

Smoking in Public Places Consultation  
Response of Fife Health and Wellbeing Alliance

*Response follows the format of the consultation questionnaire.*

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? YES**

**Please provide any other comments here:**

Numerous studies have established that exposure to environmental tobacco smoke (ETS) increases the risk of a coronary heart disease event by up to 60% and lung cancer, by 20-30%. Indeed the World Health Organisation and the US Environmental protection Agency have both classified ETS as a human carcinogen. ETS can also act as a trigger for asthma in children. Exposure to ETS during pregnancy is also associated with premature birth and low birthweight. As well as adverse health effects on the heart and lungs of those exposed to ETS, a recent study in Glasgow showed that those exposed to ETS in the workplace suffered a decrease in lung function, with some subjects losing over a quarter of a litre of lung function as a result. The increasing body of evidence showing the wide-ranging adverse health effects of exposure to ETS clearly indicates that the *status quo* of voluntary controls in Scotland is no longer sustainable.

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

**Please provide your reasons or any other comments here:**

We firmly believe for several reasons that legislation to prohibit smoking in enclosed public places is the most appropriate way to protect the public's health from ETS. First, the Voluntary Charter on Smoking in Public Places, despite being up and running for 3 years, is clearly not working. More than 70% of pubs and almost 40% of leisure industry sites still permit smoking throughout. There is no obligation to provide smoke free areas and it is possible to comply with the Charter by putting up a sign saying '*smoking allowed throughout*'. Even having some smoke free areas does not protect people from the health effects of ETS. Smoke cannot respect boundaries and, recent proposals to restrict tobacco smoking to within 3 feet of the bar area by the Scottish Licensed Trade Association will do nothing to protect bar workers or members of the public from ETS. There is no safe level of exposure to ETS.

Second, there is no practicable technical fix to the problem of environmental tobacco smoke in enclosed public spaces. Research evidence shows that although ventilation can increase comfort it does not protect public health. Even tobacco manufacturers Philip Morris openly acknowledge the inadequacy of ventilation systems in dealing with the health risks their product imposes. On their website they state that *"the use of high-quality ventilation systems to minimise smoke in the air [does not] address the health effects of second-hand smoke"*. It has been estimated that it would require tornado-like quantities of ventilation, in excess of 10,000 air changes per hour, to produce levels of risk acceptable to bar staff from ETS.

Third, there is a clear precedent for legislation to address major public health problems. For example seat belt and drink-driving legislation have both not only made major contributions to road safety but have also led to a climate of social unacceptability of drink driving and, to a lesser extent, driving without seat belt protection. Fife Health and Wellbeing Alliance believes that the dangers posed by ETS are large enough to justify legislative control.

Fourth, evidence from other areas introducing similar tobacco legislation clearly shows that there is a high level of compliance with the law. Thus laws prohibiting smoking in enclosed public spaces are practicable and enforceable.

Fifth, introducing such legislation in Scotland would benefit not only those who would otherwise be exposed to ETS but also smokers, most of whom wish to quit anyway. It has been estimated that introducing total workplace smoking bans will result in a drop in population smoking levels of almost four percentage points, and a 29% relative reduction in overall tobacco consumption. These changes confer significant health benefits on smokers: about 1,000 lives saved each year in Scotland.

Sixth, international evidence contradicts the pessimistic scenario painted by the licensed trade and hospitality industry by showing that smoke-free legislation is either economically neutral or increases profits and employment in the hospitality industry.

Finally, and perhaps most importantly as far as this consultation exercise is concerned, most people in Scotland, whether they be smoker or non-smoker, are in favour of legislation. Numerous surveys have shown a large and steadily increasing majority support for prohibiting smoking in enclosed public places.

Here in Fife we have good evidence of support for a smoking ban in public places. On 12 February 2004, the Kingdom Shopping Centre in Glenrothes, Fife implemented a no smoking policy. Despite fears that it would be difficult to introduce, the policy was successful. Following market analysis, a targeted public information campaign involving local press and radio was conducted. NHS Fife worked closely with key personnel from the Kingdom Shopping Centre and local media to ensure that customers and clients were kept informed of developments. Information on ETS was made available and smoking cessation advice and support was offered over a one-month period within the premises.

A one-month follow up survey conducted by NHS Fife on No Smoking Day revealed high levels of customer satisfaction with the Smoking Policy. In a survey of 82 people, 35% were smokers, 47% were non-smokers and 18% classed themselves as ex-smokers. Ninety-one percent of respondents were aware of the no smoking policy and 88% were in favour of the policy. Comments included:

- Air a lot better
- It cuts my smoking down – I don't mind
- Atmosphere improved
- Much more pleasant experience for me and my family
- The centre is much cleaner – no fag butts lying around

This example shows how public perceptions on tobacco and health are changing. Campaigners had sought this local ban for years but met with some resistance. That this has gone through locally with such widespread public acceptance mirrors the broader cultural change in society as a whole regarding exposure to environmental tobacco smoke.

Fife Health and Wellbeing Alliance believes the time is right to legislate for a ban on smoking in public places, in order to safeguard the health of the Scottish public and those who visit us.

Other possible options for legislation, for example targeting specific areas where food is being served or where children have access, would not apply in the majority of public places where ETS causes harm. Those working on low incomes, or in small businesses and in the hospitality industry would remain at greatest risk.

We also firmly believe that the Scottish Parliament should introduce Scotland-wide legislation prohibiting smoking in enclosed public places, as opposed to giving regulatory powers in this regard to local authorities. The latter approach would result in lack of consistency in enforcement. Moreover it may well serve to aggravate existing inequalities in health status since residents in more deprived areas of the population may well feel less empowered to exert influence on their local authorities to assign high priority to the exercising of tobacco control powers.

3a. **If a law was introduced, do you think there should be any exemptions to it?**

YES

**Please provide any suggestions, reasons or other comments here:**

Fife Health and Wellbeing Alliance believes that the following settings should be **excluded** from the definition of "enclosed public space":

- people's own homes;
- residents' own rooms in residential homes, nursing homes or sheltered housing complexes;
- hotel, guest room or B & B bedrooms;
- single prison cells;
- single rooms in residential facilities in further or higher educational establishments;
- all areas of inpatient psychiatric wards.

The most appropriate way to strike a balance between the wishes of smokers and the wishes, health, safety and comfort of non-smokers in the above settings as well as any staff who work within them or visit them in the course of their duties is to develop settings-specific smoking policies rather than to impose legislation. In contrast communal areas, for example kitchens, sitting rooms, TV rooms, waiting areas, dining areas or recreational areas in the above settings (with the exception of inpatient psychiatric wards) should be classified as "enclosed public spaces" and therefore should be **included** in the legislation.

4. **If we decide not to introduce a law, what could be done to encourage individual businesses to take voluntary action to become smoke-free or to provide more smoke-free provision?**

Fife Health and Wellbeing Alliance does not regard this as an effective approach to the problem of environmental tobacco smoke. We already have a Voluntary Charter, which isn't working. It is widely accepted that there is no safe level of exposure to ETS, technical fixes don't work, and tobacco smoke cannot respect boundaries. Voluntary codes of practice don't apply to exposure to other environmental carcinogens such as asbestos, so why should they apply to environmental tobacco smoke? Legislation is acceptable, practicable and beneficial. We therefore believe that approaches based on voluntary action should be rejected.

**5. What else could be done to reduce people's exposure to second-hand smoke?**

Increased investment has already been made smoking cessation services in Scotland. These services must continue to be supported and maintained in order to help reduce individuals' exposures to ETS.

If you are responding on behalf of a group or organisation:

Your name and address as respondees 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

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