



Faculty of Public Health

of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

Smoking in Public Places Consultation
Scottish Executive
Health Department
3ES, St Andrew's House
Regent Road
Edinburgh EH1 3BR

Dear Sir/Madam,

Re: Scottish Executive Consultation on Smoking in Public Places

The Scottish Affairs Committee (SAC) of the Faculty of Public Health welcomes the opportunity to contribute to the debate on Smoking in Public Places and to the Scottish Executive's consultation.

The SAC is the Scottish arm of the Faculty of Public Health and as such represents the majority of consultants and specialists in public health practice in the NHS in Scotland.

The consultation raises specific questions and the SAC's response to these are noted below.

Q1. 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. The health evidence is clear and overwhelming – tobacco smoke is a major cause of premature death and illness in the Scottish population.¹ The CMO for Scotland in his 2003 report to the First Minister on the health of the population highlighted the burden of tobacco-related disease and disability and the strong social gradient evident in smoking prevalence rates. On the issue of tobacco control policy development he stated, *"There can be no single goal which is more worthwhile in terms of its overall contribution to the health and well-being of people in Scotland"*.² The WHO's International Agency for Research on Cancer (IARC) has categorically identified environmental tobacco smoke as "carcinogenic to humans"³ and the evidence base for increased risk of cancer, respiratory and cardiovascular disease associated with environmental tobacco smoke (ETS) is compelling.⁴ Comparative European data reveals that mortality rates for respiratory diseases such as lung cancer, asthma, pneumonia and chronic obstructive airways disease are twice those of the European Union average.⁵ A step change in exposure rates to tobacco smoke in Scotland is urgently required. Provision of legislation to protect the Scottish population from the health risks of ETS in public places is a vital policy component to drive down tobacco-related harm.

¹ NHS Health Scotland & ASH Scotland, Reducing Smoking and Tobacco Related Harm - A key to Transforming Scotland's Health. Edinburgh 2003

² Scottish Executive, Health in Scotland 2003, Edinburgh, 2004

³ WHO IARC. Vol 83: Tobacco smoke and involuntary smoking. Lyon IARC, 2004

⁴ BMA Board of Science and Education & Tobacco Control Resource Centre. Towards smoke-free public places, London 2002

⁵ The European Lung White Book. Online at http://www.ersnet.org/ers/default.aspx?id_fiche=75501 (accessed 20/9/04)

Q2. Would you support a law that would make enclosed public places smoke-free? (Public places include workplaces and public transport).

Yes. The Scottish Executive should lead the devolved parliaments in ensuring the development of legislation to protect workers and the public from the scientifically documented carcinogenic, cardiovascular, respiratory and toxic effects of ETS. This would provide a central plank for an integrated cross-government approach to assist the Scottish nation to tackle its unenviable health and health-inequalities record. Currently, Scotland has fewer smoke-free workplaces than the rest of the UK, with less than half of them smoke-free.⁶

Finally we would urge the Scottish Executive to press the Westminster government to review and implement the application of existing Health and Safety legislation by the Health & Safety Executive with regard to employer's responsibility to protect their workers from the health risks of ETS.

Q3. If a law was introduced, do you think there should be any exemptions to it?

No. A ban on smoking in **all** public places is the correct and most appropriate action, sending the correct message to employers and the public alike. Similarly, we would encourage the Executive to act promptly with introduction of legislation on a nation-wide basis as introduced in the Republic of Ireland. The definition of 'enclosed public place' requires clear definitions. For example, we would propose that bus and train stations, and other enclosed locations where the public is required to assemble or queue are included in the provision of any legislation. Smoke-free workplaces have been shown to assist smokers to reach higher smoking cessation success rates.⁷

Q4. 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?

We expect strong opposition from one sector of the nation's workplaces and public spaces – namely the licensed trade. The evidence emerging from the international experience is that the economic impact on the bar, leisure and restaurant industry predicted by the trade bodies is overemphasised. New York data⁸ has demonstrated net growth in the sector and marked improvement in the health of bar staff. Debates around ventilation, voluntary charter development and staged or piloted introduction of smoke-free areas are tactics to delay or confuse the simple hard fact that currently in Scotland we expose hospitality industry employees to health-damaging and carcinogenic air quality. There is no safe level of exposure to ETS.

One innovative proposal would be to introduce smoking cessation groups to bars and hotels and further assist customers in their desire to quit the habit.

Q5. What else could we do to reduce people's exposure to second-hand smoke?

Tobacco control should be seen as a key upstream policy initiative to address the stated aims of the Scottish Executive to improve the health of the nation and reduce the inequalities gap. However policy actions to reduce smoking prevalence are multifaceted and will require close co-operation with the Westminster government on issues of taxation, Health & Safety Legislation, and application of the WHO Framework Convention on Tobacco Control.

⁶ Freeth, S. Smoking related behaviour and attitudes. London ONS 1998

⁷ Longo, DR et al. A prospective investigation of the impact of smoking bans on tobacco cessation and relapse. Tobacco Control, 2001, (10): 267-272

⁸ New York City Health Department. <http://www.nyc.gov/html/doh/html/smoke/smoke.html> (accessed 20/9/04)

Easily accessed smoking cessation services will be required across the country and the partnerships between local authorities and the NHS provide a framework for joint action in this area.

Application of evidence-based health promotion action in the educational setting from nursery to further education colleges and universities should aim to reduce children from starting to smoke.

Q6. Please let us know about any other views you have about smoking in public places.

Recent polls in the UK and Scotland have swung in favour of smoke-free workplaces and public spaces. Many smokers themselves appear to support the provision of legislation.

What is required is long term vision to see a 'smoke-free' Scotland with all the associated increase in health, economic and environmental benefits that such a situation would afford.

A cultural shift is in process and the provision of timely legislation will further speed the path away from Scotland being termed 'the sick man of Europe'.

These views represent those of the Scottish Affairs Committee of the Faculty of Public Health. The SAC is happy that it's response, name and address can all be made available to the public, on the Scottish Executive website and/or in the Scottish Executive library.

Please feel free to contact the SAC for any further professional guidance and comment regarding tobacco control efforts in Scotland.

The Faculty of Public Health has produced a briefing statement on *Tobacco Smoke Pollution and Health* which provides an overview of the evidence on the effects of tobacco smoke pollution (also known as ETS), and the benefits of a smoke-free workplace. A copy of this statement is enclosed.

We are also able to identify members of the Faculty who would be willing and able to provide expert evidence to the Scottish Parliamentary committee.

Thank you for the opportunity to comment

Yours sincerely,

Dr Malcolm McWhirter
Convenor
Scottish Affairs Committee
Faculty of Public Health

Contact address:

Forth Valley NHS Board
33 Spittal Street
Stirling FK150PA
Tel: 01786-457254
Email: malcolm.mcwhirter@fvhb.scot.nhs.uk

Encl: Tobacco Smoke Pollution & Health, Faculty of Public Health Briefing Statement 2004