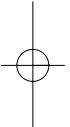
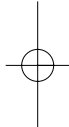
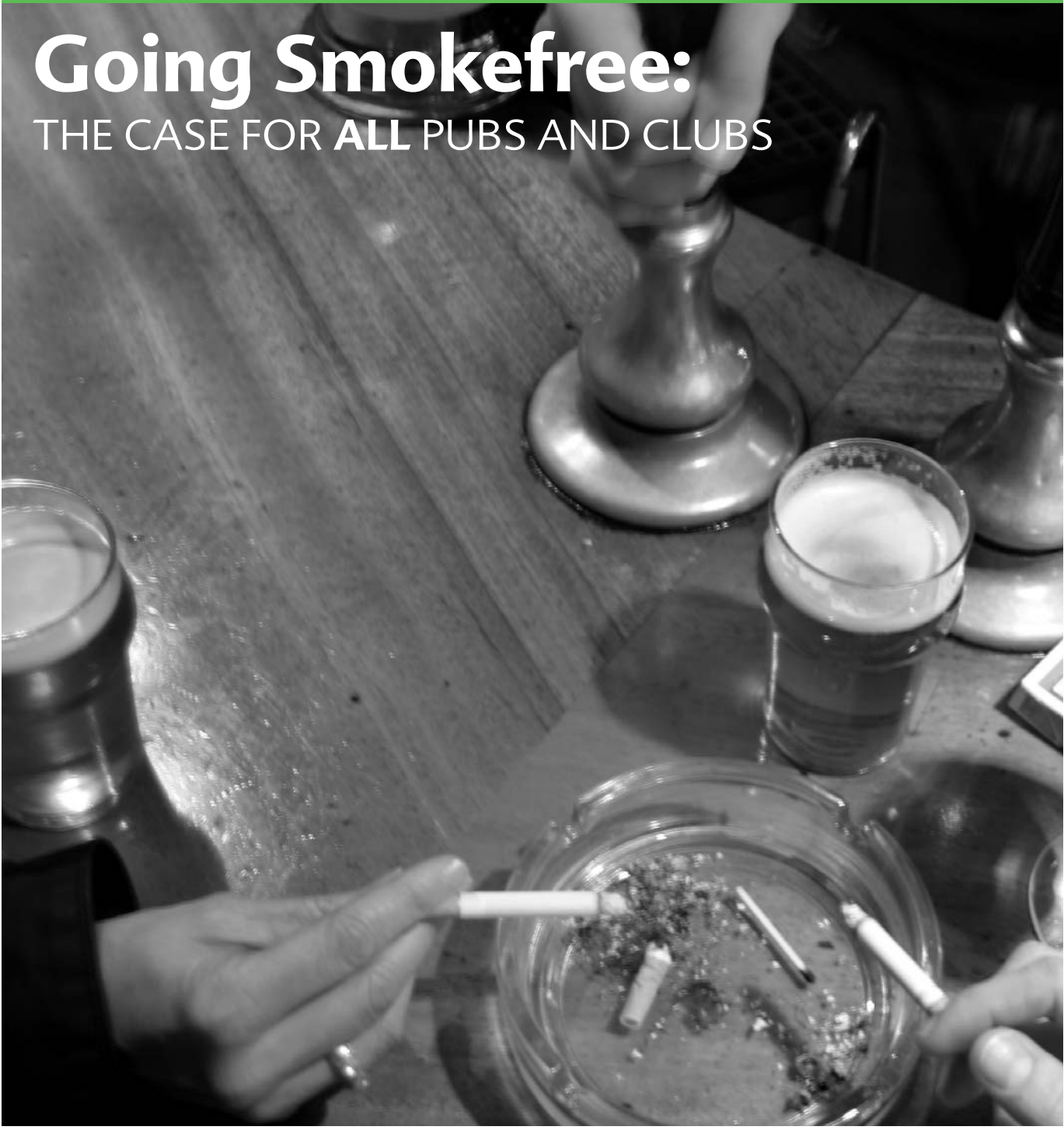


