

A CONSULTATION ON REDUCING EXPOSURE TO SECOND-HAND SMOKE

SMOKING IN PUBLIC PLACES

RESPONSE FORM

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:

Environmental tobacco smoke (ETS) is a frequent cause of cancer in humans. It has also been classified as a "class A human carcinogen" by the US Environmental Protection Agency. Other such carcinogens are asbestos, arsenic, benzene and radon gas. Exposure of the public to all these substances is tightly controlled by statute.

We estimate that in the population of Greater Glasgow, each year there will be 174 deaths associated with passive smoking (including deaths from lung cancer, ischaemic heart disease, chronic obstructive airway disease *etc.*) This estimate is based on epidemiologically determined risk in the general population. It is likely that most of the deaths will occur in the socially and economically deprived sectors of the population.

Of critical concern to all Scots must be the health of our children. If we are to improve Scotland's health record, we must give them the best start in life. In addition to contributing to death in adults, exposure to ETS during pregnancy can cause:

- Spontaneous abortion
- Premature birth
- Low birth weight and associated diseases of adulthood (Barker Theory)
- Stillbirth
- Foetal hypoxia.
- Structural abnormalities in the foetal brain.
- Reduced lung development and function predisposing to reduced lung function after birth and COPD in adult life.
- Lower respiratory tract illnesses after birth (*e.g.* croup, bronchitis, bronchiolitis and pneumonia)
- Impaired growth and development of the foetus.
- Cognitive behavioural problems and abnormalities in the newborn and early childhood.
- Attention deficit syndrome after birth.
- Impaired academic attainment in later years.
- Cot death after birth.
- Childhood obesity.
- Nicotine withdrawal symptom in the newborn.
- Unexplained crying in the infant.

Passive exposure of children during infancy and beyond can cause:

- Cot death
- Middle ear disease
- Cancer (*e.g.* Acute Myeloid Leukaemia).
- Lower respiratory tract infections (*e.g.* croup, bronchitis, bronchiolitis and pneumonia)
- Asthma (primary cause of asthma and exacerbation of existing asthma).
- Increased respiratory symptoms: Wheezing, breathlessness, phlegm and coughing.
- Poorer performance at school, lower scores on cognitive function including language, hyperactivity and attention span disorders, behavioural disorders.
- Impaired lung development and function.

Exposure to ETS presents a significant health risk for every Scot, pregnant women, hospitality workers and children. The health benefits of introducing smoke-free public places are uncontested.

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:

A ban on smoking in public places is necessary if we are to improve public health in Scotland. Tobacco is the biggest cause of death and ill-health in Scotland, claiming over 13,000 lives each year and costing the NHS in Scotland an estimated £200 million on hospital treatment annually.

Evidence from other countries in which smoking bans in public places have been implemented successfully suggests that such a ban leads to a significant reduction in the consumption of cigarettes amongst those who continue to smoke.

Next year, as a result of society's tolerance of smoking cigarettes, the smokers in our West of Scotland population of one million people will experience:

2,500 premature deaths. We estimate that these will comprise:

- 797 deaths from lung cancer
 - 50 deaths from other cancers of the upper respiratory tract
 - 104 deaths from cancer of the oesophagus
 - 40 deaths from bladder cancer
 - 18 deaths from kidney cancer
 - 37 deaths from stomach cancer
 - 30 deaths from pancreatic cancer
 - 50 deaths cancers of unspecified sites
 - 7 deaths from myeloid leukaemia
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- 605 deaths from chronic obstructive airway disease
 - 113 deaths from pneumonia
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- 104 deaths from heart attacks
 - 122 deaths from stroke
 - 54 deaths from aortic aneurysm

- 19 deaths from heart muscle degeneration
- 37 deaths from ulcer of the stomach and duodenum

Concealed by these mortality statistics, however, is the huge amount of tobacco-related morbidity, where people become ill with serious diseases and live for many years suffering from unpleasant symptoms and disability and requiring an extensive range of NHS services, both as in-patients and in the community.

For example, smokers can live for years with shortness of breath due to chronic obstructive lung disease; pain in their calves when walking due to peripheral vascular disease, shortness of breath or angina due to ischaemic heart disease; abdominal pain and gastro-intestinal bleeding due to peptic ulcers; neurological impairments due to a previous stroke; stress fractures due to osteoporosis, the discomfort and affect on their appearance of dental disease; *etc.* Smoking prematurely ages the skin.

