

## **Tobacco Control within Enclosed Public Places Report from the North East Public Health Observatory**

### **Introduction**

Secondhand smoke (SHS) is tobacco smoke inhaled by an individual not actively engaged in smoking. It is also known as environmental tobacco smoke (ETS) or passive smoke. SHS is increasingly recognised as a significant source of indoor air pollution in all enclosed places where smoking takes place.

### **The health impact of SHS** (Please see attached fact sheet)

Since 1981<sup>1,2</sup>, there is growing scientific evidence showing exposure to SHS can harm health, worsen existing health problems and even result in death. In adults, SHS can cause or worsen heart disease, lung cancer, asthma and other chest problems. In children, SHS exposure may lead to low birth weight, sudden infant death syndrome, middle ear infections, asthma and chest infections.

Recent estimates from the London Royal College of Physicians, suggest that SHS kills around 12,000 people in the UK every year<sup>3</sup>. Whilst most of these deaths are caused by exposure to SHS in the home, about 600 deaths, including 50 deaths in the hospitality industry result from SHS exposure in the work place<sup>4</sup>. Estimates based on these figures suggest that in the North East, SHS causes around 200 premature deaths before age 65, including 35 deaths from workplace exposure.

The **public health significance** of exposure to secondhand smoke is considerable, as

- There is no safe level of exposure to SHS.<sup>5,6</sup> and adverse effects can be seen at low levels of exposure.
- A substantial proportion of non-smokers are likely to be exposed to SHS in public places, work places and at home. In Middlesbrough, where adult smoking prevalence has been estimated to be 34% (average for England, 26%)<sup>7</sup> nearly two thirds of the population who do not smoke cigarettes are likely to be exposed to SHS.
- Exposure to SHS in enclosed public places and workplaces is often 'involuntary'<sup>8</sup>. Non-smokers may be unaware of exposure. A study in the

USA<sup>9</sup> found that 88% of non-smokers had measurable exposure to SHS, but only 37% reported exposure.

- Health Inequalities are likely to be exacerbated. People in lower socioeconomic groups are at greater risk of exposure than those in better-off groups. A mapping of wet and dry pubs in the North East<sup>12</sup> showed that 77/141 (55%) of pubs in Middlesbrough would be exempt from the partial smoking ban proposed in the public health White paper, Choosing Health<sup>13</sup>. This compares to 50% in the North East as a whole, 64% in Stockton, 46% in Redcar and Cleveland, and 25% in Teesdale.
- Public attitudes towards exposure to SHS are changing<sup>8</sup>. Whereas in the past, the onus was on the non-smoker to avoid SHS, public opinion is now shifting towards making special provision for those who wish to smoke, rather than those who do not. A telephone survey of 1202 randomly selected North East residents showed that 73% believed that all workplaces and public places should be smoke free; 70% thought that there should be legislation to achieve this. 69% were concerned about exposure to SHS in pubs<sup>10</sup>.
- Studies have shown that totally smoke-free workplaces are associated with reduction in smoking prevalence (about 4%) and lower cigarette consumption per continuing smoker<sup>14</sup>.
- The Royal College of Physicians estimates that making the UK smoke-free would benefit the economy by about £ 4 billion each year - £832 m from prevention of death and disease; £181 m from prevention of fires and reduced cleaning costs, £ 2.8 billion from increased productivity<sup>15</sup>.

## **Conclusion:**

Based on the points discussed above, the North East Public Health Observatory believes that reducing exposure to SHS in public places in Middlesbrough will have significant impact on improving the health of the local population, reducing health inequalities and increasing the economic productivity of the district.

In response to the Department of Health's consultation on the 'Smokefree Elements of the Health Improvement and Protection Bill'<sup>16</sup>, NEPHO put forward the view that introducing a comprehensive legislation to ban smoking in all public places (with limited exemptions) offers the greatest public health benefit to the North East.

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