

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

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***CSP Scotland response to the
Scottish Executive consultation on
Smoking in Public Places***

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CSP Scotland Response to the Scottish Executive 'Smoking in Public Places' Consultation

1 The Chartered Society of Physiotherapy Scotland

1.1 The Chartered Society of Physiotherapy (CSP) is the professional, education and trade union body representing physiotherapists, physiotherapy students and assistants. More than 98% of all physiotherapists in Scotland are members of CSP Scotland and physiotherapy is the fourth largest health care profession in the UK, and the largest of the allied health professions.

1.2. CSP Scotland has around 4,000 members in Scotland. Approximately sixty percent of chartered physiotherapists work in the NHS. The remainder are in education (including students), independent practice, the voluntary sector and with other employers, such as sports clubs or large businesses. Three Scottish universities offer degrees in physiotherapy. These are among the most over-subscribed university courses in the country. Approximately 150 newly qualified physiotherapists graduate in Scotland each year.

1.3 Physiotherapy involves the skilled use of physical interventions to promote, maintain and restore physical, psychological and social well being. Using problem solving and clinical reasoning, physiotherapists work to restore functional movement or reduce impairment utilising movement, exercise and the application of electro-physical modalities.

2 Smoking in Public Places Consultation

2.1 Health promotion remains a crucial aspect of the work of chartered physiotherapists. In addition, chartered physiotherapists have a primary interest in the cessation of smoking and reduction in exposure to cigarette smoke, as so many come in to direct contact with the harmful effects of smoking in patients. This is particularly true for chartered physiotherapists working in oncology and in respiratory care in Scotland.

2.2 CSP Scotland welcomes the consultation on smoking in public places in Scotland, and believes that an outright ban on smoking in public places is both a progressive step for the health of the nation and a necessary step to protect non-smokers from the harmful effects of tobacco smoke. The Scottish Executive is right to consult widely, and must face this issue as a question of promoting public health and protecting non-smokers from the harmful effects of tobacco smoke.

2.3 No-one should have to compromise their health in order to participate in the social life of Scotland's bars and restaurants. In addition, many who suffer allergies are currently excluded, and must avoid such places, while many others wish to avoid the discomfort and bad health environment of a smoky atmosphere. It should not be the case that those that choose a healthier lifestyle should be excluded, if Scotland's public

health is to improve. Smoking is routinely barred in shops, offices, work places and public buildings, and the increasing evidence of the harm of cigarette smoke for non-smokers means that licensed premises should be no different.

3 Promoting Public Health

3.1 In Scotland over 13,000 people die every year from tobacco use¹

3.2 Across all ages the prevalence of smoking in Scotland has remained above the figure for England (in 2002 the figure of 28% in Scotland was significantly higher than for England at 26%). Although the trend has been downward in recent years, Scotland has an estimated 1.4 million adult smokers.

3.3 The NHS in Scotland spends an estimated £140 million on hospital treatment for diseases caused by tobacco use².

3.4 The extent of the effects of passive smoking are still the subject of research, and CSP Scotland would call on the Scottish Executive to commission further research in this area. Nevertheless, it remains clear that breathing in cigarette smoke in enclosed environments is damaging to health. This reasons alone makes the continued allowance of smoking in bars and restaurants unacceptable.

4 Physiotherapy and the treatment of tobacco -related diseases

4.1 The Physiotherapy profession is heavily involved in the treatment of patients suffering diseases caused by tobacco inhalation, and has a primary interest in supporting moves to ban smoking in public places. While the main & obvious effects of smoking are in respiratory conditions and oncology, another main set of conditions is cardiovascular. Physiotherapy plays an important role in cardiac rehabilitation and amputee rehabilitation also.

4.2 The CSP is set to campaign for restrictions throughout the UK, and a ban in Scotland would be a progressive step for the health of Scotland and would also set the example for extension across the UK.

