

# Comprehensive Smokefree legislation in England: How advocacy won the day

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**Objective:** To examine how a Government committed to a voluntary approach was forced by effective advocacy to introduce comprehensive smokefree legislation.

**Methods:** A comprehensive diary was kept from the start of the campaign in 2003, backed up by journal and press articles, and information downloaded from the web. Regular public opinion polls were also carried out, backed up by annual surveys by the Office of National Statistics, and opinion polls carried out by the media.

**Results:** The Labour Government which came into power in the UK in 1997 was committed to a voluntary approach to deal with the problem of secondhand smoke. By 2003, efforts to persuade Government to introduce regulation of workplace secondhand smoke through an Approved Code of Practice (ACOP) to the Health and Safety at Work Act - with exemptions for the hospitality trade - had failed. Despite a lack of support from the Health Minister, a new strategy by health advocates focussing on comprehensive workplace legislation was able to succeed through effective advocacy, showing clear public and media support for the measure and also working to secure the support of elements of the hospitality trade. The successful implementation of the Irish legislation in March 2004 had a positive impact, as did the decision of the Scottish Executive to introduce comprehensive legislation in Scotland, but neither were sufficient on their own to change the position of the UK Government.

**Conclusions:** The movement for comprehensive smokefree legislation in England represents a case study in how to handle a Government which is not supportive of smokefree legislation. In a democracy it is crucial to develop public knowledge and belief in the extent of the risks of secondhand smoke. This is the way to gain public and media support for the issue that will ensure that Government has to take action and that the legislation will be enforceable. It also illustrates effectively how the interests of the tobacco industry and the hospitality trade differ and how this can be used to bring the hospitality trade to support comprehensive national legislation in order to ensure a level playing field and protect itself from litigation.

## What this paper adds:

At the second Conference of the Parties of the Framework Convention on Tobacco Control, (FCTC) in July 2007 strong Article 8 guidelines on protection from secondhand smoke were adopted.[1] However, many governments still need much encouragement to adopt best practice guidelines. England is an example where advocacy has succeeded, achieving legislation in the teeth of strong resistance by Government. In order to sustain international progress it will become increasingly necessary to overcome resistant or hostile governments. The history of smokefree public places in England is a case study in how to achieve this.

## Introduction

Many advocates in the UK worked over many years to develop support for effective measures to protect the public from passive smoking. The work of these advocates was crucial, in particular in inspiring considerable voluntary growth in the number of smokefree workplaces and public places and significant strengthening in public support for smokefree places, and this should not be forgotten. However, this article centres on national level attempts to lobby the Labour Government which came into power in 1997 to bring in smokefree workplace legislation.

### The voluntary approach: 1997 to 2004

Following the Labour Party's election in 1997 after 18 years' of Conservative rule, the new Government pledged to introduce a range of tobacco control measures including a ban on tobacco advertising and specialist services for people wanting to stop smoking. These measures were spelled out in the first ever White Paper (policy document) on tobacco, 'Smoking Kills'.<sup>1</sup> Whilst most measures were greeted with enthusiasm by the health community, the one area of weakness was the failure of the Government to commit to legislation to prohibit smoking in workplaces and public places. The format proposed was an Approved Code of Practice (ACOP) to supplement the Health and Safety and Work Act (HASAW) with an opt-out for the hospitality trade. For the hospitality trade there was to be a continuation of the market-led voluntary approach, designed to encourage greater smoke free provision but with no sanctions for companies that failed to comply with the very weak targets set by Government.

'Smoking Kills'<sup>1</sup> noted that *"provision [of no-smoking areas] is improving, but there is a long way to go"*. However, the document also stated that:

*"We do not think a universal ban on smoking in all public places is justified while we can make fast and substantial progress in partnership with industry."* [para. 7.4, p66]

The White Paper established a hierarchy of possible measures for workplaces and hospitality venues, specifying that a totally smoke free environment was the ideal, having separate smoking and no-smoking rooms was the next best option, while the third option would be separate smoking/no-smoking areas. These proposals were later to form the basis of what became known as the Public Places Charter (PPC).

The Public Places Charter was officially launched in September 1999. It was backed by the principal hospitality trade groups such as the Restaurant Association, the British Beer and Pub Association and the British Hospitality Association. The Association of Licensed Multiple Retailers (ALMR) took on the role of co-ordinating the campaign.

However, funding for work to implement the Charter was provided by AIR – an acronym for 'Atmosphere Improves Results' - with its emphasis on ventilation as a 'solution' to the smoking problem. AIR in turn received funding from the Tobacco Manufacturers' Association, although the TMA did not seek to make this widely known, preferring instead to remain behind the scenes. The ties between the tobacco industry and the hospitality trade have been documented elsewhere,<sup>2</sup> with Philip Morris's "Courtesy of Choice" being amongst the most well-known. This placed the emphasis on

“accommodation”, that is, an industry term for meeting the needs of both smokers and non-smokers by providing separate areas wherever possible.

Aside from the obvious weakness of the voluntary approach, the PPC included a default option of allowing pubs and restaurants to do nothing, other than to put up a sign declaring that smoking was permitted! The three policy options were: ‘No Smoking in public areas’, ‘Smoking allowed in designated areas’, and ‘Smoking allowed throughout’. In addition, premises with mechanical ventilation such as air conditioning could put up signs showing that such equipment was installed, the inference being that this would help solve the smoking problem.

The promoters of the PPC persuaded the Government to accept feeble targets by which to measure the success of the policy. These were as follows:

- 50% of all pubs and restaurants should have a formal smoking policy and carry an external sign.
- 35% of these policies should restrict smoking to designated and enforced areas and/or have ventilation that met the agreed standard.

### **Evaluation of the Public Places Charter (PPC)**

In November 2001, the Charter Group published an interim progress report.<sup>3</sup> The results were not impressive. Only 27% of pubs and bars were Charter compliant, with the majority of those (62%) opting for the ‘Smoking allowed throughout’ policy. Just 9% of pubs surveyed had separate smoking and non-smoking areas and none had banned smoking completely. The report predicted that by 2003 a third of pubs would have separate smoking/no-smoking areas. On this basis, it argued that the Charter was on track to meet its targets. However, the PPC ultimately failed to even meet these low targets.

The Charter Group submitted its final report to the Department of Health in May 2003, without making it publicly available. The reason for its reticence was that signatories to the Charter had failed to achieve even the low target of having a formal smoking policy and appropriate signage – just 43% of pubs were compliant, 7% short of the 50% target and one in three pubs were completely non-compliant with the charter. The achievements on providing separate smoking areas were similarly unremarkable with 56% of Charter compliant premises still allowing smoking throughout and only a handful providing totally a smoke free environment.

