

# Time to look back, now the smoke has cleared

It is 10 years since Scotland's indoor public spaces became smoke-free. Some things have changed beyond recognition, and yet elements of that debate still resonate today.

From our ten-year vantage point we see that Scots wholeheartedly embraced the change. Images of smoke-filled bars, cafes, cinemas and offices already seem like a different world – belonging to the last century rather than this one.

Many people are due thanks but above all we must acknowledge the huge contribution of Stewart Maxwell after he took up the baton from pioneers Hugh Henry and Kenny Gibson, and championed the successful passage

of comprehensive smoke-free legislation through the Scottish Parliament. The intended health benefits were achieved and surpassed.

The cultural impact has been wide-ranging, with a new generation growing up with smoke-free environments as their right and their expectation.

The predictions of resistance and rebellion, job losses and economic ruin did not come to pass. Now we can see

these clearly as desperate and unfounded fictions, peddled by opponents with a commercial interest in the problems we are trying to solve.

This much is clear now, but the battles of ten years ago were hard-fought, and the lessons learned serve us well for the new challenges we face today.

While smoking has been side-lined in much of mainstream culture, tobacco remains far and away the biggest

preventable cause of death in Scotland. Scotland's smoking population is much reduced but is heavily skewed towards disadvantaged groups and largely consists of people who started as children and say they now want to stop. We need to stop thinking of smoking as a lifestyle choice and recognise it as a burden which weighs most heavily on the most vulnerable in our society. This requires another significant cultural shift, but one that we know can be achieved.

The commercial interests who profit from tobacco continue to resist public health interference in the market for the most harmful product on general sale – but we know we can face down this opposition.

There is still a long way to go on Scotland's journey towards being tobacco-free in 2034. The success of smoke-free public spaces should inspire us that we can get there.

*'In the years ahead, people will look back on today as the day that Scotland took the largest single step to improve its health for generations.'*

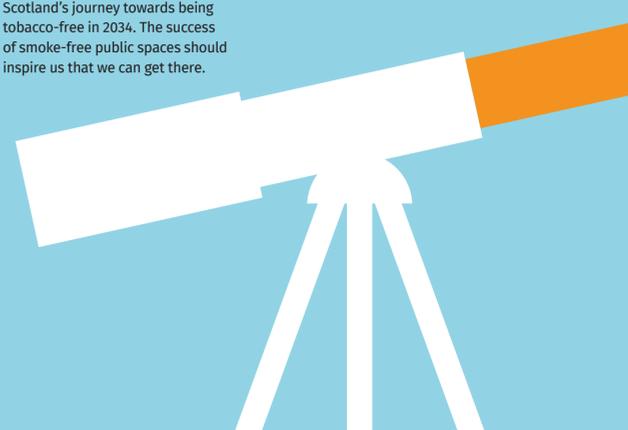
Jack McConnell, First Minister.  
26th March 2006, the day that legislation for smoke-free public places became law.

*'I'm extremely proud that Scotland has led the way in implementing public health policies that seek to address the significant harmful effects of tobacco on people's health. The smoking ban has had a hugely positive effect on public health. However, tobacco remains the biggest cause of preventable death in Scotland, which is why we want to create a tobacco-free generation by 2034. There is much more to do to achieve this.'*

Shona Robison, Cabinet Secretary for Health, Wellbeing and Sport. 23rd March 2016.

*'Smoke-filled pubs will be up there with black and white TVs, four-star petrol and football shirts without adverts on them.'*

Daily Record editorial. 27th March 2006.



## The benefits of smoke-free public places

The smoke-free legislation is hugely popular; in 2015 87% of Scottish adults (65% of smokers) were supportive and only 8% (22% of smokers) opposed it. The legislation has resulted in significant health benefits, as well as changes in behaviour and attitudes towards smoking.



