

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

Welcome to the ASH political bulletin, the fifth 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...

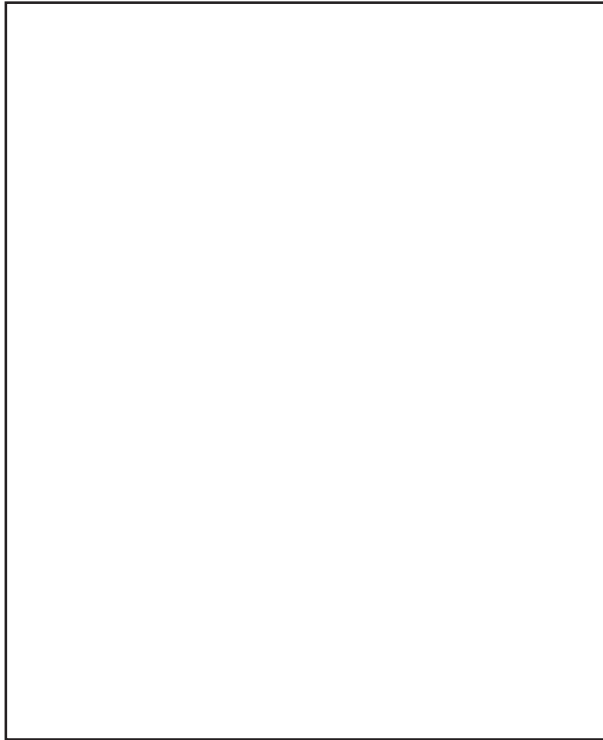
- Raising tobacco prices through the tax system
- Tackling smuggling and the role played by tobacco companies in promoting it
- A comprehensive NHS response to nicotine addiction and support for cessation
- Major public communications programmes aimed at encouraging all smokers to quit and non-smokers 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 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
- **ASH Scotland** 0131 225 4725
- **ASH Wales** 029 2064 1101



Ending smoking in every workplace will protect non-smokers from the damaging effects of other people's smoke, and will encourage thousands of smokers to quit their lethal habit. Our message to Patricia Hewitt is: seize the moment – you will never get a better opportunity to make such a simple and dramatic improvement in public health.”

Deborah Arnott
Action on Smoking and Health

Early Day Motion Calls for Comprehensive Smokefree Law

David Taylor MP, Chair of the All-Party Group on Smoking and Health, has tabled an Early Day Motion calling for the Government to introduce legislation ending smoking in all workplaces and enclosed public places.

EDM 333 was tabled on 15th June, and reads:

Director Writes:

“We are now at a crucial moment in the campaign for comprehensive legislation to end smoking in workplaces and enclosed public places.

The Government has included a Health Improvement and Protection Bill in the Queen's Speech, and has now published a consultation document on the details.

Of course, the Government was always obliged to consult on the proposals as included in their Election manifesto, which allowed for exemptions for some pubs and clubs. But it is clear that the exemptions are unworkable, would undermine the health benefits of the legislation, and have no support at all from the hospitality trade. We are optimistic that they will be dropped once the Government assesses the result of the consultation process. We are now within sight of the most important public health reform for thirty years.

In this issue of our Political Bulletin, we show how comprehensive smokefree laws can be popular, successful in protecting public health, and widely observed without heavy enforcement. We also show the continuing need for such a law, in our reports on current smokefree work by local councils and on a new cancer map of the UK. And we report that smokefree legislation has been passed in Scotland, backed by the National Assembly for Wales, and strongly supported by every political party in Northern Ireland.

“That this House welcomes the Government's announcement of a Bill to restrict smoking in workplaces and public places in England and Wales and the vote of the National Assembly for Wales calling for powers to introduce comprehensive smokefree legislation in Wales; further welcomes the strong public support for smokefree public places in Northern Ireland shown by the recent consultation process; notes that such legislation has already proved a popular and public health success in Ireland, New York and elsewhere; believes that any exemptions for pubs which do not serve prepared food and for private membership clubs would complicate enforcement of smokefree legislation, undermine its public health benefits and reduce its impact on health inequalities; and therefore calls on the Government to accede to the request of the National Assembly for Wales and to majority opinion in Northern Ireland, and to introduce comprehensive smokefree legislation in this House at the earliest opportunity.”

At time of going to press, the EDM had 43 signatories.

Department of Health Consults on Smoking Section of Health Improvement Bill

The Department of Health has now issued a consultation document on the smokefree of the Health Improvement and Protection Bill, a “flagship Bill” announced in the Queen’s Speech. The document can be downloaded from <http://www.dh.gov.uk/assetRoot/04/11/37/20/04113720.pdf>.

