

CONSULTATION ON SMOKING IN PUBLIC PLACES
RESPONSE FORM

1. **Having considered the health risks associated with passive smoking, do you think that further action needs to be taken to reduce people's exposure to second-hand smoke?**

Yes

No

Don't Know

Considering that:

- Smoking is the single most preventable cause of ill-health and premature death in Scotland and a major cause of inequalities in health. In Scotland 13,000 people die every year from tobacco-related disease (28% of all male deaths and 15% of all female deaths¹).
- Passive smoking or exposure to environmental tobacco smoke (ETS) is the term given to involuntary inhalation of tobacco smoke. There is overwhelming evidence that exposure to ETS increases the risk of lung cancer and heart disease. It exacerbates asthma and respiratory conditions such as bronchitis. Young children are particularly at risk, with exposure to ETS increasing the risk of cot deaths, middle ear infection, asthma, bronchitis and pneumonia. Up to 50 children a day, over 17,000 a year are admitted to UK hospitals because of the effects of other people's cigarette smoke¹.
- In 2001 Aberdeen's Community Planning Partnership set a number of Health Improvement targets for the city to be achieved by 2010. These included i) a reduction in deaths related to cancer by 20% in those aged under 75 years of age and ii) a reduction in the rate of coronary heart disease by 50% in those aged under 75 years of age.
- The Scottish Executive requires local authorities to play a lead role in the protection and improvement of public health. In partnership with COSLA, Scottish Local Authorities have committed to developing as 'Health Improvement' Organisations. This requires them to accept health improvement as a core function and to develop policy that positively impacts on health. Aberdeen City Council has risen to this challenge and is currently engaged in a wide range of health improvement activity.
- The introduction of legislation restricting smoking in public places would be one of the most significant public health measures that could be taken. It would reduce smoking related death and illness in Aberdeen and should significantly contribute to achieving the long-term health improvement targets set by the Community Planning Partnership.

Aberdeen City Council is obliged to support the introduction of measures to reduce exposure to second-hand smoke.

2. **Would you support a law that would make enclosed public places smoke-free? (Public places include workplaces and public transport)**

Yes

No

Don't Know

There is currently no explicit restriction on tobacco smoke in the workplace other than that contained in the Workplace (Health, Safety and Welfare) Regulations 1992 which places a duty on employers to ensure staff are not bothered by tobacco smoke in rest areas. However employers have a general duty to protect the health of their employees under the Health and Safety at Work Etc. Act 1974, and this does include preventing exposure to tobacco smoke in the workplace. There is currently no legislation that protects the public from the effect of environmental tobacco smoke.

Other measures such as voluntary schemes and improved ventilation are unlikely to provide adequate protection against the effects of second-hand smoke.

Businesses in Scotland have been asked to take voluntary measures by the Scottish Executive. This voluntary code has seen an increase in non-smoking provision with smoke-free areas being provided in many bars, restaurants etc. However the extent to which all public places are covered by an effective smoking policy falls short of government targets. For example it is estimated that 7 out of 10 pubs still allow smoking throughout. The British Medical Association state that a recent survey, within the Food and Entertainment sector, indicated that 23% of respondents believed that they complied with the voluntary charter when in fact only 11% did.

Improving ventilation has been advocated by some sectors as an alternative method to ensure improved air quality. Evidence suggests that ventilation systems do not provide adequate protection from environmental tobacco smoke. A study conducted by the Federal Occupational Safety and Health Administration and the American Conference of Governmental Industrial Hygienists found that dilution ventilation (used in virtually all mechanically ventilated buildings) would not control second hand smoke in the hospitality industry. Tobacco smoke is a complex mix of over 4000 chemicals, only approximately 12% of which are particles, the rest is gas (which contains many of the most harmful chemicals) which can remain when visible smoke has disappeared (ash Scotland).

3. ***If a law was introduced, do you think there should be any exemptions to it? (i.e. any enclosed public places where smoking should be allowed)***

Yes

No

Don't Know

The Policy & Strategy Committee debated at length whether or not there should be exemptions to a Smoking Ban. The matter was put to a vote, and a majority [8 Councillors] supported the following exemption.