Smokefree ACTION
 IT'S ABOUT HEALTH AND IT'S ABOUT TIME

Going Smokefree:

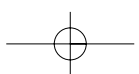
THE CASE FOR ALL PUBS AND CLUBS



Chartered
 Institute of
 Environmental
 Health



ash.
 action on smoking and health



Summary

A law to ensure that **all** workplaces and enclosed public places are smokefree is an important public health measure for three main reasons:

- Secondhand smoke causes illness and death. It is a workplace health and safety risk and everyone deserves the right to work in a smokefree environment.
- Separate smoking areas and ventilation are not solutions. Smoke drifts and there is no safe level of exposure.
- A comprehensive smokefree law would significantly improve the nation's health. It would help many thousands of smokers to reduce their smoking or even give up, and would significantly help reduce health inequalities.

The Scottish Executive has taken decisive action to enact smokefree legislation and will implement comprehensive measures in March 2006. Similarly, the Welsh Assembly has voted overwhelmingly in favour of comprehensive legislation and it is proposed that it will soon be granted the powers necessary to pass such a law.

The UK Government is consulting on proposals to make all workplaces and enclosed public places in England and Wales smokefree but with exemptions for pubs that do not serve prepared food and private members' clubs. This document explains why these proposed exemptions are unacceptable and what the benefits of comprehensive smokefree legislation would be for the nation's health.

Based on lessons learnt in countries and cities that have already enacted comprehensive legislation, this document also shows that such a law is

- a) likely to receive strong public support once introduced;
- b) unlikely to cause people to smoke more in their homes; and
- c) unlikely to harm the economy.

Secondhand smoke causes illness and death

Secondhand smoke is a very serious workplace health and safety risk. Tobacco smoke contains over 4,000 chemicals in the form of particles and gases.¹ Some of these have marked irritant properties and almost 70 are known or suspected carcinogens (cancer causing substances).

Some of the immediate effects of secondhand smoke include eye irritation, headaches, coughs, sore throats, dizziness and nausea. Adults with asthma can experience a significant decline in lung function, while new cases of asthma may be induced in children. Short-term exposure to tobacco smoke also has a measurable effect on the heart in non-smokers. Just 30 minutes exposure is enough to reduce coronary blood flow.²

Secondhand smoke also has longer-term health effects. Two major reviews by the UK Government-appointed Scientific Committee on Tobacco and Health (SCOTH)^{3,4} concluded that secondhand smoke is a cause of lung cancer and heart disease in adult non-smokers, and a cause of respiratory disease, cot death, middle ear disease and asthma attacks in children. Epidemiological reviews,⁵ a World Health Organisation (WHO) consultation report⁶ and a review by the International Agency for Research on Cancer (IARC)⁷ all support these findings.

SECONDHAND SMOKE: THE SCIENTIFIC VERDICT

“SCOTH’s conclusion is that knowledge of the hazardous nature of secondhand smoke (SHS) has consolidated over the last five years, and this evidence strengthens earlier estimates of the size of the health risks. This is a controllable and preventable form of indoor air pollution. It is evident that no infant, child or adult should be exposed to SHS. This update confirms that SHS represents a substantial public health hazard.”

(Source: Scientific Committee on Tobacco and Health. Secondhand smoke: review of evidence since 1998. Department of Health, 2004.)

Current UK law does not adequately protect employees against the risks of secondhand smoke

Although secondhand smoke is a workplace carcinogen it is not, for example, listed under the UK’s Control of Substances Hazardous to Health Regulations (COSHH).

Based on internal documents from the tobacco industry, research has shown that the industry has tried for many years to systematically distort the scientific evidence on the harmful effects of tobacco, especially in relation to secondhand smoke⁸ and has consistently lobbied against smokefree laws.

