



# **Exposure to secondhand smoke in Bristol**

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

***April 2008***

*Produced by the Monitoring Sub-group of the  
Smokefree 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 which collects information about quality of life and sustainability.</i>
Bristol Smoking Advice Service	<i>A service run by the Bristol Primary Care Trust, 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>
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, working jointly for the Bristol Primary Care Trust and Bristol City Council.</i>
Quality and Outcomes Framework	<i>System of quality standards and measures for GP practices, linked to financial incentives.</i>
Secondhand smoke (SHS)	<i>SHS comprises smoke from the burning tip, smoke escaping from the filter end whilst the cigarette is not in the smoker's mouth, and exhaled smoke. Because most of it is unfiltered it contains more harmful chemicals than inhaled smoke. Secondhand smoke is inhaled by smokers and non-smokers alike.</i>
Smokefree	<i>Initially a term for enclosed spaces where the air was free of tobacco smoke, but now the meaning has widened to include individuals and communities who are free of the harm caused by tobacco smoke.</i>
Smokefree Bristol	<i>A five-year plan, adopted by the Bristol Partnership, to protect the public from the harmful effects of secondhand smoke and to reduce the health inequalities caused by tobacco. See <a href="http://www.smokefreebristol.org">www.smokefreebristol.org</a>.</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 is for the Smokefree Bristol Steering Group. It summarises the progress made between November 2006 and November 2007 in relation to exposure to secondhand smoke, and health damage from smoking, in Bristol.

Key conclusions are:

1. Many thousands of Bristolians who were previously exposed to secondhand smoke at work now have the health benefits of a smokefree workplace.
2. Secondhand exposure in enclosed public places is now a thing of the past. This has brought health benefit to a sizable proportion of Bristol's population, probably over a hundred thousand people.
3. The Avon and Wiltshire Mental Health Partnership Trust is already smokefree ahead of the national 1 July 2008 deadline for Mental Health Trusts. Mental health services in Bristol are providing support for patients who want to quit.
4. Further improvements are needed in order for prisoners to have better access to support to stop services, and smokefree environments.
5. The smokefree legislation has made a dramatic difference to air quality in workplaces and enclosed public places, and to exposure levels as measured by cotinine levels in hospitality workers. It has triggered major behaviour change, and has proved very popular. It is widely perceived as being beneficial to health.
6. Information about the level of compliance on sales and marketing of tobacco products needs to be developed for inclusion in smokefree Bristol reports.
7. There are still many Bristolians unnecessarily exposed to health damage from secondhand smoke in the home. Implementation of the Smokefree Homes Strategy needs to be a priority for the Smokefree Bristol campaign from 2008.
8. Over 2,000 people used the NHS support to stop services successfully in each of the years 2006/07 and 2007/08. The percentage of pregnant women who are known to be smoking at the time of delivery was 12.6% in 2007, down from 13.8% the previous year and from 18.8% in 2003 when the data collection began. In Bristol's 2007 annual Quality of Life Survey all the indicators of smoking levels were down compared with the previous year.
9. Public support for the smokefree legislation remains very high. Around 80% of people are aware of the health benefits of breathing cleaner air.
10. There is no evidence that the smokefree legislation has increased the number of residential fires. It may actually reduce the number of fires as more people are aware of the harms of secondhand smoke and are smoking less in the home.
11. The Clean and Green Team have worked proactively to minimise the potential increase in cigarette litter related to introduction of the smokefree legislation.

12. The number of noise complaints from licensed premises has increased following smokefree legislation. In 58 instances this related to outdoor smoking. The situation will be monitored.
13. There is little evidence of a major increase in use of patio heaters in Bristol pubs and restaurants following the smokefree legislation.

## **2 Introduction**

### **2.1 What is smokefree Bristol?**

'Smokefree 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 and to reduce the health damage and inequalities caused by smoking. 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, have been heavily exposed to secondhand smoke in their workplace.
- Children are particularly vulnerable due to faster breathing rates, smaller airways, and immature immune systems.

### **2.3 What are the dangers of smoking?**

Although there is general awareness that smoking is bad for health it is worth restating the magnitude of the harm. On average, a smoker reduces their life-expectancy by 16 years. For each two people who smoke, one of them dies prematurely as a result. One out of every three episodes of hospital care in England is because of a smoking related illness. One half of the gap in life-expectancy between affluent and deprived is because of smoking.