The results were validated by an independent, Government-commissioned survey.<sup>4</sup> Shortly after publication, the Department of Health issued the following statement:

*“More must be done and rapidly. The Government will be considering the issue of environmental tobacco smoke in light of these findings and other recent developments (including the Framework Convention on Tobacco Control).”*

## Table 1 Restrictions on smoking where respondent currently works 1996-2003

Source: [http://www.statistics.gov.uk/downloads/theme\\_health/Smoking2004\\_V2.pdf](http://www.statistics.gov.uk/downloads/theme_health/Smoking2004_V2.pdf)

ONS Smoking Related Behaviour and Attitudes Survey, 2004.

Table 6.9

### Restrictions on smoking where respondent currently works, 1996-2004

Those currently working

Level of restriction	1996	1997	1999	2000	2001	2002	2003	2004
	%	%	%	%	%	%	%	%
No smoking at all	40	42	48	44	47	50	50	51
Designated areas only	42	41	37	40	38	36	38	37
No restrictions at all	13	13	11	11	9	9	8	8
Don't work with others	5	4	4	5	6	5	4	4
Base=100%	2154	2195	2104	1883	2040	2251	2084	2174

From 1996 to 2003 change had been happening in workplaces on a voluntary basis, proceeding slowly but surely. The proportion of workplaces that were completely smokefree rose from 40 to 50% between 1996 and 2002 (see table 1). But there were still 2 million people employed in workplaces where smoking was allowed throughout and a further 10 million where smoking was allowed on the premises.

The relevant Ministers had not signed up to the Approved Code of Practice, to ensure that the remaining workplaces would go smokefree, and showed no signs of doing so. So with the voluntary Public Places Charter a complete flop, the ACOP apparently a non-starter, and Government Ministers unwilling to consider legislation, Government policy on secondhand smoke had ground to a halt.

As late as summer 2004 the Government, and in particular the Health Minister, John Reid were not convinced that they needed to move from the voluntary approach, so how did health advocates persuade the Government to change its mind?

### Change of Strategy

Until 2003 the health advocates' strategy had centred on pushing for implementation of the ACOP, which allowed an opt-out for the hospitality industry.

The first step was to gain agreement to a simple objective to build a coalition. The key message was that **everyone has a right to a smokefree workplace**, and the campaign objective was for all enclosed workplaces to be smokefree, including those in the hospitality trade. This was difficult because the health lobby had put in a great deal of commitment to trying to get the ACOP implemented and there was a general belief at that time that to go straight to comprehensive legislation including all hospitality venues was not a viable strategy.

In England the leading trades union organisation, the TUC, plays a key role in health and safety negotiations with employers and had been a major force in negotiating the ACOP with Government. Together with the health lobby, the TUC had been lobbying since 1998 for the ACOP to be signed by Ministers. ASH decided that this was not achievable or likely to be effective – but while some sections of the health lobby, notably the RCP and the BMA, agreed with ASH, it took six months to get unanimity and to develop a coalition to lobby for comprehensive smokefree legislation. In the end the key was agreement that while the ACOP might be one means to achieve smokefree workplaces, we had not succeeded in five years through this means alone and that we needed to refocus on the objective and seek the most effective likely means to achieve it.

Shortly after coming to power the Labour government devolved certain powers to the new Parliament in Scotland and Assemblies in Wales and Northern Ireland. Public Health policy is largely devolved while workplace safety remains a 'reserved power' of the UK government. Therefore a decision between a Public Health rather than safety at work issue was a decision about whether the legislation would be UK wide or a separate for England and the devolved administrations. This was later to prove crucial.

The Government was not willing to consider protection from secondhand smoke as part of health and safety legislation, a UK-wide responsibility. One reason for this was of course that if secondhand smoke were accepted as a significant workplace health and safety risk, it would be difficult or impossible to find a solution short of ending smoking in all workplaces. Certainly, exemptions for all or part of the hospitality trade would be hard to justify, since bar staff and other hospitality workers are among the occupations groups with the highest level of exposure.

Instead, secondhand smoke was considered as an issue of public health. This put it within the devolved powers of the Scottish Executive and Parliament, and to a significant degree within the remit of the Welsh Assembly and Northern Ireland office (devolved Government in Northern Ireland being in suspension for most of this period). Lobbying and strategic planning was split by country with ASH taking the lead for England and Wales, ASH Scotland taking the lead for Scotland and ASH Northern Ireland for Northern Ireland.

The campaign strategy was to build a comprehensive coalition which centred on, but was much broader than just the public health lobby. So while the traditional organisations which had always played a key role in tobacco control, such as the Royal College of Physicians, the BMA and the big cancer and heart charities, were crucial, key trades unions and the Trades Union Congress, the Chartered Institute of Environmental Health and the big asthma charity in the UK, were just as important, as were local councils which had prioritised going smokefree, in particular, Liverpool.

The aim was to lever political action by Government by:

- building support from the coalition; and also through
- promoting evidence-based arguments;
- pro-active and reactive media coverage;
- building positive public opinion;
- developing local action by working with local authorities;
- sectoral action working with employers and lawyers; and

- political support both in the Commons and in the Lords.

## **Positive Media Coverage**

From the start the campaign balanced a proactive and reactive media campaign, which proved highly effective, particularly given the lack of any large public relations budget. It was greatly helped by the fact that in his 2002 annual report, launched in July 2003, the Chief Medical Officer for England urged Ministers to ban smoking in public places. This dramatically pushed the issue up the media agenda and from then on the health lobby was able to keep it there.

Public education by the Department of Health also helped. In December 2003 a high impact TV, press and billboard campaign on the effect of secondhand smoke on children was launched under the strapline *'If you smoke, I smoke'*. After the first campaign spontaneous awareness of risks of SHS rose from 28%-50% , 3% of smokers quit as a result of the ads and 19% of smokers claimed they'd stopped smoking around children.<sup>5</sup>

The strategy of the health lobby was to build a media plan which reinforced the message that secondhand smoke was a workplace health hazard; particularly for those working in pubs and bars, and that the only solution was comprehensive legislation. This included a range of different sorts of media opportunities opinion polls and surveys and stunts.

Central to the effective media strategy was finding ways of promoting the evidence-base for the harm caused by secondhand smoke. Both the BMA and the RCP published seminal reports at different stages in the campaign on the evidence for going smokefree.<sup>6 7</sup> Tactics also involved stunts using medical and scientific experts expressing their concerns about the health impacts of secondhand smoke, and the exploitation of reactive opportunities such as publications of international research into the health impacts of secondhand smoke. Each organisation in the coalition played to its strengths, as well as taking full advantage of reactive media campaigning opportunities when they arose. Set out below are a few of the key media events.

In November 2003 the Royal College of Physicians brought together all the Presidents of all the Royal Colleges of medicine as signatories to a letter to the Times calling on Prime Minister Tony Blair to bring in smokefree legislation. This was the hook for the launch of a short report spelling out the dangers of secondhand smoke and the need for smokefree legislation.<sup>8</sup> The story was a lead item on the BBC Radio 4 Today programme, regarded as an authoritative morning news programme listened to by many politicians and opinion formers, which often helps set the news agenda for the day. Not only did it dominate the media agenda for that day, but the high level of public response on phone in programmes and in letters to newspapers made it obvious to the media that this was a hot issue.