The Government is consulting on its General Election manifesto pledge, which includes exemptions for pubs that do not serve prepared food and for private membership clubs. However, the document also raises the option of “*a full ban in all enclosed public places and workplaces*”. In addition, the Government has also undertaken to give the National Assembly for Wales the powers it is seeking to bring in comprehensive restrictions in all workplaces and enclosed public places in Wales.

The Regulatory Impact Assessment included in the document shows that the “*partial ban*” option would sharply reduce the benefits of the legislation. Benefits from the partial ban - including production gains to employers, reduced sickness absence from work, and NHS expenditure saved through lower smoking rates – are estimated to be worth from £2,842 to £3,616 million. But the benefits from a complete ban are estimated at £3,374 to £3,784 million. Net benefits (after likely costs are included) are given as £998 to £1,486 million for a partial ban, and £1,344 to £1,754 million for a complete ban (page 35).

The Government’s existing proposals would already affect many more people than simply those involved in the pub and restaurant trades. About 2,182,000 people across Great Britain work in places with “no restrictions on smoking at all”. This is 8% of those in work. And 10,366,000 people work in places where smoking takes place in “designated areas”. This is 38% of those in work.

The consultation document seeks views on the “*merits and practicalities*” of the proposed exemptions. ASH believes that the Government is likely to drop the exemptions after criticism both from the public health lobby and from the hospitality trade. The exemptions would be hard to enforce, would make the legislation unnecessarily complicated, would lead to unfair competition in the hospitality trade, and would undermine the legislation’s public health benefits.

Under the partial restrictions proposed in Labour’s election manifesto, exempt pubs would be concentrated in poorer communities. These communities will have higher than average smoking prevalence rates, and will be suffering from the sharp health inequalities that the class distribution of smoking brings. Many membership clubs – for example Labour Clubs – will also be in such communities. Research undertaken by Northamptonshire Primary Care Trust and local authorities in the country shows that 54% of pubs and bars in Northamptonshire serve only drinks and would be exempt from the controls on smoking in public places. In the borough of Corby, an area where mortality rates are significantly higher than the national average, 85% of pubs and bars would be exempt.

Tim Clarke, chief executive of restaurant and pubs group Mitchells & Butlers has also warned that “*the enforced specialisation between food and smoking risks commercially incentivising more pubs than the [Government] currently anticipates to remove food and retaining smoking throughout.*”

Employers in exempt premises whose staff became ill from secondhand smoke would still face legal actions for compensation – several such cases have already been settled for substantial amounts and others are pending.

The proposal to prohibit smoking in the “bar area” of exempted pubs would fail to provide adequate protection for employees or members of the public. Smoke drifts. Ventilation systems are not a suitable solution. The cancer-causing particulates in cigarette smoke, invisible to the human eye, are too small to be trapped by the filter and so are just re-circulated. Even tobacco manufacturers Philip Morris admit on their website that, despite being expensive and difficult to maintain, ventilation systems are “*not shown to address the health effects of secondhand smoke*”.

It is important that Councils, politicians, health organisations and members of the public that support comprehensive smokefree legislation respond to the consultation document.

An ASH guide to help draft responses can be downloaded from:
<http://www.ash.org.uk/html/publicplaces/html/consultation.html>

Cancer Map of the UK

Several cancers strongly linked to smoking tobacco had distinct geographical patterns in cases and deaths during the 1990s, according to a new report published by the Office for National Statistics.

A band across the North of England and across Central Scotland had generally higher than average incidence and death rates for cancers of the lung, larynx, lip, mouth and pharynx; rates were lower than average in the South and Midlands of England. The areas with the highest incidence and mortality rates for these cancers were mostly those with high levels of socio-economic deprivation.

In the case of lung cancer the greatest risk factor is tobacco smoking, which causes 90 per cent of cases in men and 80 per cent in women. Current and historical differences in smoking habits between men and women can explain the observed differences in incidence and mortality between the sexes. Although similar proportions of men and women currently smoke, this has not been the case historically.

Lung cancer incidence and mortality rates are strongly associated with deprivation. An analysis of 1993 incidence data for England and Wales found that for males, incidence in the most deprived groups was almost two and a half times that in the most affluent, while for females, the ratio was around three. A similar association with deprivation is evident in Scotland, where incidence was around three times higher in both males and females in the most socially deprived groups. Survival was significantly lower among deprived compared to affluent men (a gap in five-year survival of 1.4 percentage points), although the difference in survival between deprived and affluent women was small.

