

CITY OF PLYMOUTH



Scrutiny Report

Smoke Free City

Housing and Economic Regeneration Overview and Scrutiny Panel

October 2004

SMOKE FREE CITY

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Preface

By Councillor Mary Aspinall
Chair, Overview and Scrutiny Commission
Health Overview and Scrutiny Panel
Smoke Free City Select Committee



The following scrutiny report is an investigation into the Director of Public Health's proposal for a Smoke Free City for Plymouth. It was undertaken by a Select Committee appointed by the Housing and Economic Regeneration Overview and Scrutiny Panel and chaired by myself in order to maintain the link with Health.

Plymouth City Council's Corporate Plan has a vision for Plymouth that includes the creation of –

- One of Europe's finest, most vibrant waterfront cities where an outstanding quality of life is enjoyed by everyone
- A clean and green city that makes the most of its environment and location

and in this respect, from the outset, the Committee was conscious of the overriding duty of care that the Authority has for the health and wellbeing of all its citizens. The Panel also realised, however, that trying to balance this duty of care with the rights of its citizens and their freedom of choice was never going to be an easy task.

I would like to thank the Members of this Select Committee, the officers who supported the scrutiny process as well as all of the witnesses who were able to take part and provide us with valuable information without which our review would have little merit.

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1.0 Summary

- 1.1 This review was instigated as a result of the Director for Public Health's report to Cabinet in July and the subsequent submission to the Overview and Scrutiny Commission by the Leader requesting that "all issues raised within the report be considered and recommendations made to Cabinet on appropriate policy on moving towards a smoke free city".
- 1.2 At the outset, the Select Committee appreciated the significance of this review and its potential to influence Cabinet's decision on whether or not to adopt a smoke free city policy for Plymouth. It was also aware that a number of Cities around the world had already gone down this road and that there were several cities within the UK which were well on the way to becoming smoke free through a staged/phased approach.
- 1.3 The Committee's aim was to consider as much evidence as was practically possible within the limited timescale of the review and, in this respect, it tried to remain focussed on the following:-
- the health and safety of the citizens of Plymouth
 - the economic effect to the City
 - the views of employers and trade unions
 - public opinion
 - work in progress elsewhere
- 1.4 It was anticipated that the results of the review would be available by the end of October in order to align with the findings of the "Great Smoke Debate".

2.0 Summary of Recommendations

- 2.1 The Select Committee recommends that –
- (i) based on all the evidence considered, Plymouth should work with its partners in the City Strategy towards becoming a smoke free city in a phased approach of 3-5 years "where non-smokers are protected from exposure to second hand smoke by increasing the provision of smoke free public places – public places being defined as enclosed, indoor areas in both the public and private sector, which are used by the general public or serve as workplaces or meeting places for public bodies";
 - (ii) an exception should be made in respect of outdoor children's play enclosures where smoking should also be prohibited;

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- (iii) the “Achieving Smoke Freedom Tool Kit – a guide for local decision makers” jointly produced by the Chartered Institute of Environmental Health and ASH could be used as guidance in the implementation of a smoke free policy for Plymouth (see appendix 5);
- (iv) Cabinet endorses the view of this Select Committee and, following its consideration of the report, refers the issue to Full Council for final approval by free vote;
- (v) a voluntary code along the lines of the Irish Legislation be introduced (see appendix 4);
- (vi) during the phased introduction, an education campaign on the hazards of second hand smoke be run by the Council and its health partners;
- (vii) the City Council should re-evaluate its own smoking policy with regard to its employees smoking immediately outside of entrances to council buildings which are in public view.

3.0 Introduction

3.1 Introduction

- 3.1.1 On 13th July, 2004, Cabinet considered a report of the Director of Public Health entitled “Smoke Free City”. The report recommended that the matter be referred to scrutiny and that their findings be reported back to Cabinet with a view to introducing appropriate policy on moving toward a smoke free city for Plymouth.
- 3.1.2 The Overview and Scrutiny Commission at its meeting on 5th August, 2004, resolved that the Housing and Economic Regeneration Overview and Scrutiny Panel should undertake the review in view of its light work programme and, subsequently, at its meeting on 19th August, 2004, further resolved that the Select Committee appointed should be Chaired by Councillor Mrs. Aspinall in order to maintain the link with Health.

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3.1.3 At its business meeting on 11th August, 2004, the Housing and Economic Regeneration Overview and Scrutiny Panel appointed a Select Committee to undertake the Smoke Free City review. The Members appointed were -

- Councillor Lee Finn
- Councillor Mike Fox
- Councillor David Stark
- Councillor David Viney

3.1.4 Throughout the review the Select Committee were supported by a small team of Officers, Sarah Wyatt (Smoking Cessation and Tobacco Control Manager) and Katey Johns (Democratic Support Officer).

