

**ash.** political  
action on smoking and health **bulletin**

Welcome to the ASH political bulletin, the second in a series of regular political briefings from Action on Smoking and Health (ASH).

ASH is a campaigning public health charity working for a comprehensive societal response to tobacco aimed at achieving a sharp reduction and eventual elimination of the health problems caused by tobacco. 115,000 people per year die from smoking-related diseases in the UK and tobacco is a major cause of illness and health inequalities. Tobacco is a powerfully addictive drug that most of its users would like to quit using.

***What we want...***

- Raising tobacco prices through the tax system
- Tackling smuggling and the role played by tobacco companies in promoting it
- A comprehensive NHS response to nicotine addiction and support for cessation
- Major public communications programmes aimed at encouraging all smokers to quit and non-smokers not to start
- Increasing provision of smoke-free places – at work, in public places, and through persuasion and awareness-raising, in the home – with a view to eliminating all involuntary smoke exposure
- Consumer protection measures such as improved warnings, comprehensive risk communication; plain packaging, bans on misleading claims, control over retailers
- Regulation of tobacco as a dangerous drug with controls over the contents of cigarettes and smoke, and any health claims made in relation to tobacco and nicotine
- Harm reduction strategies for those who cannot or will not stop using nicotine

We are always happy to help decision-makers with information, briefing, policy analysis and comment.

Don't hesitate to get in touch.

**Our contact details are:**

- [www.ash.org.uk](http://www.ash.org.uk) contains a comprehensive database of information on smoking and tobacco control issues. It includes factsheets and reports dealing with statistics, science and policy issues.
- Ian Willmore (Public Affairs Manager) can also be reached on 078 8764 1344 or [ian.willmore@ash.org.uk](mailto:ian.willmore@ash.org.uk)
- **ASH Scotland** 0131 225 4725
- **ASH Wales** 029 2064 1101



### **The Director Writes.....**

Preparations are now well in hand for the introduction of smokefree legislation in England, Wales and Northern Ireland – the most important public health reform for more than forty years. Smokefree legislation is already six months old in Scotland, and all the signs are that it will be a major success.

In this issue of our Political Bulletin, we summarise ASH's view on the Government's consultation document on smokefree regulations, which sets out much of the detail of how the new law will apply in practice. Broadly, we think the Government's proposals are well drafted and welcome, although we would like to see some further movement on smoking in prisons and psychiatric units, and some commitment by the Government to use its additional powers under the Act to designate sports stadia and transport facilities as smokefree, even if these would not otherwise be covered by the definition of an enclosed public place.

We also look at an important new campaign in which ASH will be involved – for a new European standard for “fire safer” cigarettes. Cigarettes are a major cause of fires across the UK, and a standard of the kind now in force in New York State, Canada and elsewhere could save hundreds of lives every year. We are pleased that the UK Government is now backing action in the EU on this issue, and we will be lobbying the European Commission hard to see that progress is made at the next meeting of the General Product Safety Directive committee in November.

ASH is also backing the Government's proposal to raise the minimum buying age for tobacco products to 18. This is logical and overdue, although by itself it is not likely to have a big impact on youth smoking rates. We also need to see further moves on removing branding and point of sale displays and on restricting sales from vending machines.

Finally, this issue looks at a major new mapping project undertaken by ASH, which shows smoking prevalence rates and deprivation scores for every ward in England. We hope that this will be a useful service for politicians, decision-makers and media.

These are exciting times to work in tobacco control, and we will be celebrating recent successes at a meeting of the All Party Group on Tobacco and Health on Tuesday 28<sup>th</sup> November, at 5.30pm in Portcullis House.

Speakers will include:

Public Health Minister Caroline Flint MP  
the Rt Hon Kevin Barron MP, Chair of the Health Select Committee.

I hope very much you will join us.

**Deborah Arnott**  
**Director**  
**ASH**

## Health Act 2006: Government Publishes Draft Smokefree Regulations

The Government has now published its consultation document on smokefree regulations to be made under the Health Act 2006. The closing date for responses is 9th October 2006.

Key points in the consultation document include:

- **Definition of enclosed or substantially enclosed premises:** Enclosed premises: Premises will be considered to be enclosed if they have a ceiling or roof and, except for doors, windows or passageways, are wholly enclosed, whether on a permanent or temporary basis. Premises will be considered to be substantially enclosed if they have a ceiling or roof, and any openings in the walls are **less than half** of the total area of walls
- **Smokefree premises** will have to display a "*prominently visible*" no-smoking sign at each public entrance to the premises. The no smoking sign will have to be at least A5 in size, display the international "no smoking" symbol (a burning cigarette in red circle with red bar across it), and carry the words "No smoking. It is against the law to smoke in these premises"
- **Enforcement** will be carried out by local Councils (in practice mainly by Environmental Health Officers).
- **Hotel bedrooms, and designated rooms in care homes, hospices, long stay mental health units and adult prisons** will be exempt from the legislation, but designated rooms with doors that open onto smokefree parts of premises will have to have mechanical closing devices
- **Smoking in a smokefree place** could lead to a fine of up to £200, with a fixed penalty notice option as above of £50, discounted to £30 for early payment.
- **Failing to prevent smoking in smokefree place**, a fine up to £2,500, with no option for a fixed penalty notice.

