

**SMOKING IN PUBLIC PLACES:  
A CONSULTATION ON REDUCING EXPOSURE TO SECOND-HAND SMOKE**

**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

*Please provide any other comments here*

A working group for the World Health Organization International Agency for Research in Cancer has concluded that environmental tobacco smoke (ETS) is carcinogenic (cancer-causing) to humans. The US Environmental Protection Agency has concluded that ETS could be considered a class A carcinogen to humans, alongside asbestos, arsenic, benzene and radon gas<sup>ii</sup>.

The Scientific Committee on Tobacco and Health has concluded that exposure to ETS is a cause of lung cancer<sup>iii</sup>; the increased risk for those with long-term exposure is in the order of 25%<sup>iv</sup>. It has also been concluded that passive smoking is a cause of ischaemic heart disease; an increased risk of 30% on long-term exposure has been calculated<sup>v</sup>. There is a growing body of scientific data to suggest that even short periods of exposure to ETS might trigger heart attacks<sup>vi</sup>. In addition, an association has been reported between passive smoking and stroke<sup>vii</sup>.

ETS has been found to be a cause of wheezing illness in children, and to be associated with more severe disease in those children with established asthma<sup>viii</sup>. ETS has also been linked to other respiratory illnesses and middle ear disease in children<sup>iii,x,x</sup>. A report in 1992 estimated that more than 17,000 children under the age of five in the UK were admitted to hospital each year as a result of exposure to other people's tobacco smoke<sup>x</sup>. There is also substantial evidence to suggest that maternal exposure to ETS during pregnancy can lead to low birthweight and premature birth, and there is conclusive evidence that babies' exposure to ETS is a cause of cot death<sup>xii</sup>. In a survey of adult asthma sufferers, around 4 in 5 respondents reported that passive smoking was a trigger for asthma attacks<sup>xiii</sup>. A study involving almost 8,000 adult never-smokers found passive smoking to be associated with an increased likelihood of respiratory symptoms.<sup>xiv</sup>

In addition, many people find ETS a nuisance, for example in terms of making them cough or sneeze, irritating their eyes, or making their hair and clothes smell. Even people who smoke can find other people's smoking unpleasant

In short, eliminating exposure to ETS would result in significant benefits to the health and wellbeing of the population and specific subgroups.

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

Yes

***Please provide your reasons or any other comments here***

In the most recent Scottish Health Survey, 55% of men and 46% of women reported having been exposed to other people's smoke in a public place in the preceding week<sup>xv</sup>. The same survey found that 31% of working women and 21% of working men had been exposed to other people's tobacco smoke at work in the preceding week. Exposure is likely to be more common amongst workers in the hospitality industry. A survey in Scotland in 2003 found that only 68% of food and entertainment sector businesses had in place a smoking policy for the general public, with only 44% of public houses and bars having a policy<sup>xvi</sup>. It should be emphasised that having a smoking policy in place does not necessarily mean effective protection from ETS: having a policy may involve having a no-smoking area, ventilation or even signage notifying customers that smoking is allowed throughout (based on the policy options of the Voluntary Charter on Smoking). In the above survey, 71% of public houses and bars permitted smoking throughout their premises. It has been suggested (based on a conservatively estimated number of hospitality workers) that passive smoking causes the death of one hospitality sector employee every week in the UK<sup>xvii</sup>.

Research has found that ventilation systems and no-smoking areas in pubs and bars do not eliminate exposure to ETS<sup>xviii</sup>. Only a 'no smoking throughout' policy can ensure an ETS-free environment for customers and staff.

It is likely that a ban on smoking in public places would also be of help to those trying to stop smoking. Evidence suggests that employees in companies with smoking bans have higher cessation rates than those workplaces where smoking is permitted<sup>xx</sup>. Employees in companies with smoking bans also have lower consumption of tobacco in smokers during the working day, so a ban may also help to reduce cigarette consumption among people who continue to smoke<sup>xx</sup>. The Chief Medical Officer has confirmed that smoking remains the biggest single cause of preventable cause of preventable illness and premature death in Scotland<sup>xxi</sup>. It accounts for over 13,000 deaths in Scotland and costs the NHS in Scotland an estimated £200 million in hospital treatment alone each year<sup>xxi</sup>. An added benefit of a ban on smoking in public places is that children would be less likely to grow up thinking that smoking is a normal part of everyday life and socialising.

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)**

Please see below.

***Please provide any other comment here***

As complete a ban as possible, in the context of a wide definition of public places, is desirable in the interests of clarity, consistency, simplicity of enforcement, and degree of protection to the public and workforces. However, further consideration will need to be given to the circumstances of certain specific categories of people and places, such as people in residential or long-stay care facilities, while giving due attention to protecting the health of staff.

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

If voluntary action were to be continued to be encouraged, the likelihood is that would continue to be at best a piecemeal adoption of smoking control policies in public places, affording only limited protection to the public and employees, and with excessive reassurance being taken from signage indicating measures that may improve the environment but do not eliminate ETS exposure. Nearly three years after the launch of the Voluntary Charter in Scotland, 4 in 10 food and entertainment premises were found still to allow smoking throughout, rising to 7 in every 10 pubs and bars<sup>xvi</sup>. It is widely agreed in public health circles that voluntary agreements are no substitute for legislative action for smoke-free public places.

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

Legislation to make enclosed public places smoke-free should be seen as a component of a multifaceted tobacco control strategy. Further investment in a range of other measures, to reduce the uptake and prevalence of smoking of smokers by helping people not to start smoking and helping smokers to quit, is also needed. An important specific area for action is education and support for parents, expectant parents and other carers, aimed at reducing babies' and children's exposure to ETS in the home.

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

There is evidence of substantial, and indeed, growing support for restrictions on smoking in public places. In a 2003 survey, 92% of respondents said there should be smoking restrictions in places where there are, or are likely to be, children under 16<sup>xxiii</sup>. 56% were in favour of restrictions in pubs (compared with 48% in the corresponding 1996 survey), 87% were in favour of restrictions in restaurants (compared with 85% in 1996), and 90% were in favour of restrictions in other public places (compared with 82% in 1996). Research in California found that, following the implementation of a smoke-free bar law, customer approval of the law grew over time<sup>xxv</sup>.

Given the clear health risks associated with ETS, the population of Scotland should be protected from this pollutant in public places. Opposition to restrictions is often founded on the right of smokers to smoke, but it cannot be asserted that smokers have a right to put others' health at risk through their smoking.

## **INFORMATION TO HELP US UNDERSTAND YOUR VIEWS**

### **Are your views personal or are you representing those of an organisation?**

This submission is on behalf of the Board of NHS Argyll and Clyde.

## **RESPONDEE INFORMATION FORM**

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**Consultation title:** Smoking in Public Places

Your name and address as respondees will be made available to the public (in the SE library and/or on the SE web-site). Are you content for your response to be made available too?

Yes

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