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

In September 2005 we produced a Baseline Report for Smokefree Bristol, and in November 2006 we produced a one year update. Both reports can be downloaded in full from the website <http://www.smokefreebristol.org/>. This third report summarises where we are two years on from the start of the Smokefree Bristol campaign.

### **4 What has changed from November 2006 to November 2007?**

Two important legal changes have taken place during the year;

- smokefree legislation which took effect in England from 1st July 2007. This prohibits smoking in workplaces and enclosed public places
- the legal age for purchasing smoking materials increased, from 16 to 18. This took effect from October 2007.

In the rest of this section we examine what has happened in Bristol.

#### **4.1 Smokefree workplaces and public enclosed spaces**

In 2005, 45% of Bristol's large employers (>250 employees), 70% of small businesses, 20% of food and hospitality businesses and all major public sector workplaces were completely smokefree. Only 1% of pubs were completely smokefree.

Now that the smokefree legislation is in place, all enclosed workplaces, public transport, work vehicles and premises open to the public are smokefree. There are some exceptions to the legislation. These include bedrooms and cells within adult hospices, prisons, long-stay residential care, hostels, hotels, and halls of residence. These can be designated as smoky. In addition, long-stay residential care facilities can have designated smoking rooms.

#### **Conclusion**

Many thousands of Bristolians who were previously exposed to secondhand smoke at work now have the health benefits of a smokefree workplace. Also, secondhand exposure in enclosed public places is now a thing of the past. This has brought health benefit to a sizable proportion of Bristol's population, probably over a hundred thousand people.

#### **4.2 Mental Health premises**

Mental Health Trusts in England have until July 2008 to become fully compliant with the smokefree legislation. The mental health units (Avon and Wiltshire Mental Health Partnership Trust) have worked closely with the Bristol Smoking Advice Service and are already smokefree. Compliance with the smokefree policy amongst in-patients is generally good<sup>1</sup>.

Smoking rates amongst people with mental health problems are higher than the general population. Many smokers with mental health problems wish to stop smoking, but have in the past reported that they do not receive information and advice on how to do this<sup>1</sup>. There

are now 20 trained mental health workers in Bristol who can provide support to patients who want to quit.

### **Conclusion**

The Mental Health services in Bristol are providing support for patients who want to quit, and are already smokefree.

## **4.3 Prisons**

HM Prisons are Crown Property and are therefore not covered by the smokefree legislation. Instead, a Prison Service Order was created requiring smoking policies by 2 April 2007. Bristol Prison has a smoking policy stating that all indoor areas are required to be smokefree, with the exception of cells occupied by smokers over 18 years, that arrangements should be in place to minimise passive smoking and that all establishments for under 18's and mother and baby units should be entirely smoke free.

Bristol prison has made some progress towards reducing exposure to secondhand smoke<sup>2</sup>. It undertook a risk assessment on exposure to secondhand smoke in March 2007, protocols for entering smoking areas have been developed, smokefree signage is in place and it has 20 non-smoking hospital cells. A South West Regional Working Group has been set up by the Prison Health Development Team to support the implementation of the policy across the South West.

Bristol prison provides stop smoking services for prisoners and provides access to nicotine replacement therapy. However 400 cells are designated as smoking cells out of 601 cells. Bristol Prison officially holds 401 prisoners but overcrowding levels mean that numbers are usually nearer 600. Being a remand prison the average length of stay is about 48 days, making it difficult to provide ongoing support-to-stop for prisoners. There is a need for improvements in stop smoking services provided to prisoners.

### **Conclusion**

Further improvements are needed in order for prisoners to have better access to support to stop services, and smokefree environments.

## **4.4 Compliance with smokefree legislation**

Strong joint working between local government and local health services meant that a highly effective programme of compliance building took place in the months leading up to the legislation taking effect. A major publicity and education campaign took place over the course of several months, including newspaper articles, radio and television broadcasts, advertisements through posters, flyers and on buses and in newspapers, 40 workshops for businesses, mail shots to over 10,000 businesses, articles in in-house magazines and website and email communication.

The result was that compliance with the smokefree legislation has been very high, with most problems being due to signage rather than people smoking.

The Environmental Health Public Health Services Team in Bristol has undertaken 1,892 smokefree inspections since 1 July 2007. In September 2007, all hotels, restaurants and public houses inspected were smoke-free compliant. This was an improvement for restaurants which were found to be 80% compliant in July 2007 and pubs which were 98% compliant<sup>3</sup>.

