

Please complete the details below. This will help ensure we handle your response.

Name: * Required

Organisation: (if applicable)

Address: * Required

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E-mail:

Telephone Number:

- 1. Are you repending as:**
- An individual (go to 2a/b)
 - on behalf of** a group or organisation (go to 2c)

2a. INDIVIDUALS

Do you agree to your response being made available to the public (in SE library and/or on SE website)?

- Yes (go to 2b below)
- No, not at all

2b. Where confidentiality is not requested, we will make your response available to the public on the following basis (**please tick one** of the following boxes)

- Yes, make my response, name and address all available.
- Yes, make my response and name available, but not my address.
- Yes, make my response available, but not my name or address.

2c. ON BEHALF OF GROUPS OR ORGANISATIONS

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
- No

3. ALL RESPONDENTS

We will share your response internally with other SE policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to allow them to do so. Are you content for the Scottish Executive to contact you again in the future for consultation or research purposes? Yes No

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

Exposure to environmental tobacco smoke presents a significant health risk for every Scot. Many people such as pregnant women, hospitality workers, children and individuals with existing health problems face an even greater risk associated with exposure to ETS. The health benefits of introducing smoke-free public places are clearly documented, and there is an increasing amount of robust medical and scientific opinion which documents the health risks associated with ETS. ETS has been labelled "carcinogenic to humans" by the World Health Organisation's International Agency for Research on Cancer. It has also been labelled a "Class A human carcinogen" by the US Environmental Protection Agency, along with asbestos, arsenic, benzene and radon gas.

Exposure to environmental tobacco smoke has been shown to increase the risk of lung cancer by between 20% and 30%, and recent research has suggested that the increased risk of heart disease is between 50%-60%. ETS is also a cause of asthma in children and it is cited by up to 80% of people with asthma as a trigger for further attacks. Each year more than 17,000 children aged under 5 are admitted to UK hospitals because of exposure to other people's cigarette smoke. ETS causes a wide range of respiratory illnesses including pneumonia, bronchitis, middle ear disease and cot death (Sudden Infant Death Syndrome).

Pregnant women exposed to other people's tobacco smoke are about 20% more likely to have a low birth weight baby and, where the reduction in birth weight is not in itself a risk for most babies, it could compound health problems for those with additional health problems or risk factors. Despite the risks outlined, almost one in three pregnant women in the UK is exposed to environmental tobacco smoke in the workplace. It is time to take further action and increase efforts to protect the Scottish workforce and members of the general public from the hazardous health effects of environmental tobacco smoke.

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

YES

Macmillan Cancer Relief believes that a ban on smoking in public places is absolutely central to changing the culture in Scotland to one where non-smoking is the norm, as a means to addressing the single biggest public health issue in Scotland. Tobacco is the biggest cause of death and ill-health in Scotland, claiming over 13,000 lives each year. A law on preventing smoking in enclosed public places would be better than specifically targeted areas eg where food is served or where children have access, which would not address such a wide range of circumstances. Those working on low incomes, in small businesses and in the hospitality industry would remain at greater risk if comprehensive legislation is not enacted.

Ventilation systems do not provide effective smoke-free public places. Whilst they can increase comfort in the short term by removing particle matter, they don't fully remove harmful gases that are present in second-hand smoke, and thus they represent at best a partial solution to reducing the significant health risks associated with passive smoking.

The current voluntary charter is not effective in delivering significant protection to hospitality workers in Scotland. Even when designated smoking areas are provided, they increase exposure

to workers and occupants within the smoking area by concentrating smokers in the one place. Three years into a voluntary approach in Scotland, more than seven in ten pubs still permit smoking throughout, as do nearly four in ten leisure industry sites. 70% of the Scottish public do not smoke, and yet only 18% of public places are currently smoke-free. 7 in 10 pubs still permit smoking throughout, and 4 in 10 of every leisure industry site.

Currently Scotland has fewer smoke-free workplaces than the rest of the UK, with less than half of them currently smoke-free. 31% of working women and 21% of working men have been exposed to other people's smoke at work in the week preceding the most recent Scottish Health survey.

Smoke-free environments also support workers who are trying to give up. Employees in workplaces with smoking bans have higher rates of smoking cessation than employees where smoking is permitted. Total workplace bans in the UK may also reduce cigarette consumption by individuals who smoke. It is time for the Scottish Parliament to act to increase efforts to protect the Scottish workforce and members of the public from the hazardous effects of ETS by introducing smoke-free public places. Smoke-free environments support workers who are trying to give up.

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)

NO

The only potential exemption that seems possible is for those people whose home is also potentially a public place, and whose circumstances make it impossible for them to exercise choice in going elsewhere to smoke. Thus the logic of this would restrict any exemption to very specific groups like terminally ill patients in hospices. However, the protection of the staff caring for such people would seem to preclude this as a practical solution.

Effective smoke-free legislation in many other countries like New Zealand, Australia etc is framed to apply in all public places, and it would therefore be illogical to try and tinker at the edges rather than eliminate risk.

UK public opinion has demonstrated that it is time for a ban on smoking in the workplace and in public places. The most recent Office of National Statistics survey shows steadily increasing public support for smoking restrictions at work, including 88% in favour of restrictions in restaurants, 54% in pubs and 87% in other public places. A recent poll by MORI showed strong support for smoke-free environments for hospitality staff. The wealth of existing research literature, combined with public opinion, clearly demonstrates that it is now time to increase efforts to protect the Scottish workforce and members of the public by introducing legislation for smoke-free public places. Evidence from New York shows that a smoking ban is unlikely to harm the economy. It will improve Scotland's appalling rates of cancer, heart and lung disease, both by cutting smoking rates and by reducing people's exposure to unwanted smoke. It is the single biggest action that could be taken to transform the culture in Scotland and tackle our appalling ill-health.

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?

Macmillan Cancer Relief believes that encouraging voluntary action in place of a law on smoke-free public places would not be effective, as we have had several years of seeing the lack of effectiveness of voluntary action. If voluntary action is encouraged rather than introducing legislation, individuals will be no closer to obtaining freedom on choice concerning exposure to ETS, and nor will hospitality workers, children and other members of the public be protected from the harmful health effects of ETS. I have already outlined in response to question 2 that the current voluntary charter simply is not working. Any efforts to provide partial protection from ETS remain flawed, as there is no safe level of exposure to second-hand smoke, and artificial ventilation is ineffective. The major cultural change required will not be achieved through voluntary measures.

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

The possibility of an exclusion zone round office buildings and other workplaces may need to be considered, as there is anecdotal evidence of ETS pollution being caused by smokers congregating at entrances.

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

This seems to Macmillan Cancer Relief to be a topic on which the politicians are lagging behind the views of the public for whatever reason. Macmillan Cancer Relief's volunteer supporters are fundraisers, and not involved in the provision of services or campaigning. However, we have been contacted by large numbers of volunteers asking us to ensure that we add our voice with others in order to ensure that legislation is enacted. This is a reflection of all the surveys which had been done, referred to earlier in the text, which show that public opinion is ahead of the political response. The accumulated evidence is clear. The World Health Organisation, the BMA, the Royal Colleges, the Chief Medical Officers and all reputable scientists are calling for a ban on smoking in public places. Non-smokers are rightly beginning to articulate their right to a smoke-free environment. It is now time to act decisively in Scotland and protect workers, children and members of the general public from the hazardous impact of environmental tobacco smoke.

7. This is being sent on behalf of Macmillan Cancer Relief.

Jan Gibson
28/9/04