DHSSPS Consultation on smoking in enclosed public places and workplaces

17 Mar 2005

The Institute of Public Health, funded by the Department of Health and Social Services and Public Safety in Northern Ireland and the Department of Health and Children in the Republic of Ireland, was established in 1999 to promote co-operation for public health on the island of Ireland. The remit includes:

- providing public health information and surveillance;

- strengthening public health capacity;

- advising on policy.

Introduction

The Institute of Public Health welcomes the current consultation on smoking in enclosed workplaces and public places.

Having considered the three options given the Institute strongly supports option 5c – "a total ban on smoking in all enclosed workplaces and public places".

Outlined below are the key facts about smoking and issues surrounding legislation to ban smoking in enclosed public places and workplaces.

This clearly outlines that a total ban on smoking in all enclosed public places and workplaces is the only option which will adequately protect the health of all workers and contribute to reducing the prevalence of smoking in the population of Northern Ireland.

As an organisation set up to promote North South co-operation we believe that a similar approach to smoking in public places and workplaces should be taken to that in the Republic of Ireland where there is clear evidence that such policies are practical, well supported and effective.

The Health Effects of Tobacco

Tobacco smoke contains over 4000 chemicals over 60 of which are known or suspected carcinogens.

Both tobacco and exposure to Environmental Tobacco Smoke (ETS) have been clearly identified as being carcinogenic to humans   .

Tobacco is the single greatest cause of death and avoidable illness in Northern Ireland   .

It is estimated to contribute to 30% of all cancer deaths and is a significant risk factor for coronary heart disease. These represent the two largest causes of death in Northern Ireland3.

There is now overwhelming consensus among independent tobacco researchers that tobacco consumption is detrimental to health and ETS represents a substantial risk to the health of third parties.

Recent major reviews on ETS include a report by the UK Government-appointed Scientific Committee on Tobacco and Health (SCOTH). This outlined a clear link between exposure to ETS and lung cancer, heart disease and other respiratory disease .

A major review carried out in the Republic of Ireland in 2002 by an independent scientific working group concluded that ETS causes lung cancer, heart disease, respiratory problems in children and adults and has adverse effects on reproduction including low birth weight .

Long term exposure of non-smokers to ETS causes an increase in lung cancer, in those living with smokers, in the region of 20 to 30%. Non-smokers exposed to ETS have a 25% increased risk of heart disease compared with non smokers who are not exposed5 .

ETS also has other significant effects on respiratory health including increased coughing, chest discomfort and reduced lung function. In addition it can trigger asthmatic attacks in those with asthma.

The World Health Organization identified ETS as a real and substantial threat to child health in 1999. In children, ETS can cause bronchitis, pneumonia, coughing, wheezing, asthma attacks, middle ear infection and cot death .

Smoking in the Workplace

Exposure to ETS in the workplace and in enclosed public places is a major concern in terms of health and safety at work.

Workers in the hospitality industry are at greatest risk due to the extent of their exposure.

Across the UK exposure to ETS at work is estimated to be responsible for the deaths of more than 2 employed people per working day (617 deaths per year) including 54 deaths in the hospitality industry each year .

ETS is also detrimental in terms of the economic effect it has on businesses due to loss of productivity from sick days and increased insurance due to fire risk.

Current Directions in Government Policy

The Investing for Health Strategy gives a strong cross-departmental commitment to improving health and reducing inequalities. It also identified "offering everyone the opportunity to live and work in a healthy environment" as a key objective.

In addition the Tobacco Action Plan (2003-2008) produced by the Department of Health, Social Services and Public Safety provides a commitment "to protect those who do not smoke". Tobacco is again emphasized in a new Twenty Year Strategy for Health and Well-being in Northern Ireland - "A Healthier Future" where reducing smoking prevalence is identified as a key element in improving the health of the population.

It is essential that the government now honors its commitment within these strategies. Legislation to ban smoking in enclosed public places and workplaces will protect the health of all workers and will develop supportive environments to encourage people to quit or reduce their consumption.

Options within the consultation

Option one - To build on the existing policy of exhorting and supporting smoking cessation.

Smoke free environments are one of the most effective ways to reduce consumption and encourage people to quit

Whilst self regulation or voluntary introduction of smoke free policies in workplaces and public places would be ideal this approach has been ineffective to date. The introduction of such policies across Northern Ireland has been piecemeal and there is every reason to believe this unsatisfactory approach would continue.

The tobacco industry has promoted ventilation or designated non smoking areas. However these have been shown to be ineffective. Many toxins in ETS are invisible, odorless gases. These gases drift and non smoking areas offer partial or no protection against ETS. Studies on ventilation have shown that this will not control second hand smoke without a totally impractical increase in ventilation rates .

It is the government's responsibility to protect and promote public health and a commitment to do so was given in the Investing for Health Strategy. It is now time that legislation is introduced to support this commitment.

Option two – Prohibit smoking in most enclosed public places and workplaces, whilst still allowing smoking in some pubs and bars, other than those preparing and serving food.

This option fails to protect workers in the hospitality industry who are often at greatest exposure from ETS.

Many hospitality workers are low paid and failing to protect them from ETS at work will only increase inequalities in health in this group.

The Institute believes that this approach would be impractical, unfair and lacking in rationale.

Option three – Ban smoking in all enclosed public places and workplaces in Northern Ireland.

This is the only option which will protect the health of all workers.

Studies show that smoke free workplaces encourage smokers to quit or reduce consumption hence addressing a major cause of ill health . The fall in tobacco sales in the Republic of Ireland is further evidence of this.

Many countries, including the Republic of Ireland, have now gone smoke free. Evidence from these countries highlights the success of such policies.

Effects on businesses have often been cited as a reason not to pursue a smoking ban. However evidence from countries that have gone smoke free show positive not negative effects on businesses.

In New York receipts in bars and restaurants increased by nearly 9% in the first year of going smoke free and reports in the Republic of Ireland in the first year of smoke free policies suggest no negative effects on sales in bars and restaurants – in fact many more non smokers are now going out to restaurants and bars.

There is strong support for smoke free workplaces and public places within Northern Ireland. Research carried out by the Health Promotion Agency showed that 70% of the public thought indoor public places in Northern Ireland should be smoke free. Sixty one percent indicated they would support a law to make all workplaces smoke free with only 16% opposing such a law . Research carried out by the Ulster Cancer Foundation indicated that 74% of staff in bars and restaurants were in support of their workplaces being smoke free and 76% of staff felt that all bar staff should be able to work in a smoke free environment .

Conclusion

The Institute of Public Health strongly supports legislation to introduce smoke free workplaces and public places and sees this as one of the most important actions which Government could take to protect and promote health in Northern Ireland.

The health and economic evidence is clear and there is widespread support for such a policy. We would urge Government to act now and introduce this legislation. This will protect the health of all workers and tackle a major cause of ill health by providing environments which encourage smokers to quit or reduce their consumption.

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