Response from the Faculty of Public Health to the Department of Health's *Smokefree Premises and Vehicles – A Consultation on Proposed Regulations to be Made Under Powers in the Health Bill*

Introduction

The Faculty of Public Health is an authoritative public health body which aims to advance the health of the population through three key areas of work: health improvement; service improvement and health protection. In addition to maintaining professional and educational standards, the Faculty advocates on key public health issues and provides practical information and guidance for public health professionals.

Tobacco and tobacco smoke pollution (also known as environmental tobacco smoke or second-hand smoke) are key areas of focus for the Faculty which actively works to highlight the harmful effects of these. It works in partnership with key organisations including ASH and the National Heart Forum, UKPHA, Chartered Institute of Environmental Health and others, and is a member of the Clear the Air Coalition. It also supports the Smokefree Air Coalition. The Faculty has produced a briefing statement on *Tobacco Smoke Pollution and Health* which highlights the health effects of second-hand smoke.

Comments

The Faculty welcomes the government's commitment to improving health and tackling health inequalities through the implementation of smokefree legislation. We broadly support the draft smokefree regulations as set out in the consultation. We also support the response to the consultation provided by ASH and the points they have raised within their response. However, we would highlight the following points which are of particular importance and require addressing by the Department of Health to ensure that the smokefree regulations are as robust as possible in order to protect the public's health:

- The definition of 'public entrance' should also include any entrance reserved for staff use.

- It is important to ensure that local authorities and other enforcing agencies are sufficiently resourced (including additional financial support) in order to support them in effectively enforcing smokefree regulations. We are particularly alarmed that ASH have been advised of cuts to tobacco control work in some English regions. The Department of Health should investigate this further and take steps to ensure that this work is protected.

- The role of agencies other than local authorities should be explicitly mentioned in the Regulations. For example, if bus shelters on the street are included in the regulations, then the police will have a role in enforcement. More importantly, for businesses, industries and organisations for which the Health and Safety Executive (H&SE) is the usual health and safety enforcement agency, the H&SE should be explicitly given the role of enforcement of smokefree workplaces.

- Policies should be developed – with guidance and leadership from the Department of Health – on how smoking during residential visits (eg. by a health visitor or care worker) to private homes is addressed and the guidance implemented and monitored to ensure the health of these workers is protected.

- The Faculty would strongly support development of a strategy to facilitate mental health units and prisons achieving smokefree status. As highlighted in our response to the initial consultation *Smokefree Elements of the Health Improvement and Protection Bill* it is: widely recognised that people in prisons and mental health [units] suffer a significantly higher proportion of health inequalities in comparison with the general population. Protecting prisoners and prison staff from secondhand smoke is as important as it is for other sections of society. Prisons in Scotland have reported that implementing the legislation has not been a problem for staff or prisoners. Two youth offending establishments in England have already gone smokefree for both youth in custody and the staff, without problems.

  Prisoner health is now under the remit of the Department of Health, and a key goal should be to reduce smoking rates as part of improving overall prisoner health and reducing inequalities in health across England. The Faculty recognises that this is a longterm goal but government should begin work now to tackle this issue. We note that young offenders institutions will not be exempt from the legislation and this should be extended to all prisons eventually.

  With regards to mental health and psychiatric hospitals, as stated in our previous response "many people with severe mental illness do not receive adequate treatment for their physical health. Mortality from cancer and cardiovascular diseases is higher in people with severe and enduring mental illness than in the general population. Improving physical health of people with mental illness would also contribute to achieve the government's targets on inequalities in health. Smoking should not be viewed as part of the therapeutic process. Emphasis should be placed on ensuring that patients receive the best possible care for their physical health in addition to their mental health."

  These establishments should have in place comprehensive smoking cessation support services for both staff and residents. The Tobacco Control Co-ordinating Centre is collecting details of mental health establishments that have become totally smokefree.

- The Faculty would strongly support ASH's recommendations that stadia, railway and bus stations should also be covered by smokefree regulations as they generally accommodate large groups of people in close proximity to one another.