The majority felt that that a total ban would be detrimental to the hospitality industry and that there should be the provision of specific smoking licences to allow smoking within certain premises. The stipulations for such licences should be:

- Plated meals are not served
- Customers are informed on entry that it is a smoking venue
- Employees agree to work in a smokey atmosphere

The remaining 7 Councillors were in favour of a total ban with no exemptions. This was due to the belief that the health impacts of secondary smoke and the costs to society of smoking and secondary smoke related illness outweighed any negative impact on the hospitality industry and the civil rights of smokers. It was felt that exemptions could prevent businesses competing on-level playing field and cause unfair competition.

4. ***If we decide not to introduce a law, what more could be done to encourage individual businesses to take voluntary action to become smoke-free or to provide more smoke-free provision?***

To date, voluntary action has proved ineffective in reducing exposure to second-hand smoke. It is possible, although unlikely, that increased pressure and/or incentives to participate in voluntary schemes could reduce exposure to tobacco smoke. Incentives could include access to 'Children's Licences, free or subsidised advertising etc.

Aberdeen City Council would not endorse this approach.

5. ***What else could we do to reduce people's exposure to second-hand smoke?***

Continue with and build upon the high profile public education programme. Continue to provide support and advice to those smokers who are trying to quit.

6. Please let us know about any other views you have about smoking in public places

There are issues regarding the definition of public areas within residential care homes, homelessness hostels etc. which may require exemptions in order to allow smokers to smoke within their own residences. This may purely be a matter of definition of Public Place.

Any legislative measure to restrict or ban smoking in public places will require systems in place to enforce the provisions. This consultation does not give any indication of proposals for enforcing the requirements. If enforcement were to fall to Local Authorities, it imperative that adequate resources are made available.

Gathering the necessary evidence of any offence, could be very difficult and time consuming. It is likely to require an element of covert surveillance and a large proportion of work involved undertaken outside normal working hours

For licensed premises, it could be appropriate, to report offences to the Licensing Board for consideration when dealing with Licensing applications as is the case in Ireland.

It is not possible to anticipate the resource requirement that legislation would have, but it is likely to have significant implications. The resources required would depend on the exact details of the legislation, and the number and vociferousness of complainants.

Smoking attributed deaths in Aberdeen vary considerably from neighbourhood to neighbourhood. Community profiles compiled by NHS Health Scotland in 2004 evidence that on the whole, the communities experiencing the greatest level of deprivation have higher levels of smoking attributed deaths. Smoking is increasingly associated with deprivation. People living on a low income are more likely both to smoke cigarettes and to smoke more cigarettes per day. Research has shown that smoking is often used as a method of coping with the stresses of living on a low income.

The introduction of legislation should account for this, and rather than add to the burdens of living on a low income by stigmatising smokers, the Scottish Executive must ensure that adequate support is provided to help smokers stop smoking. This support should be more than merely the provision of smoking cessation services. Action to tackle the underlying reasons why people smoke and to improve accessibility to alternative coping mechanisms are needed.

7. Are your views personal or are you representing those of an organisation?

Personal

On Behalf of an organisation

RESPONDEE INFORMATION FORM

1. **Name:** Douglas Paterson
Chief Executive
Address: Aberdeen City Council
Town House
Aberdeen
AB10 1FY

2c. IF YOU ARE RESPONDING ON BEHALF OF A GROUP OR ORGANISATION:

Your name and address as respondees will be made available to the public [in the SE library and/or on SE website]. Are you content for your response to be made available also?

Yes

No

THANK YOU FOR COMPLETING THIS CONSULTATION DOCUMENT

"NOT FOR PUBLICATION

This report is circulated for consultation purposes only and must not be discussed or the contents released to anyone or any organisation outwith the Council. You should only discuss this with authorised Council employees. If you are in any doubt about who you are able to disclose this information to please contact the report author or your Corporate Director or Head of Service. If you are a member of a trade union and you are being consulted on this report as part of the Council's formal consultation procedures please adhere to these arrangements and contact the Corporate Director of Personnel and Organisational Development if you require any further advice."

