

Smoking in Public Places Consultation  
Scottish Executive  
Health Department  
3ES  
St Andrew's House  
Regent Road  
Edinburgh  
EH1 3BR

Date 30<sup>th</sup> September 2004  
Your Ref  
Our Ref

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Dear Sir / Madam

**Consultation on reducing exposure to second – hand smoke: Smoking in Public Places**

NHS Ayrshire & Arran welcomes this opportunity to comment on the debate "Smoking in Public Places Consultation".

The attached submission is on behalf of NHS Ayrshire & Arran. This submission does not necessarily reflect the views of individuals with in NHS Ayrshire Arran but can be read as a collated response. Contributing members represent all sectors of the health service. At its meeting on 29 September 2004, Ayrshire and Arran NHS Board unanimously endorsed the proposal that measures be taken to reduce exposure to second hand smoke.

Yours sincerely



**Wai-Yin Hatton**  
**Chief Executive**  
**NHS Ayrshire & Arran**

In response to the questioner

Q1, "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.

Comment:

There is now a considerable amount of empirical evidence, indicating that environmental tobacco smoke (ETS) is harmful to human life,<sup>1,2,3</sup> the evidence can not be disputed and should not be ignored.

ETS has been labelled "carcinogenic to humans" by the World Health Organisation's (WHO) International Agency for Research on Cancer (IARC).<sup>4</sup> It has also been labelled a "class A human carcinogen" by the US Environmental Protection Agency, along with asbestosis and arsenic. A recent report by Jamrozik estimates that exposure to ETS results in one death per week in the hospitality industry and over all 700 deaths each year across the UK.<sup>5</sup>

No one should have to be exposed to second – hand smoke in the course of earning his or her living.

Exposure to ETS has also been shown to increase the risk of lung cancer by 20-30%. For example a longitudinal study by Whincup (2004) tracked 4729 men over 20 yrs, to find out whether exposure to smoke from other people had an impact, its findings illustrated that individuals exposed to smoke were associated with increased risk of coronary heart disease of between 50 –60 %.<sup>6</sup>

Exposure to ETS can be detrimental to health at the most crucial stage in development. Pregnant woman exposed to other peoples tobacco smoke, are about 20% more likely to have a low birth weight baby. In the context of programming, research indicates that ETS may result in changes in the genetic cellular structure, which can lead to childhood cancers <sup>7</sup> or developmental malformation. <sup>8</sup>

In the context of young people 'A Breath of Fresh Air for Scotland's Health: The Challenge Tobacco Control Action Plan' highlights the need to minimise the number of new recruits to smoking, recognising that young peoples choices are influenced by what they see around them. If we really want young people to believe that smoking is both 'uncool and harmful, and, that they should aspire to a healthy, smoke free life then legislation is the only way to truly demonstrate commitment and begin the process of culture change and denormalising smoking.

Thus, in asking are there advantages in introducing a ban, the answer is obvious, Yes. Similarly, the ban will assist those attempting to quit by creating a context that is not conducive to relapse. It will also assist in creating a cultural change that denormalises a smoking culture and hopefully creates one that is more favourable to health improvement.

One of the most significant papers to be published in the context of what benefits a ban may bring illustrated that totally smoke free workplaces are associated with reductions in the prevalence of smoking by 4%. <sup>9</sup> The government is trying to reach half this target over 5yrs, applying the ban may assist in reaching this within one year.

Q2, "Would you support a law that would make enclosed public places smoke-free? (Public places include workplaces and transport)"

Yes.

Comment:

We believe that a ban on smoking in public places is essential, as part of a greater strategy to address the health of Scotland. NHS Ayrshire & Arran would urge the Scottish Executive to lead on this initiative ensuring the development of legislation to protect workers and the public from the toxic effects of ETS. In addition it will contribute to cessation of smoking. The statistics speak for themselves - it is estimated that 13,000 people die each year in Scotland.

In 1950 a study by Wynder & Graham in America illustrated that 95.6% of lung cancer patients were moderately heavy smokers, these findings were replicated in the United Kingdom.<sup>10,11</sup> The then Dr Richard Doll and Professor Bradford Hill stated that there is a real association between carcinoma of the lung and smoking. Fifty years later the same study found that those who never smoked lived 10 yrs longer than those who

did, obviously morbidity is reduced as well. Since the study began, tobacco has killed around 6 million people in the UK alone.<sup>12</sup>

All other actions have failed in the protection of the public. The Voluntary Charter has had no impact less than 1% banned smoking completely. <sup>13</sup> It has been found that ETS in the work place poses 200 times the acceptable risk for lung cancer and 2000 times the acceptable risk for heart disease.<sup>13, 14</sup>

The Scottish Executive have the opportunity to lead the way in public health, by taking this positive step it will hopefully place pressure on Westminster to review existing workplace laws which will further enhance the nations health.

