

**The Smoking, Health and Social Care (Scotland) Act 2005 (Prohibition of Smoking in Certain Premises) Regulations 2005
Aberdeen City Council's Response to Consultation Document**

- 1) *Regulation 1: Citation, Interpretation and Commencement. Do the definitions of words and phrases ensure clarity of what premises are covered or exempted from the regulations? If not, how might they be improved?*

The definitions appear to be clear and un-ambiguous.

- 2) *Regulation 2: Display of 'No Smoking' Notices. Views are invited on this approach.*

It would appear reasonable to require premises to display signage in a standard format.

- 3) *Regulation 3: 'No Smoking Premises'. Your comments are invited on the existing formula and on how it might be improved.*

It may be necessary to include definitions for doors, windows and exits to ensure that all openings are covered. An example would be public houses/bars where the whole frontage is movable and can be opened up, although a fence is present to prevent it being used as a doorway.

- 4) *Regulation 4: Fixed Penalty Time Limits, Amounts and Payments*

Further clarification or guidance is required on this requirement. Fixed Penalty Notices do not apply to a Limited Company, where the only option is to submit a report to the Procurator Fiscal, but could apply to the Manager or Licensee of such premises.

Provision needs to be made to allow the fixed penalties to be raised in line with inflation.

- 5) *Regulation 5: Application by Councils of Fixed Penalties and Account Keeping.*

This requirement appears to be reasonable.

- 6) *Schedule 1: No-Smoking Premises. Your views are sought on whether there are any premises which fall into the definition of no-smoking premises at section 4(4) of the Bill [(a)-(d) above], but which have been omitted from the list in Schedule 1.*

The only premises which I believe should be included within the list are listed in the exemptions – Adult Care Homes.

- 7) *Schedule 2: Exemptions: Adult Care Homes. Your views are invited on:*
- *The general merits of this approach;*
 - *The development of smoking policies for residential care homes; and*
 - *The targeting of cessation services on these groups.*

This is a very difficult issue, with no totally satisfactory solution. It is clear that provision for residents to smoke is required, but it is equally clear that non-smokers within these premises deserve the same protection from tobacco smoke as will be available in other premises.

Initially, it would appear that residents should be entitled to smoke in their own rooms, however, this could pose other risks including fire.

Smoking policies will not give the same protection from tobacco smoke as a ban. Even where policies strictly control smoking, it is not feasible that staff will not be exposed to tobacco smoke – even if smoking is restricted to a resident's own room.

Smoking cessation services within residential care may have a very limited impact. Where the residential care is for the elderly, it may prove very difficult to persuade elderly smokers of the benefits of them quitting and for them to change the habits of a lifetime.

- 8) *Schedule 2: Exemptions: Psychiatric hospitals and Psychiatric Units. Your views are invited on:*
- *The general merits of this approach; and*
 - *The targeting of cessation services at this group.*

This poses similar difficulties to the previous question.

- 9) *Schedule 2: Exemptions: Hotel, Guest House and B & B bedrooms. Your views are invited on the merits of this approach.*

It is sensible to make provision for smoking bedrooms within hotel accommodation.

- 10) *Are there any premises which, taking into account humanitarian, practical or other considerations, are omitted from the exemptions list in Schedule 2?*

Services provided for the rehabilitation of persons with addictions. It could potentially exacerbate the difficulties faced by people suffering from withdrawal symptoms from drugs or alcohol dependency.