The short-term impact of the smoke-free legislation on compliance, attitudes, employee exposure to secondhand smoke and air quality has been surveyed in 19 hospitality and leisure businesses in the south west, three of which were in Bristol<sup>4</sup>. This research was conducted by the Tobacco Control Collaborating Centre. Site visits were conducted in June, before the legislation was introduced, and in August, a month after the legislation was introduced. Business owners/managers, employees and customers were interviewed.

Key findings from this Southwest research were as follows:

#### Compliance:

- After legislation 78.9% of businesses had compliant no-smoking signs displayed on their premises compared to 22.2% before legislation.
- 76.5% of business owners and 85.7% of employees said all customers have complied and the rest said most customers have complied.
- 89.5% of business owners and 93.9% of employees said they had managed to go completely smokefree since the legislation.

#### Attitudes:

- 82.5% felt that the smokefree legislation was a good idea.
- 76.5% of business owners and 93.8% of employees said that the law had had a positive or no impact on their trade.
- 96.5% of customers (90.5% of customers who smoke) said they visit businesses as often since the legislation.
- 65.3% of employees believe that their health is better as a result of the legislation.
- During the site visit after the legislation 14% of customers were found smoking outside the business compared to 26.4% observed smoking on the premises before the legislation.
- 19.3% of customers said they are smoking less since the legislation and 7% said they had given up smoking.

#### Exposure:

- A 72% reduction in cotinine levels (by-product of nicotine found in the saliva which shows how much cigarette smoke has entered the body) was seen in employees after the legislation came into effect.
- In the 3 businesses (1 café and 2 pubs) in Bristol, the café's cotinine levels went from 2.26 to 0.60 and the pubs went from 5 to 1 and 1.92 to 0.10.

Air quality:

- PM2.5 levels were used. This is a measure of indoor concentrations of airborne particulate matter with a size less than 2.5µm (PM2.5) that has been shown to give an accurate estimate of secondhand smoke concentrations.
- PM2.5 levels reduced by 95% from 296µg/m<sup>3</sup> before legislation to 13µg/m<sup>3</sup> after legislation.
- The Bristol café went from 40 µg/m<sup>3</sup> to 22 µg/m<sup>3</sup> and the pubs went from 560 µg/m<sup>3</sup> to 7 µg/m<sup>3</sup> and 80µg/m<sup>3</sup> to 4 µg/m<sup>3</sup>.

Smokefree legislation is enforced by Bristol City Council. Fixed penalty notices of £50 can be issued to individuals smoking in smokefree areas. Managers of premises that allow smoking could be fined up to £2,500 and those that don't display 'no smoking' signage could be given a fixed penalty notice of £200 and fines up to £1,000.

As a result of the high compliance illustrated above, very few enforcements have been made. To date six verbal warnings, one written warning and 18 fixed penalty notices have been issued in Bristol. The majority of these have been due to non-compliant signage.

During July to September 2007 in England, 275,993 premises and vehicles were inspected and 98% were found to be compliant (defined as no evidence of management knowingly permitting smoking). The following enforcements were made in the same time period:

- 798 written warnings and 5 court hearings for failing to prevent smoking.
- 5,192 written warnings, 17 fixed penalty notices and 2 court hearings for signage non-compliance.
- 276 written warnings, 70 fixed penalty notices and 3 court hearings to individuals smoking in a smokefree area.

### **Conclusion**

The smokefree legislation has made a dramatic difference to air quality in workplaces and enclosed public places, and to exposure levels as measured by cotinine levels in hospitality workers. It has triggered major behaviour change, and has proved very popular. It is widely perceived as being beneficial to health.

## **4.5 Compliance with legislation on sales and marketing**

The Children and Young Person's (Protection from Tobacco) Act 1991 requires that each local authority annually reviews and delivers a programme of enforcement aimed at preventing the illegal sale of tobacco products to the young. Also, the government's Cancer Reform Strategy indicates that the government will be consulting on proposals for the next steps in tobacco control and the further regulation of tobacco products, including the display of tobacco at the point of sale, access to tobacco from vending machines and packaging. Bristol City Council's Trading Standards team is responsible for enforcement of the relevant legislation but has limited resources for this work. A recent investigation found that in eight out of the 21 premises tested an illegal sale took place. Information about enforcement

activities and about evidence of compliance or breaches of the legislation needs to be developed further for inclusion in this monitoring report in future years.

### **Conclusion**

Information about the level of compliance with legislation on sales and marketing of tobacco products needs to be developed for inclusion in Smokefree Bristol reports.