Women experience additional hazards including:

- an increased risk of vascular disease (*e.g.* deep venous thrombosis and pulmonary embolism) from the interactive effect of smoking while using the oral contraceptive pill;
- reduced fertility;
- increased risk of cancer of the cervix;
- early menopause.

Men experience the additional hazard of increased risk of impotence.

By making it less convenient to smoke, evidence suggests that more people will give up entirely and many will significantly reduce their consumption of cigarettes. Smoke-free environments support smokers who are trying to give up. Employees in workplaces with smoking bans have higher rates of smoking cessation than employees in workplaces where smoking is permitted. Total workplace bans in the UK will reduce cigarette consumption by individuals who smoke and will enhance health.

We should lead the way in the UK by introducing smoke-free enclosed public places. It is estimated that 1,000 lives lost each year as a result of exposure of non smokers to ETS would be saved in the UK if workplaces were smoke-free. For the whole of the UK, the number of lives which could be saved by a reduction in the number of cigarettes smoked of the order seen in New York and California can be conservatively estimated at 20,000.

The Scottish Parliament should act to protect the Scottish workforce and members of the general public, from the hazardous effects of ETS, by introducing smoke-free public places.

3. If a law was introduced, do you think there should be any exemptions to it? NO

Please provide any suggestions, reasons or other comments here:

ETS is a dangerous carcinogen and, like other such compounds, the exposure of the general public must be regulated. Just as there are no exemptions to the exposure limits of the public to dangerous gases such as chlorine or particulates such as asbestos, there should be no partial coverage of a smoking ban.

Arguments for a partial ban are made on the basis of "freedom of choice." Just as drivers are not free to choose whether they will speed in a built up area of drive while talking on a hand held mobile phone, smokers should not be free to expose non smokers to a dangerous carcinogen. Our society has many laws to protect citizens from the harmful behaviour of others. If, as the data suggests, there are between 500 and 900 people in Scotland dying each year as a result of ETS, it becomes a matter of urgency to protect them by a ban in public places.

Effective smoke-free legislation in many other countries applies in all public places. The health benefits of introducing comprehensive no-smoking policies are clearly documented. The California ban on smoking in bars has provided both immediate and longer-term respiratory health-benefits for both smoking and non-smoking bartenders. A recent report on the first 12 months of the New York ban has also documented clear health benefits. The same report also suggests that 10,000 jobs have been created. A recent report from Ireland also suggests that smoke-free public places may have a positive impact on business. US and Canadian studies suggest that ETS causes a net loss of trade for the hospitality industry by causing offence to non-smokers.

UK public opinion also clearly demonstrates 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 on smoking in restaurants, 54% in pubs and 87% in other public places. Similarly, a recent poll by MORI shows strong support for smoke free environments for hospitality staff. Three-quarters (76%) of British people polled agreed that waiters and waitresses in cafes and restaurants should be able to work in a smoke-free work environment. 61% believed bar staff in pubs should also be able to work in a smoke-free environment, and more than half of British people (53%) said they would rather eat in a smoke-free restaurant. The wealth of existing research literature, combined with public opinion clearly demonstrate that it is now time to increase efforts to protect the Scottish workforce and members of the general public, by introducing legislation for smoke-free public places. A smoking ban will not 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.

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?

Three years after the introduction of a voluntary code on smoking in Scotland, more than 7 in 10 pubs still permit smoking throughout, as do nearly 4 in every 10 leisure industry sites. Seventy percent of the Scottish public do not smoke, and yet only 18% of public places are currently smoke free. Voluntary action by businesses does not have the necessary impact. In order for tobacco control measures to be most effective, they must be standardised across establishments and they must be enforced. Transparent legislation, which applies to everyone, is easier to enforce than legislation that applies only to some types of buildings or applies differently at different times of the day.

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

Tobacco control is a complex issue, and requires sustained effort from various sources in order to achieve positive outcomes. A substantial amount of money has been invested in Scottish smoking cessation services, and these services must be maintained in order to assist in reducing individual's exposure to ETS

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

The accumulating evidence is clear. It is now time to act decisively in Scotland and protect workers, children and members of the general public from the hazardous impacts of environmental tobacco smoke.