4.3 Physiotherapists report seeing an increasing number of people suffering from the effects of passive smoking which can lead to lifelong breathing difficulties. Physiotherapists report that exposure to other people's tobacco smoke can cause reduced lung function in adults with no previous respiratory problems and can be especially dangerous for people with asthma. Parental smoking adversely affects the health of

¹ Source: Callum C (1998). *The UK Smoking Epidemic: Deaths in 1995*. The Health Education Authority: London

² Source: Buck D (1997). The cost-effectiveness of smoking cessation interventions: What do we know? *International Journal of Health Education* 35:44-52

infants and children and has long-standing effects into adulthood. Physiotherapists also report a definite relationship between passive smoking and asthma.³

4.4 The CSP's Annual Representative Conference voted to support calls to ban smoking in public places in May 2004.

5 Physiotherapy and Chronic Obstructive Pulmonary Disease (COPD)

5.1 Chartered physiotherapists come across the effects of smoking in many areas of work, most notably in oncology, respiratory care, cardiovascular related conditions and rehabilitation. One disease that is commonly treated by physiotherapists, but which receives less publicity, is Chronic Obstructive Pulmonary Disease (COPD).

5.2 A survey by the Chartered Society of Physiotherapy among physiotherapists specialising in respiratory care revealed that a staggering 83 per cent have cited smoking as the cause of COPD (chronic obstructive pulmonary disease) in patients. COPD is a frightening disease, characterised by airflow obstruction - a disorder that persistently obstructs breathing. The airflow obstruction is usually progressive, is not fully reversible and does not change markedly over several months. This condition receives far less publicity attention than other smoking-related disorders such as lung cancer.

5.3 Chartered physiotherapists in respiratory care report that a significant proportion of their workload (see 5.4 below) is devoted to this patient group. Physiotherapists are involved in the care of COPD from acute hospital admissions through to maintaining patients in the community, employing evidence based initiatives such as early supported discharge, non invasive ventilation and pulmonary rehabilitation. This patient group often has complex management problems and physiotherapists often assist in helping to manage chest clearance, coping strategies, breathlessness and anxiety management in conjunction with other multidisciplinary team members.

5.4 A survey of members of the CSP clinical interest group, the *Association of Chartered Physiotherapists in Respiratory Care* (ACPRC), also revealed that physiotherapists spend over 50 per cent of their workload treating patients with the disease.

5.5 The number of acute cases presented to hospital represent only a fraction of the cases in the population, and people suffering from mild to moderate symptoms of COPD often go unidentified. Chartered Physiotherapists report that people who have been smoking for as little as five years could start to suffer symptoms of COPD.

³ In 1997 the Medical Research Council in Australia suggested that those who lived with a smoker had a 40% greater chance of developing asthma. They also looked at 34 studies and concluded that those who didn't smoke but lived with a smoker have a 30% greater chance of developing lung cancer.

5.4 Physiotherapists working in this area tend to see patients at the severe end of the spectrum. Some patients may also have secondary diseases such as heart failure, vascular disease or circulatory problems, and lung cancer. Not all COPD patients present with same symptoms. Some patients may also suffer from anxiety, which could lead to depression because they are physically limited due to breathlessness and have a poor quality of life.

5.5 In Glasgow there are currently initiatives on going to identify these patients earlier to try to optimise their medical care to prevent deterioration and subsequent hospital admissions; smoking cessation advice is an integral part of this drive.

5.6 Early detection of the condition is key so that physiotherapists can employ a proactive approach - it is estimated only 25 per cent of cases are currently being diagnosed.

5.7 Physiotherapists can treat COPD through management strategies that can prevent the condition progressing to the severe category. They can also promote disease mastery, develop coping strategies for breathlessness, reduce work of breathing and teach patients to clear secretions and manage anxiety through relaxation techniques.

5.8 Pulmonary Rehabilitation has an excellent evidence base for the benefits gained, and improvement in quality of life is a major benefit. Smoking cessation can only benefit the health of physiotherapy patients and the health of the nation.

Conclusion

Chartered Physiotherapists have a primary interest in reducing the harmful effects of tobacco smoke. Health promotion remains central to the practice of physiotherapy, and in the profession is engaged in the treatment of tobacco-related diseases. The Chartered Society of Physiotherapy Scotland fully supports the campaign to ban smoking in public places. The Scottish Executive must take the steps necessary to protect the staff and customers of licensed premises, and protect members of the public in public places, from the harmful effects of inhaling tobacco smoke. Such steps would contribute to the health of Scottish society, assist the aim of reducing smoking among the Scottish population, and lead the way to a healthier Scottish environment promoting healthier lives.

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