ABERDEEN CITY COUNCIL

Policy & Strategy

Wednesday 29th September 2004

Response to Consultation from Scottish Executive on Smoking in Public Places

Lead Officer: J D Gordon, Corporate Director, Environment & Infrastructure
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Author of Report: Andrew Morrison, Senior Environmental Health Officer,
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Other Involvement:

- I Livingstone, Head of Service, Environmental Policy & Protective Services
- G Macintosh, Corporate Director, Neighbourhood Services [Central]
- D Millar, Head of Service, Neighbourhood Services [Central]
- K Beveridge, Head of Service, Office of Chief Executive
- J Love, Environmental Health Officer, Neighbourhood Services [Central]

Consultation undertaken with:

- All Elected Members
- All CMT
- NHS Grampian Director of Public Health
- General Manager Aberdeen Shadow Community Health Partnership
- Public Health Lead, Aberdeen Shadow Community Health Partnership
- Health and Social Care Executive
- K Beveridge, Head of Service, Office of the Chief Executive
- A Dawson, Head of Service, Neighbourhood Services [South]
- J Dewar, Head of Service, Neighbourhood Services [North]
- A Fulton, Head of Service, Learning and Leisure
- I Gerrie, Head of Service, Neighbourhood Services [South]
- A Hunter, Head of Service, Learning and Leisure

- A Landels, Head of Service, Neighbourhood Services [South]
- C Muir, Head of Service, Neighbourhood Services [North]
- A Pilkington, Head of Service, Neighbourhood Services [Central]
- N Steed, Head of Service, Office of the Chief Executive
- E Sutherland, Head of Service, Personnel and Organisational Development
- D Tumelty, Head of Service, Neighbourhood Services [North]
- G Wark, Head of Service, Neighbourhood Services [Central]
- Neighbourhood Community Planning Officers
- Licensing Board
- Employee Good Health Group

Responses received during compilation of report:

Licensing Board: Responded directly to Scottish Executive
 Councillor Pam MacDonald [via Licensing Board]
 Councillor Peter Stephen [via Licensing Board]
 Councillor Muriel Jaffrey [via Licensing Board]
 Employee Good Health Group
 Terry Ashton, Learning & Leisure
 David Hay, Learning & Leisure
 Hugh Roche, Learning & Leisure
 A Hidalgo, Community Planning

All respondees were in favour of a total ban on smoking in public places. It was also noted that there could be a need for specific licensed smoking venues.

Consultation on Committee Report

Responses received from	
Eric Baijal	NHS Grampian Director of Public Health *
Councillor Norman Collie	
Councillor Irene Cormack	
Councillor David Falconer	
Brenda Flaherty	Principal Solicitor – District Court & Licensing Section
Councillor Neil Fletcher	
Councillor Martin Greig	
Anne Landels	Head of Service – Culture & Learning Neighbourhood Services [South]
Robert Loughridge	Assistant Director – Legal & Democratic Services
Charles Muir	Head of Service – Quality of Life Neighbourhood Services [North]
Richard Parker	Corporate Director – Personnel
Douglas Paterson	Chief Executive
Councillor Brian Rattray	
Mike Scott	Corporate Director - Community Services
Councillor Alison Smith	
Councillor Peter Stephen	
Councillor John Stewart	
Craig Stirrat	Investment Manager – Community Services
Graham Thomson	Homelessness Strategy Co-ordinator – Community Services

In general, the responses received can be split into 3 distinct groups:

- Those in favour of the report as it stands;
- Those who are not in favour of a complete ban and would prefer a compromise involving allowing smoking in specific premises;
- Those who believe that the report does not go far enough in supporting a complete ban.

Comments from Elected Members have been included in Appendix 1 to the report.

A report on Smoking within Aberdeen City Council including a draft smoking policy went to CMT on 19th August 2004. This is included at Appendix 2.

Summary of Report:

To advise the Committee of the Scottish Executive consultation document and the proposed response on behalf of Aberdeen City Council.

This follows a similar consultation on a proposed private members bill to regulate smoking in premises where food is supplied and consumed. A report was submitted to the Environment and Infrastructure Committee in September 2003.

The introduction of a smoking ban in public places may be one of the most significant public health measures to be taken. If the Scottish Executive decides to introduce legislation to this effect, the implications of this policy are far reaching and would impact on a number of council services.

The current consultation is regarding the general policy on smoking in public places and does not deal with any of the mechanisms by which the policy would be implemented.

Recommendations

That the Committee notes the Consultation and approves a response on behalf of the Chief Executive advocating a total ban on smoking in enclosed public places, incorporating the main considerations of this report and the specific comments and views of the Committee.

Linkage to the Community Plan

Smoking in Public Places impacts on the following key aims of the Community Plan:

- To make Aberdeen a safer place in which to live and work.
- To improve the health of the people of Aberdeen and reduce health inequalities.
- Reduce deaths related to Cancer by 20% by 2010 in those aged under 75 years of age.
- Reduce rates of coronary heart disease by 20% by 2010 in those aged under 75 years of age.

and the following challenge of the Corporate Plan:

- Aberdeen City Council will work with the people of Aberdeen/Partner organisations to ensure we continue to enjoy an environment where the physical elements of pollution

are addressed and ensure a healthy environment which contributes to the quality of life.