Many researchers in Scotland contributed to the evaluation of the legislation. A complete list of the research is available at: [www.ashscotland.org.uk/evaluation](http://www.ashscotland.org.uk/evaluation)

## What the opponents said before the bill was passed

Legislation for smoke-free enclosed public places became a key part of global efforts to reduce the harm caused by tobacco, and Scotland became the first country in the UK to introduce it. The tobacco companies, their front groups, and some of the hospitality industry campaigned furiously to prevent the legislation from being introduced. They said:

*'people do not have a right to breathe clean air.'*  
Simon Clark, Forest (campaign group funded by tobacco companies)

*'The studies that have been undertaken are not conclusive proof that passive smoking causes disease and are not sufficient in themselves to warrant a ban on smoking in public places.'*  
Tim Lord, Tobacco Manufacturers' Association (a group of three of the largest tobacco companies).

*'To sum up – I want to ensure that this is absolutely clear – you admit that smoking kills people – but you do not admit that passive smoking kills people?'*  
Mike Rumbles, MSP (supporter of the legislation)  
*'Correct.'*  
Tim Lord, Tobacco Manufacturers' Association.

*'...we would question the validity and appropriateness of the legislation. If its purpose is the health, safety and welfare of employees then the Scottish Parliament lacks competence to legislate in this area.'*  
Tobacco Manufacturers' Association.

*'We acknowledge the fact that there are health risks associated with smoking, and it is quite right that public health authorities promote risk awareness programmes. We cannot possibly object to that. What we do object to, however, is the distortion of science to further an anti-tobacco agenda. It is one thing to tell smokers that they are harming themselves, but it is quite another to say that, by smoking, they are harming others. That is the premise on which section 1 of the Smoking, Health and Social Care (Scotland) Bill is based.'*  
*'Our view is based on the fact that the case is simply not proven that exposure to other people's smoke causes death or disease.'*  
Christopher Ogden, Tobacco Manufacturers' Association.

*'We submit that the dictatorial approach of the Scottish Executive has resulted in the presentation of a bill that is predicated on incomplete and, to a great extent, irrelevant research. We also submit that the health outcome of the bill will exacerbate rather than reduce the problems that Scots experience from passive smoking.'*  
Paul Waterson, Scottish Licensed Trade Association.

OPPONENTS	THE FACTS...
The plan for smoke-free legislation 'fails to capture the cost of expensive geriatric health care and attention if longevity is achieved through the ban. Further, no attempt has been made to calculate the cost to the country of providing pensions for smokers who live longer as a result of the smoking ban.' Scottish Licensed Trade Association, evidence to Scottish Parliament 2005.	Governments aim to add years to life and life to years within communities.
'This can only lead to violence, if bar and restaurant owners have to try and enforce this stupid legislation themselves.' Brian Monteith, Independent MSP. <i>'...with smokers forced out into the street to indulge their habit, there is a real risk of increases in social disorder and violence.'</i> Donald MacLeod, Managing Director, CPL Entertainment Group Ltd.	Compliance with the smoke-free legislation was very high and the violence and social disorder predicted by opponents failed to materialise.
'Not only will children be exposed to more concentrated levels of ETS (with no ventilation systems to remove the gases and particles) but they will be at risk from the much more serious hazards – such as fire, domestic abuse and household accidents – that inevitably arise when people spend more time drinking at home.' Simon Clark, Forest.	Evaluation in Scotland and international evidence suggests that smoke-free legislation does not increase smoking in the home, and that the number of homes where smoking is restricted actually increased.
'The value of annual turnover in the licensed trade will decline by £105m. Annual profits in licensed premises may decline by £86m. Employment in the licensed trade can be expected to decline by 2,300 jobs initially. About 142 average sized licensed premises may close as a result of decreased trade. The Chancellor of the Exchequer may lose out on a total of £59m in annual tax revenues from the Scottish licensed trade.' Submission by the AGAINST AN OUTRIGHT BAN (AOB) Group petition 819. AOB Group included the Scottish Licensed Trade Association, the Scottish Beer and Pub Association, the Scottish Wholesalers Association and several multiple pub groups based in central Scotland.	2008 Market and Business Development analysis of data from the British Beer and Pub Association and trade estimates showed that between 2006 and 2007 the percentage change year-on-year for the number of public houses in Scotland showed 'no change'. Number of pubs in the UK - Industry data, The Caterer, published online 6 October 2008.

WE STILL HAVE MUCH TO ACHIEVE

Quotes from: Scottish Parliament Health Committee Reports 2004, 2005 and 2006.