ASH has generally welcomed the draft regulations. We believe that the objective should be to ensure that as far as possible smokefree legislation is observed by the public and by owners and managers of enclosed public places by social consensus. A robust system of enforcement is of course necessary, but a law that is popular and generally understood should require it to be used only in a very limited number of cases – the experience in other jurisdictions that have already gone smokefree.

The Government has rightly opted for draft regulations designed to impose the minimum regulatory burden on businesses, consistent with ensuring that the law is effective, well-publicised and widely observed. This seems to us to be the best way of ensuring maximum compliance with minimum enforcement costs.

However, we would like to see the Government go further than it is currently suggested in some areas where exemptions are proposed under the regulations, and we would also like to see the Government use its powers under Section 4 of the Act to designate

some additional places as smokefree that would otherwise not be covered by the definition of an enclosed public place.

The Government should commit to a clear strategy (with timescales) for achieving smokefree status both in **prisons** and in **mental health units**. In the case of mental health units, the strategy should follow recommendations set out in a report from the Kings Fund: *“Clearing the Air: Debating smoke-free policies in psychiatric units”* ([http://www.kingsfund.org.uk/resources/publications/clearing\\_the\\_air.html](http://www.kingsfund.org.uk/resources/publications/clearing_the_air.html))

In the case of prisons, a target date should be set for smokefree status, following the precedent which will be set in Young Offender Institutions, which will not be exempt from the legislation. Some juvenile facilities are already smokefree, and the evidence shows that this improves both health and security (for example there are fewer instances of bullying, which often take place over cigarettes). Many adult prisons in the United States at State and federal level are already smokefree with no serious discipline problems.

The regulations should ensure that all prisons are smokefree in shared areas. All prisons should have ready access to comprehensive smoking cessation support services.

ASH also believes that the existing definitions of an enclosed and a substantially enclosed place are not sufficient to capture all premises that should be covered by smokefree legislation. Examples include:

- **Sports stadia**, which should all be smokefree because they accommodate large crowds of people in close proximity to each other, and therefore there is a significant risk to health from secondhand smoke, and
- **Railway stations, bus stations and shelters**. Many rail stations will be entirely smokefree (e.g. London termini) because they are substantially enclosed. But many small stations will not be smokefree on the platforms and in some other parts. This is a messy situation that will make enforcement more difficult and will cause problems for train operators and Network Rail. It will also involve some risk to health for waiting passengers exposed to secondhand smoke.

The Government should also indicate its willingness to consider future tightening of the legislation to deal with issues such as continuing exposure to secondhand smoke from smoking close to workplace entrances. Research by Mulcahy and others on cotinine levels in bar workers before and after smokefree legislation in the Irish Republic concluded that

*“passive smoking and associated risks were significantly reduced but not totally eliminated. Exposure to SHS is still possible for those working where smoking is still allowed and those working where smoke may migrate from outdoor areas. Further research is required to assess the true extent and magnitude of these exposures”.* (<http://tc.bmjournals.com/cgi/content/abstract/14/6/384>)

## Major Online Mapping Project Shows “Iron Chain” Between Smoking and Deprivation

A major new mapping project showing smoking rates and deprivation in every ward in England has been published online by Action on Smoking and Health. The project, intended for use by policy makers, health professionals and media, clearly shows the “iron chain” that links smoking and deprivation. Smoking remains the single biggest factor behind the difference in life expectancy between social classes in England.

The maps, produced for ASH by cartographers Lovell Johns, are available online at: <http://www.ash.org.uk/html/mappingproject/mappingproject.html> and can be searched by region and district, or by entering a specific postcode. They link data from a study of smoking rates across England conducted for the Health Development Agency by the Institute for the Geography of Health at the University of Portsmouth, with the deprivation index for each ward produced by the Department of Communities and Local Government.

The maps illustrate the key point that men and women in deprived social groups are much more likely to smoke. Only 20% of men and 17% of women in the professional and managerial groups smoke compared with 34% of men and 30% of women in routine and manual groups.

In his report for the Government on public health (“Securing Good Health for the Whole Population”), Derek Wanless reported that 48% of men in social class V (the poorest) died before the age of 70, compared to 22% of men in social class 1. He estimated that half of this difference was accounted for by higher smoking rates among men in social class V. While the national smoking prevalence rate at the time the data for the mapping project was collected was 26%, the rate in the most deprived ward in England (Princess ward in Knowsley) was estimated to be 52% while for the least deprived (Keyworth North ward in Rushcliffe) it was 12%.