## **4.6 Smoking in the home**

Exposure to secondhand smoke in the home is an important health risk for adults and children but at present many people are unaware of its importance. Just one to two hours a day of smoking in the home is enough to double the risk of cot death for a baby<sup>5</sup>. There is good evidence that once people understand the risks then they are keen to make changes that limit the health damage from secondhand exposure in the home, particularly for children. Seven years after the smoking ban in California the proportion of children and adolescents living in smokefree homes had increased from 38% to 82.2%<sup>6</sup>.

Data from the annual Bristol Quality of Life Survey, from a detailed interview survey in Bristol's Neighbourhood Renewal Areas and data from health visitors, indication of the percentage of Bristol's households that are smoky. This has been reported in some detail in the previous Monitoring Group Reports. The latest data from the Bristol Quality of Life Survey (2007) shows that 13.9% of people citywide said that someone smokes regularly in the house, down from 15.9% in 2006, and for the seven wards with highest smoking prevalence the figure was 20.8% down from 22.3% the previous year. These figures are likely to be an underestimate, and a detailed face-to-face survey in the Neighbourhood renewal areas in 2006 found that 40% of households were smoky. Nevertheless the downward trend is encouraging.

A Smokefree Homes Strategy has been launched by Smokefree Bristol in 2008. A main aim is to increase the level understanding of the issues amongst all the partner organisations so that a concerted effort can be made to support householders in achieving smokefree homes.

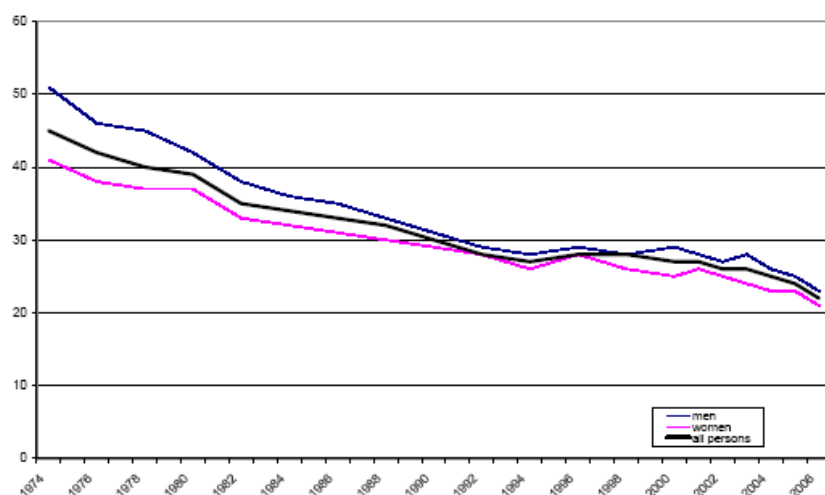
### **Conclusion**

There are still many Bristolians unnecessarily exposed to health damage from secondhand smoke in the home. Implementation of the Smokefree Homes Strategy needs to be a priority for the Smokefree Bristol campaign from 2008.

## **4.7 How many people smoke and how much?**

In the 1940s 98% of social class one males were smokers, many members of the Royal Family smoked, and cigarette brands were promoted as 'preferred by doctors'.

**Figure 1.1: Prevalence of cigarette smoking: Great Britain, 1974 to 2006**



Source; Eileen Goddard 'Smoking and drinking among adults' General Household Survey 2006. Office for National Statistics.

Across all social groups nearly 70% of men and 40% of women smoked manufactured cigarettes<sup>7</sup>. Since then, the prevalence of smoking has fallen dramatically and the social patterns have changed. The latest available data from the General Household Survey<sup>8</sup> showed that in Great Britain in 2006 22% of adults (16 and over) were cigarette smokers. This was down from 24% in the previous year. The overall trend since 1974 is shown in Figure 1.1.

It is difficult and expensive to accurately measure smoking prevalence year on year at local level. Survey data from Bristol's annual Quality of Life Survey is very valuable but is not sufficiently powerful to detect small percentage changes in smoking prevalence reliably. In addition, the people who respond to the survey are more likely to be older, not working and affluent so the results are inevitably skewed and cannot represent the whole Bristol population. Despite all these limitations, the survey suggests that an important and statistically significant reduction has occurred Bristol-wide in the number of respondents who report that someone in their households smoke, and that someone smokes regularly indoors. Even if this is not an entirely accurate picture of what actually happens, it does show that perceptions of the acceptability of indoor smoking are changing. The data from the 2006 and 2007 surveys are shown below.