It also impacts on the Council's Health Strategy, which sets targets for reducing the incidence of smoking and also the incidence of heart disease, cancer and strokes for which smoking is a contributory factor.

Implementation:

A response to the Scottish Executive is currently being drafted. Any additional comments can be incorporated into the response. The response is in favour of a total ban on smoking in enclosed public places.

Resource Management Implications:

People: There are no immediate resource implications but should a ban on smoking in public places be introduced, it is likely that enforcement responsibility will fall to local authorities with an as yet un-quantifiable need for resources to fund enforcement action.

This must be balanced against the health benefit to be gained by the citizens of Aberdeen and the potential reduction in smoking related sickness-absence from Aberdeen work places.

Finance: NONE

Systems & Technology: NONE

Property NONE

Other Equipment [desks, accommodation, etc.]: NONE

Other Implications:

Health and Safety: There does not appear to be any health and safety implications involved with replying to the consultation document. Implementation of a ban would have a beneficial impact on the health and safety of people working in enclosed public places.

Risk Management: Not responding to the consultation could attract negative publicity, as it is clearly an issue that would have a large impact on the population of Aberdeen.

Equalities: N/A

Sustainability:

Environmental: N/A

Social: N/A

Economic: N/A

Should a ban on smoking in public places be implemented, this will have a generally positive environmental and social benefit to the City of Aberdeen. It is possible that parts of the hospitality industry, particularly pubs and clubs, may experience a negative economic impact. There is however no conclusive evidence to suggest that an introduction of a restriction on smoking in public places reduces economic activity. Some findings in New York and Dublin have evidenced an improved economic situation after similar 'bans' were enforced.

There may be a negative environmental impact from a ban on smoking in enclosed public places, in terms of litter. It is possible that smokers gathering outside premises could deposit cigarette butts etc. on pavements rather than dispose of them appropriately.

There could also be a negative social impact from a ban if it encourages people to congregate outside premises, in terms of noise nuisance and public disorder. The potential for noise nuisance could be significant for premises with outdoor areas such as beer gardens.

SIGNATURE: _____

Main Considerations:

1. Background

- 1.1 This report sets out to advise the Committee of the Scottish Executive's Consultation on Smoking in Public Places and outline the proposed response on behalf of Aberdeen City Council for consideration.
- 1.2 The Scottish Executive launched a public consultation on smoking in public places in June 2004. This consultation is being undertaken as part of a wider evidence gathering exercise to inform the Executive's future policy on reducing exposure to environmental tobacco smoke [passive smoking]. The consultation will conclude on 30th September 2004.
- 1.3 This Scottish Executive consultation is being undertaken independently of Stewart Maxwell's proposal for a Bill to regulate smoking in enclosed premises open to the public where food is supplied and served, [reported to the Environmental and Infrastructure Committee Sept 2003].

2. Existing Policy on Smoking in Public Places

- 2.1 There is currently no explicit restriction on tobacco smoke in the workplace other than that contained in the Workplace [Health, Safety and Welfare] Regulations 1992 which places a duty on employers to ensure staff are not bothered by tobacco smoke in rest areas. However employers have a general duty to protect the health of their employees under the Health and Safety at Work Etc. Act 1974, and this does include preventing exposure to tobacco smoke in the workplace.

It is important to note that as Health and Safety legislation is not a devolved power any Scottish legislation controlling smoking in public places could not be drafted in terms of health and safety at work.

- 2.2 There is currently no legislation that protects the public from the effect of environmental tobacco smoke. Businesses in Scotland have been asked to take voluntary measures by the Scottish Executive. This voluntary code has seen an increase in non-smoking provision with smoke-free areas being provided in many bars, restaurants etc. However the extent to which all public places are covered by an effective smoking policy falls short of government targets. For example it is estimated that 7 out of 10 pubs still allow smoking throughout. The British Medical Association state that a recent survey, within the Food and Entertainment sector, indicated that 23% of respondents believed that they complied with the voluntary charter when in fact only 11% did.
- 2.3 If Scotland is to make it's own law on smoking in public places it will be done in terms of public health. There are a range of possibilities for legislation which range from a total Scotland wide ban on smoking in enclosed public places to a combination of the existing voluntary code with some specific legal restrictions.
- 2.4 'ash Scotland' [action on smoking and health] [a campaigning charity working to reduce the harm done by tobacco] advocates that legislative action is the only

way to ensure minimum levels of protection for public health. 'ash Scotland' suggests that legislation can influence smoking behaviour and would lead to reduced smoking prevalence.