A smoking habit of 20 cigarettes per day costs between £1,600 and £1,800 per year. Poorer smokers spend a disproportionately large share of their income on cigarettes compared with more affluent smokers. In 2003 the poorest 10 per cent of households spent 2.43% of income on cigarettes per week, whilst the richest 10 per cent of households spent 0.52%. Among the most deprived groups – including lone parents in receipt of state benefits – three out of four families smoke and spend a seventh of their disposable income on cigarettes.

The smokefree provisions of the Health Act 2006, which will end smoking in virtually every enclosed public place in England by Summer 2007, are expected to have an effect in reducing the gap in smoking rates between social classes. But ASH is calling on all Councils to work with their Primary Care Trusts to put cutting smoking rates at the

top of the local policy agenda. ASH is also calling on the Government to ensure that funding for stop smoking services and other work on public health and smoking does not suffer because of the cash crisis in the NHS.

## **Fire Safer Cigarettes**

Fire statistics from the Department for Communities and Local Government show that fires started by cigarettes kill more people than any other kind of fire. They account for one third of all accidental fatal fires in the home.

- In 2003, 125 deaths and over 1,400 injuries occurred as a result of fires caused by smoking.
- You are 5 times more likely to die and twice as likely to be injured in a fire caused by a cigarette than you are in other domestic fires.
- Every 3 days, someone dies because of a cigarette fire.
- The highest injury rate in accidental smoking material house fires is among young people (17-24 year olds).
- Men are more likely to be killed or injured in cigarette fires - 6 out of 10 of those killed are men, and over half of those injured.
- 6 out of 10 people say cigarettes are one of the top causes of house fires. But every year, fewer and fewer people are taking steps to prevent these fires.

Furniture and even clothing manufactures have already come under pressure to make their materials less of a fire risk, and important regulations on fire safety in furniture came into effect in the UK in 1988. However, there is one way to make a significant difference to the amount of fires started each year, ensure that all cigarettes manufactured and sold in the UK are fire safer cigarettes.

There is legislation setting standards for fire safer (also known as reduced ignition propensity or RIP) cigarettes in place in New York State, Vermont and Canada, which has already cut smoking-related fires by one third in New York

Fire safe cigarettes use a patented paper which has concentric bands of ultra thin paper applied to the conventional paper. The bands act as 'speed bumps' to slow down or stop the spread of smouldering in the cigarette.

Currently the European Commission is looking at setting standards for fire safer cigarettes under the General Product Safety Directive and this will be discussed at the next GPSD regulatory committee meeting this Autumn. If the EU uses the same standard as New York and Canada, a standard could be introduced fairly quickly, perhaps within two years.

The Department for Trade and Industry is the Government Department that represents the UK on the GPSD regulatory committee. Initially it was not supportive of fire safer cigarettes, but following heavy lobbying including a 10 minute rule Bill by David Taylor MP (Chair of the All Party Group on Smoking and Health), and pressure from the Department of Health (DH) and the Department for Communities and Local Government (DCLG), DTI is now supporting this initiative.

## Scotland Successfully Implements Smokefree Legislation

Smokefree legislation in Scotland has proved a huge success

The latest figures on compliance, collated from returns from Scottish local authorities, show:

**1 June-30 June, 2006**

Premises	Number inspected	No smoking in premises – number compliant	No smoking in premises – % compliant	Displaying required signage – number compliant	Displaying required signage – % compliant
Hotels	425	414	97.41	350	82.35
Restaurants	673	664	98.66	560	83.21
Licensed premises	1,221	1,210	99.10	1,143	93.61
Other	6,485	6,356	98.01	4,867	75.05
<b>TOTAL</b>	<b>8,804</b>	<b>8,644</b>	<b>98.18</b>	<b>6,920</b>	<b>78.60</b>

(<http://www.clearingtheairscotland.com/latest/index.html>)

Meanwhile, the Scottish NHS telephone service Smokeline has received 25,231 calls from smokers or their friends and families wanting help to give up the habit.

Health Minister Andy Kerr, speaking at an event in Bute House, Edinburgh, marking the six month milestone, said:

*“So far, I’ve been really encouraged by the extremely positive response we’ve had for the smoking ban both in Scotland and beyond.*

*People across the country are using the ban as an incentive to give up smoking. Others are simply enjoying the opportunity to go out and socialise without having to breathe in second hand smoke.*

*“But it’s in the years to come that I expect to see even bigger benefits. So much of our poor health in Scotland is linked to smoking, and I think this legislation will have a real impact on that in the long term.”*

## **Why We Need to Evaluate Smokefree Legislation**

September 26<sup>th</sup> 2006 marked six months since legislation ending smoking in enclosed public places came into force in Scotland. Wales and Northern Ireland will introduce similar legislation on smokefree workplaces and enclosed public places in April 2007, with England following later on in the summer.