Social class, based on occupation, is also related to the risk of mortality from lung cancer. Results based on individual records from the Longitudinal Study (a one per cent linked sample of census records) showed that in 1986-92 men in the manual classes were twice as likely to die of lung cancer than those in the non-manual classes, while the ratio for women was 2.6.

Many of the areas with the highest level of deprivation, as measured by the Carstairs index, corresponded to areas with high incidence of, and mortality from, lung cancer, including Greater Glasgow; Gateshead and South Tyneside; Newcastle and North Tyneside; Sunderland;

Liverpool; Manchester; and East London and The City. These variations can mainly be explained by differences in the prevalence of smoking.

The Cancer Atlas of the United Kingdom and Ireland 1991-2000 can be downloaded from <http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=14059>

Smokefree Bill goes Before Lords

Liverpool's plans to ban smoking in every work place in the city will face its next parliamentary hurdle this month. On Wednesday 20 July, the House of Lords will give a second reading to Liverpool City Council's Bill. The date follows the Bill's revival in the new Parliament, under the procedure for private legislation.

Under the Liverpool City Council (Prohibition of Smoking in Places of Work) Bill any individual or business in breach the new law could face fines of up to £5,000. The legislation is similar to laws already in force in Ireland, New York, Norway and Los Angeles.

Liverpool City Council has been joined by the Association of London Government (ALG) which represents London's 33 councils. They are also petitioning Parliament to ban smoking in clubs, pubs, restaurants, shops and offices in the capital.

ASH supports the Liverpool and London Bills. The evidence stage of the Bills, which could take place in October this year, will be an important opportunity to air the evidence in favour of comprehensive smokefree legislation.

Members of the House of Lords who support a comprehensive smokefree law for the whole of England and Wales are strongly urged to attend the Second Reading debate on the Liverpool Bill on Wednesday July 20th.

Trade Unions Backing Smokefree Law

Trade Unions are becoming more and more vocal in their backing for a comprehensive law ending smoking in all workplaces. The GMB Union passed a strong motion at its recent delegate conference. Other Unions backing the campaign include UNISON. The TUC's Executive has passed a similar policy and the TUC will be responding to the Department of Health consultation calling for exemptions for pubs and clubs to be dropped from the final Bill.

Three Nations Go Smokefree

Scotland

A ban on smoking in bars, restaurants and all public places has been approved by the Scottish Parliament. MSPs voted 97 in favour to 17 against (1 abstained). The Smoking, Health and Social Care (Scotland) Bill comes into force in March 2006 and will provide effective protection from second-hand smoke in all workplaces and enclosed public places.

Scotland has high number of smokers. A recent survey by British Heart Foundation put Scotland as a hot spot when it comes to premature deaths from coronary heart disease, with smoking and exposure to secondhand smoke one of the major contributors to these statistics.

Employers failing to enforce the ban face fines of up to £2,500 and those caught smoking could be fined up to £1,000. Smokers could be fined for lighting up in a pub, a restaurant, an office, a theatre or a bingo hall.

Exemptions include prison cells and residential care centres.

Wales

In January 2003 the National Assembly for Wales voted in principle to end smoking in public places but did not have the powers required to impose restrictions at the time. In May of 2005 the Assembly called for the Government to give the Assembly powers to introduce a new law ending smoking in enclosed workplaces and public places in Wales, with tight exemptions for parts of long stay hospital units, prison cells and hotel rooms.

It was decided, following the consultation process, that the only way to protect people from the known public health hazard of secondhand smoke is to ask for the powers to implement comprehensive legislation on smoking in workplaces and all enclosed public places in Wales

The UK Government in Westminster has now signalled that it will enable the Assembly to make its own decisions over smokefree legislation. Powers will be included in the Health Improvement and Protection Bill, which is likely to be put before Parliament in the Autumn. Once the Bill becomes law, the Assembly will carry out a consultation on draft regulations for Wales.

The Welsh legislation will go further than the current proposals for England, where pubs serving food would be exempt. Assembly Health Minister Dr Brian Gibbons wants a blanket ban on smoking in public places in Wales to be implemented within three years.

Ireland

Ireland's smokefree law was one year old on the 29th March 2005. The law has been a major health success, is widely observed without much enforcement being needed, and has overwhelming public support.

