

REPORT TO: POLICY AND RESOURCES COMMITTEE – 13 SEPTEMBER 2004

REPORT ON: DUNDEE CITY COUNCIL RESPONSE TO NATIONAL CONSULTATION ON SMOKING IN PUBLIC PLACES

REPORT BY: ASSISTANT CHIEF EXECUTIVE (COMMUNITY PLANNING)

REPORT NO: 608-2004

1. PURPOSE OF REPORT

To outline the Council's response to the Scottish Executive regarding the national consultation on Smoking in Public Places and to highlight the role of the Council in supporting the national consultation within the community. This is in line with the Council's role as a Public Health Organisation (Report No 266-2002)

2. RECOMMENDATIONS

It is recommended that the Council:

- 2.1 approves the consultation response to the Scottish Executive regarding Smoking in Public Places as set out in Appendix 2.
- 2.2 notes the actions taken by the Council in supporting the national consultation

3. FINANCIAL IMPLICATIONS

- 3.1 There are no financial implications for the Council.

4. LOCAL AGENDA 21 IMPLICATIONS

- 4.1 Addressing health inequalities and improving public health is consistent with the theme of protecting health and preventing illness.

5. EQUAL OPPORTUNITIES IMPLICATIONS

- 5.1 The report highlights the importance of local authorities and their partners continuing to address inequalities in health.

6. BACKGROUND

6.1 National Consultation on Smoking in Public Places

- 6.1.1 There is a national drive towards reducing smoking and tobacco related harm in Scotland. Within this context, smoking remains the biggest single cause of preventable illness and premature death. In most deprived communities across Scotland, smoking rates are twice the national average. In January 2004, the Scottish Executive published the first ever national tobacco action plans 'A Breath of Fresh Air for Scotland'. Appendix 1 outlines key points in the tobacco action plan.
- 6.1.2 One of the key points in the national tobacco action plan is a high profile public consultation on smoking in public places taking place during Summer 2004 and ending on 30 September. This consultation is being undertaken as part of a wider evidence

gathering that will inform the Executive's future policy on smoke-free provision. The options available to the Scottish Executive are:-

- continue to work with businesses on a voluntary basis to accelerate smoke-free provision
- introduce a blanket ban on smoking in enclosed public places Scotland-wide, or targeted at specific places such as where food is being served or children have access
- give powers to Local Authorities to regulate smoking in public places in their areas, or
- a combination of targeted statutory controls and voluntary action

6.1.3 As smoking affects everyone within the community, Dundee City Council has supported the national consultation process and encouraged participation in the following way:-

- i) Smoking consultation response forms have been distributed to every member of Council staff and all Elected Members.
- ii) Young people's views in Dundee have been targeted via the national Dialogue Youth structure that is managed locally within Dundee City Council. Communities, Education and Social Work Departments have all participated in the process.
- iii) The national consultation has been promoted during a range of local community events throughout the summer and response forms made widely available in libraries, community centres and public buildings/public offices throughout the city.
- iv) Around 250 community groups and local organisations have been contacted directly and encouraged to give their views to the Scottish Executive.
- v) A multi-agency Smoking event will take place in Dundee on 10 September. The event will agree the Dundee Partnership response to the Scottish Executive and highlight a joint way forward locally.

6.1.4 Working with health partners in NHS Tayside, Dundee City Council has developed a response to the national consultation that will be submitted to the Scottish Executive by 30 September 2004. Appendix 2 outlines the Council's proposed response to the Scottish Executive.

6.1.5 After 30 September 2004, the Scottish Executive will draw together the results of the national consultation along with other evidence regarding the health and economic impact of controlling smoking in public places. A final evidence report will be completed and presented to Scottish Ministers towards the end of 2004. Currently there is no timeframe regarding a decision on future actions, however the Scottish Executive have indicated that a Ministerial decision is expected in 2005.

6.1.6 Locally, NHS Tayside and the three Local Authorities across the region have agreed to work jointly and undertake a Tayside-wide Best Value Review on Smoking. Dundee City Council will chair the review process which will begin in September/October 2004. The aim of the process is to review and improve the effectiveness of multi-agency actions towards reducing smoking and tobacco-related harm in Tayside.

A multi-agency group is also exploring the possibility of developing a bye-law banning smoking in enclosed places across Tayside in the event that any national legislation falls short.

7. **CONSULTATION**

Directors of all Departments and NHS Tayside have been consulted in the preparation of this report.