3.2 Terms of Reference

3.2.1 The referral of the matter to scrutiny had more or less pre-determined what the Select Committee's terms of reference would be as it was spelt out in the recommendations of the Director of Public Health's report and on the Leaders' Submission of Proposal for Scrutiny form -

“to consider all issues raised within the report of the Director of Public Health and make recommendations to Cabinet on appropriate policy on moving towards a smoke free city.”

3.3 Key Objectives

3.3.1 The Select Committee held its scoping meeting on 25th August, 2004, where it determined that its key objectives would be as follows –

- (i) to receive and consider as much written evidence on the effects of smoking and passive smoking as is possible within the permitted timescale;
- (ii) to investigate how smoke free cities operate elsewhere;
- (iii) to talk to as wide a range of witnesses as possible within the permitted timescale;
- (iv) to examine the potential effect on the economy of the City;
- (v) to consider how a smoke free city would be enforced and any related budgetary implications;
- (vi) to provide a definition of a smoke free city for Plymouth.

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3.4 Scope of the Review

3.4.1 The scope of the review was also determined at the Committee's meeting on 24th August, 2004, as follows -

- (i) analysis of harm of second hand smoke;
- (ii) investigation into the effect on the economy, businesses and tourism;
- (iii) canvassing and exploration of public opinion;
- (iv) assessment of available data from Cities which have already gone smoke free;
- (v) site visit to Dublin.

3.5 Method of Investigation

3.5.1 The Select Committee received and considered the report of the Director for Public Health entitled "Smoke Free City". It was also provided with a brief on the role of the Smoking Cessation Service and its background.

3.5.2 Four evidence taking sessions were initially arranged in order that the views from as wide a range of witnesses as possible could be heard, however, this subsequently changed to five sessions, as follows –

Tuesday 7th September, 2004
Friday 10th September, 2004
Monday 13th September, 2004
Monday 20th September, 2004
Monday 27th September, 2004

3.5.3 Appendix 2 lists the people who either appeared as witnesses before the Select Committee or contributed through written submissions.

3.5.4 In order to assess the views of the citizens of Plymouth, the Select Committee, through liaison with the City Council's Corporate Consultation Officer, included questions on the Big Smoke Debate within the Plymouth Points of View Survey which was circulated to the Residents' Panel. The results of this survey should be available November/December 2004.

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3.5.5 Towards the end of its review the Select Committee undertook a site visit to Dublin in order to meet with officials to discuss how the ban on smoking in public places was working in Ireland and to see it in operation for themselves. Its findings are detailed later in this report at paragraph 4.8.5.

4.0 Findings

4.1 Smoking – The Facts

4.1.1 Smoking is the single greatest cause of preventable illness and premature death in the UK killing 120,000 people every year. The three main illnesses associated with cigarette smoking are lung cancer, chronic obstructive lung disease (bronchitis and emphysema) and coronary heart disease. Other health risks from smoking include –

- Stroke
- Cancers of the mouth, throat and oesophagus
- Cancers of the larynx
- Chronic obstructive pulmonary disease
- Pancreatic cancer
- Ulcer
- Bladder cancer
- Cervical cancer
- Low birthweight baby
- Peripheral artery disease
- Asthma
- Brittle bone disease

4.1.2 When a cigarette is lit and smoked it produces two types of emission; one, referred to as mainstream smoke, is inhaled and then exhaled by the smoker; and the other, known as sidestream smoke, is emitted from the burning tip of the cigarette tip.

4.1.3 Tobacco smoke consists of over 4,000 chemicals including around 60 substances known to cause cancer (carcinogens), including –

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Toxins and Irritants	Carcinogens
Ammonia Formaldehyde Carbon Monoxide Nicotine Toluene Nitrogen dioxide Hydrogen cyanide Acrolein	Benzo[a]pyrene 2-Napthylamine 4-Aminobiphenyl Benzene Arsenic Chromium Vinyl chloride Dimethylnitrosamine

4.1.4 Despite a reduction in the overall prevalence of smoking in the UK over the last 30 years, around 12 million adults in the UK smoke cigarettes. The Government's White Paper: "Smoking Kills", which was published in 1998, set an initial reduction target of 26% by 2010. However, this has already been met and it has therefore been revised to 23%. The White Paper also outlined the Government's policies on smoking together with an action plan for achieving its targets. Major initiatives have so far included –

- A comprehensive ban on tobacco advertising
- The development of new NHS smoking cessation services
- A free helpline for smokers
- Bigger, starker health warnings on cigarette packets
- Price increases and major anti-smoking advertising campaigns

4.1.5 Smoking is addictive and giving up is not easy. Nicotine is ten times more addictive than heroine and nicotine addiction is an illness in itself with a neurobiological basis. Help is available free of charge through the NHS smoking cessation service which aims to improve general knowledge on issues surrounding smoking and to offer professional advice and support to those that want to stop.

