

28/09/04

The following paper was presented to the Board of NHS Health Scotland at its September meeting. The Board accepted the paper with minor amendments and agreed unanimously to recommend that the Government introduce legislation to prohibit smoking in enclosed public places at the earliest opportunity.

HS Paper 41/04

SMOKING IN PUBLIC PLACES: RESEARCH EVIDENCE

NHS HEALTH SCOTLAND

Purpose of paper

1. This short paper summarises the evidence and arguments that lead to the conclusion that legislation is required to prohibit smoking in public places.

Harm to health from second-hand tobacco smoke

2. Exposure to other people's cigarette smoke means inhaling over 50 known or suspected cancer-causing agents and a wide range of other chemical toxins. Based on the evidence from a large number of peer reviewed studies, it has been estimated that long-term exposure to second-hand cigarette smoke increases the risk of developing lung cancer and heart disease by 20-30 %^{1,2}. In a recent study of over 2000 British male non-smokers, exposure to second-hand smoke was measured in 1978-80 and the men were then followed up for 20 years³. Those with the highest exposure had a 60% greater risk of heart disease over the next 20 years compared to those with the lowest. Where pregnant woman are exposed to second hand smoke, their babies have lower birth-weight and are at greater risk of other health problems⁴. Breathing second hand smoke can also worsen asthma in both children and adults and can trigger a heart attack in people with heart disease⁵. In addition, many people find second-hand smoke causes irritation to the eyes and throat. A study that estimates the number of Scots who die annually due to passive smoking has been completed and will be published in the next few months.
3. Exposure to second-hand smoke occurs mainly at home if a spouse or other household member smokes, or in the workplace or other public places. Employees are particularly likely to be at risk in pubs, bars, nightclubs and restaurants, where many customers smoke and exposure can be particularly intense, or in offices where other employees smoke.
4. The creation of smoke free enclosed public places, including workplaces and public transport, would thus greatly reduce exposure to second-hand smoke with consequent health benefits for both employees and the general public. In addition, there is

evidence from a recent literature review that smokers in smoke-free workplaces are almost four times as likely to quit smoking as non-smokers because the temptation to smoke is reduced. American research has also shown that a third fewer young people will smoke if they work in smoke-free environments compared to those who do not ⁶.

Voluntary agreements

5. Considerable progress has been made over the past ten years in eliminating second-hand smoke in many public areas in Scotland. However, a large proportion of eating places and virtually all pubs, bars and clubs continue to allow smoking in their premises. Smoking is also still permitted in many other work places. The Voluntary Charter on Smoking in Public Places, developed by the Scottish Executive with the leisure industry in 2000 has done very little to enable customers to breathe air free of tobacco smoke toxins. Whilst a growing number of premises have introduced separate non-smoking areas and ventilation systems, even the tobacco company Philip Morris has acknowledged these measures are relatively ineffective in eliminating these toxins ⁷.
6. Although some proprietors may in principle be in favour of banning smoking in their premises, there is a genuine fear that prohibiting smoking on their premises would drive customers elsewhere. It therefore seems highly unlikely that substantial progress towards clean air in restaurants, pubs, bars and clubs can be made without legalisation applicable to all.

Impact of legislation

7. A number of cities, states or countries (e.g. New York City, California and Ireland) have recently introduced a ban on smoking in restaurants, licensed premises or other enclosed public places. There is clear evidence that the restrictions are now supported by the vast majority of the population in these areas, with public support increasing since they were introduced. The leisure industry has been particularly concerned that smoke-free legislation would have an adverse impact on their business. This is not supported by the experience in New York City and California. The introduction of smoke-free legislation there has been accompanied by rising revenues in the hospitality and tourism sectors. For example, since the ban in New York City, restaurant employment has increased by 18% compared to only 5% in the surrounding area. In California, sales at places selling beer, wine and spirits increased every quarter after the ban ⁸. In Ireland, drink sales in bars have fallen in the six months since the ban was introduced, but poor weather, increased prices and a longer term downward trend in sales may all also have contributed: the true overall effect of the ban on businesses in Ireland will not be known for some time ⁹. For his annual report in 2003, the Chief Medical Officer for England commissioned a review of the costs and benefits of England going smoke free. The overall monetary benefit from all workplaces going smoke free was estimated at £2.3-2.7 billion per year ¹⁰. This was based on separate estimates of the health and safety benefits, production gains and reduction in cleaning costs. Those studies which have suggested that banning smoking in public places has a negative economic impact are typically low in scientific quality and funded by the tobacco industry ¹¹.

