Cancer Research UK Policy Statement on Smokefree Legislation

1. Smokefree legislation across the UK

Since 1st July 2007, the United Kingdom has introduced smokefree legislation in almost all enclosed workplaces and public places.

Implementation dates:	Scotland 26th March 2006
	Wales 2nd April 2007
	Northern Ireland 30th April 2007
	England 1st July 2007

Although the laws vary slightly between the home countries of the UK, the vast majority of places that are 50% or more enclosed are included, such as restaurants, pubs, factories, hospitals, shopping centres, areas in homes used for work purposes and work vehicles. The laws do not cover outdoor areas, private vehicles, private homes, or other places which contain areas that are being used as a 'home', including designated rooms in residential homes, adult hospices and care homes, hotels, and some cells in prisons occupied only by smokers.

In-patient psychiatric units will be included in smoke-free laws in Northern Ireland from 30th April 2008 and in England from 1st July 2008. In Scotland and Wales, psychiatric hospitals are currently exempt, although this exemption may be removed in the future.

It is important that the health, social and economic impact of smokefree laws are monitored, particularly in the short and medium term. Ireland has produced annual evaluations since 2004[1]; Scotland reported preliminary findings in September 2007[2] and England will report one-year monitoring outcomes in July 2008 and results from the national evaluation in 2010.

Cancer Research UK believes that comprehensive smokefree laws ensure that workers and the public are protected from the harmful health effects of secondhand smoke.

Smokefree laws have been introduced to protect workers and the public from the harmful immediate and longer term health effects of secondhand smoke. Smoke is a toxic cocktail of over 4000 chemicals, at least 69 of which cause cancer[3]. Breathing in other people's smoke affects health in many different ways. Immediate effects include breathing difficulties, triggering asthma attacks and reducing coronary blood flow. Long term exposure increases the risk of lung cancer and heart disease in non-smokers by about a quarter[4]. Even small amounts of tobacco smoke have a large effect on the risk of heart disease. Exposure of non-smoking pregnant women to secondhand smoke has also been shown to have negative effects on foetal health, including low-birthweight.[5] [6] Separate smoking areas and ventilation are not adequate. There is no safe level of exposure and the greater the exposure, the greater the health risks.

Prior to legislation, exposure to secondhand smoke at work was estimated to cause over 600 deaths each year across the UK, including over 50 people employed in the hospitality industry – in pubs, bars, restaurants, hotels and nightclubs[7]. This was the equivalent of one hospitality worker dying per week.

2. Smokefree laws clear the air and bring health improvements to non-smokers and smokers

Within three months of the law being passed in England, bar workers' exposure to secondhand smoke had decreased by 95% and levels of cotinine (a byproduct of the nicotine in cigarettes) in

their saliva had reduced by 75%[8]. Non-smoking bar workers were inhaling the equivalent of 190 cigarettes on average annually before the legislation (the equivalent of a light smoker), and 44 cigarettes after the introduction of the legislation.

It takes some years before the full health benefits of smokefree laws are realised. However, some health gains occur almost immediately after the law is introduced. For example, lung function and respiratory symptoms in bar workers improved in only two months in Scotland[9]. Preliminary findings from one part of the evaluation of Scotland's smoke free law demonstrated a 17% fall in hospital admissions for heart attacks, against a year on year 3% reduction[10]. Furthermore, an Italian study showed that hospital admissions for heart attacks declined by 11% among people under 60 years within five months of the law being passed, with over 10% of this reduction due to fewer attacks in those exposed to secondhand smoke[11].

Smokefree laws may also help smokers to quit. In places where some smoking restrictions already existed before a comprehensive law was introduced, as in the UK, the introduction of the law is estimated to reduce smoking rates by approximately 1-2%[12]. Smoking rates were estimated to be declining in England by 0.4% per year, but there is evidence that in the year of the smoking ban this rate accelerated to 1%. Almost half of all smokers tried to quit in 2007and approximately 8% of smokers reported that the law prompted them to make a quit attempt[13]. Stop smoking services also saw a 12% increase in four week quitters in the three months prior to 1st July compared to the same time period in 2006. The number of people setting a quit date in the two months immediately following the introduction of smoke-free was also higher than in previous years.[14]

Not being able to smoke while in enclosed public places may help those smokers who have quit to not revert back to smoking. Amongst Irish smokers who quit after the law came in in March 2004, 80% reported that the law had helped them quit and 88% reported that the law helped them to stay quit[15].

3. Impact on the economy and businesses

Tobacco companies have long claimed that smokefree laws, particularly in bars and restaurants, have negative impacts on the economy, due to a reduction in sales and causing unemployment. Smokefree 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. Yet no objective, peer-reviewed study of smokefree air laws has *ever* found a significant negative economic impact[16]. A review carried out for the Scottish Executive by researchers at the Health Economics Research Unit and Department of Public Health at the University of Aberdeen[17] came to this conclusion, as did a European-wide study[18].

Employers also benefit in other ways from smokefree workplaces. These include reduced insurance costs and lower building maintenance costs, less sickness absence and reduced employers' liabilities for workers exposed to secondhand smoke.