4.2 Passive Smoking

4.2.1 Tobacco smoke is a major source of indoor air pollution and non-smokers who share enclosed spaces with smokers breath in both mainstream and sidestream smoke. This exposure is commonly referred to as passive smoking. Second hand smoke consists of a gas phase and a particulate phase with almost 85% being in the form of invisible, odourless gases. It is the only unregulated carcinogen in the workplace.

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4.2.2 Over recent years evidence has been accumulating that exposure to second hand smoke or environmental tobacco smoke (ETS) both harms health and worsens existing health problems (see Appendix 3). In July 2003 the Government's Chief Medical Officer for England confirmed that this was the case and this was further backed up by the heads of all of Britain's thirteen Royal Colleges of Medicine (November 2003) and by the Scottish Chief Medical Officer (April 2004). It is now estimated that at least 1,000 people die each year in the UK as the result of exposure to other people's tobacco smoke. The effects of second hand smoke are also linked to –

Adults	Children
Lung Cancer (increases risk by 25%) Coronary Heart Disease (increases risk by 30%) Asthma attacks Onset of heart disease symptoms Worsening symptoms of bronchitis Stroke	Cot death Middle ear infection Respiratory infections Development of asthma Asthma attacks Reduced foetal growth and premature birth
Shortness of breath Airway irritation Coughing Nausea Headache Eye irritation Sore throat	

4.2.3 FOREST (Freedom Organisation for the Right to Enjoy Smoking Tobacco) argue that there is no conclusive evidence that non-smokers are at risk from passive smoking. It claims that it is very difficult to prove a link between passive smoking and ill-health and that out of all the studies which have been undertaken (147 in total) only 8 or 9 show a risk ratio higher than 2 and therefore the results are not statistically significant. It also challenges the existence of any real hard evidence.

4.3 Plymouth – A Case Study

4.3.1 At 31%, the percentage of smokers in Plymouth is higher than the national average. Plymouth also has the highest rates of deaths from vascular disease and lung cancer in men in the South West region.

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4.3.2 Smoking has a high correlation with deprivation and is a big issue in health inequalities. Despite a general reduction in the overall prevalence of smoking in the UK there has been little change in smoking rates among those living on low incomes and those who are most disadvantaged.

4.3.3 A review of Health Visitor caseloads in 2002 revealed that in Barne Barton, Devonport, Ernesettle, Honicknowle, North Prospect and Stonehouse the percentage of families where one or more parents smoked was between 45-60%.

4.3.4 The City's Environmental Health Officers work with local employers on a frequent basis in respect of Health and Safety issues and do encourage the introduction of No Smoking Policies in the workplace. A study undertaken in 1998 on licensees attitudes towards smoke free provision in public houses revealed that –

- 21% of pubs had some form of No Smoking provision
- 54% of pubs were not interested in providing smoke free areas

In February 2005 new Licensing Law will be introduced which will enable local authorities to introduce tougher restrictions on licence applications for public houses which have specified children's areas.

4.3.5 Plymouth's Smoking Cessation Unit is also making in-roads in tackling the situation. The service, which is free of charge and was set up in 1999, aims to improve general knowledge on issues surrounding smoking/smoking cessation and to give professional advice and support to those people that want to stop. So far 11,079 smokers have made use of the service and out of those 5,280 have quit (47.7% higher than the national average).

4.3.6 Studies have shown that where smoke free places have been introduced smoking rates across all socio-economic groups have been reduced i.e. smoking bans do help those trying to quit.

4.4 Health and Safety at Work

4.4.1 At present there is no legislation in the UK or decided case law that creates a clear duty upon employers to ban smoking in the workplace. Smoking in the workplace is therefore a matter of particular concern.

4.4.2 People exposed to second-hand smoke in their workplace have the right to ask their employer to take measures to protect them from risk to their health. Although many workplaces in the UK are non-smoking the majority of these are white collar and office working environments. Workplace smoking is still common in the hospitality trades such as restaurants, pubs, nightclubs etc. and

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in this respect the Government launched a 'Public Places Charter' in conjunction with the hospitality industry in order to increase smoke-free provision in pubs and restaurants.

4.4.3 The Achieving Smoke Freedom Tool Kit – A Guide for Local Decision Makers published by the Chartered Institute of Environmental Health and ASH (Action on Smoking and Health) offers a legal opinion commissioned by ASH in 1998 (reviewed 2004) on health risks from environmental tobacco smoke (ETS). This is included at Appendix 4.