A recent study by Invernizzi (2004) found that air pollution emitted by cigarettes is 10 times greater than diesel car exhaust. The tiny particulates' less than 2.5 micrometers are able to penetrate the small air sacs of the lung where carcinogens do most damage.<sup>15</sup> If factories were putting out fumes that caused the level of deaths that ETS cause they would be closed down.<sup>16</sup>

It is not just our adult population health that must be considered it is also our children's health. In 2001 the WHO stated, "That because of the enormous potential harm to children from tobacco use and exposure, countries have a duty to take all necessary legislative and regulatory measures, to protect children from tobacco and ensure that the interest of children take precedence over those of the tobacco industry". <sup>17</sup>

Q3, "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 (see footnote)\*

Comment:

Public opinion demonstrates that the majority supports a ban. A MORI poll revealed that 89% of UK residents believe that all employees should have the right to work in a smoke free environment. Furthermore, 80% support a law to ensure that all enclosed workplaces should be smoke free with 64% wishing to see national legislation by the Government. The most significant statistic in the poll indicates that 59% of daily smokers would like to see the introduction of new smoke free legislation, the poll illustrates that support is strong in all social classes. <sup>18</sup>

The argument that a ban will harm the economy is not supported by evidence arising from the New York, see report by the New York City Department of Health & Mental Hygiene which reported a 8.7% rise in business tax receipts. <sup>19</sup> Recently in his annual report, Sir Liam Donaldson, illustrated that a ban could save up to £2.7billion. For example, £680 million saved via a healthier workforce with increased production, up to £140 million saved via fewer sick days, £430 million from less cigarette breaks and £100 million from not having to clean up after smokers have left. <sup>20</sup>

We would encourage the executive to assist us in playing a part in reducing smoke-related illness. The public places ban would play an essential if not paramount part in the strategy to wards reducing ETS, as well as addiction to tobacco.

\*This response takes into account all sectors of the NHS Ayrshire & Arran. In the collation of the response some individuals felt that in the context of long-term care exemptions could be made, as basically the surroundings have become the patients home. Similarly, some individuals feel that smoking may serve a purpose in symptom relief with in the context of psychiatric care. The two above statements reflect the exemptions that are inclusive with in the Irish tobacco ban.

Q4, "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?"

Comment:

Failure to introduce a statutory ban on smoking in public places would be an opportunity missed.

Our reliance on ventilation is flawed, basically it does not remove all carcinogens. This is backed up by the WHO, namely, ventilation is not an effective method of protecting individuals from the health risks of smoke. In addition, most toxins in tobacco smoke are present as gases and vapours. For example, filtration systems can only remove the heaviest of particles and air exchange systems only bring around 10-20% of air from the outside, re-circulating 80-90% of contaminated tobacco smoke.<sup>14</sup>

Encouraging voluntary action would be retrograde, voluntary action has failed to protect the general public, thus any steps should be in the direction of statutory law. If all are treated as equal then any legislation should be simpler to enact. In addition if voluntary action is encouraged the public will not be safeguarded against ETS, and more importantly nor will the health of those who have to work in the premises, for example, bar workers.

Q5, "What else could we do to reduce people's exposure to second-hand Smoke?"

The ban will not simply reduce exposure to ETS, it will also assist in many ways namely, by creating a cultural change and, creating environments that are not

conducive to relapse. Simply looking at the equation in the context of removing ETS from a restaurant does not do the bill justice. The legislation being proposed in the Public Places bill, is probably the most significant public health legislation since the 1956 Clean Air Act. <sup>21</sup>

Similarly, It should also be remembered that tobacco is an addiction both physiologically and psychologically. Thus, support systems should be available with increased funding to support cessation services as well as preventative and education services in schools. It is essential to research further the factors that predisposes one to smoke and what prevents one from smoking.

In relation to sales of tobacco, there needs to be a review of point of sale namely, It would help if cigarettes were only sold from under the counter this would remove the temptation from the conscience as well as stricter controls of the usage of tobacco in television and cinema photography.

Ensure that schools through Healthy Schools Award take a comprehensive and 'whole systems' approach to prevention of smoking via evidence based practice. Research illustrates that addiction to tobacco at an early stage in life can lead to life long addiction, education is a crucial element in preventing uptake.

One may add that removing the barriers to accessing Nicotine Replacement Therapy (NRT) would assist in ameliorating the negative aspects of addiction. it is easier to obtain cigarettes than it is to obtain NRT, yet, tobacco is the most deadly form of nicotine delivery, but cigarettes still remains unregulated.

Therefore the Government should enact legislation to ban smoking in public places. In addition more stringent enforcement of current laws on retailing *and* usage of tobacco with regard to children should be undertaken. Any legislation should be introduced for the benefit of workers in public places, who, with out such a smoking ban, are exposed to second hand smoke with out any choice.

Q6, " Please let us know about any other views you have about smoking in public places".

#### Comment

An opportunity has arisen to illustrate that the government is committed to the well being of the nation's health. It is an opportunity to change the direction of Scotland's health as we begin this new century and leave behind the sick man of Europe tag we have carried for far too long.

Ayrshire & Arran NHS welcomes the consultation, we are fully committed to any legislation that will assist in the overall strategy in tackling tobacco related illness. It is evident from the present research that steps are required to improve the nation's

health the Public Places Ban is one step in the right direction, it is a step that will not only contribute to our nation's health but also the environment and the wealth of our communities.

The evidence speaks volumes, how much longer should we wait, the time to move is now. Ayrshire & Arran NHS Board supports the measures to reduce exposure to environmental tobacco smoke.

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Address:

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Yes

Involved members:

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Hospital Sub Committee  
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