

Consultation Report

Protecting Children from Second-hand Smoke

Public Health Department 2013

Introduction

Smoking is one of the biggest causes of premature death and ill health in Jersey. Yet, many children come into contact with second-hand smoke at home and in cars which can have damaging effects on their health. We also know that children who see adults smoking are more likely to smoke. Many countries, including England, Ireland, Scotland and France, are taking steps to protect children from the harmful effects of smoking and second-hand smoke in private homes and cars. There are also efforts being made to reduce smoking in outside spaces in a bid to discourage children from taking up the habit.

The States of Jersey wants to take more action to protect our children. Whether you are a smoker or a non-smoker, we want to hear your views on smoking in homes, cars and outside spaces. Your feedback will help us shape future action on these important issues.

Definitions

Second-hand smoke: means other peoples tobacco smoke, either from the burning tip of the cigarette or the smoke that is exhaled by the smoker¹

Passive smoking: means breathing in other people's tobacco smoke

Public place: Any enclosed or semi-enclosed area that members of the public have access to that provides a business or service. It includes workplaces, buildings and transport.

Enclosed public place

A public space with a ceiling or roof which has no openings apart from doors, windows and/ or passageways²

Background

This background review is underpinned by evidence drawn from randomised controlled trials, systematic reviews, reviews of studies from The Database of Abstracts of Reviews of Effects (DARE) and other primary research studies.

Exposure to second-hand smoke from cigarettes poses a significant health risk to non-smokers³. Article 8 of the World Health Organisation Framework Convention on Tobacco Control (WHO 2005)⁴ requires all signatory countries

¹ World Health Organisation (2010) Second-hand Smoke. Assessing the burden of disease at national and local levels. Available at: http://www.who.int/quantifying_ehimpacts/publications/SHS.pdf

² Available at: <http://www.smokefreeengland.co.uk/what-do-i-do/quick-guide.html>

³ King, B, A., Dube, S, R. Tynan, M, A. (2012) 'Secondhand smoke exposure in cars among middle and high school students-United States', 2000-2009, *Pediatrics*, 129 (3), pp, 446-52.

⁴ World Health Organisation (2005) Framework Convention on Tobacco Control. Available at: www.WHO.org

to adopt measures to protect people from tobacco smoke in indoor workplaces, indoor public places, public transport and other public places as appropriate. Similarly, the Department of Health provides a comprehensive tobacco control strategy for England⁵.

An indoor smoking ban in public places can reduce second-hand smoke exposure. However, smoking in cars, homes and children's' playgrounds has continued⁶ ⁷. Many children continue to be dangerously exposed to parental second-hand smoke in the home and private cars⁸.

Scientific evidence

A report by the Royal College of Physicians (2010)⁹ reviewed a breadth of research showing many of the harms from exposure to second-hand smoke including:

- can cause asthma in children, and may increase the severity of the condition in children already affected
- cause of lung cancer and, in those with long-term exposure, the increased risk is 20-30%
- is a cause of heart disease, and represents a substantial public health hazard

In addition to the long-term effects, recent research cited in the British Medical Journal suggests that second-hand smoke may trigger heart attacks in some people after only short periods of exposure¹⁰. Although the absolute level of risk is not yet known, it has been advised that people at risk of coronary heart

⁵ Department of Health (2010) *A Smokefree future: a comprehensive tobacco control strategy for England*, DOH.

⁶ Sohn, H. and Lee, K (2010) 'Impact of smoking on in-vehicle fine particle exposure during driving', *Atmospheric Environment*, 44 (28), pp, 3465-3468.

⁷ Royal College of Physicians (2010) Report by the Tobacco Advisory Group of the Royal College of Physicians, UK: Royal College of Physicians, supported by Royal College of Paediatrics and Child Health.

Cartmell, KB, Miner, C, Carpenter, M, J., Vitoc, C, S., Biggers, S., Onicescu, G., Hill, E, G., Nickerson, B, C. and Alberg, A, J. (2011) 'Secondhand Smoke Exposure in Young People and Parental Rules Against Smoking at Home and in the Car', *Public Health Reports*, 126 (4), pp, 575-582.

⁸ Gruer, L., d'Espaignet, ET., Haw, S., Fernandez, E. and Mackay, J. (2012) Smoke-free legislation: 'Global reach, impact and remaining challenges', *Public Health*, 126 (3), pp, 227-229.

⁹ Royal College of Physicians (2010) Report by the Tobacco Advisory Group of the Royal College of Physicians, UK: Royal College of Physicians, supported by Royal College of Paediatrics and Child Health.

