



# **Exposure to secondhand smoke in Bristol**

**One-year update on  
the Baseline Report**

***November 2006***

*Produced by the Monitoring Sub-group of the  
Smoke-free Bristol Steering Group*

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## Glossary

Avon and Wiltshire Partnership NHS Trust	<i>Provider of care and services for people with mental health problems.</i>
Bristol City Council	<i>Local Government body responsible for a wide range of local services.</i>
Bristol Partnership	<i>A city-wide partnership of 30 organisations / networks, working together to make Bristol a better place to live in, work and visit. See <a href="http://www.bristol-city.gov.uk/aboutbris/executivePartnerships.html">http://www.bristol-city.gov.uk/aboutbris/executivePartnerships.html</a>.</i>
Bristol Quality of Life Survey	<i>Annual questionnaire survey to a sample of Bristol households that collects information about quality of life and sustainability.</i>
Bristol Smoking Advice Service	<i>A service run by the Bristol Primary Care Trusts, that helps smokers who want to quit, works throughout the city to raise awareness of the harms of smoking and the benefits of clean air, and assists workplaces with implementation of clean air policies..</i>
Electoral ward	<i>A local area from which one Councillor is elected onto the City Council.</i>
Food Safety Team	<i>Inspectors of local food businesses to enforce standards of cleanliness and good hygiene practices.</i>
Health and Safety Executive	<i>Responsible for the regulation of risks to health and safety arising from work activity in Britain.</i>
Health Survey for England	<i>An annual survey involving detailed interviews with a sample of households. It is commissioned by the Department of Health to provide regular information on various aspects of the nation's health.</i>
North Bristol NHS Trust	<i>The organisation responsible for running hospital services in North Bristol, including Southmead and Frenchay Hospitals.</i>
Primary Care Trust	<i>A National Health Service organisation responsible for commissioning health services, providing community services, overseeing payments to GPs, opticians, dentists and pharmacists, and improving the health of the local population.</i>
Public enclosed spaces	<i>Enclosed indoor places, enclosed parts of vehicles, and substantially enclosed structures such as sports stadia, where members of the public visit.</i>
Public Health Directorate	<i>Team of staff, including public health consultants and specialists and health promotion and community development staff, within the two Bristol Primary Care Trusts</i>
Quality and Outcomes Framework	<i>System of quality standards and measures for GP practices, linked to financial incentives.</i>
Second-hand smoke	<i>The smoke inhaled by an individual not actively engaged in smoking. It contains the same harmful chemicals that smokers inhale.</i>
Smoke-free	<i>No smoking in enclosed spaces.</i>
Smoke-free Bristol	<i>A five-year plan, adopted by the Bristol Partnership, to protect the public from the harmful effects of second-hand smoke. See <a href="http://www.smokefreebristol.org">www.smokefreebristol.org</a>.</i>

Smoking room	<i>An indoor room where smoking is permitted.</i>
Stratified sample	<i>A sampling technique used in population studies.</i>
United Bristol Healthcare NHS Trust	<i>The organisation responsible for running hospital services in central Bristol, including the Bristol Royal Infirmary, Bristol Royal Hospital for Children, St Michael's Hospital, etc.</i>

## 1 Summary

This report summarises the changes that have occurred since the September 2005 Baseline Report on exposure to secondhand smoke in Bristol.

Key conclusions are:

- There has been steady progress during the year. The number of employees in non-food businesses exposed regularly or sometimes to secondhand smoke at work has decreased by several thousand.
- As a result of smoke-free Bristol, food and hospitality businesses across the City are well prepared for switching to smoke-free premises on or before 1 July 2007. An estimated 20% are smoke-free already.
- Bristol pubs are ahead of many other cities in preparing for smoke-free policies.
- The nine major public sector employers in Bristol now have completely smoke-free policies.
- Important first steps have been taken for raising awareness of the health damage from home exposure to secondhand smoke, and data collection to monitor progress has been introduced.
- Several thousand Bristol residents have successfully quit smoking during the year, but accurate measurement of population smoking prevalence is difficult to do and is expensive.
- Public support for freedom from secondhand smoke remains very strong indeed.
- It is possible that smoke-free policies may reduce the number of fires due to smoking related materials.
- Work by Bristol's 'Clean and Green', with the public sector employers, successfully decreased the cigarette litter when these premises went smoke-free. Plans are being developed to mirror this success City-wide once smoke-free legislation comes into effect.
- Noise levels outside pubs could increase as a side-effect of smoke-free policies, and will be managed appropriately.
- Increase in use of outdoor 'patio' heaters by the hospitality trade and for domestic use should be discouraged. Using fuel for outdoor heating is relatively wasteful, and is incompatible with the move towards low carbon emissions.

## **2 Introduction**

### **2.1 What is smoke-free Bristol?**

'Smoke-free Bristol' is a five-year plan adopted by the Bristol Partnership with the signing of a Charter in January 2005. The plan aims to protect the public from the harmful effects of secondhand tobacco smoke. For more information about the plan, please visit the website at: [www.smokefreebristol.org](http://www.smokefreebristol.org).

### **2.2 What are the dangers of secondhand smoke?**

The health damage from secondhand smoke is substantial. The scientific evidence has been summarised by the Scientific Committee on Tobacco and Health (SCOTH):

- Secondhand smoke is a killer, there is no safe level of exposure.
- Secondhand smoke increases the risk in non-smokers of lung cancer by 24% and heart disease by 25%.
- Just 30 minutes' exposure is enough to reduce coronary blood flow.
- Secondhand smoke contains over 4,000 chemicals in the form of particles and gases – more than 50 are carcinogens.
- Some groups of people, for example bar staff, are heavily exposed to secondhand smoke in their workplace.

## **3 How big is the problem in Bristol?**

In September 2005 we produced a Baseline Report summarising and explaining all the available information about exposure to secondhand smoke in Bristol. The Baseline Report can be downloaded in full from the website (<http://www.smokefreebristol.org>), click on the link under Information, 'How big is the problem in Bristol?', then scroll down to the download link for the pdf file of the report). The key findings from the September 2005 Report are shown in Appendix 2.

We have now looked again at the available information on secondhand smoke exposure in Bristol to see whether we have succeeded in making improvements in the past year. This update report summarises what we found. For detailed explanation of the different data sources, please refer to the Baseline Report (available from the website, see instructions above, [www.smokefreebristol.org](http://www.smokefreebristol.org)).

## **4 What has changed from October 2005 to September 2006?**

### **4.1 Non-food businesses**

There are around 11,500 non-food businesses in Bristol covered by Bristol City Council Public Health and Safety Team. Approximately 45% of large employers (>250 employees) and 72% of small businesses were smoke-free in September 2005.

- Environmental Health staff now ask about smoking policies at all their visits, and refer any that need help to the NHS tobacco control workers.
- The NHS tobacco control workplace adviser has visited all businesses on industrial and trading estates, 70% of businesses in Neighbourhood Renewal areas, and has worked with several large employers.
- A total of 123 businesses in Neighbourhood Renewal Areas were identified that could make an improvement. As a result of visits from the workplace adviser at least 52 workplaces improved their policies on workplace smoking. This represents a 42% increase in adoption of improved policies amongst the smoky businesses visited.
- The Environmental Health FLARE database is now being used for recording whether businesses have a smoke-free workplace policy, and 345 businesses are recorded as having smoking policies.
- Survey data for winter 2005 from the business community showed that 52% of the sample of surveyed businesses had no smoking in the workplace, 42% had smoking in restricted areas, 4% were planning to introduce no smoking, and only 2% had no restrictions (Accord Marketing and Research Dec 2005).

### **Conclusion**

There has been steady progress during the year. The number of employees in non-food businesses exposed regularly or sometimes to secondhand smoke at work has decreased by several thousand.

## **4.2 Food businesses / hospitality industry**

There are around 4,000 food businesses in the City, including pubs. In September 2005 an estimated 86% of food businesses were estimated to be partially or completely smoky.