4.4.4 Workers are under a contractual obligation to carry out their job and many are at risk of prolonged and high-level exposure to second-hand smoke as they spend a substantial proportion of their day at work. A survey published by ASH (Action on Smoking and Health) in April 1999 revealed that approximately 3 million people in the UK are still regularly exposed to second-hand smoke at work.

4.4.5 Employers have a duty to take reasonably practicable precautions to ensure the health and safety of their employees and people not in their employment who may be affected. This includes –

- Assessing risks from passive smoking in relevant situations
- installation of some form of ventilation
- Provision of Rest rooms/Areas

The Health and Safety Executive/Local Authorities Enforcement Liaison Committee (HELA) suggest that Environmental Enforcement officers should be prepared to take a more proactive role and treat environmental tobacco smoke like any other health risk. A new approved Code of Practice from the Health and Safety Executive is due for publication at the end of this year.

4.4.6 The Committee heard conflicting opinions as to the effectiveness of ventilation –

- (i) the Chartered Institute of Environmental Health, ASH and Director for Public Health believe that ventilation systems dilute rather than remove the 4,000 chemicals that make up tobacco smoke and therefore whilst they may remove the smell and irritation that smoke causes ventilation systems will not remove the harmful toxins;
- (ii) FOREST and representatives from the Licence Victuallers Association believe that modern ventilation systems remove not only tobacco smoke but improve air quality in general.

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It was suggested that the Select Committee invite representatives from some of the UK's leading ventilation companies to participate in their review but unfortunately due to time constraints it was not possible to do this.

4.5 Effect on the Economy

4.5.1 There are arguments for and against the introduction of a smoke free city policy. In Plymouth it has not been possible, within the timescale of the review, to undertake any detailed cost-benefit analysis of the potential economic effects such a policy would have on the City. However, nationally, economic experts in the Department of Health calculate the net benefit in monetary terms of going smoke-free as between £2.3 and £2.7 billion per year.

(i) the argument for believes that the policy will result in –

- Increased business revenue
- Increased licences
- Better air quality
- Reduced refurbishment costs
- Lower insurance premiums
- Less likelihood of litigation in future on health and safety grounds
- Aiding existing smokers wishing to quit
- A reduction in young people taking up smoking

(ii) the argument against believes that the policy will result in –

- Loss of business revenue in the hospitality industry
- Reduction in licensing hours

4.5.2 The effect on pensions as a result of people living longer has not yet been quantified and it is recognised that this will be an essential piece of research in view of the number of cities/towns looking to move towards smoke free places.

4.5.3 In Ireland, prior to the introduction of smoke free legislation, a comprehensive economic analysis by two highly renowned economists was undertaken to look at the net cost to the economy including –

- Cost of health care
- Loss to industry (productivity)
- Extra breaks and sick leave from smokers
- Cost of cleaning up after smokers, refurbishment, litter etc.

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4.6 Consultation

4.6.1 The Select Committee invited 34 representatives from a wide range of businesses and public bodies to participate in their review and, in spite of the short timescales involved, twenty of them (see Appendix 2) were able to either attend meetings in person or submit written representations. The table below indicates their view on the proposal.

* refer to paragraph 4.9 for definition

Representative	In favour of complete ban in enclosed public places*	In favour of ban in certain places
PCC Assistant Head of Human Resources (Health, Safety and Wellbeing)	✓	
PCC Unison representative	✓ provided proper support is in place and linked to programme of dealing with other environmental issues	
Plymouth Hospitals Trust Head of Staff Health & Welfare	✓	
PCC Environmental Regulation Service	✓	
ASH	✓	
FOREST		✓ would prefer voluntary route
Thompsons Solicitors	✓	
Plymouth Youth Parliament		✓ (i) should be down to licensee (ii) particularly children's play parks/areas

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Representative	In favour of complete ban in enclosed public places*	In favour of ban in certain places
HM Customs & Excise	✓ welcomes anything which could assist with tackling tobacco smuggling	
Devon & Cornwall Police	✓ in absence of legislation would see enforcement being responsibility of environmental health	
PCC Leader	✓	
Representatives of the Licence Victuallers Association		✓ would prefer voluntary route – think provision of separate areas and ventilation is enough
Plymouth Premier Hotels – Moat House		✓
Plymouth Fire & Rescue	✓	
Public Health Specialist/ Regional Tobacco Control Policy Manager	✓	
PCC Director for Public Health	✓	
PCC Smoking Cessation & Tobacco Control (Training & Development Co-ordinator)	✓	
Derek Unitt, Member of Public		✓

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4.6.2 In order to assess the views of the citizens of Plymouth, the Select Committee has also consulted with the Plymouth Residents' Panel and a questionnaire along the lines of that used in the Big Smoke Debate was included with last month's Plymouth Points of View Survey. The results should be available to be reported alongside this report to Cabinet in December.