SMOKING RESTRICTIONS: WHY THE TOBACCO INDUSTRY WANTS THEM WATERED DOWN

The true reason for tobacco industry opposition to smoking restrictions in workplaces is exemplified by Philip Morris in an internal document from 1992. The company said that:

“total prohibition of smoking in the workplace strongly affects industry volume. Smokers facing these restrictions consume 11% to 15% less than average and quit at a rate that is 84% higher than average... these restrictions are rapidly becoming more common... Milder workplace restrictions, such as smoking only in designated areas, have much less impact on quitting rates and very little effect on consumption...”

(Source: John Heironimus memo to Louis Suwana regarding the “Impact of Workplace Restrictions on Consumption and Incidence”. January 21, 1992. <http://www.pmdocs.com>, Bates number 2044762531).

Over two million people are currently exposed to secondhand smoke at work and hundreds die as a result each year

Many more people are affected by secondhand smoke at work than is often reported. In fact, more than two million people in Great Britain still work in places where smoking is allowed throughout. Another ten million people work in places where smoking is allowed somewhere on the premises.

It has been estimated that exposure to secondhand smoke at work may cause more than 600 deaths each year across the UK, including over 50 people employed in the hospitality industry (pubs, bars, nightclubs, hotels and restaurants).⁹ This is the equivalent of one hospitality worker dying every week.

Secondhand smoke in the workplace kills over twice as many people every year as are killed in accidents at work - in 2003/4, the Health and Safety Executive reported that there were 235 fatal accidents at work in the UK.¹⁰

It is not only health and medical organisations that are concerned about secondhand smoke exposure at work. The Trades Union Congress (TUC) believes that failure to treat tobacco smoke in a similar way to other dangerous chemicals is causing the death and incapacity of many thousands of workers across the EU from lung cancer, emphysema, bronchitis and asthma.¹¹ Legislation to protect employees from secondhand smoke is supported by the TUC and most of Britain's largest unions, including the GMB, TGWU and UNISON.

The UK Government currently proposes to make all workplaces and enclosed public places smokefree but to exempt certain pubs and membership clubs. This would leave thousands of workers unprotected and would make enforcement difficult

The UK Government proposed in November 2004 to make all workplaces and enclosed public places smokefree, but with exemptions for pubs that do not serve prepared food and for private members' clubs.

These exemptions are unacceptable because many thousands of bar staff will remain exposed to secondhand smoke. Bar staff were even identified in the 2004 SCOTH report as the occupational group at particular risk. Most of the proposed exempted pubs are also in poorer communities that have higher smoking rates, and the exemptions could make health inequalities even worse.

Many pubs that now serve food might also stop doing so if this would qualify them as exempt. Not only

would this undermine the legislation still further, but it could also undermine the Government's plans to tackle binge drinking.

The Chartered Institute of Environmental Health has described the job of enforcing a law that includes the proposed exemptions as "hideous". It would also increase the regulatory costs as proprietors seek advice over definitions of what constitutes, for example, 'snack food'.

In advance of the legislation, the pub chain JD Wetherspoon has already announced plans to make its pubs smokefree¹² and fifty-five are on track to be smokefree by Christmas 2005. The cities of Liverpool and London have introduced Bills to Parliament seeking the necessary powers to enact comprehensive legislation to protect their workers. Some pubs across the UK already have smokefree policies and others have held very successful smokefree evenings.



Noah's Ark, Garnworth Road, Speke, Liverpool

One of many pubs in Liverpool which has gone smokefree.

