

Smoking in Public Places: Response of North East Fife Local Healthcare Co-operative.

North East Fife Local Healthcare Co-operative welcomes the opportunity to take part in this valuable consultation exercise.

1. Having considered the 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

A large number of studies provide overwhelming conclusive evidence that passive smoking is detrimental to health. The World Health Organisation and the US Environmental Protection Agency have classified environmental tobacco smoke (ETS) as a human carcinogen, the risk of coronary heart disease can increase by as much as 60% and exposure to ETS during pregnancy is associated with premature birth and low birthweight.

As health professionals, we have a duty to support measures which improve the health of individuals as well as communities. Banning smoking in public places will complement and enhance other existing work, which is taking place. The Scottish Executive has recently produced a Tobacco Action Plan for Scotland which recommends the need for a multi-pronged approach involving many agencies if significant reductions in tobacco-related harm are to be realised.

2. Would you support a law that would make enclosed public places smoke free?

YES

Whilst we acknowledge that individuals still have the right to choose to smoke or not, the majority of the population in Scotland are non-smokers and anecdotally, would welcome a ban of smoking in public places. So far, voluntary measures to reduce exposure to ETS have proved to be ineffective and piecemeal and we, as an LHCC, would support the statutory introduction of such a ban.

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

NO

Any exemptions will result in sub-optimal levels of public protection. Health risks associated with ETS will continue and the impact of the ban will be significantly diluted.

However, clarification of the definition of "enclosed public place" is required if implementation of the ban is to proceed successfully. Setting-specific policies may require to be developed in particular circumstances, eg, individual prison cells, in-patient psychiatric wards, etc.

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 smoke free provision?

It is widely accepted that there is no safe level of ETS. Voluntary measures do not go far enough to protect employees. There is proof that legislation is effective, for example in relation to other carcinogenic substances such as asbestos. Implementing a smoking ban in the workplace is realistic and attainable and would be welcomed by the majority of the workforce.

Our LHCC believes that the option of voluntary policy in this case should be discarded.

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

Tackling tobacco issues has been high on the public agenda over the past few years. The Scottish Executive needs to maintain this high profile and ensure continued funding is made available if positive changes are to result.

Services which tackle issues such as smoking cessation, prevention and protection, need to be developed further to meet the changing needs of the population

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(On behalf of North East Fife Local Healthcare Co-operative)

We agree to the content of our response being made available

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