4.7 Enforcement

4.7.1 Without legislation Councils do not have the power to ban smoking in public places except within the buildings and facilities they own and operate. Further action can, therefore, only be taken in the form of policy implementation under the power of the Local Government Act 2002 S.2 which provides that Local Authorities may do anything which they consider is likely to achieve one or more of the objectives of promoting or improving the social, economic and/or environmental well-being of the area, or persons within that area.

4.7.2 At this time, in the absence of any form of legislation, the Police would not welcome an active enforcement role in relation to any public proscriptions on smoke/smoking but feel that such activity could well fall within the mainstream remit of others with a role in regulating/assuring the quality of the public environment.

4.7.3 The City Council's legal opinion is that any decision taken must be reasonable and therefore it is essential that wide-ranging consultation takes place and arguments from both sides are heard. It believes that partnership working is the key to success and supports the partnership arrangements proposed in the Director for Public Health's report. It also supports the guidance offered in the "Toolkit".

4.7.4 The City's Environmental Regulation Service believes that the way ahead is through –

- Promotion of smoke free workplaces and development of smoking policies with the City's employers
- Working with partners in the health service and groups such as Smoke Free Plymouth Alliance
- Creation of award schemes for business premises

4.7.5 Details of how enforcement is managed in Ireland can be found at paragraph 4.8.4.

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4.8 What's Happening Elsewhere

In Plymouth -

- 4.8.1 Plymouth Hospitals Trust is working towards its own smoke free policy where from 2007 smoking will be banned on all its property, both buildings and grounds, with very few exceptions. The policy will be implemented gradually in four stages. All patients who smoke (subject to their clinician's guidance) and staff will be offered Nicotine Replacement Therapy and access to the smoking cessation service.

In the UK -

- 4.8.2 There are currently several cities and towns in the UK which are working towards becoming smoke free. They include –

- Manchester
- Liverpool
- Sunderland
- Newcastle
- Birmingham
- Stoke
- Nottingham
- Brighton
- London
- Sheffield
- Ipswich
- Torbay
- Poole
- Bristol

Liverpool City Council at its meeting on 20th October, 2004, resolved to promote a Private Bill in Parliament to prohibit tobacco smoking in enclosed places. The Bill will be presented on 25th November, 2004, and the Government's decision is eagerly awaited in that it will set a clear precedent for the way ahead.

The Government is also expected to publish a new White Paper on public health in November, 2004.

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In Scotland -

- 4.8.3 The Scottish Executive is currently consulting on smoking in public places as part of wider evidence gathering to inform the Executive's future policy on smoke-free provision. The options proposed in the consultation range from continuing with currently voluntary measures to introducing a blanket ban on smoking in enclosed public places Scotland-wide.

In Ireland –

- 4.8.4 On 29th March, 2004, the Republic of Ireland became smoke free. Since the ban of smoking in enclosed public places was introduced the compliance levels have been uniformly high throughout the country ranging from 92-99%. Some pubs have, however, overcome the legislation by providing alternative open-aired spaces for their smoking customers.

- 4.8.5 In order to see for themselves how a smoke free city operated, the Panel undertook a visit to Dublin where they met with Dave Molloy, Chief Inspector, and Ray Mitchell, Chief Executive, from the Office of Tobacco Control. The Panel learned that legislation had only been introduced as a result of a lengthy and comprehensive build-up process involving –

- Ban on tobacco advertisements
- Prevention of sales to juveniles
- Increase in taxes
- Further prohibition
- Promotion of “kick the habit” schemes
- Introduction of Voluntary Code in 1994
- Second hand smoke seminars
- Independent review
- Scientific opinion
- Risk and hazard analysis
- Economic analysis of net cost to the economy

From the outset, the State acknowledged that environmental tobacco smoke was a health hazard and, therefore, at no time was there any debate on the health issue. From the surveys undertaken prior to implementation of the legislation it was established that -

- 75% of the population did not smoke
- 60% of smokers approved the ban
- 10% were totally against

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The initial 2003 Act failed as a result of the Government's failure to involve the tobacco industry in the process. It then took a further 13 months to amend eventually resulting in an amended Act in 2004. The legislation is in reality policed by the general public with premises managers/owners facing fines of 3000 Euros for allowing smoking in their premises. The Police are not expected to enforce the ban but only to intervene if problems arise.

Full details of the Irish legislation can be seen at Appendix 4.

The Panel would like to express its sincere thanks to Messrs Molloy and Mitchell for taking the opportunity to meet with it and explain how the process had come about in Ireland.

