented, societies can generate a public opinion in which this practice becomes socially unacceptable, thus exercising peer pressure on those who infringe this norm.

¹ Policies adopted by CPME in the past include

- [“CPME Position on Nicotine delivery products including electronic systems \(ENDS\)”](#) adopted on 27.11.2010
- [“CPME Response to the public consultation on the Possible Revision of the Tobacco Products Directive 2001/37/EC”](#) adopted on 27.11.2010
- [“CPME calls for higher taxes on Tobacco in the EU”](#) adopted on 13.06.2009
- [“CPME Position on the Legal Control of Tobacco Products”](#) adopted on 14.03.2009
- [“CPME Statement on Tobacco Control”](#) adopted on 16.06.2007



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While such a shift must not be framed as a short-term process, its impact on actual change must be evaluated objectively. In instances in which the up-take of information on the consequences of smoking in the presence of children or pregnant women and voluntary compliance with its prohibition is not proving effective, complementary measures must be considered.

So as to improve the effectivity of action, CPME could, as a second step, support the introduction of measures which discourage smoking in the presence of children and pregnant women. These provisions should be complemented by the full implementation and stringent enforcement of laws prohibiting selling or offering tobacco to minors.