

**Smoking in Public Places**  
**Consultation Response from Friends of the Earth Scotland**  
**September 2004**



1) Having considered the health risks associated with passive smoking, do you think further action needs to be taken to reduce people's exposure to second-hand smoke?

Yes

Friends of the Earth Scotland welcomes this consultation on reducing exposure to second - hand smoke. Legislation to prohibit smoking in enclosed public places would make a contribution to environmental justice.

The health impact of smoke pollution contributes to Scotland's poor health experience particularly among disadvantaged groups. Smoke pollution of public places exposes non-smokers to more than 4000 chemicals<sup>1</sup> of which around 60, such as arsenic and benzene, are known to cause cancer, five regulated hazard pollutants, 47 regulated hazardous wastes and over 100 chemical poisons. No safe level of exposure has been established for many of these pollutants<sup>2</sup> and if an industrial process was causing the pollution SEPA would correctly be taking action. In addition to cancer, certain of these chemicals damage lung tissue, raise blood pressure and contribute to abnormal kidney function.<sup>3</sup>

Recently reported experience in the town of Helena, Montana showed an early decline in hospital admissions due to heart attacks following the introduction of smoke-free legislation and a reversal of this effect when the legislation was revoked.<sup>4</sup> If this experience were repeated in Scotland, it would have a significant and early impact on premature mortality from coronary artery disease which contributes significantly to Scotland's poor health experience.

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<sup>1</sup> Bates,C, Jarvis,M and Connolly,G *Tobacco Additives: Cigarette engineering and nicotine addiction*. 1999. London ASH

<sup>2</sup> Royal College of Physicians *Tobacco Smoke Pollution: The Hard Facts* 2003  
[www.rcplondon.ac.uk](http://www.rcplondon.ac.uk)

<sup>3</sup> Chief Medical Officer (England) Annual Report, *On the State of Public Health* 2002  
Department of Health [www.dh.gov.uk](http://www.dh.gov.uk)

<sup>4</sup> Sargent,R P, Shephard R M, Glantz S A, *Reduced incidence of admissions for myocardial infarction associated with public smoking ban: before and after study* British Medical Journal 2004; 328:977-980

**2) Would you support a law that would make enclosed public places smoke-free?**

**Yes**

Voluntary restriction of smoking in public places such as trains, buses, cinemas and many workplaces has had an element of success. However, experience with the Voluntary Public Places Charter in the Food and Industry Sector has shown a disappointingly small compliance rate (11%) after three years<sup>5</sup>. Since more than 70% of UK citizens, including smokers, support smoke-free policies for public places<sup>6</sup> legislation is the only way to meet the wishes of this large majority. It would parallel existing Clean Air legislation for the external environment and provide a 'level playing field' for those industries which have failed to cooperate with voluntary restrictions.

In addition, as smoke-free public environments become more prevalent around the world, tourists will increasingly expect to find such smoke free environments in Scotland. Interestingly, although representatives of the 'hospitality industry' have expressed concern that such legislation will affect their businesses, experience elsewhere has seen increased profits, fewer working days lost and reduced fire risks<sup>7</sup>. The most recent reports from Ireland, where smoke-free legislation was implemented in the spring of 2004, has shown an increase in bar takings as non-smokers who previously avoided smoke polluted bars increase their visits. The Irish introduction of smoke-free environments in the spring has provided a transition period over the spring / summer where smokers are able to smoke at tables outside many bars. This would be worth bearing in mind when such legislation is introduced in Scotland.

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

**No**

**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?**

Voluntary action has failed and should be rejected.

Some people argue that an alternative to smoke-free public places would be wider use of ventilation. However, current ventilation systems are ineffective and, because 85% of the toxic chemicals are odourless gases, individuals may be unaware that they are still at risk.

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<sup>5</sup> Scottish Executive, ASH Scotland, Health Education Board for Scotland, *Smoking in Public Places: a Follow-up Survey of the Scottish Leisure Industry* 2003  
[www.ashscotland.org.uk](http://www.ashscotland.org.uk)

<sup>6</sup> Thompson, L *Lifting the Smokescreen* Public Health News 2004: 5

<sup>7</sup> Mindell, J. in *Lifting the Smokescreen*, Public Health News 2004: 5

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

Because babies and children are particularly sensitive to many of the toxic chemicals in second-hand smoke it will be important to extend, as far as possible, the concept of smoke - free enclosed environments to individual homes. This will require an effective promotional campaign – possibly TV advertising – to remind individuals that smoking in the home harms others, particularly children and those susceptible to heart disease.

**6) Please let us know about any other views you have about smoking in public places.**

We would hope that legislation and all associated press statements will refer to '*freedom from smoke pollution*' in enclosed public places rather than a 'ban' on smoking.

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