Media interest escalated and from then on ASH observed a marked increase in the number of journalists seeing to uncover further details and new aspects to the stories, which increased still further after the successful introduction of smokefree legislation including pubs and bars in Ireland in Spring 2004. This had a noticeable positive impact on media coverage of smokefree issues. Unfortunately UK politicians were less impressed by the effectiveness of the Irish legislation, although it was helpful indirectly because of its impact on the environment in which political decisions were being made.

In May 2004 the Royal College of Physicians ran a conference calling for comprehensive smokefree policies, which launched figures, calculated by Professor Konrad Jamrozik on the numbers dying in the UK from secondhand smoke, and in particular highlighted that 1 hospitality worker a week was dying from passive smoking at work. This illustrates a crucial need which is to produce the evidence in a form specific to your country or jurisdiction. The general risks of secondhand smoke were well established, what gave them greater impact, in the media as well as on both public and politicians was translating the general risks into specific data for the UK. Jamrozik's work was later published in the BMJ gaining further publicity for the same information.<sup>9</sup>

In summer 2004 the British Medical Association, the doctor's trade union, ran a letter-writing campaign among its members which led to 4,500 letters being delivered to the Prime Minister in 10 Downing Street, showing the strength of feeling throughout the medical profession on the issue and making for a great picture opportunity. This also enabled them to build up a database of active campaigning doctors who were willing to lobby their MPs throughout the political process.

It was important to be able to develop the evidence-base effectively and quickly in response to political changes. For example, after the Government proposal in the Public Health White Paper to exempt pubs that didn't serve food and private members' clubs from the smokefree legislation, research was commissioned and turned round in a matter of months which showed that this would worsen health inequalities. ASH and Cancer Research UK commissioned research nationally and as well as publicising it widely presented it to Government, in a bid to remove the exemptions.<sup>10</sup> Research at local level was written up and published in the BMJ.<sup>11</sup> And when the Health Minister, John Reid, publicly said he feared that banning smoking in public places would lead to more smoking in the home, so harming children, a paper was put together for the Royal College of Physicians report on Going Smokefree which showed that if anything the introduction of restrictions on smoking in public places was likely to lead to reduced smoking in the home.<sup>7</sup>

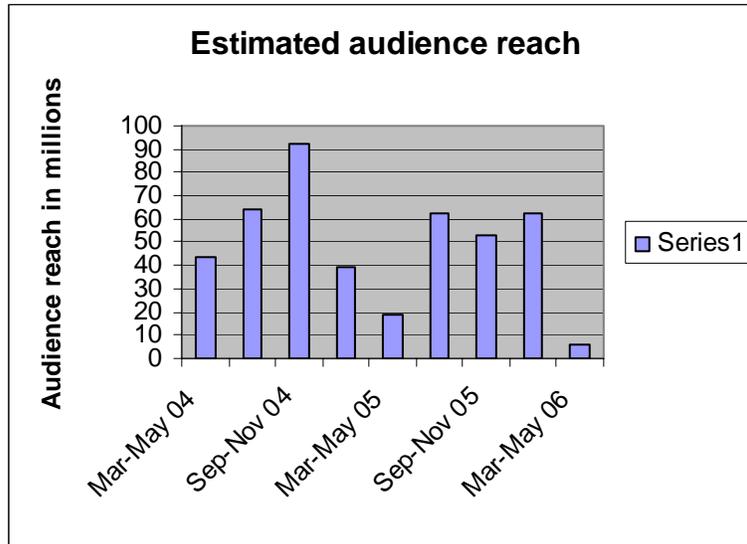
In January 2006 Asthma UK and ASH published a regional breakdown of the numbers of people who would quit if comprehensive smokefree legislation was passed into law, highlighting the benefits this would have for those with asthma.<sup>12</sup> This was shortly before the vote on the legislation and was linked to an e-campaign to urge MPs to vote for comprehensive legislation. Also in January 2006 further research commissioned by ASH and the British Heart Foundation found that the majority of the public in England backed comprehensive smokefree legislation, with 70% of those polled backing a ban in pubs and bars, with only 18% saying they were opposed.

Media coverage was highest during consultation periods and when legislation was passing through parliament but was maintained at a high level throughout the campaign. ASH started detailed media monitoring in March 2004; from then on we measured our audience reach.<sup>1</sup> On average between March 2004 and February 2006 when the Health Bill was passed in the Commons smokefree stories mentioning ASH reached an audience of 4.5 million people a week. It peaked at 92.6 million in the three month period between September and November 2004 in the run up to the announcement of the

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<sup>1</sup> This is defined as the cumulative number of people exposed to coverage in which we were mentioned in all UK media including TV, radio and press coverage but not currently including the internet.

Government's initial decision following its public health White Paper consultation on whether or not to have legislation at all. The lowest level of coverage was 18.6 million for the three month period from March to May 2005 in the run up to the General Election, when smokefree legislation was partially pushed off the news agenda by more wide ranging election issues. This is only an indicator of total coverage as we only measured the reach of stories which featured ASH, but it is a good indicator of the total coverage of the issue.



## Public Opinion

Public opinion is of course key in any campaign trying to push politicians to move on this or any other issue. In England the problem we had was not that the government did not accept the evidence that secondhand smoke was harmful, but that it did not believe that there was sufficient public support for action. It is necessary to mobilise such support in an active fashion: in the words of a Government Minister's political adviser, *'If you want action on passive smoking then show us that there are votes in it'*.

In Spring 2004, ASH commissioned MORI to carry out a piece of research analysing the level of support there was in Great Britain for the overall concept of smokefree workplaces, but also for the level of support location by location, to benchmark public opinion so we could measure how it changed during the campaign. It was the largest survey ever carried out in the UK, a sample of 4,000 enabling us to do breakdowns by country and by region. Four out of five of those polled supported a law to ensure that all workplaces are smokefree, but opinions varied when people were asked about specific environments, ranging from 96% wanting hospitals and clinics smokefree, to only 49% wanting smoking ended in pubs and bars.

Breaking responses down by voting intention, always of interest to politicians, showed that voters, whatever their party allegiance, are significantly more likely to support smokefree legislation than people who don't vote. When asked whether they wanted pubs and bars smokefree only 38% of non-voters agreed compared to between 50% and 56% of voters.

The poll also illustrated the very different answers you get depending on how the question is framed. This was a poll asking a number of different questions of the same respondents, all in one interview (it should be noted that the questions were rotated, to ensure the responses weren't biased by the order of the questions). For example, 90% of Labour voters agreed that all workers had a right to a smokefree environment, but this fell to 74% wanting all enclosed workplaces, including public places, smokefree, while when asked if they wanted pubs and bars smokefree only 49% answered yes. The poll was used to argue that if the Government framed the issue as a yes/no issue of workplace and public health and safety, then it would get majority support for comprehensive legislation. At the time Government Ministers didn't believe us, but it proved to be so.