Key facts about the Irish law are:

- According to Euromonitor International, sales of cigarettes in Ireland fell 8.7% last year, when the ban was implemented, after declining 3.4% in 2003, and 1.2% in 2002. Gallaher Tobacco, the market leader in Ireland, has reported that Irish sales dropped 10.7% from January and October of last year.
- Support for the law increased after its introduction. Irish Marketing Surveys (commissioned by the Department of Health) reported in Summer 2004 that 82% of the public backed the smokefree law, and 90% agreed it would benefit workers. 70% reported that it improved their experience in pubs, and 78 said it improved their experience in restaurants.
- Figures released in February 2005 by the Central Statistics Office of Ireland (www.cso.ie) show that the value of bar sales in Ireland fell by 3.5% between April and December 2004, compared to the same period in 2003. However, the decrease of the value of sales is in line with the decrease of the volume of sales in the bars in Ireland, which began in 2001, well before the smokefree law was introduced.
- The Irish Office of Tobacco Control (www.otc.ie) reported in December 2004 that compliance levels with the new law are high. Compliance levels are reported at:
 - 94% in hotels;
 - 99% in restaurants;
 - 91% in licensed premises.

According to the Irish Examiner (March 21st 2005) fewer than 20 prosecutions have been required since the introduction of the smokefree law

New Survey Shows Increasing Support For Smoking Restrictions

A new survey from the Office of National Statistics shows that support for smoking restrictions in public places has been increasing since 1996. The survey "Smoking Related Behaviour and Attitudes 2004" shows that the largest increase was in support for restrictions in pubs, which rose from 48 per cent in 1996 to 56 per cent in 2003 and then to 65 per cent in 2004.

When people were asked in more detail what restrictions in pubs they would prefer, 47 per cent thought that pubs should be mainly non-smoking with smoking allowed in designated areas, and 16 per cent thought the premises should be mainly smoking with a designated non-smoking area. Nearly a third (31 per cent) said that smoking should not be allowed anywhere, an increase since 2003 when only 20 per cent thought smoking should not be allowed anywhere. Only 5 per cent thought there should be no restrictions on smoking at all.

Thirty per cent of non-smokers said they would visit a pub more often if smoking was restricted. Even among smokers, the vast majority (85 per cent) said they would visit about as often as they do now, and only 12 per cent would visit less often.

Between 1996 and 2004, the percentage in favour of smoking restrictions also increased from 85 per cent to 91 per cent in restaurants, from 82 per cent to 93 per cent in other public places, and from 81 per cent to 88 per cent in the workplace.

Smoking related behaviour and attitudes, 2004
ONS. OS no.27. ISBN 1 85774 603 1.

Is available on the National Statistics website:
<http://www.statistics.gov.uk/statbase/Product.asp?vlnk=1638>

BAT - In Their Own Words

Action on Smoking and Health, Christian Aid and Friends of the Earth have published a major report on British American Tobacco. The report was released in time for the BAT AGM in April.

BAT is the second largest tobacco company in the world, with profits of more than £2.7 billion a year from a 15% share of the world tobacco market. As about five million people die from tobacco related diseases every year, BAT's 300 brands of cigarettes sold in 180 countries around the world could be causing up to three quarters of a million

deaths. But in reports, speeches and on web pages, BAT assures us it has high standards of behaviour and integrity across its global operations.

Although genuine moves by UK companies to improve their social and environmental standards are welcome, the differences between the claims BAT makes in its reports and its true impacts are stark. Our 2004 report, "**BAT's Big Wheeze**", showed that even as BAT wins awards for its social reports and is ranked high in ethical and sustainability tables, the company is still failing to address the central health, human rights and environmental impacts of its business.

"**BAT In its Own Words**" details the documents that BAT would rather you did not see. They show how

- BAT aimed to split the United Nations – with strategic lobbying and has tried to influence the World Trade Organisation to oppose the regulation of tobacco, dispatching CEO Martin Broughton to lobby the WTO's director, Mike Moore.
- BAT campaigned to discredit the World Health Organisation by deploying scientific evidence from research supported by the tobacco industry to undermine multi-million dollar research into nicotine addiction and the health impacts of secondhand smoke.
- BAT funded lobby front groups to persuade decision-makers not to regulate the tobacco industry.
- BAT promotes the voluntary approach. BAT has explored using codes of conduct, self-regulatory bodies, public reporting and coordinated corporate giving programmes as tactics to preempt higher taxes, tobacco advertising bans and restrictions on smoking in public spaces.
- BAT attempted to divide and undermine critics by **developing** NGO partnerships and promoting its youth smoking policies, its good relations with tobacco farmers and its economic importance.
- BAT tries to influence tobacco taxation policies – using the fear of cigarette smuggling to persuade governments into lowering tobacco taxes.

This report shows how securing policymakers' support for the "voluntary approach" to corporate regulation has been a priority for BAT and it exposes the inherent weaknesses of the voluntary approach to corporate social responsibility.

