

Sub Committees on The Smoke-free Premises etc. (Wales) (Amendment) Regulations 2012

Response from the British Lung Foundation

The Smoke-free Premises etc. (Wales) (Amendment) Regulations 2012

A response to the sub-committee of the Health and Social Care Committee & Enterprise and Business Committee.

British Lung Foundation is the only charity in the UK which represents people with all lung conditions. In Wales, we fight for the 1 in 5 people affected by lung disease through four areas of work. We:

- Fund research into future treatments and cures of respiratory disease;
- Raise awareness of lung disease and its impact at a local and national level;
- Campaign for change in the nation's respiratory health;
- Provide direct support for people with lung disease;

As an organisation focused on helping people with lung disease, we deal daily with people who have succumbed to the ill-effects of tobacco. Indeed, over 70% of our Breathe Easy members have chronic obstructive pulmonary disease - a chronic lung condition estimated to affect up to 186,000 people in Wales, and one which is primarily caused by smoking.

Back in 2007, Wales took decisive action and introduced the smoke-free premises legislation. It was, and still is, the single most positive public health improvement measure the country has seen; supported by an overwhelming majority of the Welsh public.

We believe there is no ground for amending the legislation upon which the law was founded; health. There is no safe level of second hand smoke. Indeed, in 2010, there were 571 second-hand smoke attributable hospital admissions amongst Welsh children aged 0-14 years old.¹ The majority of which were for lower respiratory infections.

Some of the health benefits of the present legislation are highlighted on Welsh Government's website:

¹ "Tobacco and Health in Wales", Public Health Wales. June 2012

[http://www2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf/85c50756737f79ac80256f2700534ea3/509486bfd300fdef80257a29003c3c67/\\$FILE/Eng%20Smoking%20Report%20LowRes.pdf](http://www2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf/85c50756737f79ac80256f2700534ea3/509486bfd300fdef80257a29003c3c67/$FILE/Eng%20Smoking%20Report%20LowRes.pdf)

One person in five in Wales is affected by a lung disease. We are here for every one of them.

Mae clefyd yr ysgyfant yn effeithio ar un o bob pump o bobl yng Nghymru. Rydym ni yma ar gyfer pob un ohonyn nhw

- A study undertaken by the Chartered Institute of Environmental Health Cymru, on the effects of the smoke-free legislation on indoor air quality found that particulate levels fell by an average of 77 per cent a year on from the introduction of legislation
- An evaluation of the smoke-free legislation in Scotland found improvements in the respiratory health of bar workers. It also cites a study by Pell et al, which found that the number of acute coronary syndrome (ACS) admissions fell from 3235 in the ten-month period leading up to the ban (June 2005 to March 2006) to 2684 in the same ten-month period post-ban - a 17 per cent reduction overall. In smokers the reduction was 14 per cent compared with 19 per cent in ex-smokers and 21 per cent in never smokers.²

The Tobacco Control Action Plan for Wales identifies four key priorities:

- Promoting leadership in tobacco control;
- Reducing the uptake of smoking, especially amongst children and young people;
- Significantly reducing the number of people who smoke; and
- Reducing exposure to second-hand smoke

The amendment to the legislation would directly undermine one of these proposals, and would further undermine the principles behind each of the measures which are designed to help reduce tobacco prevalence.

Despite the precautionary measures outlined in the explanatory memorandum, which are not clear-cut; the lingering affect of smoke particles can trigger exacerbations in those people with pre-existing respiratory conditions, long after the cigarette has been extinguished. Wales can ill-afford to place an extra burden on NHS beds - at a cost of around £2,500 p/w - which saw the highest rate of respiratory emergency admissions for a decade in 2011.

In putting forth an economic argument at the expense of public health, this would set a very real precedent for others to follow suit. Additionally we are concerned about the burden this will place on Local Authorities who will be responsible for enforcement, as surely interpretation of 'artistic integrity' is subjective to the director/performer.

This is a retrograde proposal that would send mixed-messages regarding Welsh Government actions to improve the health of the nation, and one which would ultimately be detrimental to the goal of seeing a smoke-free Wales

² Evaluation of smoke-free legislation. Findings of the research commissioned on the outcomes of the smoke-free legislation. <http://wales.gov.uk/smokingbanwalessub/home/smokefreelawoutcomes/evaluations/?lang=en>

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