Individuals' rights

8. It has been argued that smokers should have the right to consume a legal product where they choose. However, the rights of smokers have to be weighed against those of non-smokers to work and relax in an atmosphere that does not endanger their health. Given the compelling health evidence, the rights of non-smokers' to breathe clean air heavily out-weigh those of smokers in this case. Legislation to create smoke-free public places would be in keeping with other laws that restrict where and how individuals can use legal products such as alcohol and motor vehicles.

Public opinion

9. A MORI poll of a representative sample of 4060 adults across Great Britain, including 365 Scots, was conducted in May 2004. It found that 79% of respondents were in favour of laws to ensure all workplaces are smoke free. Only 34% of the sample said they opposed a ban on smoking in pubs¹². A more detailed survey of Scottish public opinion has been commissioned and will be published in the next few months.

Conclusion

10. Given the proven hazards to health of second-hand tobacco smoke and the importance of discouraging smoking, it is highly desirable from a public health standpoint that enclosed public spaces should be smoke-free. Reliance on voluntary agreements to achieve this is clearly unworkable. Legislation has been successfully implemented in other parts of the world where, in addition, the net economic impact appears to have been positive.

Recommendation

11. NHS Health Scotland recommends that the Government introduce legislation to prohibit smoking in enclosed public places at the earliest opportunity.

Dr Laurence Gruer
Director of Public Health Science

References

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5. Otsuka R, Watanabe H, Hirata K, Tokai, Muro T, Yoshiyama M et al. Acute effects of passive smoking on the coronary circulation of healthy young adults . *JAMA* 2001; 286: 436-41
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9. Irish Independent 18 September 2004
10. Donaldson L. Health Check: CMO Annual Report 2003, Department of Health, London
11. Scollo M, Lal A, Hyland A, Glantz SA. Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry. *Tobacco Control* 2003; 12: 13-20.
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RESPONDEE INFORMATION FORM

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

1. **Name:** NHS Health Scotland

Address: Woodburn House, Canaan Lane

Dunblair

Consultation title: Smoking in Public Places

2a. **IF YOU ARE RESPONDING AS AN INDIVIDUAL:**

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

Your name and address as respondents *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

RESPONSE FORM

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? *(Please tick one box only)*



Please provide any other comments here

See attached paper

Would you support a law that would make enclosed public places smoke-free? (Public places include workplaces and public transport) *(Please tick one box only)*



Please provide your reasons or any other comments here

See attached paper

7. 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 tick one box only)



Please provide any suggestions, reasons or other comments here.

In public residential facilities which could be regarded as a person's home of long term care homes.

8. 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?

Please provide any suggestions or other comments here

Continue to emphasise the health and safety risks to employees and customers.

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

Please provide any other suggestions here

Continue to use the media to discourage smokers from exposing others to their smoke at home, in the workplace and other public places.

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

See attached paper

INFORMATION TO HELP US UNDERSTAND YOUR VIEWS

7. Are your views personal or are you representing those of an organisation? (Please tick one box only)

Personal Go to question 8

On behalf of a group or organisation Go to Respondee Information Form overleaf

8. Do you smoke? (Please tick one box only) Yes

No

9. Are you? (Please tick one box only) Male

Female

10. What age are you? (Please tick one box only)

Under 16

16-24

25-59

60 and over

PLEASE COMPLETE THE RESPONDEE INFORMATION FORM OVERLEAF TO ENSURE WE HANDLE YOUR RESPONSE APPROPRIATELY