Polling can also be used to raise the public profile of the issue. A consultation called *The Big Smoke Debate*, which had been started in London by the London Health Commission in October 2003 and ran for three months, was a good example of how to do this. This involved a publicity campaign inviting the public to register their opinions on the website or via a freephone telephone line. By September 2004 seven regions had participated in the debate and published results.<sup>13</sup> The Big Smoke Debate was the largest ever survey on smoking in England, with over 125,000 people completing questionnaires. Although smokers were under-represented as respondents, the results were consistent with representative polls, with 79% of respondents saying they would support a law to make all workplaces smokefree, and the low level of opposition to such a measure.

Polling results also showed clearly the impact of political leadership. There was a significant difference between England and Scotland in the change in public support for smokefree legislation to include pubs and bars from May 2004 to December 2005. This can only be accounted for by the political leadership shown in Scotland and lack of leadership shown in England, since both in England and Scotland active campaigns were being run and the national media cover both countries. In the first poll in Spring 2004, support in Scotland for smokefree pubs and bars was lower than in England, only 39% compared to 51% for England. But on 10<sup>th</sup> November, 2004, following a comprehensive consultation process, Jack McConnell, the Scottish First Minister announced in the Scottish Parliament that a comprehensive ban on smoking in public places, including pubs and bars, would be introduced by the spring of 2006. This was promoted positively by Jack McConnell to the public as a great prize, *'We in this parliament have a chance to make the most significant step to improve Scotland's public health for a generation.'* Significantly, McConnell has since nominated smokefree legislation as likely to prove his single most important political legacy.

In contrast, in December 2005 the Department of Health were still promoting partial legislation for England and Wales which would have exempted pubs and bars which didn't serve food and private members' clubs. Support for smokefree pubs and bars in England had still risen from one 51% to 66% of the population, but in Scotland support had risen even more from 39% to 70% of the population due to the political leadership in Scotland, where comprehensive legislation was supported by all the political parties.

**Question: Please tell me how strongly, if at all, you would support or oppose a law to make pubs and bars smokefree?**

% who would support a law to make pubs and bars smokefree	England	Scotland
MORI poll for ASH April/May 2004	51%	39%
YouGov poll for ASH/Cancer Research UK Dec 2005	66%	70%

The fact that the coalition was able to demonstrate such a significant growth in support for smokefree pubs and bars between Spring 2004 and December 2005, from one half to two thirds of the population in England, played a key role in the success of the campaign to ensure that the legislation included all hospitality venues.

A further quick turn round poll in January 2006 was able to demonstrate that that 70% of the public supported the extension of the legislation not just to include pubs but also private members' clubs, which were still excluded in the Government's proposed Bill.<sup>14</sup>

### **Local action**

Because local action was the way that smokefree environments have come into being in the United States, Australia and Canada it was often suggested that this might be a way forward in the UK.

However, local authorities in the UK do not have the power to pass their own legislation, as state and local political bodies do in other countries, such as the US, with a more federal political system. So local action would still need central government support, and this would be difficult since it would require significant Parliamentary time to pass local enabling legislation.

However, ASH believed this might be a way to circumvent Government opposition to legislation at the national level, and in particular that it could work as a lever to change the position of significant parts of the hospitality trade. One attraction to the Labour Government was that if the issue became the responsibility of local government then central government couldn't be blamed for any subsequent action. At a meeting with the coalition organised with the Labour Party committee developing the Party's manifesto for the next General Election, (which significantly was also attended by the TMA, Forest, the smokers' rights group and the Tobacco Workers' Alliance) a coalition member who was also a local councillor therefore suggested local action as an option.

The response was almost immediate. On 28 November 2003, the Labour Party launched what it called "The Big Conversation" asking the public to answer questions on everything from how to improve the status of teachers to how to raise enough in taxes to invest in public services.<sup>15</sup> But it also included a question on smoking: "*Should councils have the power to ban smoking in public and workplaces?*" The responses were overwhelmingly positive, with 85% of respondents supporting the proposition.

This was a turning point for the campaign. Local legislation was not the ideal but for the first time legislation was on the agenda. And from then on it stayed there. It also opened another door for the campaign – it became a lever on the hospitality trade, helping to get them to support national level legislation as the lesser of two evils. This is because from

the hospitality trade's perspective national legislation is a level playing field that is much easier to plan for than local legislation which will vary city by city, local authority by local authority. (for more detail on this see under sectoral action below).

Keeping the pressure up, ASH and the Chartered Institute of Environmental Health developed a guide for local councils on how to go smokefree<sup>16</sup>, which tapped into an already developing movement at local level for smokefree environments. In two years more than 50 local authorities expressed an interest in going smokefree, led by Liverpool and London which started taking bills through Parliament to give them comprehensive local powers. The campaign by one of England's major cities, Liverpool, in particular was crucial. The senior Council officer responsible for environmental health convinced all political parties to support a campaign for the council to put forward its own legislation in Parliament to go smokefree. The council worked closely together with the local Primary Care Trust and put considerable money, time and effort into its campaign, while making clear that what it really wanted was national level legislation. This put pressure both on the Government and on the hospitality trade as they could see that if national legislation was not pursued then local legislation would be.

The Liverpool and London bills also enabled the case for smokefree legislation to be aired in Parliament and proved a turning point for support in the House of Lords. The two private bills were debated in the Upper House on 20 July 2005. Of the 18 speeches, only six opposed the bills, with the overwhelming majority of the others strongly in favour. They were given an unopposed second reading. There was, by this stage, evidence that numerous other local authorities had prepared similar private bills – all strengthening the case for national comprehensive legislation.

### Sectoral action

One of ASH's key aims was to split the hospitality trade from the tobacco industry – as in many countries they had previously worked in parallel to support a voluntary approach to secondhand smoke. However, an analysis of preference sets (see below) shows that if the voluntary approach is no longer on offer, then for the hospitality trade the next best option is national legislation, whereas for the tobacco industry the next best option is local action.

### Smokefree Preference Set

	<b>Government</b>	<b>Public Health Lobby</b>	<b>Hospitality trade</b>	<b>Tobacco industry</b>
<b>1st choice</b>	Voluntary	National	Voluntary	Voluntary
<b>2nd choice</b>	Local	Local	National	Local

<b>3rd choice</b>	National	Voluntary	Local	National
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Whereas for central Government local legislation is less risky than national legislation and for the tobacco industry it is the next best option to a voluntary approach as it is less effective and enables the tobacco industry to fight against it location by location, for the hospitality trade it is the worst option. This is because the hospitality trade, particularly in the UK where it is a concentrated industry with a relatively small number of national based firms with a large number of outlets, wants a level playing field. Labour's support for the local option therefore flushed out the hospitality trade and enabled us to begin to split them away from the tobacco industry. This was what we had always hoped and intended.