¹⁰ British Medical Journal (2008) Exposure to second-hand smoke and cognitive impairment in non-smokers: national cross sectional study with cotinine measurement, *BMJ*;338:b462, Available at: <http://www.bmj.com/content/338/bmj.b462>

disease and those with known coronary artery disease should, where possible, avoid indoor smoky environments. Cigarette smoke contamination in a room/car/clothing persists after the cigarette is extinguished¹¹. In addition, homes and cars in which people have smoked may smell of cigarettes for long periods. Emerging evidence suggest poisonous chemicals lingering on household items such as sofas and carpets, long after the smoke has gone may pose a real risk, particularly to young children.

Smoking and the environment

Cigarette butts are the most littered item in the world with an estimated 4.5 trillion cigarettes being littered each year around the world. Just one cigarette butt will pollute 500 litres of water.

Background: Homes

Second-hand smoke contains poisonous gases and dust-like particles. It is the smoke that escapes from the end of a burning cigarette and also that exhaled by the smoker. When people breathe in these gases, through the bloodstream they reach every cell in the body. When tobacco smoke disappears into the air it quickly spreads to other rooms in the house even if the windows are open. It also sticks to clothes, walls, furniture and carpets.

Becoming a smoke free home begins to reduce the risks of:¹²

- lung cancer
- heart disease
- chest infections (e.g. bronchitis and pneumonia)
- cot death
- meningitis
- coughs, colds and wheezes
- middle ear infection (glue ear/may cause partial deafness)

Also, children living in a smoke free home are less likely to:

- have asthma attacks and chest infections
- need hospital care in their first year of life
- need time off school
- start smoking themselves

Background: Cars

Due to the small space inside a car, an increased concentration of smoke can be produced quickly. A car in which someone is smoking with the window down and the cigarette hanging out of the window between puffs, is as toxic as a very smoky bar. Opening a window or aiming tobacco smoke out of a window isn't enough as smoke often blows back into the car. If car windows are closed, it will be twice as toxic as a very smoky bar¹³.

¹¹ Matt et al (2011) Thirdhand smoke: Emerging Evidence and Arguments for a Multidisciplinary Research Agenda, Department of Psychology and Graduate School of Public Health: USA.

Inhaling second-hand smoke can result in children needing hospital or GP treatment every year in the UK. It is likely to be a similar case here in Jersey. Therefore protecting children from the harmful effects of second-hand smoke should be a key Public Health priority.

Background: Outdoor spaces

There is limited evidence about the impact of second-hand smoke on children in outdoor areas. However, with the evidence linking role modelling of smoking with up-take of smoking in children there has been a drive to restrict smoking in outdoor spaces. For example, In Ireland last year (April 2012) the Health Minister signalled for a ban of smoking in parks (similar to the USA) and on beaches in a bid to discourage children from taking up the habit using smoking restrictions¹⁴. 'ASH Wales' (UK) have also launched a campaign to make all children's playgrounds and sports grounds smokefree¹⁵.

Policies should be designed to reduce smoking by role models in general, and specifically to prevent smoking in places or situations where children accompany or are in the presence of role models¹⁶.

Local context

The States of Jersey Assembly endorsed the Tobacco Control Strategy 2010-2015 and its vision of a smoke free future. It is a future, where Jersey is free from the harms of tobacco use and where islanders lead long healthy lives which are not unnecessarily shortened from smoking-related illnesses.

The Tobacco Control approaches locally have had a strong focus on reducing the populations exposure to the harms of second-hand smoke. The most notable is the smoking in indoor work places and indoor public places legislation which came into effect on 2 January 2007. In addition, in 2012 the States of Jersey Health and Social Services Department implemented a smokefree policy stopping smoking on all hospital sites and properties. Similarly, on 1 January 2013 Les Quennevais Sports Centre pledged its smokefree commitment on its premises and outdoor facilities.

The Tobacco Control Strategy has three key areas for action:

- Reduce the number of children and young people taking up smoking.
- Protect families and communities from tobacco related harm.
- Motivate and assist every smoker to quit.

This consultation is primarily about understanding the Jersey public's views on approaches to protect families and communities. However the options presented within the consultation would also support a reduction in the up-take of smoking amongst our children and young people.

¹⁴ Available at: <http://www.irishexaminer.com/ireland/smoking-ban-on-cards-for-beaches-and-parks-191314.html#ixzz1t85jbKNf>

¹⁵ <http://www.ashwales.org.uk>

¹⁶ Royal College of Physicians (2010) Report by the Tobacco Advisory Group of the Royal College of Physicians (March 2010), UK: Royal College of Physicians, supported by Royal College of Paediatrics and Child Health.