- A number of food businesses have improved their smoke-free provision, some as a direct result of visits and advice from the NHS tobacco control workplaces adviser. Many more are preparing for smoke-free on or before the 1 July 2007 national implementation date.
- A survey of Bristol hoteliers in 2005 revealed that amongst the 14 businesses that responded (size ranged from six rooms to 115 rooms) there were:
  - employee smoking policies in 93%
  - guest smoking policies in 79%
  - smoke-free rest rooms for employees in 79%
  - smoke-free bars in 50%

### **Conclusion**

As a result of smoke-free Bristol, food and hospitality businesses across the City are well prepared for switching to smoke-free premises on or before 1 July 2006. An estimated 20% are smoke-free already.

### 4.3 Licensed pubs

There are 414 licensed pubs in Bristol City.

- 3 traditional pubs are completely smoke-free (up from 0 in 2004, 1 in 2005)
- 3 café / bars are completely smoke-free (up from 0 in 2004)
- 27 have separate no-smoking rooms (up from 16 in 2004)
- 87 have no smoking areas (up from 58 in 2004).

#### **Conclusion**

Bristol pubs are ahead of many other cities in preparing for smoke-free policies.

### 4.4 NHS / Bristol City Council / Police and Fire Services

In September 2005, four public sector bodies were completely smoke-free (Avon Ambulance Trust, Avon Fire Brigade, Avon and Somerset Police, and the Bristol Primary Care Trusts).

- Since September 2005 the following organisations have introduced completely smoke-free policies:
  - United Bristol Healthcare Trust, October 2005
  - Bristol City Council, October 2005
  - Government Office of the South West, January 2006
  - North Bristol NHS Trust, March 2006
  - Avon and Wiltshire Mental Health Partnership Trust, June 2006
- The NHS Bristol Smoking Advice Service has supported both public sector and commercial sector organisations by providing support-to-stop services for employees.

#### **Conclusion**

The nine major public sector employers in Bristol now have completely smoke-free policies.

### 4.5 Smoking in the home

Exposure to secondhand smoke in the home is an important health risk for adults and children. Data about home exposure is not routinely available, but the importance of home exposure is shown by the presence of high cotinine levels in non-smokers who live in smoking households (see 'Going smoke-free. A report on passive smoking by the Tobacco Advisory Group of the Royal College of Physicians'. Royal College of Physicians July 2005).

- As part of smoke-free Bristol we have introduced data collection about smoky homes, we have analysed the rate of hospital admissions for childhood respiratory illness across the City, and we will soon be starting to implement a smoke-free homes strategy.
- We have added a question to the Bristol Quality of Life Survey (postal questionnaire), that asks whether anyone smokes regularly indoors. Preliminary analysis of the data for 2005 shows that the percentage of respondents who answered 'yes' was:
  - 17.1% City-wide
  - 27.1% in the seven wards with highest smoking prevalence.

The percentage of respondents who said there was a smoker in their household was:

- 30.1% City-wide
  - 38.6% in the seven wards with highest smoking prevalence.
- A detailed survey conducted using face-to-face interviews in homes in Bristol's Neighbourhood Renewal areas found that 41% of those surveyed said that someone smokes regularly within the home. This figure of 41% is likely to be more accurate than the figure from the Quality of Life Postal Questionnaire as it is well recognised that postal surveys produce under-reporting.
  - A question about home smoking has been adopted by the Bristol Health Visiting Service for use at all eight-month baby checks. Since April 2006, 25% of visits have this data completed, but we will work with the Health Visiting service to try and achieve at least 70% data completeness.
  - Two community workers have been appointed to work with community associations, community groups, and families in Neighbourhood Renewal areas to raise awareness of the health damage from smoky homes and start the process of achieving change.
  - Baseline data on childhood respiratory illness hospital admissions has been analysed for each electoral ward and shows a strong correlation between smoking prevalence and respiratory admission. Details of this work is contained in 'Monitoring the implementation of the smoke-free homes strategy', Ardiana Gjini September 2006.

