

Public Smoking Consultation – Response from Lloydspharmacy

Background

Lloydspharmacy:

- Committed to public health
- Integrated into health care provision
- Believe in principle of prevention of ill health and promotion of better health standards at heart of public health provision
- Currently providers of smoking cessation services and work with partner organizations (like Asthma UK) to promote awareness of health risk from smoking

Key Facts and Figures:

Over 1.2 million people in Scotland currently smoke on a regular basis (30% of the Scottish population). Compared to smoking prevalence in Europe, results are mixed. Amongst males, 33% of Scots smoke compared to 38% of Europeans. However amongst females, 29% of Scots smoke compared to 23% of Europeans.

Diseases caused by smoking cost NHSScotland over £184 million in 2001 and 13,000 Scots die each year from these diseases. This equates to between 20-25% of all deaths in Scotland and is one of the main reasons why disadvantaged people are more likely to have poorer health and die younger. However, it is clear that deaths and hospitalisations are not just confined to those who choose to smoke themselves. Passive smoking is also a significant threat to Scotland's health. It has been estimated that 17,000 children are admitted to hospital every year as a result of parents' smoking. The British Medical Association has conservatively estimated that over 1000 deaths a year in the UK can be attributed to passive smoking. Action on Smoking and Health (ASH) believes this figure could be as high as 12,600. Fundamentally, deaths and diseases from passive smoking are preventable and there are many options, including the prohibition of smoking in regulated areas, which should be considered.



QUESTIONS

Q1 – Having considered the health risks of passive smoking do you think further action needs to be taken to reduce exposure to second hand smoke?

A1 - Yes

Comment: The health risk presented by passive smoking is irrefutable and on such a scale that it would be difficult to argue other than that further and better steps need to be taken to reduce it. We see the task of identifying and putting in place such measures as essentially the job of the Scottish Executive Health Department in partnership with NHS Scotland and a wide range of private and public sector organizations. (Ensuring buy in by the latter will be key to ensuring the effectiveness of any actions). Lloydspharmacy would be willing partners in this task, building on services we currently provide to help with smoking cessation and promoting health risk awareness.

Q2 – Would you support a law to make enclosed public places smoke free?

A2 - Don't know

Comment: So long as smoking remains a legal activity we see real difficulties in legislating to ban it in all 'public places' (the definition of which according to the Scottish Executive seems to include private premises with public access). Whilst we can see a case for the possibility of a complete ban in those premises in public ownership we consider that a smoking ban in respect of private premises would present difficulties as a matter of principle and practicality. The exception to this might be those private premises which operate under license.

Q3 – If a law is introduced, do you think there should be exemptions to it?

A3 – Don't know

Comment: See comments at Question 2.



Q4 – If we decide not to introduce a law what more can be done to encourage business to take voluntary action to become smoke free, or provide smoke free provision?

Comment: It could and should be mandatory for all 'public places' (according to your own definition) to have smoke free areas. These should be meaningful rather than simply areas set aside, and inspected regularly by the Health and Safety Executive. 'Meaningful' measures might include:

- Ventilation or air filter systems to a regulatory standard
- Statutory distance of separation between smoking and non smoking areas
- No smoking in common or shared areas

These measures would be mandatory. In terms of encouraging further voluntary action the Executive's role would be to promote risk awareness, to carry out assessments of premises for suitable action to reduce harm and to educate businesses and individual employers or employees as to self help measures to combat second hand smoking. This educative or awareness spreading action will be reinforced by primary health care partners such as pharmacies

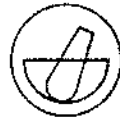
Q5 What else can be done to reduce second hand smoking?

Comment: Lloydspharmacy believes that there is a genuine lack of awareness on the part of the Scottish public regarding the dangers of passive smoking. We commend HEBS for the work they have done so far in addressing this. However we also believe that there are specific target audiences to which should be addresses specific awareness raising measures. These are:

- Employers, particularly those in industry sectors identified as having high numbers of smokers as employees or customers
- Evidence illustrates that there is a correlation between social class and propensity to smoke. As a general trend, those who score lower on educational and socio-economic indicators are more likely to smoke.

There is a key role to be played by health partners in ensuring that the incidence of smoking related diseases is reduced through a joined up programme of education and awareness raising of the dangers of smoking. Given that many in communities across Scotland have regular contact with healthcare services on a pharmacy level only, Lloydspharmacy believes that pharmacy has an *integral* role to play in this awareness-raising partnership.

Lloydspharmacy



Smoking is a danger not only to those in the community who choose to smoke, but also to those who do not. It is essential that the Scottish Executive recognises that as smoking is a community problem, it requires a community based educational solution.