A comprehensive smokefree law would significantly improve the nation's health. It would help many thousands of smokers reduce their smoking or even give up, and would significantly help reduce health inequalities

Smoking is the biggest single cause of preventable illness and premature death in the United Kingdom,



killing more than 100,000 people each year. It is also the biggest single cause of inequalities in health and the main reason why those who live on the lowest incomes die earlier than the most affluent.¹³

But most smokers want to quit.¹⁴ When workplaces go smokefree, smoking rates amongst workers can drop by up to 4 per cent.¹⁵ In Ireland, which went smokefree on 29 March 2004, the impending legislation even gave many smokers the incentive to quit prior to the ban coming in to effect: From October 2003 to April 2004, almost 7000 smokers who contacted the national Quitline were successful in giving up, with 39% saying that the smokefree legislation had had a significant or important bearing on their decision, and 55% reporting that it was an important aspect in terms of 'staying off'.¹⁶

People in lower paid jobs are far more likely to work in places where smoking is still allowed, so legislation on smokefree workplaces would also help reduce health inequalities. It would be a missed opportunity if this law did not help those in poorer communities to stop smoking as much as possible. It would also contradict the rest of the Government's Public Health White Paper, which has a principal objective to reduce health inequalities.

Many of the health benefits of smokefree laws are only seen over the long term. But some benefits can be seen in a surprisingly short time, particularly improvements in respiratory and circulatory health. For

example, in the isolated American town of Helena, Montana, smoking was banned in all public buildings including restaurants, bars and casinos in 2002. The law was later over-turned following a campaign by tobacco lobbyists. It was found that admissions to the local hospital for acute myocardial infarctions (heart attacks) fell significantly in the six months when the ban was in effect (June- November 2002) compared with the same months in the years before the law was introduced and after it was overturned.¹⁷

Ventilation and partial bans are ineffective

There is no recognised safe level of exposure to secondhand smoke. Ventilation systems may remove the smell of smoke but cannot effectively remove the harmful chemicals that it contains. Levels of air flow equivalent to those produced by 'tornados' and 'wind tunnels' would be needed for ventilation systems to effectively remove these chemicals.^{18, 19}

Ventilation systems can cost tens of thousands of pounds to install and are difficult and costly to maintain in full working order. Poorly maintained ventilation systems are even less likely to be an effective means of reducing the effects of secondhand smoke.²⁰ Reports have shown that many proprietors leave their ventilation systems switched off because the running costs are too high.²¹

Recent research in venues in Sydney, Australia, has also shown that designated 'no-smoking' areas in hospitality venues provide at best partial protection, and at worst no protection at all, against the damaging effects of secondhand smoke.²²

Comprehensive smokefree laws have proved to be popular

Comprehensive smokefree laws have been introduced in six countries already - Ireland, New Zealand, Sweden, Norway, Malta and Italy. Ireland and Norway have been smokefree for over a year and both countries have seen remarkably high support from both the public and from hospitality workers.^{23, 24, 25} An Irish report published in March 2005 showed that 93 per cent of all hospitality workplaces inspected a year after legislation were smokefree and 93 per cent of

people believed that the smokefree law was a good idea.²⁶ Indeed public support for the law increased dramatically after its implementation. The law was even voted as the number one 'high' of 2004 in a New Year's poll conducted by the RTE TV channel.

In the UK, public support for smokefree legislation has been consistently high. The most recent and robust opinion poll in England and Wales showed that 72 per cent of people would support a law to make all enclosed workplaces smokefree, and 85 per cent would visit pubs and bars that were smokefree by law as often or even more often than they go to pubs and bars at present.²⁷

Comprehensive smokefree laws do not result in more smoking in the home

There is evidence that going smokefree does not increase smoking in the home and in some cases might decrease smoking in the home. Smokefree laws can play a role in reducing exposure to secondhand smoke in the home through encouraging smokers to give up²⁸ and through increasing the proportion of smokefree homes/homes with smoking restrictions.^{29, 30, 31} In New

York, 124,000 fewer non-smokers reported exposure to secondhand smoke in their homes in 2004 compared to 2002, equivalent to a 34.5 per cent decline³² and in Ireland, a significantly greater proportion of homes did not allow smoking after the implementation of the law.³³

Smokefree laws do not damage profits

The tobacco lobby and sections of the hospitality trade claim that ending smoking in workplaces and enclosed public places, including pubs and restaurants, would have a negative effect on trade and employment.