**Table 1. Responses in Bristol's Quality of Life surveys in 2006 and 2007, for Bristol as a whole and for the seven wards where smoking prevalence is highest.**

	Percent of respondents answering 'yes' to the following questions:					
	'I smoke'		'Someone in my household smokes'		'Someone smokes regularly indoors'	
Year	Bristol	Seven wards	Bristol	Seven wards	Bristol	Seven wards
2006	18.0 (16.8-19.2)	24.2 (21.7-26.7)	30.1 (28.7 - 31.6)	38.6 (35.7-41.5)	15.9 (14.8-17.1)	22.3 (19.9-24.8)
2007	16.2 (15.2-17.2)	23.0 (21.0-25.0)	27.2 (25.9-28.4)	34.4 (32.1-36.8)	13.9 (12.9-14.9)	20.8 (18.8-22.8)

A pilot scheme by Bristol PCT in 2006 investigated whether data recorded in GP practices could be used to monitor smoking prevalence in Bristol. The results of the pilot showed that the data, which is designed for other purposes, could not give a reliable indication of prevalence. Software improvements in future years could mean that more use can be made of GP records of smoking, but for the foreseeable future the best data is the General Household Survey. It is hoped that in future years the General Household Survey will provide some data on smoking prevalence for different localities. This will be extremely useful for monitoring progress.

Smoking during pregnancy causes with low birth weight and increased risk of respiratory problems for the baby. The percentage of woman known to be smoking during pregnancy in Bristol has decreased over the last 4 years (see table 2). Around 13% of pregnant woman are still smoking during their pregnancy. As overall prevalence of smoking declines and with continued support for pregnant women it should be possible to see further year on year decreases in these figures.

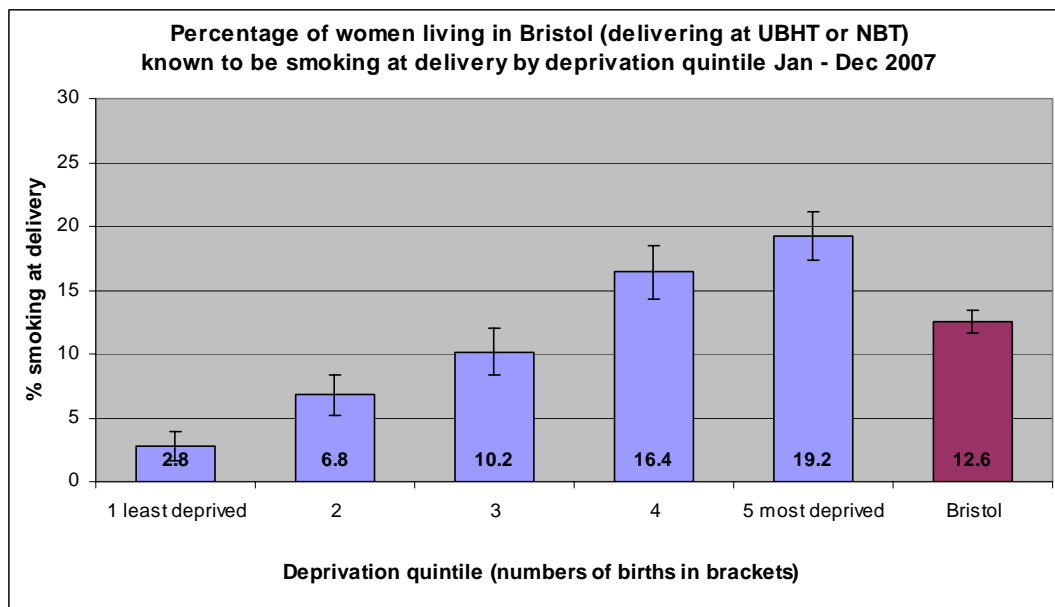
Year	% of mothers known to be smoking at time of delivery						
	Age						
	<20	20-24	25-29	30-34	35-39	>40	All ages
2003	41.6	29.6	16.5	12.2	12.5	10.1	18.8
2004	43.4	32.6	17.7	10.1	9.8	11.5	18.5
2005	43.2	30.5	14.5	9.6	9.8	12.7	17.3
2006	39.4	23.5	12.6	7.1	8.2	6.3	13.8
2007	36.7	23.9	11.6	6.7	6.5	5.7	12.6

**Table 1 - Percentage of women living in Bristol (delivering at UBHT or NBT) known to be smoking at delivery by age**

Data source: UBHT and NBT STORK database

A recent health equity audit of maternal care and birth outcomes conducted by Bristol PCT and South Gloucestershire PCT found that women in the most deprived fifth of the population were around 6-times more likely to be smoking during pregnancy than those from the least deprived fifth. This is an important factor in health inequalities. The data is shown in Figure 2.