Extra pressure was put on employers in the hospitality trade to go smokefree by threatening them with the possibility of employee legal action under existing health and safety law. ASH collaborated with major trade union lawyers Thompsons to achieve this. In January 2004 we wrote to the 100 largest UK hospitality trade employers warning them of their legal duty of care to employees and that the 'date of guilty knowledge' had passed and sending each of them a copy of the QC's opinion that ASH had obtained to this effect.<sup>17</sup> This meant that they would be likely to be held liable by the courts for any health damage caused by secondhand smoke.<sup>18</sup> In April 2004 Thompson's, in collaboration with ASH, also launched a freephone hotline offering free legal help to employees who had suffered ill health as a result of secondhand smoke exposure to enable them to take legal action against their employers.<sup>19</sup>

Both these initiatives had a significant impact on the hospitality trade which was their desired aim. The hospitality trade wanted a level playing field and protection from litigation, which comprehensive national legislation would provide. In fact, although more of the more than 50 cases on Thompson's books made it to court before the legislation was passed, the threat of court action proved almost as powerful as the reality would have been.

As a result of the letter to the hospitality trade firms ASH was asked to go and talk to the ruling body of the pub trade, the Council of the British Beer and Pubs Association (BBPA). Key members of the all the leading hospitality trade bodies were present at that meeting in March 2004 at which we made clear our view that legislation was coming and that the alternative to comprehensive legislation facing the hospitality trade was local legislation or national legislation with exemptions that would create unfair competition in the industry.

Following this, on the 7<sup>th</sup> April the founder of Wetherspoons, one of the largest pub chains in the UK, with over 600 pubs, came out publicly in favour of comprehensive national smokefree legislation to include all pubs. Then the front page of the major trade magazine, the Publican, in May 2004 announced that the head of the British Hospitality Association believed that a smoking ban was now '*inevitable*' and the voluntary approach was '*yesterday's battle*'.<sup>20</sup> From then on the hospitality trade as a whole began to move slowly but inexorably towards accepting national legislation. Although the BBPA only fully lined up behind national legislation without exemptions just before the

vote in parliament, from Spring 2004 the industry was split and it was no longer able to present a united front to Government in favour of voluntary measures.

It helped that the Secretary of State for Culture, Media and Sport, the sponsoring Department in government for the hospitality and tourism industry was an ex-health minister. We had met up with her in January 2004 and briefed her fully on the evidence-base so that she understood and accepted that ventilation was not a solution.

### **Political action**

Political action at central government level was split into work to build support amongst Ministers and their advisers and work to build the support of members of both houses of Parliament, on all sides of the political spectrum.

One of the problems with the issue of the regulation of secondhand smoke is that it is potentially the responsibility of a number of different Government departments. The Department of Health (DH) had a key central interest because of its health impact and because of the link to smoking prevalence. The Department for Work and Pensions (DWP) had a role because it was a workplace health and safety issue. The Department for Culture Media and Sport had a role as the sponsoring department for the hospitality industry and the Department for Trade and Industry had a role as the sponsoring department for business and in particular for small businesses. The Treasury also had a role in that it had an overarching responsibility for Departments meeting their Public Service Agreement targets and because in 2003 it had commissioned Sir Derek Wanless to look at the *'cost-effectiveness of action that can be taken to improve the health of the whole population and to reduce health inequalities'*.<sup>21</sup> Finally, last but not least, the Office of the Prime Minister, Tony Blair's policy unit, also had an interest and involvement in that he had his own advisers on health and business, who would give him advice about what line to take on issues to do with regulation and secondhand smoke.

The number of different departments with an interest was a potential problem, and friction and lack of agreement between Government departments on how to progress this issue had been the major reason why there had been little or no progress between 1997 when Labour first came into power and 2003. However, it also provided potential opportunities to help lever change, particularly at a time when the Government Minister in charge of health, John Reid, was not sympathetic to the idea of legislation.

At the same time ASH and other coalition members were building up relationships with civil servants and political advisers in the relevant Government departments and building up our lobbying capacity.

ASH had developed a small media and public affairs team, equivalent to 2.5 full-time posts, to run the campaign which produced communications and policy materials throughout. These included comprehensive Parliamentary briefings and the Smokefree Action website.<sup>22</sup>

ASH also developed local networks of campaigners and supporters and delivered extensive media and lobbying training to local activists. This was a crucial part of work, because it ensured that a growing number of campaigners across the country had the motivation, materials and means to push the smokefree case in local and regional

media. It also helped to ensure that the campaign had a consistent media message, without ASH being seen to control the debate or issue inappropriate instructions to health professionals, trades unionists and other key supporters.

The UK discussions section of the international email network for those working in tobacco control, GLOBALink, was used as a campaigning tool reaching over 700 key people in tobacco control on a regular basis with news about how the campaign was developing and how they could help. Through this network, for example, 5,000 postcards were sent to the Prime Minister calling on him to bring in comprehensive smokefree legislation.

The first major opportunity for us to intervene in the development of policy was the Wanless review for the Treasury, launched in April 2003.<sup>23</sup> One of the case studies he decided to look at was smoking, which was an obvious hook to recommendations that one of the most cost-effective measures to reduce health inequalities would be comprehensive national smokefree legislation. This became the focus of increased efforts to influence the agenda by ASH, we produced a detailed submission to the review and were given the opportunity, with the Royal College of Physicians, to brief Wanless in person. The final report<sup>21</sup> urged the Government to look at implementing a smoking ban, stating that it might reduce smoking prevalence by up to 4 percentage points. ASH turned round a detailed analysis of the Wanless report for journalists on the day it was launched in February 2004 in under two hours, focusing on his tobacco control recommendations which helped set the agenda for media coverage, which concentrated largely on these issues.

In Spring 2004, following publication of the Wanless review the DH began a public health white paper consultation on action to improve people's health. March 2004 had seen the extremely successful implementation of comprehensive smokefree legislation in the Republic of Ireland, but the Minister for Health John Reid made very clear at the launch of the consultation that he was against the introduction of smokefree legislation in England and still favoured the voluntary approach. Legislation had been in the Wanless review so it had to be discussed as part of the consultation process, but it looked like Reid would ensure that it was not in the final recommendations. Fortunately, he overreached himself. At a public meeting with journalists present he said, *"I just do not think that the worst problem on our sink estates by any means is smoking but that it is an obsession of the middle classes. What enjoyment does a 21 year old mother of three living in a council sink estate get? The only enjoyment sometimes they have is to have a cigarette."*

This led to a media firestorm, dominating the news agenda for days, in which Reid came under attack by the media as much as by the health lobby. In the middle of it we launched our MORI poll results showing that 80% of the public supported a law to make all enclosed workplaces smokefree.<sup>24</sup> John Reid, who had refused to meet us until then, finally agreed to meet. The group that went to see him included all the major medical and public health organisations and health charities, making clear that the whole of the health community was as one on this issue. It was clear when we met him that he had been forced to concede that legislation had to be on the agenda, the issue was now what the legislation would contain.