It would encourage smokers to stop smoking; dissuade potential smokers, particularly young people, from starting to smoke; protect people from the risks of passive smoking and lead to a shift in public opinion on smoking.

3. Smoking and Public Health

- 3.1 Smoking is the single most preventable cause of ill -health and premature death in Scotland and a major cause of inequalities in health. In Scotland 13,000 people die every year from tobacco-related disease [28% of all male deaths and 15% of all female deaths ¹].
- 3.2 Passive smoking or exposure to environmental tobacco smoke [ETS] is the term given to involuntary inhalation of tobacco smoke. There is overwhelming evidence that exposure to ETS increases the risk of lung cancer and heart disease. It exacerbates asthma and respiratory conditions such as bronchitis. Young children are particularly at risk, with exposure to ETS increasing the risk of cot deaths, middle ear infection, asthma, bronchitis and pneumonia. Up to 50 children a day, over 17,000 a year are admitted to UK hospitals because of the effects of other people's cigarette smoke².

4. aberdeen/futures

- 4.1 In 2001 Aberdeen's Community Planning Partnership set a number of Health Improvement targets for the city to be achieved by 2010. These included i) a reduction in deaths related to cancer by 20% in those aged under 75 years of age and ii) a reduction in the rate of coronary heart disease by 50% in those aged under 75 years of age. The introduction of legislation restricting smoking in public places may be one of the most significant public health measures that could be taken. It would reduce smoking related death and illness in Aberdeen and should significantly contribute to achieving the long-term health improvement targets set by the Community Planning Partnership.

5. Aberdeen City Council – A Health Improvement Organisation

- 5.1 The Scottish Executive requires local authorities to play a lead role in the protection and improvement of public health. In partnership with COSLA, Scottish Local Authorities have committed to developing as 'Health Improvement' Organisations. This requires them to accept health improvement as a core function and to develop policy that positively impacts on health. Aberdeen City Council has risen to this challenge and is currently engaged in a wide range of health improvement activity.
- 5.2 Support for the introduction of legislation to reduce exposure to ETS will demonstrate Aberdeen City Council's commitment to improving public health in Aberdeen.

¹ Callum .c (1998) the UK Smoking Epidemic: Deaths in 1995. HEA. London.

² Smoking and the Young, Royal College of Physicians, 1992.

- 5.3 If legislation is introduced, Aberdeen City Council will need to consider the development of a comprehensive smoking policy, to cover all aspects of relevant service provision.

6. Smoking and Inequalities

- 6.1 Smoking attributed deaths in Aberdeen vary considerably from neighbourhood to neighbourhood. Community profiles compiled by NHS Health Scotland in 2004 evidence that on the whole, the communities experiencing the greatest level of deprivation have higher levels of smoking attributed deaths.
- 6.2 Smoking is increasingly associated with deprivation. People living on a low income are more likely both to smoke cigarettes and to smoke more cigarettes per day. Research has shown that smoking is often used as a method of coping with the stresses of living on a low income.
- 6.3 The introduction of legislation should account for this, and rather than add to the burdens of living on a low income by stigmatising smokers, the Scottish Executive must ensure that adequate support is provided to help smokers stop smoking. This support should be more than merely the provision of smoking cessation services. Action to tackle the underlying reasons why people smoke and to improve accessibility to alternative coping mechanisms are needed.

7. Ventilation

- 7.1 Improving ventilation has been advocated by some sectors as an alternative method to ensure improved air quality. Evidence suggests that ventilation systems do not provide adequate protection from environmental tobacco smoke.
- 7.2 An American study conducted by the Federal Occupational Safety and Health Administration and the American Conference of Governmental Industrial Hygienists found that dilution ventilation [used in virtually all mechanically ventilated buildings] would not control second hand smoke in the hospitality industry.
- 7.3 Tobacco smoke is a complex mix of over 4000 chemicals, only approximately 12% of which are particles, the rest is gas [which contains many of the most harmful chemicals] which can remain when visible smoke has disappeared [ash Scotland].