8. **BACKGROUND PAPERS**

Reducing Smoking and Tobacco Related Harm
- A Key to Transforming Scotland's Health

NHS Health Scotland &
ASH Scotland, 2003

A Breath of Fresh Air for Scotland
- Tobacco Action Plan

Scottish Executive 2004

A Consultation on Reducing
Exposure to Second-Hand Smoke

Scottish Executive June 2004

Chris Ward

Assistant Chief Executive (Community Planning)..... 06/09/04

SCOTTISH EXECUTIVE TOBACCO ACTION PLAN**KEY POINTS**

- 1 Existing Tobacco Control Strategy Group to be updated and chaired by Minister for Health and Community Care.
- 2 Review current national communication and education programmes and develop an integrated long-term communication strategy to guide future prevention activity.
- 3 NHS Health Scotland to research factors which cause young people to start or resist smoking.
- 4 £4m additional funding to be allocated to smoking cessation across Scotland from 2005.
- 5 Further develop evidence base for effective cessation services.
- 6 Negotiate cessation targets with each NHS Board by July 2004.
- 7 A high profile public consultation on smoking in public places to commence in summer 2004 - likely to be August/ September.
- 8 NHS Scotland to develop national advertising and communication campaign about passive smoking - likely to be June/July this year.
- 9 Complete ban on smoking at Scottish Executive by end of July 2004.
- 10 Challenge employers, trade unions, voluntary organisations, to introduce effective smoking policies.
- 11 NHS Boards and Local Authorities to review smoking policies by end of 2004.
- 12 Results of Test Purchasing Pilot Scheme to be considered by Lord Advocate. Evaluation of Scheme is expected in Summer 2004. In light of the decision the Scottish Executive will agree an enforcement protocol.
- 13 Continue to support roll-out across Scotland of Dialogue Youth Project.
- 14 Deploy Tobacco Advertising and Promotion Act 2002 and monitor for any loopholes.
- 15 NHS Boards should have a broad based programme of tobacco control actions which will be monitored through the PAF.
- 16 To reflect the action in the Plan, the Scottish Executive will increase its existing target for smoking rates amongst adults (16-64) to 29% by 2010. NHS Boards and partners should set local milestones as a stepped process towards meeting national targets.

SMOKING IN PUBLIC PLACES**RESPONSE FORM**

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?**

(Please tick one box only)

Yes ☒ No ☐ Don't know ☐

Smoking kills 13,000 people every year in Scotland. There is now incontrovertible evidence in place that demonstrates the link between inhalation of Environmental Tobacco Smoke (ETS) and a range of diseases. Indeed ETS increases the risk of coronary heart disease (CHD) by 30%, lung cancer by 30%, and stroke by 28%. It is estimated that over 1,000 people die every year as a result of inhaling ETS and enclosed public places are the main source of exposure. One in three pregnant women are exposed to ETS in the workplace and this can lead to a wide range of health problems to their unborn children including middle ear disease, respiratory infections and development of asthma.

Therefore the banning of smoking in all enclosed public places would be a significant contribution to improving the health of the people of Scotland.

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

Yes ☒ No ☐ Don't know ☐

In addition to significantly reducing illness and death resulting from ETS, smoke-free enclosed public areas would also help those smokers trying to quit. Spending time in places where smoking is not permitted helps prevent relapse in smokers who have recently quit. The creation of these smoke-free areas also serves to contribute to a culture of non-smoking which acts as a disincentive to young people starting to smoke. Indeed current evidence indicates that where bans on smoking in enclosed public places exist, there has been a fall in the overall prevalence of smoking.

There is also the issue of health in the workplace. Currently not all employees are protected from ETS e.g. staff working in the hospitality section. Banning smoking in public places would address this inequity and afford these employees the same right and protection of others to work in a smoke-free environment.

3. **If a law was introduced, do you think there should be any exemptions to it? (i.e. any enclosed public places where smoking should be allowed) *(Please tick one box only)***

Yes ☒ No ☐ Don't know ☐

Implementation of bans within public sector organisations and care settings (e.g. hospitals) would need to take account of certain humanitarian issues e.g. terminally ill patients, psychiatric in-patients, patients for whom the NHS setting has effectively become their home. However, apart from these exemptions, the ban should be total.

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 measures currently in place have proved ineffective in protecting 70% of the adult population who do not smoke. Less than half of Scotland's pubs and restaurants know of the existence of the Scottish National Voluntary Charter and currently two thirds of Scottish pubs permit smoking throughout their premises. However, even the provision of designated no-smoking areas offer very limited protection from ETS. Also ventilation systems, no matter how sophisticated, do not remove the carcinogenic gases from cigarette smoke in the air. Indeed only tornado strength ventilation systems would actually remove all the risks. There is no safe level of exposure to ETS.

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

In due course consideration on introducing smoking bans could be extended to external covered public areas such as sports stadiums. Also, consideration should be given to banning smoking in private motor vehicles where children are present.

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

Evidence from New York and Ireland has demonstrated that banning smoking in pubs and restaurants does not harm business.