In deciding what form the legislation would take, Reid was guided by the public opinion

polls which showed that the public overwhelmingly wanted smokefree public places. The only debate was about pubs and bars where public support was about 50/50. However, public support for smokefree restaurants was overwhelming. On 16 November 2004 the White Paper announcing the legislation was published. Reid proposed smokefree workplaces and enclosed public places with exemptions for pubs that didn't serve food (i.e. were not also restaurants) and for private members' clubs. From then on the coalition immediately started to undermine the proposals and to build the case for comprehensive legislation to include all pubs and bars. The likelihood of a further formal consultation presented a favourable opportunity to remove the exemptions from the legislation.

In the run up to the legislation being introduced into Parliament we worked with Cancer Research UK to set up a "core group" of key NGOs and others, including Asthma UK, the BMA, the British Heart Foundation, the Chartered Institute of Environmental Health and the Royal College of Physicians, to help co-ordinate the campaign. The core group met regularly and co-ordinated its media and parliamentary work.

Cancer Research UK, the biggest cancer charity in the UK in particular substantially increased its campaigning activity. It involved its 1,000 fundraising committees, volunteers in its 620 shops and 3,000 staff and scientists in letter-writing and Christmas card campaigns to MPs. In the run up to the vote on the legislation both Cancer Research UK and the British Heart Foundation ran advertising campaigns to urge the public to lobby their MPs on the issue and succeeded in mobilising 25,000 people to do so.

Following the general election in May 2005 John Reid moved to Defence and Patricia Hewitt took over as Health Minister. But the Smokefree Action Coalition was unable to persuade the new Health Minister to remove the exemptions, despite successfully proving that the exemptions would exacerbate health inequalities and would be expensive and difficult to enforce. Although now Defence Minister, John Reid continued to lobby privately in Government arguing that his version of the legislation with the exemptions had been a manifesto commitment in the election and therefore could not be removed. On 26<sup>th</sup> October, 2005 the Government announced that its Health Improvement and Protection Bill banning smoking in workplaces would include exemptions for pubs that didn't serve food and private members' clubs. However, this happened only after a public row between Ministers, unprecedented in the Labour Government up till that time, which undermined any claims by Government that the proposed legislation was logical and coherent. ASH and the coalition vigorously promoted this row, by for example providing detailed briefing to the media about the actions and views of individual Ministers. We were able to use contacts and political intelligence to great effect.

The main focus of our political efforts now had to move from Government to Parliament. The House of Commons Health Select Committee, made up of an all-Party group of backbenchers and chaired by Kevin Barron MP, a long time supporter of tobacco control, decided to hold hearings into the smokefree provisions of the Health Bill in late 2005. The Committee's hearings were comprehensive. In particular they elicited a memorable statement from the Chief Medical Officer Sir Liam Donaldson, who revealed that he had considered resigning when the Government decided to ignore the results of its public consultation on the Bill and persist with its proposed exemptions from

smokefree legislation for non-food clubs and licensed members clubs.

The Chair's political skills ensured that the report of the Committee, published just before Christmas was signed by all 10 members who had attended its proceedings, including Labour, Conservative, Liberal Democrat and Independent MPs. The report stated that the proposed exemption for non-food pubs was "*unfair, unjust, inefficient and unworkable*". It concluded that all workers - including bar staff - deserved protection from the dangers of second hand smoke and that the exemption would undermine the Government's goal of reducing health inequalities, since drink only pubs are concentrated in deprived areas.

ASH and the coalition ensured that an amendment to the Bill achieving comprehensive smokefree legislation was drafted by an independent Parliamentary counsel. Kevin Barron then secured the support of all the Select Committee's members for this amendment, which removed the exemptions for non-food pubs and clubs. 70 Labour MPs also signed an Early Day Motion (a device used to record Parliamentary opinion on current issues) calling for a 'free vote'<sup>2</sup> on the issue, which would release them from the obligation to support the Government's proposals. This threatened the Government's majority in the Commons and left an already embattled Prime Minister facing either defeat or securing the Bill only with the support of the Conservative Opposition.

Intense lobbying went on by the Coalition and Kevin Barron and other Labour MPs to persuade the Government to allow its members a 'free vote'.<sup>2</sup> It helped that the Conservatives had already said their members would be given a 'free vote', and the Liberal Democrats had supported comprehensive smokefree legislation in their election manifesto. John Grogan MP, Labour Chair of the All Party Beer Group (which works closely with the pub trade) negotiated a draft joint statement from the BBPA and health lobby calling on the Prime Minister to allow a 'free vote'<sup>2</sup> and to back comprehensive legislation without unfair exemptions. The Government then tabled its own New Clause and amendment to the Bill, giving effect to the Health Select Committee's recommendations. This was almost identical to the coalition's original draft, and had the same practical effect.

This is believed to be the first occasion on which a Select Committee has proposed an all Party amendment to a current Government Bill, using its hearings and report on the smokefree issue to press the Government and official Opposition to give a 'free vote' on the issue and to persuade a large majority of MPs to strengthen the Bill's smokefree provisions. Sir George Young MP (Conservative) described this work as "*a model of what Select Committees should do. It detected an argument that had unsound foundations, exposed it, then produced a clear unambiguous report that has been of enormous assistance to the House*".

In any 'free vote'<sup>2</sup>, pressure from constituents on individual MPs is likely to prove the decisive factor, and the coalition was able to ensure that an overwhelming volume of supportive correspondence reached MPs before the debate. The Smokefree Action Coalition also produced a series of high quality factual briefs for MPs and members of the House of Lords, ensuring that the smokefree case would be well and accurately

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<sup>2</sup> A free vote is a convention permitting MPs to vote in accordance with their conscience free from an agreed party policy.

made. Other groups, particularly the TUC, which has extensive contacts with Labour MPs, also worked hard and effectively to secure support.

On the 14<sup>th</sup> February 2006, the House of Commons voted by a majority of 200 for comprehensive smokefree legislation, at the Report Stage of the Health Bill. The Prime Minister, Chancellor, Health Secretary, Public Health Minister and many other members of the Government eventually voted for the Select Committee's position and in effect against their own original proposals. Subsequently the Bill passed through its parliamentary process without substantive amendment to become the Health Act, which will come into force on 1 July 2007. The Government's Regulatory Impact Assessment has estimated that more than 600,000 people will quit smoking when the legislation is introduced – the biggest single public health gain for more than thirty years.

### **Strategy and tactics of the opposition**

In the campaign for smokefree workplace legislation in England it was not the tobacco industry but the Government who were the major opponents of the campaign. However, there are some lessons to be learnt from the role played by the tobacco industry and its front groups.

It was clear that the industry had one strategy and set of tactics which was to use the hospitality trade as a focal point of the argument against smokefree legislation, on the basis that to make pubs and bars smokefree was unpopular and would damage the hospitality trade economically. They co-opted the hospitality trade in their support using the argument that secondhand smoke wasn't a killer and that voluntary measures were sufficient to deal with any problems it caused. When use of the evidence-base undermined their case on all these points, they were unable to adapt.