Smoke free places: What do other countries do?

Cars

Following a government survey carried out in Wales in 2011, there is strong public support for banning smoking in cars carrying children under the age of 18, with 4 out of 5 Welsh adults (83%) in favour. In July 2011 the Welsh First Minister announced that Wales could be the first nation in the UK to ban smoking in cars carrying children. Australia, Canada, the United States America and the United Kingdom all promote the need for smoke-free cars.

Homes

Australia, Canada, the United States America and the United Kingdom actively encourage people to create smokefree homes providing information packs and running public awareness and education campaigns to encourage people to voluntarily make changes in their homes.

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Outdoor spaces

On 1 June 2013 Russia introduced a law that bans smoking in public places including subways and schools. Next year other places including restaurants and cafes will also become smokefree. In Ireland in April 2012 the Health Minister signalled prohibiting smoking in parks and beaches in a bid to discourage children from taking up the habit. Similar voluntary exclusions occur in parts of the USA including New York and California.

The United Kingdom is also taking steps to extend exclusions to stop smoking in parks. Wales has launched a campaign to make all children's playgrounds and sports grounds smoke free. Trials were launched in 2012 implementing a smoking ban in more than 100 playgrounds. A government survey showed that 3 out of 4 adults now believe that smoking should be banned in outdoor children's play areas in Wales.

Health Inequalities

There is a strong link between cigarette smoking and a person's socio-economic group¹⁷. Smoking has been identified as the single biggest cause of inequality in death rates between rich and poor in the UK and accounts for over half of the difference in risk of premature death between social classes. Death rates from tobacco are two to three times higher among disadvantaged social groups than among the better off with long-term smokers bearing the heaviest burden of death and disease related to their smoking¹⁸. Therefore, tobacco control must be central to any strategy to tackle health inequalities in Jersey.

¹⁷ Marmot Report (2010)

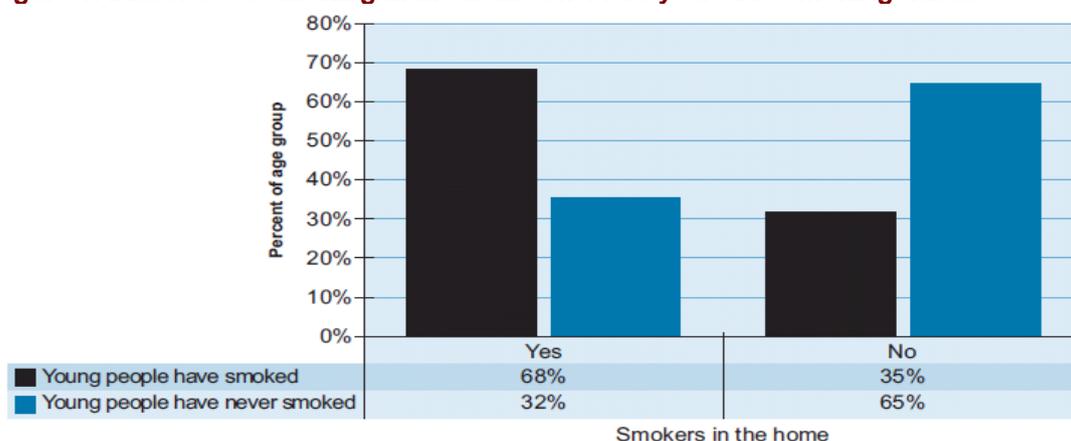
¹⁸ Action on Smoking and Health (2012) Available at: www.ash.org.uk

Jersey Health intelligence

Limited local data exists on the relationship between the prevalence of children exposed to second-hand smoke in settings such as cars, homes and outdoor spaces. However, it is well known that second-hand smoke poses significant risks to health.

Concern expressed about the 2007 workplace ban was that it might shift smoking into the home putting children at increased risk from second-hand smoke. The findings of the local Jersey Health Related Behaviour Questionnaire survey (2010) suggest that this has not been the case, with a reduction from 48% to 38% of young people who indicated that they have a person in their home who smoke indoors on most days¹⁹. It is widely acknowledged that a child living in a household with an adult who smokes has an increased chance of taking up smoking themselves. In Jersey, 68% of 14-15 year olds who stated they smoke said they have someone in their home who also smokes. Please see Figure 1. The Jersey Annual Social Survey (2010) found that 25% of households with children also had a current smoker²⁰.

