

RESPONSE FORM

Smoking in Public Places: A Consultation on Reducing Exposure to Second-Hand Smoke

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? *(Please tick one box only)*

Yes No Don't Know

Please provide any other comments here

- *Smoking is the major cause of preventable death and disease in Scotland. Its impact on cancer and lung disease is well-understood; less well-known is its contribution to death and disease of the heart and vascular system. CHD and stroke are Scotland's largest cause of death; an estimated 22% of male deaths, and 12% of female, are directly attributable to smoking - equivalent to more than 3,000 annually. ⁽¹⁾*
- *Passive smoking also has a significant impact, accounting for an estimated 1,200 deaths a year. ⁽²⁾ In both cases, there is also a huge burden of chronic disease, and cost to the NHS in both the acute sector and primary care.*
- *Long-term exposure to environmental tobacco smoke (ETS) has been shown to increase the risk of heart disease by an estimated 23%;⁽³⁾ indeed more recent research suggests the increased risk may be as high as 50%-60%.⁽⁴⁾*
- *Exposure to ETS also aggravates COPD and other respiratory conditions. Even brief exposure affects the coronary circulation and*

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reduces lung function in non-smokers. ETS aggravates asthma in children;⁽⁵⁾ and leads to an estimated 17,000 hospital admissions of under-fives annually across the UK.⁽⁷⁾

- *Smoking, including passive smoking, contributes significantly to health inequalities, with rates of all smoking-related diseases highest in the most disadvantaged groups. Nearly 70% of the variation in morbidity across social classes is attributable to smoking.⁽⁷⁾*

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2. 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)

Yes No Don't Know

Please provide your reasons or any other comments here

- *There is a legitimate argument that adult smokers have the right to damage their own health; there is an equally legitimate case that non-smokers have the right not to breathe ETS.*
- *A ban on smoking in public places, particularly workplaces, would have two major benefits: –*
 - *it would reduce non-smokers' exposure to ETS*
 - *it would help encourage smokers to quit**Reduced passive smoking would reduce the damage to the lungs, airways, heart and circulatory systems of non-smokers. It would also encourage the 70% of smokers who wish to quit, to seek help to do so.*
- *Smoke-free public places would help reduce the enormous economic cost of smoking both directly, in terms of the NHS (£200 million in the acute sector alone), and indirectly, in productivity losses due to time off work estimated at £450 million p.a. ⁽⁸⁾*
- *The voluntary approach has not worked – after three years of the Voluntary Charter, only 18% of public places are smoke-free.*
- *There is strong public support for a ban. The most recent MORI poll*

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indicates that 75% of the Scottish public would support legislation to ensure smoke-free public places, including a majority (58%) of smokers. These views are spread across all social classes.

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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 tick one box only)

Yes No Don't Know

Please provide any suggestions, reasons or other comments here

- *If this is regarded as a public health issue, there is a case that institutions where people live (nursing and residential homes, prisons, etc.) might be excluded, on the grounds that others have the right to smoke in their own home.*
- *However, this ignores the health and safety considerations applying to staff who work in residential establishments.*

4. 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?

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- *The existing voluntary code has not worked, particularly in the hospitality industry. In some ways, it can be seen as having done more harm than good, by encouraging the illusion that ventilation reduces the harmful impact of ETS - whereas by dispersing the irritants but leaving many of the carcinogens present, it may have encouraged non-smokers (including children) to remain longer in a contaminated atmosphere.*
- *More imaginative solutions might include partial rates relief for smoke-free premises, and subsidies for the introduction of smoking cessation programmes.*

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

Please provide any other suggestions here

- *An effective ban on tobacco advertising, particularly that aimed at young people*
- *Support for validated community-based smoking cessation programmes and education initiatives, particularly focused on secondary school children and young women, and sustained for a long enough period to be effective*

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- *Collaboration with relevant media organisations to change the portrayal of smoking on television, in teenage magazines, etc.*

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