

Consultation response from the
National Heart Forum

Consultation: Smoking in Public Places

Consulting body: Scottish Executive

Date: September 2004

Status of this response

The views expressed in this paper are consensus-based and do not necessarily reflect the views of individual members of the National Heart Forum (NHF). The NHF is an alliance of over 45 organisations working to reduce the risk of coronary heart disease in the UK. (For more information about the NHF, see annex A).

The NHF is content for this response to be made public by the Scottish Executive and for the Executive to contact the NHF for further consultation or research purposes.

Questionnaire

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.

It is an established fact that exposure to second-hand smoke is damaging to health. It is associated with increased risk of lung diseases including cancer, stroke, low birthweight babies and the risk of premature birth and the latest studies suggest that it can increase the risk of coronary heart disease (CHD) by 50-60% - twice previous estimates¹.

Compared to other countries, people in Scotland suffer disproportionately from the burden of CHD. The premature death rate for men living in Scotland from CHD is 50% higher than those living in the South West of England, and around 90% higher for women. For over 20 years, these rates have been consistently highest in Scotland compared to other parts of the UK².

Although many workplaces are now non-smoking, many others continue to permit smoking – particularly those operated by small firms and employing relatively low-paid staff in often insecure work. Exposure to second-hand smoke is common in the hospitality trades. Action on Smoking and Health (ASH) has calculated that currently over 2 million employees work in environments with 'no restrictions on smoking at all' – around 8% of the workforce in Great Britain³.

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

Yes.

Secondhand smoke is a serious and inadequately regulated workplace health and safety hazard. Estimates presented at a conference of the Royal College of Physicians suggests that exposure to secondhand smoke in the workplace causes around 700 premature deaths in the UK every year. By way of comparison, the

¹ Whincup et al. BMJ; 329: 200-4

² Coronary Heart Disease Statistics. 2004. British Heart Foundation. (www.heartstats.org)

³ www.ash.org.uk/html/factsheets/html/onsworkplacefigures2004.html

Health and Safety Executive reports that the total number of fatal accidents at work in UK workplaces during 2002-3 was 226.

For too long, policy makers have treated smoking in workplaces and enclosed public places as a nuisance rather than as a real threat to health. This has allowed pro-smoking organisations, backed by the tobacco industry to oppose any proposals to restrict smoking on the grounds that they would be unnecessary and illiberal. The abundant evidence now available on the damaging health impacts of second hand smoke, argue unequivocally for protective regulation.

3. If a law was introduced, do you think there should be any exemptions to it? (ie. any enclosed public places where smoking should be allowed).

As in the Republic of Ireland, some pragmatic flexibility around mental health institutions, prisons and designated ‘smoking’ hotel rooms should be explored. However, the emphasis should be firmly on achieving smoke-free conditions in *all* enclosed public places, and any initial provisions for ‘special cases’ such as those mentioned should be kept under constant review.

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 more smoke-free provision?

Voluntary approaches have been proved to be ineffective in protecting people from second-hand smoke. For example, the Public Places Charter, the voluntary code of practice that applies to the hospitality trade has proved to be totally inadequate. The PPC is not compulsory, it includes a ‘do-nothing’ option as a means of achieving compliance with the Code and it promotes ventilation as an adequate response to tackling the health effects of second-hand smoke – a argument that has been discredited by a number of studies⁴.

We do not believe that a voluntary approach will secure the public health gains that a law on smoking in workplaces and enclosed public places would deliver.

5. What else could we do to reduce people’s exposure to second-hand smoke?

Public education initiatives can have an important role to play to create greater awareness of the need to protect other people – especially children – from secondhand smoke *in the home*, as well as in public places.

The recent media campaign in England, for example, highlighting the risk of smoking in front of children, has helped to achieve a greater awareness of the issue.

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

⁴ Rapace J. A Killer on the Loose. 2003. ASH

Smoking in public places – response from National Heart Forum

Most smokers want to stop smoking and smoke-free policies help them to do so. Some studies estimate that a workplace smoking ban in England might reduce smoking prevalence by around 4 percentage points⁵.

Smoking rates are higher in Scotland than in most other parts of the UK. Smoking prevalence rates for 2001 show that 32% of Scottish men smoke (second only to the North East of England) and 30% of women (the highest prevalence in the UK)⁶. Assuming a similar reduction might be predicted, smoking rates in Scotland would reduce to around the current UK average.

There is strong public support for a ban on smoking in workplaces and enclosed public places. In the most recent ICM poll (July 2004) 65% of adults polled (smokers and non-smokers) agreed that the government should ban smoking in enclosed public places such as pubs and restaurants. Seventy percent of those polled were worried about the health risks of breathing in other people's smoke.

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⁵ Health Check on the state of public health, Chief Medical Officer, DH, 2002

⁶ Smoking Statistics. 2004. British Heart Foundation and ASH

Annex A

About the National Heart Forum

The National Heart Forum (NHF) is the leading alliance of over 45 organisations working to reduce the risk of CHD in the UK. Member organisations represent the medical and health services, professional bodies, consumer groups and voluntary organisations. Members also include many individual experts in cardiovascular research. Government departments have observer status.

Our mission

To work with and through NHF members to contribute to the prevention of premature avoidable coronary heart disease and related conditions in the UK.

Our functions

The NHF has adopted the following functions in order to deliver its mission:

1. To provide a forum for members for
 - The exchange of information and ideas and co-ordination of activities;
 - The development of policy based on evidence and/or the need for action.
2. To collectively stimulate and advocate effective action nationally and internationally through information, education, and policy and strategy research and development.
3. To facilitate and broker relations between not-for-profit and non-government organisations and the political centre, and to strengthen and expand public health capacity cross-sectorally.