Smokefree air laws have been passed in every conceivable type of community - from small towns and suburbs in rural and urban areas to a number of states and, increasingly, countries. However, no objective, peer-reviewed study of smokefree air laws has ever found a significant negative economic impact.³⁴

A recent review carried out for the Scottish Executive by researchers at the Health Economics Research Unit and Department of Public Health at the University of Aberdeen³⁵ also came to this conclusion, as did a recent European-wide study.³⁶ New York City demonstrates just how positive going smokefree can be:

NEW YORK:

BUSINESS BOOMS AFTER SMOKEFREE LAW

New York went smokefree on 30 March 2003. In March 2004, a report on the impact of New York's smokefree legislation was issued by the City's Department of Finance, the Department of Health and Mental Hygiene, the Department of Small Business Services, and the Economic Development Corporation. It concluded that:

"One year later, the data are clear. . . Since the law went into effect, business receipts for restaurants and bars have increased, employment has risen, virtually all establishments are complying with the law, and the number of new liquor licenses issued has increased—all signs that New York City bars and restaurants are prospering."

Key findings from the report were that:

- **Business tax receipts in restaurants and bars were up 8.7 per cent;**
- **Employment in restaurants and bars increased by 10,600 jobs (about 2,800 seasonally adjusted jobs);**
- **97 per cent of restaurants and bars were fully smokefree;**
- **New Yorkers overwhelmingly supported the law.**

Source: The State of Smoke-free New York City: A One Year Review. New York City Department of Finance; New York City Department of Health and Mental Hygiene; New York City Department of Small Business Services; New York City Economic Development Corporation. March 2004

**A smokefree law would be good for everyone.
We need a comprehensive smokefree law now.
It's about health and it's about time.**

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Smokefree Action brings together leading UK health and medical organisations, professional bodies and other groups working towards smokefree workplaces and enclosed public places.

Members of the Smokefree Action coalition call for legislation to end smoking in all workplaces and enclosed public places. Such a law would protect all workers and the public from secondhand smoke and give many thousands of smokers the encouragement they need to give up. It's about health and it's about time.

The following organisations are members of the Smokefree Action coalition. This list is constantly being updated. Please see www.smokefreeaction.org.uk/links.html#1 for more information and contact details.

ASH	Heartsave
ASH Scotland	Horsham and Chanctonbury Primary Care Trust
ASH Wales	Leukaemia Research Fund
Asthma UK	Men's Health Forum
Barnsley Primary Care Trust	National Heart Forum
Beating Bowel Cancer	Northern ASH
Breast Cancer Care	Pharmacy Health Link
British Cardiac Society	QUIT
British Heart Foundation	Royal College of Nursing
British Lung Foundation	Royal College of Physicians
British Medical Association	Roy Castle Lung Cancer Foundation
British Thoracic Society	Royal College of Pathologists
Cancer Black Care	Smoke-Free Alliance for Shropshire County and Telford & Wrekin
Cancer Research UK	Smokefree Liverpool
Castleford Normanton District Hospital	Smokefree London
Chartered Institute of Environmental Health	Socialist Health Association
Chelmsford Primary Care Trust	Stockport Primary Care Trust
East Kent Coastal Teaching Primary Care Trust	Teenage Cancer Trust
Eastern Wakefield Primary Care Trust	The Roy Castle Lung Cancer Foundation
Faculty of Public Health	World Cancer Research Fund (WCRF UK)
GASP	Yorkshire ASH
HALT (Humber Alliance on Tobacco)	
Heart of Mersey	

Smokefree Action

c/o Action on Smoking and Health
102 Clifton Street
London EC2A 4HW
United Kingdom

Tel +44 (0)20 7739 5902
Fax +44 (0)20 7613 0531
Email info@smokefreeaction.org.uk
Web www.smokefreeaction.org.uk