# Time to achieve more

Evidence is clear that a society free from tobacco will not just be healthier, but wealthier and fairer too. ASH Scotland is pro-health and pro-people. We want the next generation in Scotland to be free from tobacco.

Did you know, every year in Scotland there are around:



**10,000**

deaths attributable to smoking



**128,000**

smoking-related hospital admissions



**lung cancer**

incidence rates in Scotland are among the highest in the world

We calculate that smoking costs around

**£1.1bn**

to the Scottish economy every year.

## We still need to tackle inequalities and poverty by tackling smoking

Smoking is intrinsically linked to inequality, and wealth inequality drives health inequality. Scotland's health inequalities are often cited as the worst in Western Europe, according to the Human Mortality Database (as quoted by the Report of the Ministerial Task Force on Health Inequalities).

Smoking is highly determined by social and economic pressures. Smoking rates in the 20% most deprived communities stand at 34% according to the Scottish Household Survey 2014. In the 20% least deprived, smoking prevalence is 9%. The same survey shows that 46% of those who are seeking work and 48% of those who are permanently disabled smoke.

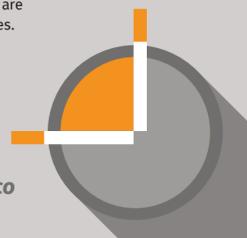
### Smoking exacerbates wealth inequalities:

- If the smoking rate in the 20% most deprived areas of Scotland fell just 1% (from 34% to 33%) Scotland's poorest communities would save £12.5 million a year
- a low-income family earning £18,400 a year, where both parents smoke 20 cigarettes a day, will spend a quarter of their entire income on tobacco or around £4,600 a year
- approximately 1.2 million children in the UK are living in poverty in households where adults smoke. If these adults quit and the costs of smoking were returned to household budgets, 365,000 of these children would be lifted out of poverty.

### Smoking in pregnancy also perpetuates health inequalities:

- the poorer you are the more likely you are to smoke and continue to smoke during pregnancy with subsequent health implications including miscarriage, stillbirth, and cot death
- mothers from the most deprived fifth of areas are five times more likely to smoke compared to mothers from the most advantaged fifth of areas
- children born to mothers who smoke are much more likely to smoke themselves.

**1/4** of household income will be spent on tobacco



## We still need to counter tobacco industry opposition to plain packaging

The campaign for standardised packaging of tobacco products in the UK has been successful, with the Westminster Government having passed legislation and regulations to introduce standardised packaging from May 2016.

Australia became the first country in the world to introduce standardised packaging in December 2012 and has found that:

- compared with smokers using fully branded packs, plain pack smokers perceived their cigarettes to be of lower quality and less appealing, and reported being more likely to think about and prioritise quitting
- the majority of smokers reported a significant increase in strong negative perceptions about their packs in the months following implementation of the policy, including significant disagreement that the packs are attractive, fashionable, and influence their choice of brand
- among Australian adolescents who had seen packs in the previous six months, the appeal of cigarettes packs and brand decreased significantly following the introduction of plain packaging.

The tobacco industry has been desperate to disparage the results and warn other countries away from following Australia's lead. True to form, in December 2015 four of the world's biggest tobacco companies challenged the UK legislation, claiming that it infringes property rights and will be ineffective in reducing smoking levels.

## We still need to ensure the next generation grows up free from tobacco

The majority of smokers began as children. Scotland's Charter for a Tobacco-free Generation is aimed at organisations whose work directly or indirectly impacts on young people and families.

### The aim of Scotland's Charter for a Tobacco-free Generation is to:

- raise awareness to the Scottish Government's tobacco control strategy and the goal of creating a tobacco-free generation of Scots by 2034
- support organisations whose work directly or indirectly impacts on young people and families
- inspire organisations to take action to reduce the harm caused by tobacco.

### Charter supporters include:

- Young Scot
- Children and Young People's Commissioner
- Scottish Cot Death Trust
- Youth Scotland
- BMA Scotland
- British Heart Foundation Scotland
- British Lung Foundation Scotland
- Chest, Heart and Stroke Scotland.



