

## **Scottish Government consultation: Prohibiting smoking outside hospital buildings**

### **Committee of the Faculty of Public Health in Scotland (CFPHS) response**

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#### **1. Do you support the proposal that the distance from hospital buildings which will form the perimeter of the no-smoking areas outside a hospital building should be 15 metres?**

Yes.

The CFPHS supports the extension of smoke-free hospital regulations to include a 15 meter no smoking perimeter around NHS Scotland hospital buildings. We consider this a necessary step towards protecting hospital patients, staff and visitors in Scotland from the health hazard of environmental tobacco smoke (ETS). It is an especially important measure for hospitals, because those who are ill or recovering in hospital are especially vulnerable to the negative health effects of ETS (Kaufman et al. 2010). From our review of the evidence, we support the proposal for the following reasons:

Evidence shows that smoking restrictions in public places can contribute to a reduction in smoking rates, both across populations and within specific demographics – though to different degrees (Ritchie, Amos & Martin 2009). They have also continued to gain significant public support in Scotland since 2006, as well as elsewhere (Shopik et al. 2012; Hehir et al. 2013; Ritchie, Amos & Martin 2009). Evaluations of the implementation of regulations allowing for the enforcement of smoke-free perimeters in other countries have shown that they help encourage compliance, especially in relation to smoke-free areas near building entrances, where most non-compliance takes place (Giles & Bauer 2019; Nagle et al. 1996).

There is no safe level of exposure to ETS (Kaufman et al. 2010). Evidence shows that when people smoke outside near building entrances, ETS can enter indoor areas via doors, windows and vents and remain at elevated levels indoors (Sureda et al. 2013; cf. also Kaufman et al. 2010; Sureda et al. 2015; Sureda, Ballbe, Martinez et al. 2014; Sureda et al. 2012). Recent research has also shown that outside concentrations of ETS can reach levels similar to inside, especially adjacent to where people gather together to smoke (Ruprecht et al. 2016; cf. also Sureda et al. 2013; Cameron et al. 2010; Cho et al. 2014; Klepeis 2007). Outdoor ETS therefore presents a public health risk.

**2. Do you support the proposal that the perimeter should be measured from the outside wall of a building and include all land or area under any canopy or overhang even where those extend beyond 15 metres?**

Yes.

Research shows that the levels of ETS in enclosed and semi-enclosed outdoor spaces where people gather to smoke (such as under canopies, terraces or shelters) can reach and sometimes exceed levels deemed hazardous by the World Health Organization (WHO) (Klepeis et al. 2007; Sureda et al. 2013). For this reason, the CFPHS supports the proposal that the no-smoking perimeter around hospital buildings should be measured from the outside wall of a building and include all land or area under any canopy or overhang even where those extend beyond 15 metres.

**3. Do you support the proposal to set the wording and dimensions of no smoking notices as described above?**

Yes.

Clear and visible signage is an important element in encouraging people to respect smoke-free areas. Ethnographic research also shows that over time, such notices can become important 'non-human actors' in encouraging a cultural shift towards respectful smoking around others (Bell 2013).

It is also our position that such notices, **by themselves**, are not enough to ensure that people will respect smoke-free regulations, or make them aware of the effective support that is available to them to quit smoking. Indeed, case studies of smoke-free regulations and policies in other countries have highlighted that, though visible signage is an important element in encouraging people to respect smoke-free areas, there is unlikely to be successful implementation of smoke-free regulations without: staff training on how to effectively communicate their rationale to patients and visitors; clarity about who is responsible for enforcement and how to go about this, *and* how to compassionately draw attention to available stop smoking services and offer support (Nagle et al. 1996; Giles & Bauer 2019; Riad-Allen et al. 2017; Santo et al. 2017; Millberger et al. 2011).

We therefore suggest that alongside the notices described in the consultation document, signage should be included alongside no-smoking notices that clearly highlights NHS Scotland's 'Quit Your Way' approach, and the effective smoking cessation support on offer to people who want to quit smoking. Indeed, it would be a missed opportunity not to undertake creative communications about the 'Quit Your Way' approach as part of implementing smoke-free regulations on hospital grounds. These communications should also be accompanied by comprehensive support and training for hospital staff, so that they feel able to confidently communicate the rationale for smoke-free regulations and policies to hospital patients and visitors.