**Figure 2. Results of Health Equity Audit on smoking and pregnancy, Bristol Primary Care Trust 2007.**

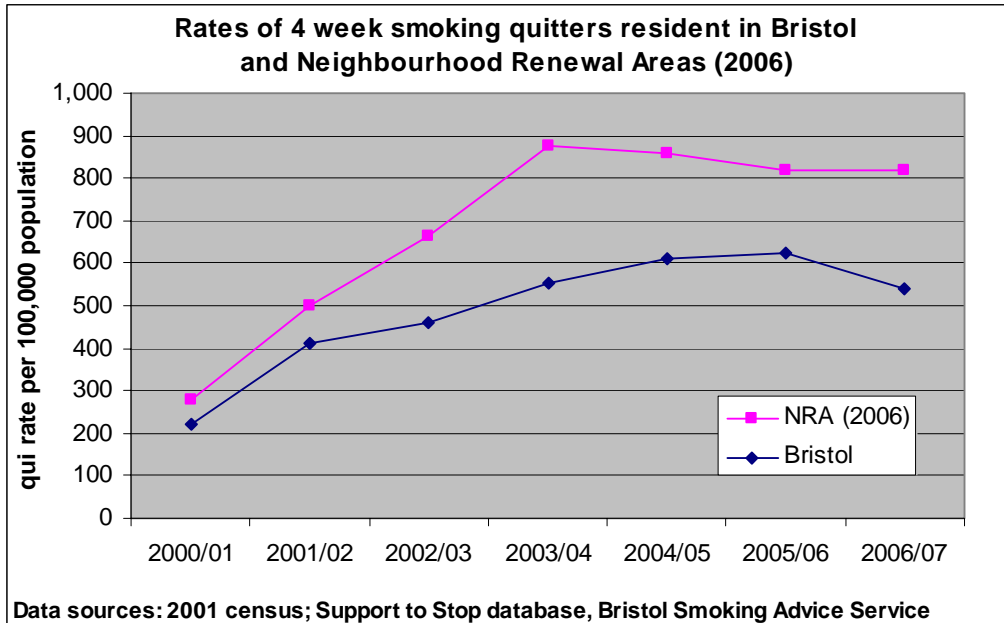


During April 2006 to March 2007, 2,047 Bristol residents successfully quit smoking for at least four weeks with the help of NHS Support-to-Stop services. Provisional figures for April 2007 to March 2008 are that a further 2,000 successfully quit. There was a definite increase in the numbers using the service in the run up to 1 July, but this has been counterbalanced by fewer than the usual number of New Year quitters in 2008. Encouragingly, the absolute rate of NHS quitters has been maintained in the neighbourhood renewal areas (see data in Table 2 and Figure 3).

Financial Year	Bristol PCT total quitters	Quitters per 100,000 population, Bristol	NRA 2006 total quitters	Quitters per 100,000 population, NRA 2006
2000/01	845	222	244	277
2001/02	1,567	412	439	498
2002/03	1,746	459	583	662
2003/04	2,110	554	771	875
2004/05	2,328	612	756	858
2005/06	2,376	624	722	819
2006/07	2,047	538	721	818

**Table 2 - Annual data 2000 to 2007 from Bristol Primary Care Trust Support to Stop service. Numbers successfully quit at four weeks for Bristol as a whole and for Neighbourhood Renewal Areas**

Figure 3



Whilst England is the only large European country with comprehensive support to stop services provided free to all residents, this is only one part of the strategy needed to reduce health damage from smoking. Mass media information and education, and legislation to limit the promotion and availability of tobacco products, are of critical importance. California and New York have seen sharp declines in smoking prevalence, with only 13% of Californian adults being smokers<sup>9</sup>. Sophisticated mass media information has been a key part of the tobacco control programmes in these areas. Smokefree legislation plays an important part in changing the social norms around smoking, but on its own it is not sufficient.