8. Enforcement

- 8.1 Any legislative measure to restrict or ban smoking in public places will require systems in place to enforce the provisions. This consultation does not give any indication of proposals for enforcing the requirements. If, as is likely, enforcement were to fall to Local Authorities, it is likely that this function would be undertaken by Environmental Health staff.

- 8.2 Gathering the necessary evidence of any offence, could be very difficult and time consuming. It is likely that an element of covert surveillance could be required. It is also likely that a large proportion of the work involved would be required to be undertaken outside normal working hours, with associated extra costs and health and safety implications.
Requiring information from members of the public could be very difficult, as we do not have powers of arrest. Therefore, if the legislation is written such that a person smoking within an enclosed public place is committing an offence, it may be necessary to have police involvement.
- 8.3 For licensed premises, it could be appropriate, to report offences to the Licensing Board for consideration when dealing with Licensing applications as is the case in Ireland. [This has not been raised with the Licensing Board and would require changes in Legislation].
- 8.4 It is not possible to anticipate the resource requirement that this would have, but it is likely to have significant implications. The resources required would depend on the exact details of the legislation, and the number and vociferousness of complainants.
- 8.5 Without provision of adequate extra resources, we would not be able to effectively enforce the provisions. Both the Food Standards Agency and the Health and Safety Commission would be unhappy for resources to be diverted from Food Safety and Health and Safety enforcement respectively [Health and Safety at Work is not a devolved issue]. Currently, this service has a staff shortage, with five vacant Environmental Health Officer posts [See Committee Reports to Environment and Infrastructure in November 2003 and May 2004].
- 8.6 It may be possible to estimate the resources required based upon the Irish experience, however it is probably too early to draw any conclusions. Ireland implemented a ban on smoking in workplaces on 29th March 2004. A progress report produced by the Office of Tobacco Control in May 2004 provides data regarding the first five weeks following implementation. Compliance with the prohibition on smoking was found to be uniformly high at 97%. Complaints to a national hotline totalled 677 in the 5 week period, but the majority of these were in the first 2 weeks. By week 5 complaints had dropped to 56 per week [this would equate to approximately 3 complaints per week for a population the size of Aberdeen].
- 8.7 A total ban is likely to be less complicated to enforce than a ban on smoking in premises where food is supplied and served [the Stewart Maxwell Bill].

9. Impact on Business

- 9.1 It is possible that restricting smoking in public places could have an economic impact on businesses within Aberdeen. However there is not conclusive evidence to confirm this. Some studies have however reported a down turn. The Licensed Vintners Association, which represents 95% of publicans in Dublin has reported: on average Dublin pub sales down by 16%; Dublin pub employment levels down by 14%; and 2000 full and part-time pub jobs lost in Dublin [population 1,027,950].

9.2 Publicans in particular have expressed their concerns in relation to the introduction of a 'total ban' on smoking in enclosed public areas. At the public consultation meeting held in Aberdeen on 26 August 2004, these economic concerns were voiced by local publicans.

- 9.3 Restricting smoking in public places may indeed have a positive spin off on local business, by encouraging a wider number of the non-smoking population to visit pubs regularly. For example Figures released by the Department of Health and Children in Ireland following a survey of 1000 people showed that 53% indicated that they would be more inclined to eat in a pub since the ban.

10. Summary

- 10.1 From a public health perspective, legislative action is the only way to ensure minimum levels of protection for public health. A holistic policy controlling exposure to tobacco smoke in all public places is advocated. This would include workplaces, transport, leisure and social facilities.
- 10.2 The introduction of further voluntary codes of practice and the widespread use of ventilation is unlikely to adequately protect the public from the harmful effects of environmental tobacco smoke.
- 10.3 To provide for those smokers who wish to continue to smoke in public places, it may be necessary for Licensing Boards to be given powers to approve restricted smoking licences. [This has not been raised with the Licensing Board and would require changes in Legislation].
- 10.4 Introduction of a law on smoking in public places must not exacerbate health inequalities in Scotland, by stigmatising those experiencing disadvantage. Alternative methods of coping with the stresses of living on a low income should be investigated.
- 10.5 Adequate resources must be allocated to facilitate the introduction of any legislation. Resources will be required to instigate enforcement measures and to support service changes required to comply with the legislation.
- 10.6 This authority strongly advocates a total ban on smoking in enclosed public places.