In Other Countries –

- 4.8.5 Successful smoke-free laws have also been introduced in Norway, California, New York and other parts of the US, and parts of Canada. New Zealand and Sweden are shortly to follow suit.

4.9 Definition of a Smoke Free City

- 4.9.1 Specific criteria and guidance is currently being discussed by a national steering group who have been tasked with developing what constitutes a smoke free city and this debate is ongoing.

- 4.9.2 The Achieving Smoke Freedom Tool Kit determines the meaning of smoke free as-

“where non-smokers are protected from exposure to second hand smoke by increasing the provision of smoke free public places – public places being defined as enclosed, indoor areas in both the public and private sector, which are used by the general public or serve as workplaces or meeting places for public bodies”.

- 4.9.3 It is the view of this Select Committee that the definition of a smoke free city for Plymouth should be where non-smokers are protected from exposure to second hand smoke by increasing the provision of smoke free public places – public places being defined as enclosed, indoor areas in both the public and private sector, which are used by the general public or serve as workplaces or meeting places for public bodies.

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- 4.9.4 In addition, as a result of its discussion with the representative from Plymouth's Youth Parliament, the Panel believes that an exception should be made in respect of outdoor children's play enclosures where smoking should also be prohibited.

5.0 Conclusions and Recommendations

5.1 Conclusions

- 5.1.1 Smoking is a known health hazard.
- 5.1.2 The major public health bodies/organisations state that there is sufficient evidence to prove that passive smoking harms health and that protective measures should be introduced in the interests of public health. The British Medical Association is calling on the Government to introduce UK-wide legislation as a matter of urgency to ban smoking in enclosed public places.
- 5.1.3 The Government is already committed to reducing smoking prevalence and tackling health inequalities and it is hoped that this commitment will be strengthened further in its forthcoming White Paper on public health.
- 5.1.4 Five years after the voluntary charter was introduced in the UK fewer than 1% of pubs are smoke free. The Panel was disappointed to note this result and it strengthened its resolve to support the need for stronger action .
- 5.1.5 On balance, taking all the evidence into account, the Select Committee agrees with the findings that second hand smoke (ETS) is a significant health hazard to non-smokers and to those who are trying to quit.
- 5.1.6 The Select Committee concludes that Plymouth should work towards becoming a smoke free city to improve the health, social well-being and safety of the people living in it and its visitors.
- 5.1.7 The Select Committee is pleased to note the leading action being taken by Plymouth Hospitals' NHS Trust and the work of the Council's Environmental Health Officers in promoting smoke free policies in the workplace.
- 5.1.8 The Select Committee awaits with interest the outcome of Liverpool's application to Parliament and the Government's forthcoming White Paper on Public Health in November 2004.
- 5.1.9 The Select Committee believes that an effective policy depends on a nationwide proscription and urges Parliament to legislate accordingly.

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5.1.10 The Committee was unable to comment about the economic implications for Plymouth because of the timescale for this review. Cabinet may believe that a local economic impact assessment may be necessary.

5.1.11 The Committee concludes that it would be useful to undertake a cost-benefit analysis nationwide.

5.2 Recommendations

5.2.1 The Select Committee recommends that –

- (i) based on all the evidence considered, Plymouth should work with its partners in the City Strategy towards becoming a smoke free city in a phased approach of 3-5 years “where non-smokers are protected from exposure to second hand smoke by increasing the provision of smoke free public places – public places being defined as enclosed, indoor areas in both the public and private sector, which are used by the general public or serve as workplaces or meeting places for public bodies”;
- (ii) an exception should be made in respect of outdoor children’s play enclosures where smoking should also be prohibited;
- (iii) the “Achieving Smoke Freedom Tool Kit – a guide for local decision makers” jointly produced by the Chartered Institute of Environmental Health and ASH could be used as guidance in the implementation of a smoke free policy for Plymouth (see appendix 5);
- (iv) Cabinet endorses the view of this Select Committee and, following its consideration of the report, refers the issue to Full Council for final approval by free vote;
- (v) a voluntary code along the lines of the Irish Legislation be introduced (see appendix 4);
- (vi) during the phased introduction, an education campaign on the hazards of second hand smoke be run by the Council and its health partners;
- (vii) the City Council should re-evaluate its own smoking policy with regard to its employees smoking immediately outside of entrances to council buildings which are in public view.

