

Smoking in public places

Consultation response to the Scottish Executive

30th September 2004

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The Equality Network is a national network of lesbian, gay, bisexual and transgender (LGBT) organisations and individuals in Scotland working for LGBT equality. We are funded by the Scottish Executive Equality Unit to help the voices of LGBT people to be heard in national policy-making in Scotland. We welcome the opportunity to comment on the consultation on smoking in public places.

Smoking amongst LGBT people

Smoking is an important issue for many LGBT people. Studies in the United States indicate that a larger proportion of LGBT people smoke, compared to the rest of the population¹. There has been no similar research in Scotland, but in a study of lesbians and gay men in Glasgow carried out in 1998, 38% of lesbian and 42% of gay male respondents were smokers², compared to figures of 32% for women and 38% for men generally in Scotland in the same year³.

¹ Stall RD et al, 'Cigarette smoking among gay and bisexual men', American Journal of Public Health 1999; 89(12) pp 1875-8
Gruskin EP et al, 'Patterns of cigarette smoking and alcohol use among lesbians and bisexual women enrolled in a large health maintenance organisation', American Journal of Public Health 2001; 91(6) pp 976-9

² John S and Patrick A, 'Poverty and social exclusion of lesbians and gay men in Glasgow', Glasgow Women's Library 1999 p 74

³ Scottish Health Survey 1998, volume 1, chapter 8, Scottish Executive 2000. www.show.scot.nhs.uk/scottishhealthsurvey/

The basis for our response

Our response to the consultation is based on a survey of members of our network, conducted during August and September 2004. A short questionnaire was distributed on paper with our August newsletter, to approximately 950 network members, including over 100 LGBT groups in Scotland, approximately 200 other organisations including LGBT businesses, and 630 individuals. The large majority of these latter 830 addresses are in Scotland.

An article in the accompanying newsletter explained the Executive's consultation, and invited people to respond directly to the Executive or to return the questionnaire to us. 85 questionnaires were returned – a relatively high response rate for this kind of survey across our network.

Our main questionnaire form is included as an annex to this response. The five questions on the form ask about the options presented in the Executive's consultation paper:

- Retain the status quo and continue to encourage businesses to take voluntary action
- A total ban in enclosed public spaces (perhaps with limited exceptions)
- A targeted Scotland-wide ban
- Giving powers to local authorities to regulate smoking in public places; and
- A combination of targeted statutory controls and voluntary action.

Respondents were asked to say, for each option, whether they agreed strongly, agreed, disagreed or were not sure, and were also invited to make additional comments.

A further, open question invited any other views, opinions or comments on the issue.

Results of the survey

The quantitative results are summarised in the table below. Some respondents placed an X or tick against an option – this has been interpreted as agreement with that option; for example, '8 + 5'

indicates 8 respondents choosing the 'Agree' option, plus 5 X's or ticks.

Option	Strongly agree	Agree	Not sure	Disagree
Status quo	19	15	3	35
Complete ban	43	8 + 5	8	17
Targeted ban	37	18 + 1	9	18
Local bans	3	4 + 1	10	57
Combination	10	10 + 1	17	38

Within the 85 responses, there was greatest support for either a **complete ban** in enclosed public places or a **targeted ban**, with 56 respondents agreeing or agreeing strongly with each of these options, and only 17 and 18, respectively, disagreeing.

34 respondents agreed or strongly agreed with retaining the status quo of voluntary action, while 35 disagreed. A significant number of those agreeing with retaining the status quo also agreed with a complete or targeted statutory ban.

Local regulation, or a combination of statutory and voluntary action, received less support.

Detailed comments

Several respondents made general comments on the link between health and smoking, for example:

I strongly believe that only a complete ban will do. Smoking kills far too many people and must be eradicated.

As someone who gets asthma from cigarette smoke, the only reason I don't go to pubs etc is because of their smoky atmosphere. I feel excluded and the publican loses my/our trade...

These people cause a lot of stress for the N.H.S. I know they pay tax on their fags, but it still does not cover the cost of their treatment. Smokers are also more likely to become a burden on the benefits system, by claiming disablement.

It is time that Scotland finally addressed one of the major reasons for Scotland's poor health record. The Executive must have the balls to stand up to the wilfully mis-leading and inaccurate propaganda that the tobacco industry uses and stand up for the people of Scotland and their health.

Exemptions from a complete ban

There were clear concerns about the need for some exceptions if there was to be a complete ban on smoking in enclosed public places. Many expressed the view that prisons, care homes and other institutions should either have specific areas set aside, or not be included in the ban at all:

Exempt long stay + psychiatric hospitals, hospices, prisons, care homes but all have to have dedicated indoor smoking areas with good ventilation.

Exception for places people actually live but should have a special room provided eg care homes not prisons.

Care homes are (in theory) residents own homes so there should be smoking facilities for those who want them – but these must be well ventilated + away from other residents + staff should be protected eg ventilation systems or even masks if they are non smokers.

Eight respondents felt that there should be no exceptions to a total ban at all; as one respondent put it:

NO EXCEPTIONS. Non smokers should not be subjected to smoke at any stage in their life.