**Conclusion**

Important first steps have been taken for raising awareness of the health damage from home exposure to secondhand smoke, and data collection to monitor progress has been introduced.

**4.6 How many people smoke and how much?**

The primary aim of smoke-free Bristol is to eliminate the substantial health damage from secondhand smoke. We respect the right of smokers to smoke in places where this does not expose others to the harmful toxic substances in secondhand smoke.

One spin-off from smoke-free policies is that people who are quitting smoking say that smoke-free environments make it easier to quit. Three quarters of current smokers say they would like to quit. For every two people who smoke long-term, one dies prematurely as a result. Quitting smoking reduces this risk, and cuts the risk of 50 different illnesses and conditions.

- Survey data from Bristol's annual Quality of Life Survey is not sufficiently powerful to detect small percentage changes in smoking prevalence. We estimate that across Bristol around 34% of adults smoke, with major variation from ward to ward (12% in Henleaze, 56% in Filwood).
- During the year 2005/06 over 2,300 Bristol residents successfully quit smoking with the help of the NHS Support-to-Stop services. Over 700 of these were from the Neighbourhood Renewal Areas. Many more will have quit without using the NHS service.
- Progress has been made, working with GP practices, to start to analyse GP records in order to give us additional data about smoking prevalence.

### **Conclusion**

Several thousand Bristol residents have successfully quit smoking during the year, but accurate measurement of population smoking prevalence is difficult to do and is expensive.

## **4.7 Public views about smoke-free policies**

In the Baseline Report we summarised the data from several local and national surveys, all of which shows major support (80% or more) for smoke-free public places. Since then:

- the Government has voted for legislation to achieve smoke-free indoor workplaces, including those who work in pubs. This was in response to a massive response against the initial proposal of a partial ban, and in favour of completely smoke-free policies.
- 'Ask Bristol' conducted a web-based discussion forum from 2 August to 29 September 2005. Twenty-one people made thirty comments.
  - One comment said more smoker-friendly public places are needed.
  - One comment was about smoking outdoors, and argued that vehicle use should be restricted as this was a worse pollution problem.
  - Twenty-eight comments were in favour of protection from secondhand smoke.
- Further national opinion surveys (YouGov poll conducted in December 2005, and Office for National Statistics survey conducted in October and November 2005) also found strong support for smoke-free policies.

- A survey conducted in Bristol's Neighbourhood Renewal Areas, where smoking rates are generally highest, found that 60% of those surveyed agreed that public places should be smoke-free and only 23% disagreed. The remaining 17% neither agreed nor disagreed (Bristol City Council NR/SRB Residents' Perception Survey 2005).

### **Conclusion**

Public support for freedom from secondhand smoke remains very strong indeed.

## **4.8 Fires caused by smoking**

Soon after smoke-free legislation was introduced in Ireland there were newspaper reports that deaths caused by residential fires had increased because smokers were drinking at home because of the ban. In fact, the fire statistics did not actually show a real increase, and subsequent statistics, in Ireland and elsewhere, revealed a decrease in smoking at home (see also Baseline Report, available from [www.smokefreebristol.org](http://www.smokefreebristol.org)).

- Fire service data for Avon show that across Avon there are between 40 and 80 accidental fires each year in residential properties where the cause is smoking materials. This includes fires caused by children playing with lighters and cigarettes, as well as fires caused by a burning cigarette. The number of injuries and deaths from these fires is very small. Overall the trend seems to be downwards.

### **Conclusion**

It is possible that smoke-free policies may reduce the number of fires due to smoking related materials.

## **4.9 Smoking-related litter**

As more buildings become smoke-free, special efforts are needed to avoid an increase in discarded cigarette butts, matches and packets littering pavements and public places. Bristol's 'Clean and Green' project has been working with smoke-free Bristol, using eye-catching and informative signage, provision of litter bins, and interventions aimed at encouraging smokers to be aware of the public expense of cleaning up litter.

- An evaluation in several city centre locations showed a clear, positive impact on the amount of cigarette litter following interventions by 'Clean and Green'.