In Ireland, a 2% reduction in the prevalence of smoking, from 26% of adults down to 24% of adults, was seen directly after the introduction of the smokefree legislation in March 2004. However prevalence rates have now crept back up to 26%. This highlights the need for sustained comprehensive tobacco control campaigns if the serious health damage and health inequalities from smoking are to be reduced. In California there has been a 10% absolute fall in prevalence of smoking since their smokefree legislation in 1998<sup>9</sup>.

### Conclusion

Over 2,000 people used the NHS support to stop services successfully each year during 2006/07 and 2007/08. The percentage of pregnant women who are known to be smoking at the time of delivery was 12.6% in 2007, down from 13.8% the previous year and from 18.8% in 2003 when the data collection began. In Bristol's 2007 annual Quality of Life Survey all the indicators of smoking levels were down compared with the previous year. This applied both in Bristol as a whole and in the highest smoking prevalence areas. In order to continue to achieve further reductions, the Smokefree Bristol campaign needs to achieve high levels of publicity about the benefits of smokefree living and about ways of kicking the smoking habit. Community-based approaches that help people to go smokefree need to be strengthened in areas of high need.

## 4.8 How many young people smoke?

Children who smoke become addicted to nicotine very quickly and are likely to continue smoking into adulthood. An estimated 9-10% of 11-15 year olds and 26% of 16-19 year olds smoke regularly in England. This equates to roughly one million young people smoking regularly in England (Office for National Statistics 2006). After the age of 13, girls are more likely to smoke than boys. 25% of girls aged 15 are estimated to smoke regularly compared to 16% of boys. A survey conducted in 2004 of over 9000 pupils in England found that two thirds of young people aged 11-15 who smoke had been able to buy cigarettes from a shop.

The Baseline Report from the Smokefree Bristol Monitoring Sub-group (September 2005) presented information from an important study done in Bristol and Cardiff involving secondary schools. This study was known as the ASSIST study. This research found that a peer-led intervention in secondary schools achieved important changes in attitudes to cigarettes and in smoking prevalence in the schools that received the intervention, compared with control schools that did not. Bristol Primary Care Trust is funding a project which will deliver the ASSIST programme in Bristol's eighteen secondary schools and which includes an evaluation. Information about this work will be included in future reports.

## 4.9 Public views about smoke-free policies

In the Baseline Report and One-year 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 several further surveys have taken place, including the Tobacco Collaborating Centre report mentioned in section 4.3 above.

The e-Democracy initiative 'Ask Bristol' conducted a web-based discussion forum from the 11<sup>th</sup> of December 2006 to the 11<sup>th</sup> of January 2007 to determine people's reactions to the smoking ban before it was introduced. Thirty comments were made on the forum.

- Generally there was overwhelming support for the smoking ban, with 21 out of 25 views on the ban being in favour.
- A common reason cited was clothes wouldn't smell after going to the pub.
- Concerns were raised over the increase in patio heaters, smoking related litter and the fact that the ban wasn't being introduced gradually.
- Out of the 3 people that commented on whether they would go out more after the ban was introduced, 2 said 'yes' and 1 who was a smoker said 'no'.

A survey of the opinions of the Bristol Citizens Panel on secondhand smoking conducted in November 2006 found that:

- most respondents (61%) stated that they mind if people smoke near them. There are many reasons for this, with the most commonly cited being 'it is bad for my health', 'it makes my clothes smell' and 'the smell is unpleasant'.
- of the smokers, only 26% stated that they do not smoke in the presence of other adult non-smokers. This is lower than the 47% found in national surveys, suggesting that attitudes in Bristol are lagging behind the rest of the nation.

- there was a difference in the pattern of responses concerning smoking in the presence of children, compared with national figures. Nationally, 74% of smokers said they would not smoke at all, 21% said they would smoke fewer cigarettes. Of Bristol responders, 71% said they would not smoke at all, and 8.2% said they would smoke fewer cigarettes. Again, this suggests that Bristol is perhaps lagging behind the rest of the nation in recognising the unacceptability of subjecting children to secondhand smoke.
- 776 panel members responded which gives a response rate of 48%. Of the respondents 12% (97) were non-smokers.

The Smokefree England Consumer Omnibus survey conducted in May 2007 showed strong support for the smokefree legislation (87%) and a high awareness that the legislation was due to be introduced (93%). A third of respondents said that a smoky atmosphere is the single biggest reason that would discourage them from going to a bar or pub, and two thirds of respondents said they would rather go to a pub where smoking is not permitted.