The industry had been if anything too successful in winning the first round of the battle for smokefree legislation in the 1990s using this strategy. The voluntary approach the Government agreed to in the white paper *Smoking Kills* led to little or no change in the number of smokefree hospitality venues. That meant that when we began our campaign for smokefree workplace legislation in 2003 we were able to argue the voluntary approach was ineffective and the trade was unable to defend itself against this charge.

The Government pretty quickly accepted the argument that secondhand smoke was a killer, although there was scepticism among some members of the government about how serious the dangers were. The evidence from New York and then from Ireland showed that it was not likely to seriously damage the hospitality trade economically although there would have to be some structural adjustment if smokefree laws were introduced. At which point the argument about the rights of workers' to a smokefree environment, based on the principles of John Stuart Mill<sup>25</sup>, that government has the right to intervene to prevent harm to others, became more powerful. However, the Government's main concern, and this was what the industry tried to play up, was that it would be unpopular with a significant minority of voters, and if the tobacco industry could have shown that this was the case they would have won the argument.

The tobacco industry tried to build up public support against smokefree legislation. The TMA funded front organisations such as Forest, the smokers' rights group and provided them with funding for advertising as well. But our success in splitting the hospitality sector and getting the hotel and restaurant trade, as well as some of the larger pub

groups on our side (see sectoral action), meant that by 2004 the tobacco front groups did not have support of the bulk of the hospitality trade any longer, which weakened their political position considerably. In addition, hard though Forest tried to promote itself as a pro-smokers' rights group with strong public support, all the polls and public consultations proved that actually public support for smokefree was strong and growing throughout the campaign and that the opposition was weak and ineffectual.

### **Lessons for Health Advocates**

1. **Frame the argument** – have a clear objective and set of key messages that everyone can sign up to, built on the evidence base. Use evidence-based arguments to support calls for policy change.
2. **Build Your Coalition** – around your key messages. Networks of campaigners can be provided with key resources and a sense of direction without ever being told what to do. It's called the "swarm effect".
3. **Split the Opposition** – working out how the interests of the hospitality trade and the tobacco industry differed and using this knowledge to split them up was key to our success.
4. **Exploit Your Opportunities** – this campaign, like most, lacked the financial muscle to pay for expensive public relations and advertising campaigns. We made up for this by developing good media contacts and responding quickly and effectively to any and all opportunities that arose for reactive media coverage and coming up with imaginative ideas for relatively cheap research and stunts that gained widespread media coverage.
5. **Find Your Political Champions** – Identifying the key political champions and the opportunities for influencing Government is essential.
6. **Create the impression of inevitable success** – It is essential that campaigners create the impression of inevitable success. The appearance of confidence both creates confidence and demoralises the opposition.

**ANNEX 1 TIMELINE OF THE CAMPAIGN TOWARDS SMOKEFREE PUBLIC  
PLACES 1997-2007**

May 1997	Labour Government elected
Nov 1997	ASH Legal Opinion states that employers who fail to implement smoking policies in the workplace are breaking the law.
Dec 1998	Smoking Kills government White Paper includes a proposal for a “clean air” charter aimed at the hospitality trade and plans to further restrict smoking in the workplace, through an Approved Code of Practice.
July 1999	The Health and Safety Commission publish a draft Approved Code of Practice dealing with smoking in the workplace.
Sept 1999	Public Places Charter launched by hospitality trade to reduce exposure to passive smoking in leisure facilities such as pubs and restaurants.
Nov 2001	Charter Group publish interim progress report which finds only 27% of pubs and bars Charter compliant and of these 62% have smoking allowed throughout.
Dec 2002	The British Medical Association (BMA) calls for a ban on smoking in public places, following publication of a report summarising the health impacts passive smoking.
Mar 2003	New York City implements Smoke-free Air Act ending smoking in public places
May 2003	Charter Group’s final report on PPC finds only 43% of pubs compliant and only a handful providing a totally smokefree environment.
June 2003	Dr John Reid becomes Secretary of State for Health
July 2003	Chief Medical Officer, Sir Liam Donaldson recommends a smoking ban in public places in his 2002 annual report
Sept 2003	Tony Blair ‘to stub out plan for ban on smoking in public places’ Times article says he supports voluntary measures
Oct 2003	London Health Commission launch ‘The Big Smoke Debate’
Nov 2003	Leaders of all 13 Royal Colleges of Medicine write to The Times urging a total ban on smoking in the workplace.
Nov 2003	Labour Health Policy Forum meeting – Public Health groups urge the Government to consider local legislation.

- Dec 2003 ASH Board agree strategy to push for comprehensive workplace smokefree legislation
- Jan 2004 ASH sets up smokefree steering group on basis of strategy agreed with Board
- Jan 2004 The Labour Party launches 'The Big Conversation', a wide-ranging public consultation process, including a question on whether local authorities should have the power to enact smokefree legislation in public places.
- Jan 2004 ASH and Thompson's write to 100 largest hospitality firms warning they face legal action over secondhand smoke exposure of employees.
- Feb 2004 Wanless Report gives powerful backing to case for smokefree legislation
- March 2004 The Secretary of State for Health launches a 3 month consultation on improving health, which includes action to tackle secondhand smoke
- March 2004 ASH speaks at British Beer and Pub Trade Council meeting – warns that if they don't support national legislation to include pubs then local legislation is what they'll get
- March 2004 Ireland's smokefree legislation comes into force
- April 2004 Major pub chain Wetherspoons founder, Tim Martin, publicly states his support for national smokefree legislation including pubs
- Apr 2004 Legal firm Thompson's launch freephone legal hotline for employees suffering ill help due to secondhand smoke
- May 2004 Chief Executive of British Hospitality and Restaurants Association announces that a smoking ban is now 'inevitable'
- June 2004 Health Secretary says 'Let the Poor smoke' in public meeting.  
A MORI poll commissioned by ASH finds that 80% of respondents support a law to ensure that all enclosed workplaces are smokefree.
- July 2004 BMA delivers 4,500 letters from Doctors calling for a ban on smoking in workplaces to the Prime minister
- Sept 2004 Public health lobby meet Health Minister Dr John Reid
- Oct 2004 Liverpool City Council petitions parliament for powers to enact a local smokefree law.
- Nov 2004 The Scottish First Minister, Jack McConnell announces plans to make

all Scottish workplaces and public places smokefree. The Smoking, Health and Social Care (Scotland) bill proposes a ban on smoking in any public place from March 2006.