"BAT in its Own Words" can be downloaded from:

www.ash.org.uk/html/conduct/pdfs/bat2005bw.pdf

Too Many Councils Not Acting on Smoking and the Community

The Smokefree Action coalition, consisting of many of Britain's leading medical and public health organisations has released a major survey of smoking policies for every Council in England and Wales. Details of the survey are available from ASH.

The research shows that while some Councils (e.g. Liverpool, Manchester, Poole and Sheffield) are leading the way towards cutting smoking rates in their areas and working for smokefree towns and cities, most are still doing little more than banning smoking in their own offices. Only a quarter of all Councils are actively working with NHS Primary Care Trusts and others to promote smokefree public places.

Smokefree Action says that the survey shows the urgent need for the Government to bring in comprehensive legislation ending smoking in all workplaces and enclosed public places, as well as for Councils to work more actively with their local NHS and other partners to tackle smoking rates in their areas.

The results of the survey show:

	London Boroughs	Metropolitan Boroughs	Unitary Authorities	County Councils	District/Borough Councils	Welsh Borough Councils	Totals
Total Number	33	35	48	33	230	22	401
Outreach Policy on Smoking	3	16	15	15	47	4	100
Under Discussion	2	3	3	5	11	0	24

Notes

Nine councils failed to respond.

"Outreach Policy" means that the Council is working actively to encourage smokefree workplaces and public places, and taking other action with NHS and local partners to cut local smoking rates.

In August, ASH will also be publishing the first interactive web map of smoking rates in every ward in England and Wales, mapped against the deprivation index for each ward. The results will show just how closely high smoking rates and deprivation are related.

ASH Director Deborah Arnott comments:

"Some Councils have led the way to encourage smokefree workplaces and public places in their area, and to help cut the terrible toll of death and disease caused by smoking. Councils such as Liverpool, Manchester, Sheffield and Poole – Labour, Liberal Democrat and Conservative controlled – have a fine record of work in this area.

But too many Councils are doing little to promote smoke freedom. Too many are not working effectively with their local NHS Primary Care Trusts and others to cut smoking prevalence rates. Too many still do not realize the impact that smoking has on life expectancy and health inequalities in their areas."

Royal College Publishes Major Report on Smokefree Places

A new report released on July 12th 2005 by the Royal College of Physicians shows that a ban on smoking in enclosed public places is likely to reduce overall the amount of smoking in the home. The report, written by international experts and edited by the College's Tobacco Advisory Group, finally lays to rest the myth that bans on smoking in public places could lead to increased smoking in the home.

'Going Smoke-free: The Medical Case for Clean Air in the home, at work and in public places' is the first comprehensive overview of passive smoking, covering medical, legal, economic and ethical aspects of this controversial subject. The report makes an incontrovertible case for the Government to enact comprehensive legislation to make all workplaces and other enclosed spaces smokefree at the earliest possible opportunity.

Making the UK smokefree would also benefit the economy by about **£4 billion** each year. Financial benefits include reductions in NHS costs and productivity gains in industry; the value of years of life saved by those giving up smoking; and reduced insurance, cleaning, and fire-related costs in business.'

'Going Smoke-free: The Medical Case for Clean Air in the home, at work and in public places' is available from the RCP Publications Department on 020 7935 1174 ext.358.

New ASH Map Showing Social Deprivation and Smoking Deprivation

A new map showing smoking prevalence linked to social and economic deprivation will go live on the ASH website in August. The map has been correlated from different information relating to smoking, from Portsmouth University and deprivation, from the Office of the Deputy Prime Minister.

The information is broken down to ward level and will be a fully searchable interactive map of England, showing smoking prevalence and deprivation down to ward level, featuring graphic comparisons and will be printable.

For more information contact enquiries@ash.org.uk

Health Hotel Fringe: Labour Party Conference 2005

Smokefree Legislation – It's About Health and It's About Time

Monday 26th September, 19.00 to 20.00, Paganini Ballroom, Old Ship Hotel

Supportive organisations are as follows:

Asthma UK	Breakthrough Breast Cancer
British Heart Foundation	British Medical Association
Cancer Research UK	Cancer BACUP
Chartered Society of Physiotherapy	Diabetes UK
King's Fund	Macmillan Cancer Relief
Marie Curie Cancer Care	New Health Network
NHS Confederation	Royal College of Midwives
Royal College of Nursing	Sainsbury Centre for Mental Health
Stroke Association	UNISON

Speakers are confirmed as follows:

Chair: Deborah Arnott, ASH
Speakers: Hugh Robertson, TUC
Peter Hollins, Director General, British Heart Foundation
Prof Alex Markham, Chief Executive, Cancer Research UK



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