Targeted bans

Amongst the 56 respondents who agreed with targeted bans, there was clear support for smoke free areas where food is served or children are present. 16 respondents expressed this view, for example:

Where children are present – no smoking. Where food is served there should be alternative areas with good ventilation.

However, one respondent felt that:

This would not protect the health and safety of workers eg in the hospitality industry. All enclosed public places should be smoke free.

There were 17 and 18 respondents who disagreed with the options of a complete or targeted ban respectively, for example:

I think it is not completely fair to isolate smokers altogether.

Local regulation

57 respondents disagreed with the option of local regulation, with only 8 agreeing. Examples of some of the reasons given are:

This would introduce inconsistency which would lead to management problems.

Inefficient and not very sensible. Also passes the buck to local authorities who may find it politically difficult to take action.

This would lead to health and safety for certain groups of workers and levels of exposure to second-hand smoke becoming a post-code lottery.

While this consultation is only Scotland wide, one respondent commented on the need for a UK wide strategy:

NO!! It should be law across the country. All the same. A non-smoker can get cancer in London the same as they could in the islands of Scotland!!

The status quo

Looking at the option of whether or not to continue with the status quo and encourage voluntary measures, 34 of our respondents agreed with this option:

Leave businesses to make their own mind on smoking or non smoking. Enforcing it would destroy business in Scotland it's happened in Canada already.

However 35 individuals disagreed, expressing the views like:

This approach hasn't worked!

Businesses have been shown to be reluctant to change. The only effective means to reduce exposure to second-hand smoke is legislation to make smoking illegal in all enclosed public places.

Combined statutory and voluntary action

There were 20 respondents who agreed with a combination of statutory and voluntary approaches, but 38 who disagreed with this option. One respondent felt that such an approach would be *confusing* while another stated:

Re targeted and combination – Combination of these 2 would be best ie targeted blanket ban + voluntary elsewhere.

The role of education

In addition to comments on the various options presented, a number of respondents commented on the importance of education to reduce smoking, alongside any legislative action:

The smoker has a right to do what they wish to their own body. For the state to prevent them from this, it takes away this right. If the government wants to stop people smoking maybe it should DISCOURAGE them by raising AWARENESS of the health risks.

Any banning has to go alongside continued education + pro-active advertising of not smoking as cool.

Summary

In conclusion, the response rate to our survey indicates that this is an issue of importance to LGBT people on our network. The results show similar levels of support for a complete ban in enclosed public places and for a nationwide targeted approach. Those who agreed or strongly agreed with these options outnumbered those who disagreed by three to one, with the large majority of respondents expressing an opinion. Rather more respondents expressed strong agreement with a complete ban than with a targeted ban. Prisons, long stay and psychiatric hospitals, and care homes were mentioned by some respondents as possible exceptions to a complete ban, with many commenting that smoking should be confined to certain areas within these.

Respondents were split roughly equally on the option of maintaining the status quo and encouraging more voluntary action by businesses, although many who agreed with this option also agreed with a complete and/or targeted statutory ban.

The option of local regulation was overwhelmingly disapproved by respondents, while a majority of two to one disagreed with a combined approach of targeted bans and voluntary action.

The continuing role of education and attitude change was highlighted by several respondents.

Smoking in public – what’s your view?

How strongly do you agree or disagree with each of these options. Rate your views on the scale 1 – 4 where: 1 = Disagree, 2 = Not sure, 3 = Agree, 4 = Agree strongly. You may want to qualify your answers, so feel free to add your comments.



Status quo

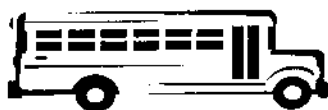
Ask business to take action voluntarily to increase smoke-free provision.

No Smoking

Complete ban

No smoking in enclosed public places.

Should there be any exceptions? For example, prisons, or care homes: list any you think should be exempt.



Targeted ban

No smoking in specific places, such as hospitals, schools, public transport.

What are your views on places where children have access or food is served? Should they be smoke free?

Local bans

Leave it up to local authorities to decide in their own areas.

L+S+T+C=?

Combination

Some voluntary action and some targeted bans.

RESPONDEE INFORMATION FORM

Please complete the details below and attach it with your response. This will help ensure we handle your response appropriately:

Name: Equality Network

Postal Address: 18 Forth St, Edinburgh, EH1 3LH

Consultation title: Smoking in public places

1. Are you responding as: (please tick one box)
- (a) an individual (go to 2a/b)
 - (b) **on behalf of** a group or organisation (go to 2c)

2a. INDIVIDUALS:

Do you agree to your response being made available to the public (in SE library and/or on SE website)?

- Yes (go to 2b below)
- No, not at all

2b. **Where confidentiality is not requested**, we will make your response available to the public on the following basis (**please tick one** of the following boxes)

- Yes, make my response, name and address all available
- Yes, make my response available, but not my name or address
- Yes, make my response and name available, but not my address

2c ON BEHALF OF GROUPS OR ORGANISATIONS:

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

SHARING RESPONSES/FUTURE ENGAGEMENT

3. We will share your response internally with other SE policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for the Scottish Executive to contact you again in the future in relation to this consultation response?

- Yes
- No