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Appendix 1: Reference Materials

1. Director of Public Health's Report to Cabinet 13th July, 2004 – Smoke Free City
2. The Big Smoke Debate Brighton and Hove – Smoking in the Workplace
3. Smoking Policy in the Workplace (Health Education Authority)
4. Smoking and Health Inequalities (NHS, Health Development Agency and ASH)
5. Smoking and Pregnancy (Health Education Authority)
6. Smoking Cessation in Young People (Health Development Agency)
7. Tackling Smoking through Partnerships (NHS and Health Development Agency)
8. A Breath of Fresh Air: Tackling Smoking Through the Media (Health Development Agency)
9. Report of the INWAT Europe Seminar – Women and Tobacco 4/5 June 1999
10. Smoking Cessation Training in England – Report (Health Development Agency)
11. Smoke Free Schools – Seven Steps to Success (Health Education Authority)
12. Plymouth Hospitals NHS Trust Smoking Policy
13. Devon Fire Authority – Policy on Smoking at Work
14. Achieving Smoke Freedom Tool Kit (Chartered Institute of Environmental Health and ASH)
15. Towards Smoke-free Public Places (British Medical Association)
16. Smoke-free Workplaces and Public Places September 2004 (British Medical Association)
17. An Air Quality Survey of Respirable Particles and Particulate Carcinogens in Delaware Hospitality venues Before and After a Smoking Ban – Repace Associates Inc.
18. Passive Smoking and Risk of Coronary Heart Disease and Stroke: Prospective Study with Cotinine Measurement (British Medical Journal: BMJ, doi:10.1136/bmj.38146.427188.55 published 30th June 2004)
19. Clean Indoor Air Regulations Fact Sheet (The Surgeon General's Report on Reducing Tobacco Use)
20. Going Smoke Free: The Economic Case (Chief Medical Officer's Annual Report 2003)
21. Confidential Enquiry into Stillbirths and Deaths in Infancy 8th Annual Report (Maternal and Child Health Research Consortium)
22. Acute Effects of Passive Smoking on the Coronary Circulation in Healthy Young Adults (Journal of the American Medical Association)
23. Statement of the Scientific Committee on Tobacco and Health for 2001
24. The Health Consequences of Involuntary Smoking – a report of the Surgeon General 1986 – Chapter 1 (US Department of Health and Human Services)
25. Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders (US Environmental Protection Agency)
26. News Bulletin – Tobacco Industry memo reveals passive smoking strategy (British Medical Journal 1997 314:1569 (31st May))

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27. Tobacco Free Initiative – International Consultation on Environmental Tobacco Smoke (ETS) and Child Health – Consultation Report (World Health Organisation)
28. Involuntary Smoking (World Health Organisation International Agency for Research on Cancer 2002)
29. Powerpoint Presentation: The Smoking Epidemic – Plymouth (Director for Public Health)
30. Powerpoint Presentation: The Case for a Smoke Free Plymouth (Regional Tobacco Control Policy Manager)
31. Powerpoint Presentation: Plymouth – A Smoke Free City (Environmental Regulation Service)
32. Powerpoint Presentation: A City That Smokes (Smoking Cessation and Tobacco Control - Training and Development Co-ordinator)

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Appendix 2: Contributors

The Panel would like to express their sincere thanks to all those who were able to provide information and advice either through their attendance at one of the various evidence sessions or via written submissions:

- Councillor Tudor Evans, Leader, Plymouth City Council
- Debra Laphorne, Director of Public Health, Plymouth
- Louise Turner, Assistant Head of Human Resources (Health, Safety and Wellbeing), Plymouth City Council
- Dan Preece, Environmental Health Officer, Plymouth City Council
- Robin Carton, Assistant Head of Environmental Regulation Service, Plymouth City Council
- Tony Staunton, Unison
- Simon Hill, Head of Staff Health and Welfare, Plymouth Hospitals Trust
- Ian Wilmore, Public Affairs, ASH (Action on Smoking and Health)
- Simon Clark, Director, FOREST (Freedom Organisation for the Right to Enjoy Smoking Tobacco)
- Lucie Acraman, Cabinet Member, Plymouth Youth Parliament
- Superintendent Peter Strawbridge, Devon and Cornwall Constabulary
- SDO Nelson, Devon Fire and Rescue Service
- HM Customs and Excise
- Peter Jones, Henry J's Public House, (Vice-Chair, Licence Victuallers Association)
- Shirley Rundle, The Town House Public House
- David Clements, Manager, The Moat House Hotel (Plymouth Premier Hotels)
- Dr. Noel Olsen, Msc, FRCP, FFPHM, British Medical Association
- Becky Pollard, Public Health Specialist/Regional Tobacco Control Policy Manager
- Russell Moody, Smoking Cessation and Tobacco Control (Training and Development Co-ordinator)
- Derek Unitt, Member of the Public

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Appendix 3: Studies into Effects of Passive Smoking

Examples of the studies which concluded that second hand smoke harms health:

