

PostScript

LETTERS

Preliminary effects of Italy's ban on smoking in enclosed public places

From 10 January 2005, the Italian government enacted Law 3/2003¹ which bans smoking in all enclosed places, except those areas reserved for smokers and in private houses. The law permits the establishment of adequate rooms for smokers, and defines measures for controlling and sanctioning violations. The prohibition includes places open to the public, including all working places, shops, amusement and meeting places, and even common spaces (halls, stairs etc) in condominiums. It was expected that the introduction of such a law would initially present several obstacles connected both with its interpretation and implementation, and that the fear of economic damage to restaurant owners, tobacco shops and cigarette producers would generate opposition.

The Italian Ministry of Health initiated national awareness campaigns to strongly support the new law. A month before the law became effective, the Ministry of Health issued a notice interpreting and explaining the new law including a toll-free number to answer citizens' questions and give information regarding the new legislation. Systematic random inspections were carried out by Special Corps in many public places and workplaces, including hospitals, clinics, banks, public offices, schools, restaurants, bars, discos, museums, and train stations.

During the period from January to November 2005, total sales of cigarettes (in kg) in Italy decreased by 5.7% (from 90 216 285.34 kg to 85 104 045.52 kg) in comparison with the same period in 2004. The adult per capita sales of cigarettes packs (20 cigarettes per pack) decreased from 94 packs in 2004 to 87.8 packs in 2005 (-6.6%). This reduction would appear to be associated with the impact of the law. There was a reduction of nearly 2.8% (in kg) in 2004 compared with 2003, and 1.3% (in kg) in

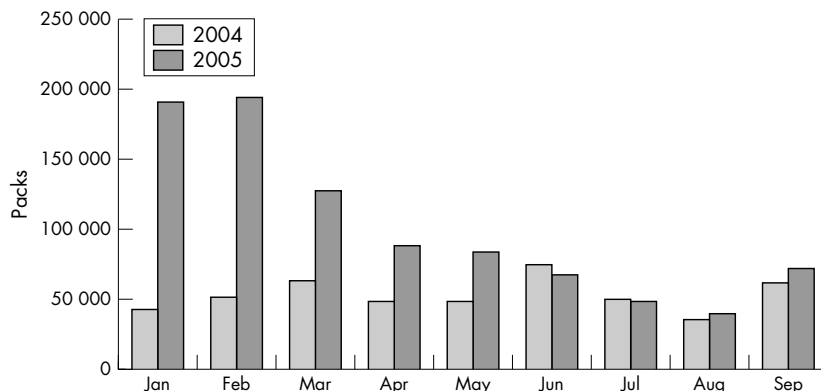


Figure 1 Nicotine replacement therapy sales in Italy, January–September 2004 and 2005. Source: Italian Medicines Agency (AIFA). AIFA is involved in pharmacovigilance and works autonomously under the direction of the Ministry of Health and in cooperation with the regional authorities, the National Institute of Health, research institutes, patients' associations, health professionals, learned societies and the pharmaceutical industry.

2003 compared with 2002, following health education campaigns and tobacco price rises.

From 1990 to 2002 the trend in cigarettes sales rose. (Source: Ministry of Economy, Autonomous Administration of Monopolies of State (AAMS)—AAMS is involved in the control of marketing of tobacco products in Italy, and in the measurement of tar, nicotine and carbon monoxide yields of cigarettes.)

From January to September 2005 total sales of nicotine replacement products increased by 10.8% (fig 1).

D Galeone, G Laurendi, S Vasselli, L Spizzichino, P D'Argenio, D Greco

Italian Ministry of Health – Prevention Department, Rome, Italy

Correspondence to: Dr Daniela Galeone; d.galeone@sanita.it

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REFERENCE

- 1 Anon. Law January 16th, 2003, n. 3 "Ordinamentale disposizioni in public and administrative questions"; Official Gazette, 20 January 2003; 15 S.O. n 5.

Can carbon monoxide analysers be fuelled by alcohol intake?

The Nicotine Institute¹ (www.nicotineinstitute.com) organises in cooperation with the local health fund (www.noegkk.at) outpatient smoking cessation^{2,3} in Lower Austria. Since 2002, approximately 2800 smokers have attended our treatment service. We have had occasional reports of high carbon monoxide (CO) values if smokers have consumed alcoholic beverages. One case drew our attention. The patient affirmed that he had not smoked during the day, but had drunk alcohol heavily, as was apparent from his neurological symptoms and breath. His CO was 87 ppm.

We decided to test the hypothesis that alcohol could affect CO results by testing co-workers at our staff Christmas party. Four of 18 staff were selected. The exclusion criteria were: intending car drivers for that evening

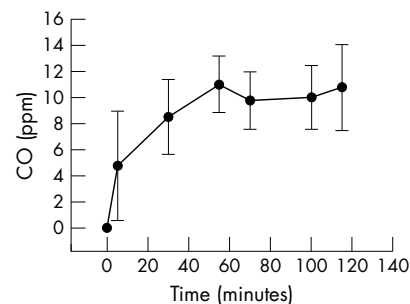


Figure 1 Average concentration of carbon monoxide (CO) measurements (four participants).

(8), and non-drinkers (1). Five staff did not wish to participate.

After an initial wash-in period with a glass (1/8 l) of wine (13% vol alc) we started with 2 cl vodka (40% vol alc). The study continued with 2 cl tequila (38% vol alc) every 10–20 minutes. The total consumption of vodka and tequila was six doses. The CO measurements⁴ were taken five minutes after each application by a Bedfont EC 50 Micro CO monitor.

At the start of the study no participant had a measurable quantity of CO in their exhaled breath. The CO values showed an increase above the cut point (10 ppm) of international accepted active smoker values even after the first shots. The maximum value was 15 ppm after the six drinks as specified (fig 1).

The results clearly show that alcohol intake influences CO measurements, but the values of our four participants were far from 87 ppm as recorded in the patient described above. We conclude that other factors influenced this high measurement. The implication of our findings is that alcohol consumption may be causing underestimations of smoking cessation in situations where CO monitoring is used as the principal method of establishing continuing smoking.

E Groman, A Riemerth, G Bernhard, G Appeltauer, B Schuster, I Veitsmeier

Institute of Social Medicine, Centre of Public Health, Medical University of Vienna & Nicotine Institute, Vienna, Austria

Correspondence to: Dr Ernest Groman; ernest.groman@meduniwien.ac.at

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REFERENCES

- 1 Groman E, Kunze U, Schmeiser-Rieder A, et al. Concept, duties and services of an institute for diagnosis and treatment of tobacco and nicotine dependence. *Neuropsychiatrie* 1999;13(3):139–44.
- 2 Groman E, Kunze M. Modellprojekte zur Behandlung der Tabakabhängigkeit. Ein Bericht aus dem Wiener Nikotin Institut. K.O. Hausteil (Hrsg.) Verlag Perfusion GmbH, Nürnberg, 2001.
- 3 Eckl-Dorna J, Doblinger E, Kunze M, et al. Structured outpatient smoking cessation (SOSC). *Eur Respir J* 2004;24(suppl 48):462.
- 4 Groman E, Kunze U, Schmeiser-Rieder A, et al. Measurement of expired carbon monoxide among medical students to assess smoking behaviour. *Sozial- und Präventivmedizin* 1998;43:322–4.