Health Scotland, with the Information Services Division (ISD) Scotland and the Scottish Executive, have developed a comprehensive evaluation strategy to assess the short-term, intermediate and long-term results of the new law. It will use routine health, behavioural and economic data and commissioned research to assess the impact of the smokefree legislation in eight key areas

1. knowledge and attitudes
2. secondhand exposure
3. compliance
4. culture
5. smoking prevalence
6. tobacco consumption, tobacco-related morbidity and mortality
7. economic impacts on the hospitality sector
8. health inequalities

The findings should make a significant contribution to the international understanding of the health effects of exposure to secondhand smoke and the broader social, cultural and economic impacts of smokefree legislation.

It is important that England also develops a mechanism for monitoring and enforcement following the implementation of similar smokefree legislation. A review and evaluation of smokefree legislation will be expected, as an evaluation of this kind can prove to be an invaluable tool.

## **National Assembly Sets Up Wales Smokefree Website**

The Welsh Assembly Government has set up an excellent website to inform the introduction of smokefree regulations in Wales at:

<http://www.smokingbanwales.co.uk/english/>

The website provides useful information about the legislation, how it will affect people in Wales and the businesses and celebrities who are already supporting a smokefree Wales.

## Study Shows Fall in Heart Attacks After Italian Smoking Ban

The Italian Government banned smoking in all indoor public places on Jan. 10, 2005. A new study suggests that this has resulted in a fall of 11 percent in hospital heart-attack admissions in those under age 60.

Hospital admissions for acute heart attack in people under age 60 fell by 11 per cent in the Piedmont region of Italy in the five months after the introduction of a ban on smoking in indoor public places, compared with admissions for the same period in the previous year, according to the study, which was published in the European Heart Journal.

Dr. Francesco Barone-Adesi, a cancer researcher at the Cancer Epidemiology Unit at the University of Turin, says that smoking acts on the aggregation of platelets in the blood and was most likely to increase acutely the risk of acute myocardial infarction.

*"It suggests that smoking regulations may have important short-term effects on health," he says. "The long-term effects on respiratory and cardiovascular diseases and cancer will have to be evaluated over the years to come."*

The researchers observed reduction in active smoking after the ban could account for only a 0.7% decrease in admissions and that about a 10% decrease is due to the sharp reduction of exposure to passive smoking.

<http://eurheartj.oxfordjournals.org/cgi/content/full/27/20/2468>

You are cordially invited to:

**A Meeting of the All Party Group on Smoking and Health  
Tuesday 28th November 2006**

The Macmillan Room, Portcullis House  
5.30 pm to 7 pm.

The meeting will be held jointly with the All-Party Parliamentary Groups on  
Asthma, Heart Disease and Cancer.

Chair: **David Taylor MP**

Speakers

**Caroline Flint MP**, Minister of State, Department of Health

**Rt Hon Kevin Barron MP**, Chair of the House of Commons Health Select Committee

**Professor Alex Markham**, Chief Executive of Cancer Research UK

Asthma UK spokesperson to be confirmed

We will be celebrating the passage of comprehensive smokefree legislation in the  
Health Act 2006 and discussing the next steps for tobacco control policy.

Refreshments will be provided.

## **Introduction of Picture Warnings on Tobacco Packs**

ASH submitted a response to the consultation welcoming the Government's proposal to include picture warnings on all tobacco products. Evidence from Canada and Australia shows that picture warnings attract the attention of smokers, increase awareness and understanding of the health risks of smoking and decrease cigarette consumption.

The adoption of picture warnings in the UK is expected to have similar results, i.e. to increase the public's understanding of the health risks associated with tobacco use and to prompt many smokers into quitting.

ASH also recommended that the area devoted to the picture warning should be at least 50% of the pack surface (including the black border) but preferably 90%, as is the case in Australia. Furthermore, as some of the proposed images are very weak, ASH urged the European Commission to refresh the library of images to enable Member States to add much stronger pictures on tobacco products.

It is regrettable that the European Labelling Directive requires pictorial warnings to be placed only on the reverse of the tobacco packaging and ASH has called on the European Commission to amend the Directive in order to permit images to be placed on both sides of the pack, as is the case in Australia and Canada. This would mean that the images would be clearly visible at the point of sale and may help to deter young people from purchasing tobacco products.

On the basis of the evidence presented, ASH hopes that the Government will adopt Option Two in the Regulatory Impact Assessment, that is, full implementation of picture warnings as identified in the consultation paper.

Note: The Department of Health consultation on plans to introduce picture warnings has now closed.

**ash.**

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