### **Conclusion**

Work by Bristol's 'Clean and Green', with the public sector employers, successfully decreased cigarette litter as these premises went smoke-free. Plans are being developed to mirror this success City-wide once smoke-free legislation comes into force.

#### 4.10 Other consequences

**Noise** – greater use of outdoor areas, particularly at pubs, can lead to an increase in noise experienced by nearby households. The relevant departments within Bristol City Council will monitor the situation and will take action where necessary.

**CO<sub>2</sub> emissions from patio heaters** – experience in Ireland found an increase in sales of outdoor patio heaters once smoke-free legislation was introduced. These heaters generally use Liquid Petroleum Gas, and emit approximately 3 kilograms of the greenhouse gas carbon dioxide (CO<sub>2</sub>) for each 1kg of fuel used. The hospitality industry in the UK has signed a voluntary climate change agreement requiring a 15% reduction in carbon emissions by 2010 (from 1999 levels). Outdoor heating will seriously undermine the ability to meet these targets (Market Transformation Programme Briefing Note DH18; outdoor heating for comfort Version 1.2

[http://www.mtprog.com/ApprovedBriefingNotes/PDF/MTP\\_BNDH18\\_2006November23.pdf](http://www.mtprog.com/ApprovedBriefingNotes/PDF/MTP_BNDH18_2006November23.pdf)).

#### **Conclusion**

Noise levels outside pubs could increase as a side-effect of smoke-free policies, and will be managed appropriately.

Increase in use of outdoor 'patio' heaters by the hospitality trade and for domestic use needs to be discouraged. Using fuel for outdoor heating is relatively wasteful, and is incompatible with the move towards low carbon emissions.

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November 2006

## ***Appendix 1***

### **Members of the Monitoring Group for smoke-free Bristol**

*Fiona Andrews - Regional Tobacco Policy Manager, Government Office for the South West*

*Dr Ardiana Gjini – Specialist Registrar in Public Health, Bristol North PCT*

*Phil Chan – Scientific Officer, Create Centre*

*Paul Pilkington - Lecturer in Public Health, University of the West of England*

*Katie Porter - Smoke Free Bristol Manager, Bristol City Council*

*Dr Angela Raffle (Chair) – Consultant in Public Health, Public Health Network*

*Dr Rona Campbell - Senior Lecturer in Health Services Research, University of Bristol*

## **Appendix 2**

### **Summary points from Exposure to secondhand smoke in Bristol Baseline Report September 2005**

- The City Council, the Health Service, and other public sector organisations have made significant progress but there is still some way to go before all public sector workers are free of second-hand smoke exposure in their workplaces.
- Many Bristol businesses in the non-food sector have introduced, or are planning to introduce, smoke-free policies to safeguard workers, but a substantial proportion (30-50% of employers) do not yet have adequate workplace policies.
- The majority (over 80%) of cafés and restaurants in Bristol are not smoke-free.
- Almost all pubs in Bristol are not smoke-free, with the exception of J D Wetherspoon's pub 'The Commercial Rooms' on Corn Street. The Wetherspoon's chain is gradually converting all its pubs to smoke-free.
- Across Bristol over ten thousand workers are still exposed to second-hand smoke in their workplace.
- Plans are in place to improve data collection concerning workplace smoke exposure using the environmental services FLARE database.
- The percentage of Bristol households that are smoky is well over 30%, which significantly damages the health of children living in smoky rooms.
- Plans are being developed to improve data collection concerning childhood exposure to home smoking.
- The percentage of Bristol adults who smoke is higher than the average for England, and varies widely from ward to ward, with highest rates in the most deprived wards. Lung cancer death rates in the Bristol South and West Primary Care Trust area are 35% higher than the average for Avon.
- Surveys in Bristol show that over 80% of respondents are bothered by second-hand smoke and would prefer it if indoor public places were smoke-free.
- The numbers of deaths and injuries caused by fires due to smoking are very small, and will be monitored.
- Smoking-related litter is a nationwide problem and plans will be developed to ensure this problem is kept under control in Bristol.