**4. Do you support the proposal that no specific hospital or type of hospital should be exempted under the definition of “hospital” in the Act?**

Yes.

It is CFPHS’s position that exempting specific hospitals or types of hospital from the regulations would present an equalities issue. This is because exempting certain types of hospitals (e.g. psychiatric hospitals) from the regulations would constitute a failure to extend the same protections to patients, staff and visitors at those hospitals as to others.

In the case of psychiatric hospitals, a case study of the implementation of smoke-free policies at the State Hospital at Carstairs demonstrates that following the introduction of smoke free environments there, there was a reduction in the rates of agitation among patients. In addition, 84% of patients felt better about their physical health and staff and patient attitudes in favour of a smoke free environment increased (Prasad 2015). The potential for similar gains at other hospitals in Scotland would be undermined if certain types of hospitals were to be exempted from the regulations.

Bearing this in mind, implementation of the regulations in the case of psychiatric hospitals, or for patients being treated for mental health issues, will need to be thought through especially carefully. An evaluation study from England, for instance, highlights the particular need for training about tobacco addiction and treatment for staff working in mental health contexts if smoke-free policies and regulations are to be implemented successfully (Ratshcen et al. 2009).

**5. Do you support the proposal that no-smoking areas will only apply to buildings used wholly or partly as a hospital?**

No.

The CFPHS’s position is that excluding some buildings from the regulations governing the no-smoking perimeter creates the potential for confusion when it comes to implementing them. It is likely, for instance, to lead to the creation of “conflict points” (Sureda et al. 2014) where people gather to smoke outside specific buildings. Most significantly, exempting some buildings and not others from the regulations could also fail to adequately protect the health of those staff members accessing buildings not used wholly or partly as a hospital, which constitutes an equalities issue.

**6. Do you support the proposal that public footpaths, cycle paths footways should be considered hospital groups for the purposes of establishing no-smoking areas outside the doorways of hospital buildings, and that the size of the grounds would extend up to 15 metres from the centre of doorways?**

Yes.

We believe that this proposal is necessary to ensure that patients, staff and visitors at NHS Scotland hospitals are fully protected from the health hazards of exposure to environmental tobacco smoke.

**7. Do you support the proposal that the use of NVPs should be allowed as an alternative to smoking on hospital grounds but not within the no-smoking area outside hospital buildings?**

No.

The CFPHS fully supports the extension of hospital no-smoking regulations to include a 15 metre no-smoking perimeter outside NHS Scotland hospital buildings. For consistency in messaging and communications about the no-smoking perimeter, and for ease of enforcement of it, as well as smoke-free hospital grounds policies generally, we believe that vaping should be treated in the same way as tobacco throughout NHS Scotland premises. Evaluations of smoke-free regulations and policies in the UK and other countries (such as Australia and the USA), have found that clarity and comprehensiveness of message, as well as consistency in application, have been crucial to success when it comes to implementation (cf. Giles & Bauer 2019; Millberger et al. 2011; Sureda et al. 2014; Ratschen et al. 2008). Treating vaping in the same way as tobacco will limit the potential for misinterpretation of the regulations governing the no-smoking perimeter at NHS Scotland hospitals, and promote clarity of message when it comes to communication with patients, staff and visitors.

We support the current NHS Scotland guidance on smoking in hospital grounds, which states that e-cigarettes are not allowed in NHS Buildings or on the majority of NHS grounds. This is because they are not currently regulated as a tobacco product or a medicine in the UK, and NHS Scotland can only recommend products that are known to be safe and effective. E-cigarettes can also mimic the look of smoking, which may make it harder for others not to smoke.

**8. Do you consider there to be any positive or negative impacts on equality as a result of the proposals in this consultation?**

Yes.

The CFPHS considers there to be the potential for positive impacts on equality as a result of the consultations' proposals. These positive impacts relate to ensuring patients, staff and visitors to psychiatric hospitals are protected from the hazards of ETS, as well as ensuring pregnant women in, working at or visiting NHS Scotland hospitals are also fully protected from these hazards. Smoke-free areas have also been shown to impact adult smoking rates among all demographics and income groups (though to varying degrees) (Ritchie, Amos & Martin 2009) – another positive impact that may arise from the proposals in this consultation.

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