- Nov 2004 House of Lords' Administration and Works Committee publishes a report which recognises that "staff [in the House of Lords] should be entitled to work in a smoke—free environment" and recommends that smoking be banned, with very limited exemptions.
- Dec 2004 Public Health White Paper includes proposals to ban smoking in most workplaces. The principal exceptions are pubs that do not serve food and private members' clubs.
- Dec 2004 UK Government ratifies the World Health Organisation Framework Convention on Tobacco Control. Article 8 requires protection from secondhand smoke.
- Jan 2005 Smokefree legislation comes into force in Italy
- Feb 2005 WHO FCTC comes into force
- Mar 2005 Konrad Jamrozik's study showing 600 people die from workplace smoking including 1 a week in the hospitality trade published in BMJ
- April 2005 Labour launches election manifesto containing commitment to legislation including exemptions.
- May 2005 Labour wins general election Patricia Hewitt becomes new Minister of Health, Kevin Barron MP appointed Chair of Health Select Committee
- May 2005 Queen's speech announces legislative programme for Parliament including smokefree legislation
- June 2005 Government announces 3 month consultation on smokefree legislation
- July 2005 Debate in the House of Lords on the Liverpool and London private bills to ban smoking in all indoor workplaces. Both bills receive an unopposed Second Reading, with speakers in the debate dividing three to one in favour.
- Aug 2005 Survey by ASH and Cancer Research UK shows MPs back smokefree workplace legislation
- Aug 2005 Health and Safety Commission publicly back comprehensive smokefree workplace legislation
- Sep 2005 ASH and Cancer Research UK publish national research showing exemptions would worsen health inequalities
- Oct 2005 Smokefree legislation introduced to Parliament – consultation responses published showing 4 out of 5 respondents backed

comprehensive ban without exemptions

- Nov 2005 Health Select Committee (HSC) inquiry into Smoking in Public Places
- Dec 2005 HSC report published supporting comprehensive smokefree legislation
- Jan 2006 HSC tables amendment to make smokefree legislation include all pubs and private members' clubs. Shortly afterwards Labour agrees to allow a 'free vote' on the legislation.
- Jan 2006 ASH and Asthma UK publish research showing nearly 700,000 smokers will quit if a total ban on smoking in workplaces is introduced
- Jan 2006 ASH and BHF publish research showing public support smoking ban including pubs and private members' clubs
- Feb 2006 Exemptions removed and legislation passes in House of Commons
- July 2006 Health Bill passes in Lords and gains Royal Assent. The smokefree law includes a commitment by the Government to a review within 3 years of its implementation.
- July 2006 Smokefree Action Coalition, led by ASH, win Global Smokefree Partnership award for outstanding campaign at the 13<sup>th</sup> World Conference on Tobacco and Health
- April 2007 Introduction of smokefree legislation in Wales and Northern Ireland
- July 2007 Introduction of smokefree legislation in England
- July 2007 97% of premises inspected in the two weeks after 1 July are found to be compliant with the smokefree law.
- Sept 2007 A Conference is held in Edinburgh to review international smokefree policy developments and share implementation experience. Conference papers available at: [www.smokefreeconference07.com](http://www.smokefreeconference07.com)
- Oct 2007 A three-month review by Smokefree England reveals that three quarters of all adults say they are in favour of the smokefree law and 79% believe that it will have a positive effect on health. A greater proportion of smokers (47%) support the law than oppose it (37%). Among businesses, 98% are compliant and 78% say the law is a "good idea".

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## References

- <sup>1</sup> Smoking Kills. A White Paper on Tobacco. London, The Stationery Office, December 1998
- <sup>2</sup> See for example: The tobacco industry, ETS and the hospitality trade. London, Action on Smoking and Health, 2003. [http://oldash.org.uk/html/workplace/html/hospitality\\_ets.html](http://oldash.org.uk/html/workplace/html/hospitality_ets.html)
- <sup>3</sup> The Public Places Charter. An interim progress report to the Department of Health. The Charter Group 16 November 2001.
- <sup>4</sup> Atmosphere Improves Results. Air Initiative.  
<http://www.airinitiative.com/images/breathoffreshair.pdf>
- <sup>5</sup> Department of Health. Evaluation of campaign results.
- <sup>6</sup> BMA. Towards smoke-free public places. British Medical Association Board of Science and Education and Tobacco Control Resource Centre. November 2002.
- <sup>7</sup> Going smoke-free: The medical case for clean air in the home, at work and in public places. A report on passive smoking by the Tobacco Advisory Group of the Royal College of Physicians. July 2005
- <sup>8</sup> Tobacco smoke pollution: the hard facts. RCP November 2003.  
[www.rcplondon.ac.uk/pubs/books/smokefree/index.htm](http://www.rcplondon.ac.uk/pubs/books/smokefree/index.htm)
- <sup>9</sup> Jamrozik, K. Estimate of deaths among adults in the United Kingdom attributable to passive smoking. BMJ 2005 doi:10.1136/bmj.38370.496632.8F [View abstract](#)
- <sup>10</sup> ASH press release. 5 September 2005 <http://oldash.org.uk/html/press/050905.html>
- <sup>11</sup> Woodall A, Sandbach E, Woodward C, Aveyard P, Merrington G. The partial smoking ban in licensed establishments and health inequalities in England: modelling study. BMJ 2005;331;488-489
- <sup>12</sup> Asthma UK press release. 689,000 England Smokers to Quit after ban. 23 January 2006.
- <sup>13</sup> The Big Smoke debate <http://www.thebigsmokedebate.com/> accessed 14th November 2006
- <sup>14</sup> BMRB poll for ASH and BHF using the BMRB access Omnibus (telephone) survey between 20-22 January 2006. 831 adults aged 16+ in England.  
[http://news.bbc.co.uk/1/hi/uk\\_politics/3245620.stm](http://news.bbc.co.uk/1/hi/uk_politics/3245620.stm) accessed 14 November 2006
- <sup>15</sup> Achieving Smoke Freedom Toolkit. ASH and CIEH published 3 September 2004.
- <sup>16</sup> Melville Williams, J. Re: Health Risks from Environmental Tobacco Smoke Health & Safety at Work – the effects of the latest developments. 1997.  
<http://oldash.org.uk/html/workplace/pdfs/legalopinionHSAW.pdf>
- <sup>17</sup> ASH press release 12 November 2004 <http://oldash.org.uk/html/press/040112.html>

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<sup>19</sup> ASH press release 19 April 2004

<http://oldash.org.uk/html/press/040419.html>

<sup>20</sup> The Publican May 2004.

<sup>21</sup> Wanless, D. Securing Good Health for the Whole Population. Final Report. February 2004

<sup>22</sup> [www.smokefreeaction.org.uk](http://www.smokefreeaction.org.uk)

<sup>23</sup> [www.hm-](http://www.hm-)

[treasury.gov.uk/consultations\\_and\\_legislation/wanless/consult\\_wanless03\\_index.cfm#background](http://treasury.gov.uk/consultations_and_legislation/wanless/consult_wanless03_index.cfm#background)

<sup>24</sup> ASH press release. Overwhelming backing for workplace smoking law. 11 June 2004

<http://oldash.org.uk/html/press/040611NAT.html>

<sup>25</sup> Mill, JS. On Liberty, Chapter 3. 1859