4. Effect on smoking in the home

Some of the greatest exposure to secondhand smoke tends to occur at home, and children are particularly vulnerable. This can be due to many, often complicated, factors including parents being unaware of the health dangers of secondhand smoke, or not being able to leave children unsupervised in order to smoke outside and a lack of appropriate outside space[19,20]. However evidence from Ireland and elsewhere firmly shows that smokefree laws do not increase smoking at home and in some cases reduce smoking by encouraging smokers to give up[21] and increasing the

proportion of smokefree homes/homes with smoking restrictions[22,23,24]. Results from the evaluation of smokefree Scotland also show no evidence of an increase in smoking in the home[25 26].

5. Public support for the legislation

Opinion polls have shown that public support for smokefree legislation was consistently high (at least 75%) across the UK before the introduction of the legislation, and support has increased since the legislation.[27] However the real proof of public support is shown by the ease with which the laws have been introduced. Compliance rates across the UK have been well above 90% and even at the third anniversary stage in Ireland, 95% of all places were compliant. [28]

6. Appropriate limits for UK smokefree laws

Cancer Research UK believes that other places such as some sports stadia and railway stations that are currently excluded because they are less than 50% enclosed should also be smokefree. This would make the law less confusing and easier to enforce (certain stations and stadia are currently included within the legislation and others are not) and would give the greatest protection.

Cancer Research UK believes it would be premature to consider extending the smokefree law to include exclusion zones around buildings and other outside areas. In order to support this, it would be important to demonstrate that it would bring health benefits and that the measure would have public support and be enforceable.

7. Protecting children from secondhand smoke

An estimated 40% of children still live in households where at least one person smokes; this represents more than 5 million children in the UK.[29] Not only does secondhand smoke cause a number of different diseases in children, but children whose parents smoke are also two to three times more likely to become adult smokers, greatly increasing their risk of cancer in later life[30]. Cancer Research UK calls for more research to ascertain children's and young people's views and experiences of secondhand smoke exposure (including parents, grandparents and other carers), in order to develop and evaluate initiatives at national and local level to increase the numbers of smoke-free homes and cars, particularly where children are at risk.

Some countries, such as New Zealand and Australia, have tried to encourage cars carrying children to be smokefree[31], and Nova Scotia and Ontario, Canada, both plan to introduce legislation to ban smoking in cars with young children present. Recent research showed that over 75% of the public support introducing this measure in the UK[32], Cancer Research UK believes that the government should appraise current international evidence to consider such a law.

Cancer Research UK does not believe that the law should be extended to ban smoking in people's homes. Support is likely to be very low and enforcement almost impossible. The best way to ensure that homes are smokefree is for parents and carers to stop smoking. Cancer Research UK therefore supports a range of measures that are aimed at addressing adult smoking rates and helping smokers to quit, and encourages further research in this area. Parents and other carers need to be reminded of the dangers of smoking around others, but particularly around children since their bodies are still developing. We encourage those that are not yet able to quit to use clean nicotine products, such as gum, patches or lozenges, rather than smoking around children. Cancer Research UK calls upon the UK government to commit to the development of a strategy to help such smokers to switch to much less harmful pure nicotine products, through encouraging product development, and making

pure nicotine products much more available, attractive and affordable sources of nicotine than tobacco.

It is important that trends in children's levels and sources of exposure to SHS continue to be monitored in national surveys.

8. The international status of smokefree policies

As of January 2008, many countries have introduced comprehensive smokefree laws in all workplaces, including restaurants, bars and pubs- Ireland, Uruguay, New Zealand, Bermuda, Iran, France and the UK. Many other countries, including Italy, South Africa and Hong Kong have laws covering most workplaces. Some countries such as Canada, Argentina, Australia and the United States, have passed strong smokefree air laws at provincial, state, or city level[33].

Cancer Research UK actively supports national and international efforts for comprehensive smokefree laws in many other nations. By May 2008, 154 governments had signed and ratified the Framework Convention for Tobacco Control, the world's first global public health treaty. In July 2007 these governments (parties to the treaty) agreed to adopt strong international guidelines to reduce secondhand smoke exposure[34]. These stipulate that:

- Each Party should strive to provide universal protection to ensure that all indoor public places, all indoor workplaces, all public transport and possibly other (outdoor or quasi-outdoor) public places are free from exposure to secondhand tobacco smoke within five years of the WHO Framework Convention's entry into force for that Party.
- No exemptions are justified on the basis of health or law arguments.
- If exemptions must be considered on the basis of other arguments, these should be minimal.

For further information in each country, please see:

International - http://www.globalsmokefreepartnership.org/
Europe - http://www.smokefreepartnership.eu/
England - http://www.smokefreeaction.org.uk/
England - http://www.smokefreeengland.co.uk/
Northern Ireland - http://www.spacetobreathe.org.uk/
Scotland - http://www.clearingtheairscotland.com/
Wales - http://www.smokingbanwales.co.uk/english/

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1 See http://www.otc.ie/
2 See http://www.smokefreeconference07.com/index.php
3 See http://info.cancerresearchuk.org/healthyliving/smokeispoison/ for more information on the content of cigarette smoke.
4 See http://www.smokefreeaction.org.uk/evidence for further information on the health effects of secondhand smoke.
5 The health consequence of involuntary exposure to tobacco smoke: a report of the Surgeon General. Chapter 5. Reproductive developmental effects from exposure to secondhand smoke; 2006.
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