Figure 1. Influence of smoking in the home on 14-15 year olds smoking habits

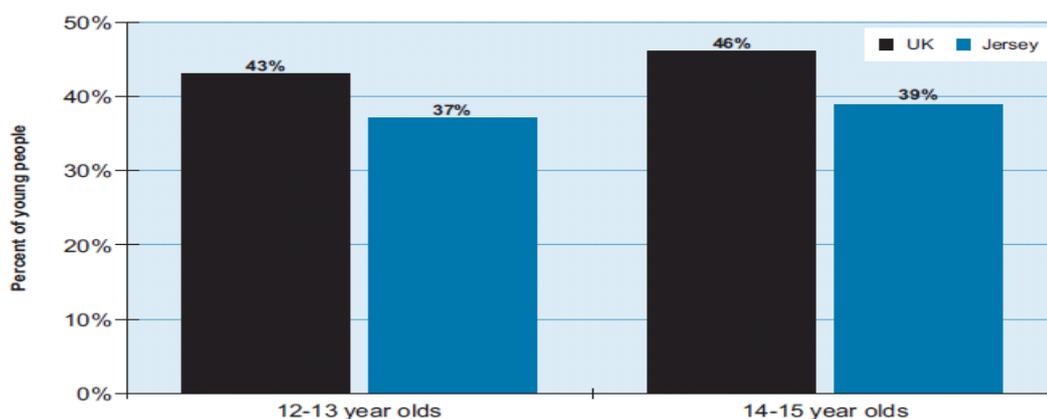


There is a small difference between the UK and Jersey students relating to the percentage of young people living in a home where at least one person smokes. A total of 45% of young people in UK said they live in a home with a smoker compared to 38% of young people in Jersey, Figure 2.

¹⁹ Health and Social Services (2010) *A Picture of Health Jersey 2010. Reflections on the health-related behaviour of young people aged 10 to 15 years*, States of Jersey.

²⁰ Jersey Annual Social Survey (2010) States of Jersey.

Figure 2. Young people living with smokers in household



UK Data

A survey on children's views on smoking conducted by the Department of Health (2012) found that²¹:

- 98% of children wish their parents would stop smoking
- 82% of children wish their parents wouldn't smoke in front of them at home
- 78% of children wished their parents wouldn't smoke in front of them in the car
- 41% of children said cigarette smoke made them feel ill
- 42% of children said cigarette smoke made them cough

UK Health Intelligence on Health Effects of Second-hand Smoke

- Breathing SHS increases a child's or adult's risk of lung cancer by 24% and heart disease by 25%²²
- Children breathing in other peoples smoke resulted in 300,000 GP visits and 9,500 hospital admissions in 2011 in the UK
- Babies exposed to SHS are more at risk of cot death

²¹ www.smokefree.nhs.uk

²² www.smokefree.nhs.uk

Conclusion

There is a substantial, accumulating body of evidence on the dangers of subjecting children to SHS and associated health impacts within homes and cars. The direct health impact from breathing second-hand smoke in outdoor spaces is weaker. However, encouraging voluntary restrictions in outdoor locations may have a positive impact on reducing children to exposure of SHS.

There is evidence that implementing measures which reduce exposure to second-hand smoke can 'de-normalise' smoking e.g. making it less normal, less acceptable, less desirable and less common as a public or social behaviour and that smoking prevalence will actually fall as a result²³.

Scientific evidence indicates that there is no risk-free level of exposure to SHS, breathing even a little SHS is bad for your health²⁴. Therefore, before any future decisions are taken, evidence will be gathered from a breadth of sources including scientific research; stakeholder, public, and business views; charities and professional opinions, national and international practice examples. This can then be used to establish how to tackle tobacco control across the community and determine what interventions would be feasible in Jersey.

²³ National Institute for Health and Clinical Excellence (2005) *Public Health Interventions for the prevention and reduction of exposure to second-hand smoke: A review of reviews, Evidence Briefing 2005*. NICE. Available at: www.nice.org.uk

Leatherdale ST, Smith P and Ahmed R (2008). Youth exposure to smoking in the home and in cars: how often does it happen and what do youth think about it? *Tobacco Control* 17 (2): 86-92.

²⁴ Pawson, R., Wong, G. and Owen, L. (2011) 'Known knowns, known unknowns, unknown unknowns: The predicament of Evidence-Based Policy', *American Journal of Evaluation*, 32 (4), pp, 518-546.