- 1983** ~ The *UK Independent Committee on Smoking and Health* notes the link between passive smoking and illness in adults and children
- 1986** ~ The *US Surgeon General* concludes that exposure to second hand tobacco smoke is a major health risk
- 1988** ~ The *UK Independent Committee on Smoking and Health* concludes that passive smoking could cause several hundred cases of lung cancer among non smokers each year
- 1992** ~ The *US Environmental Protection Agency* classifies second hand smoke as a known carcinogen and concludes that passive smoking causes cancer
- 1998** ~ The report of the *UK Scientific committee on Tobacco and Health* concludes that passive smoking causes lung cancer and childhood respiratory disease
- 1999** ~ The World Health Organisation expert consultation: *Environmental Tobacco and Child Health* concludes that passive smoking causes respiratory disease, middle ear infection, and reduces lung growth and function
- 2000** ~ The *UK Confidential enquiry into Stillbirths and Deaths in Infancy* identifies exposure to tobacco smoke during infancy as a cause of cot death
- 2002** ~ The World Health Organisation *International Agency for Research on Cancer* identifies passive smoking as a cause of lung cancer, and classifies second-hand smoke as a human carcinogen

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Appendix 4: Irish Legislation

Public Health Tobacco Acts 2002 and 2004
Section 47 – Smoking Prohibitions

Section 47(1) of the Public Health (Tobacco) Act, 2002 as amended by Section 16 of the Public Health (Tobacco) (Amendment) Act 2004 prohibits the smoking of a tobacco product in a specified place.

Definitions

For the purposes of Section 47 a 'specified place' is defined as including:

- (a) a place of work,
- (b) An aircraft, train, ship or other vessel, public service vehicle, or a vehicle used for the carriage of members of the public for reward other than a public service vehicle, insofar as it is a place of work,
- (c) a health premises, insofar as it is a place of work,
- (d) a hospital that is not a health premises, insofar as it is a place of work,
- (e) a school or college, insofar as it is a place of work,
- (f) a building to which the public has access, either as of right or with the permission of the owner or occupier of the building, and which belongs to, or is in the occupation of -
 - (i) the State,
 - (ii) a Minister of the Government,

Exemptions

Section 47 exempts certain classes of places or premises as follows:

- (a) a dwelling,
- (b) a prison,
- (c) subject to paragraph (d), a place or premises, or a part of a place or premises, that is wholly uncovered by any roof, whether fixed or movable,
- (d) an outdoor part of a place or premises covered by a fixed or movable roof, provided that not more than 50% of the perimeter of that part is surrounded by one or more walls or similar structures (inclusive of windows, doors, gates or other measures of access to or egress from that part),
- (e) a bedroom in -
 - (i) a premises registered under Part III of the Tourist Traffic Act 1939 in a register established and maintained under that Part,
 - (ii) a premises for the time being specified in a list published, or caused to be published, under section 9 of the Tourist Traffic Act 1957, or

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Definitions Continued

- (iii) the Commissioners of Public Works in Ireland, or
- (iv) a body established by or under an Act of the Oireachtas, insofar as it is a place of work,
- (g) a cinema, theatre, concert hall or other place normally used for indoor public entertainment, insofar as it is a place of work,
- (h) a licensed premises, insofar as it is a place of work, or
- (i) a registered club, insofar as it is a place of work.

Offences

Under Section 47(2) of the Public Health (Tobacco) Acts a person who smokes in contravention of subsection (1) of that section is guilty of an offence.

Under Section 47(3) of the Acts, where a person smokes in contravention of subsection (1) of that section, the occupier, manager or any other person for the time being in charge of that place where the contravention occurs shall each be guilty of an offence.

Section 47(4) of the Acts establishes a defence for a person against whom proceedings are brought under Section 47(3), provided that they can demonstrate that they have made all reasonable efforts to ensure compliance with Section 47.

Under Section 5(2A) of the Acts a person found guilty of an offence under Section 47 is liable on summary conviction to a fine of up to 3,000 Euros.

Exemptions Continued

- (iii) any other premises in which a person carries on business, being a business that consists of or includes the provision, in those premises, of sleeping accommodation to members of the public,
- (f) a room that, in furtherance of charitable objects, is used solely for the provision of living accommodation,
- (g) in premises owned or occupied by a person whose main objects are the provision of education, a room that, in furtherance of those objects (other than objects relating to the provision of primary or secondary education), is used solely for the provision of living accommodation,
- (h) a nursing home,
- (i) a hospice,
- (j) a psychiatric hospital, or
- (k) the Central Mental Hospital.

For relevant definitions refer to a copy of the Public Health (Tobacco) (Amendment) Act, 2004.

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Appendix 5: Achieving Smoke Freedom Toolkit – A guide for local decision makers

A hard copy of this document can be viewed in the Democratic Support Office or by visiting the following website:-

<http://www.cieh.org/research/smokefree/>