## We still need to stop neglecting the physical health of people with mental health issues

Smoking is the most common preventable cause of death for people with mental health issues, a group which consumes about a third of all tobacco used in Scotland. People with mental health issues are dying prematurely because the impact of smoking on their mental and physical health is not being recognised. Whereas smoking in the general population has declined from 31% in 1999 to 20% in 2014, a similar drop has not been seen among those living with mental ill-health. People with mental health and substance misuse issues have higher smoking rates, smoke more cigarettes per day and are more addicted to nicotine but nevertheless are just as motivated to quit as the rest of the population who smokes.



## We still need to give preventing dementia the same importance as dementia care or cure

The risk of developing dementia is up to 70% higher amongst those who smoke heavily and the number of people with a diagnosis of dementia in Scotland will double over the next 25 years unless smoking and other risk factors are addressed. Scotland has developed innovative strategies for dementia care but a separate initiative is needed to tackle dementia prevention, learning from campaigns on issues like cancer prevention and heart health.

**70%**

## We still need to focus e-cigarette debates on the goal of reducing tobacco use

Whilst not completely safe, using an e-cigarette is much less harmful than smoking. All the information we have suggests that someone moving completely from tobacco cigarettes to electronic cigarettes will greatly reduce the health risks, but to get these benefits they need to stop using tobacco altogether. Electronic cigarettes need to be regulated to improve quality and reliability. There should also be restrictions to prevent promotion to non-smokers, particularly children. But we should maintain the strongest regulation on tobacco, which is the most harmful product.



## We still need to put tobacco out of sight, out of mind and out of fashion

As of December 2015, there were just fewer than 10,000 businesses listed on Scotland's Tobacco Retailers' Register as able to sell tobacco. NHS National Services Scotland lists around 1,250 pharmacies in Scotland as of August 2015, a ratio of roughly 8 tobacco outlets to 1 pharmacy. As of 2014, the Scottish Government estimated there to be 887,264 smokers in Scotland, a ratio of around 90 smokers to 1 outlet.

Every one hundred cigarette packets sold costs a local community 15 days of life. And research has shown that deprived communities have a higher density of outlets than average, which is linked to higher youth and adult smoking.

## We still need to defend the historically low levels of illicit tobacco

Tobacco tax gap figures from HMRC show that illicit cigarettes now take up a far smaller share of the tobacco market than at the start of the century. Since 2000/01, illicit cigarette market share has gone from 22% to 10%. As the market is declining (with adult smoking rates across Great Britain estimated to have fallen from 26% in 2002 to 19% in 2013), there has been a reduction of 76% in the number of illicit cigarette sticks sold. Over the same time period there has been a fall of 33% in the volume of illicit hand-rolling tobacco sold in the UK. Overall, it is clear that illicit tobacco is at a historically low level in the UK.

The tobacco industry presents illicit as a rising challenge. This is often linked to attempts to oppose public health measures such as standardised packaging for cigarettes.

## We still need more smoke-free homes

The smoke-free law brought unquestionable health benefits but some people are still exposed to second-hand smoke. In 2013 around 11% of children in Scotland (about 100,000 children) were exposed to tobacco smoke in the home. The Scottish Government has agreed a world-leading target to reduce this to 6% by 2020.

Parents who smoke want to protect their kids, but often lack the knowledge about how smoke works or what they need to do to. Knowing that tobacco lingers in the air and moves from room to room we encourage all families to protect their children by making their home completely smoke-free.

A recent Scottish Government campaign ([www.rightoutside.org](http://www.rightoutside.org)) reflects this message and provides guidance on taking any smoking right outside.



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Action on Smoking & Health (Scotland) (ASH Scotland) is a registered Scottish charity (SC 010412) and a company limited by guarantee (Scottish company no 141711). The registered office is 8 Frederick Street, Edinburgh EH2 2HB.

@ashscotland

[www.ashscotland.org.uk/tenyears](http://www.ashscotland.org.uk/tenyears)



## Time to count the cost of smoking

2006

Time to go smoke-free

2016

Achieved 10 years of smoke-free success

2020 Target Children's exposure to SHS in the home reduced to 6%

2034 Target Tobacco-free generation

ash scotland  
Taking Action on Smoking and Health

## Every cigarette reduces life expectancy by 11 minutes