The Department of Health commissioned a survey to determine people's attitudes to the smokefree legislation around two weeks after it was introduced. The survey found that:

- 75% of adults (including 84% of non-smokers and 47% of smokers) support the smokefree legislation.
- 79% of adults (including 86% of non-smokers and 59% of smokers) feel that the legislation will have a positive effect on people's health.
- The most frequently mentioned benefits that people had experienced since the legislation was introduced were:
  - Cleaner air
  - Better health
  - Clothes/hair don't smell of smoke after visit to pub/club
  - More pleasant/better atmosphere in pubs/clubs/restaurants

### **Conclusion**

Public support for the smokefree legislation remains very high. Around 80% of people are aware of the health benefits of breathing cleaner air.

## **4.10 Fires caused by smoking**

Soon after the smokefree legislation was introduced in Ireland there were newspaper reports (Belfast Telegraph 28 June 2006) claiming that deaths caused by residential fires had increased and it was suggested that this was because smokers were drinking at home because of the ban. These reports were highly misleading. The fire statistics did not show evidence of a real increase, and fatalities from fires are most common in the small hours of the morning when pubs are closed anyway. 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 between 40 and 80 residential fires a year 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. There are on average 17 non-fatal casualties and 1 death from these fires each year. Small number variation means that these figures fluctuate widely from year to year. There has been no apparent change since the legislation was introduced. In the long term, smokefree communities, and the planned introduction of Reduced Ignition Propensity cigarettes are likely to mean fewer fires.

### **Conclusion**

There is no evidence to suggest that the smokefree legislation has increased the number of residential fires. It is possible that the legislation has actually reduced the number of fires as more people are aware of the harms of secondhand smoke and are smoking less in the home.

## **4.11 Smoking-related litter**

The Local Government Association warned that the smokefree legislation could result in an additional 25 tonnes of cigarette litter as more people go outside to smoke.

Dropping cigarette ends on the floor is classed as littering and can result in a £75 on the spot fine. Businesses whose staff or customers drop litter, including smoking related litter, can be issued with a Litter Clearing Notice which requires the owner or occupier of land to clear it of litter. Failure to comply can lead to a maximum fine of £2,500.

Businesses affected by the legislation are required to make provisions for their customers and employees to dispose cigarette ends. There are a variety of cigarette bins on the market and Keep Britain Tidy has arranged discounts on many of them. A common reason given for smokers not throwing cigarette ends in the bin is that they are concerned that bin may set alight. Portable ashtrays offer a solution to this. They store up to three ends at a time without omitting any odour and are the same size as a cigarette so can fit in a cigarette packet.

Bristol Council's Clean and Green team have been successfully working with the Street Scene Enforcement Team and EnCams to encourage all smokers and businesses to take responsibility for smoking related litter through for example handing out free portable ashtrays and putting more cigarette bins in hotspot areas. In vulnerable areas 243 specially adapted bins have been installed with ashtray tops.

### **Conclusion**

The Clean and Green Team have worked proactively to minimise the potential increase in cigarette litter related to introduction of the smokefree legislation.

## **4.12 Noise levels**

Greater use of outdoor areas, particularly at pubs, has led to an increase in noise experienced by nearby households. The Pollution Control Team within Bristol City Council monitors the number of noise complaints from licensed premises (this includes pubs, bars,

restaurants, clubs etc) and has found an increase in complaints for 2007 compared with 2006. From July to December 2006, there were 167 noise complaints for licensed premises. For the same period in 2007 there were 244 noise complaints for licensed premises. The Pollution Control Team now records whether the noise is related to smoking outside, and in 58 cases this was a factor. The situation will be monitored year on year.

### **Conclusion**

The number of noise complaints from licensed premises has increased following smokefree legislation. In 58 instances this related to outdoor smoking. The situation will be monitored.

### **4.13 CO<sub>2</sub> emissions from patio heaters**

Experience in Ireland and Scotland found evidence of an increase in sales of outdoor patio heaters once smokefree 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<sup>10</sup>.

Environmental officers report that they have not observed a noticeable increase in patio heaters in Bristol since the ban. Awareness of the need to avoid wasting energy and to reduce greenhouse emissions appears to be growing.

### **Conclusion**

There is little evidence of a major increase in use of patio heaters.

## **5. Recommendation**

The Steering Group is asked to note the findings of this report and endorse the further work of Smokefree Bristol.

### **Dr Angela E Raffle**

Consultant In Public Health

Chair of Monitoring Sub-Group for Smokefree Bristol

*April 2008*

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## **Appendix 1**

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