Smoking Prohibition (Children In Motor Vehicles)(Scotland) Bill

Cancer Research UK

About Cancer Research UK[1]

1. Every year more than 331,000 people are diagnosed with cancer in the UK and around 159,000 people die from cancer. Cancer Research UK is the world's leading cancer charity dedicated to saving lives through research. Together with our partners and supporters, our vision is to bring forward the day when all cancers are cured. We support research into all aspects of cancer through the work of over 4,000 scientists, doctors and nurses. In 2013/14, we spent £386 million on research in institutes, hospitals and universities across the UK – including the £35 million contribution we made to the Francis Crick Institute. We also spent £21 million on providing information to people affected by cancer, raising awareness of risks and symptoms, and influencing health policies. Our pioneering work has been at the heart of the progress that has seen survival rates double in the last forty years. Our ambition is to accelerate progress so that within the next twenty years three in four people will survive cancer. We receive no government funding for our research.

2. Cancer Research UK is a registered charity in England and Wales (1089464) and in Scotland (SC041666). Registered as a company limited by guarantee in England & Wales No.4325234. Registered address: Angel Building, 407 St John Street, London EC1V 4AD.

3. Cancer Research UK strongly supports the World Health Organization Framework Convention on Tobacco Control (WHO FCTC)[2] – the world's first international public health treaty. We believe that effective implementation of the FCTC by ratifying nations will decisively change the international landscape of tobacco control and will stem the tobacco epidemic, protecting future generations worldwide.

4. The aim of Article 5.3 of the WHO FCTC is to ensure that tobacco control policies are protected from interference from an industry whose primary goal is to keep people smoking in order to generate profits. The Article states: "In setting and implementing their public health policies and with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law"[3] The guidelines for the implementation of Article 5.3 of the WHO FCTC recognise that: "There is a fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests."[4]

Background information on Cancer Research UK's work in Tobacco Control

5. Cancer Research UK (CRUK) invests in a range of research from behavioural health research (e.g. the Health Behavioural Research Centre at UCL) to policy relevant translational research. We currently support the UK Centre for Tobacco and Alcohol Studies (UKCTAS) - a consortium of 13 University teams conducting research on tobacco and alcohol use and addiction. UKCTAS is one of five national public health research centres of excellence funded by the UK Clinical Research Collaboration. As member of the Collaboration we have provided approximately £2.4m to the initiative in its first 5-year phase and we are providing a further £2.5m in the second five-year phase.

6. In addition to this, we have funded policy relevant translational research through our Tobacco Advisory Group (TAG) funding committee. The committee invests almost £1m a year in tobacco control policy research and advocacy. Over the last 5 years TAG has provided more than £1M of funding directly to the UK Centre of Tobacco Control (CTCR) at the University of Stirling.

7. Furthermore, in 2014 CRUK secured matched funding from the Bupa Foundation, providing a total fund of £6m to develop and implement the Cancer Prevention Initiative (CPI). The CPI was designed to tackle cancer by funding cutting edge research into behavioural and lifestyle changes which prevent people getting cancer, and the policies which support this change. The creation of an in-house Policy Research Centre for Prevention (PRCP) is driving the translation of this research output into population impact through real-world policy change.

8. CRUK successfully campaigned for the introduction of standardised packaging of tobacco products in the UK, in partnership with the Smokefree Action Coalition (SFAC) – a coalition of more than 250 health and wellbeing organisations, including ASH Scotland, the British Medical Association and Royal Medical Colleges.

Declaration of interests & general observations

9. Cancer Research UK, consistent with its Vision and Mission, opposes the promotion and use of tobacco in all its forms, and wishes to do everything it can, as far as reasonably practicable, to avoid links with the tobacco industry. We have strict guideline which detail that all staff, including employees, contractors, agency staff, volunteers, secondees, students and consultants should not work with the tobacco industry, either directly, or through a third partner. Cancer Research UK will not accept applications from research teams in receipt of tobacco industry funding. In the WHO FCTC, there are strong, comprehensive guidelines to protect tobacco control policies from the vested interests of the tobacco industry[5].

10. The denormalisation of tobacco is an ambition set out by the Scottish government and one shared by CRUK as we aspire for a tobacco-free UK (where 5% or less of the adult population smoke) within the next 20 years. Evidence of the behavioural change associated with the implementation of smoke free regulations in 2007 is well documented[6]. Any additional smoke free policy, such as the ban on smoking in cars carrying children is likely to have a similarly positive effect in encouraging behavioural change, as well as directly reducing the exposure of tobacco smoke to children. These regulations should be welcomed as part of a comprehensive tobacco control policy for the UK, which also includes standardised packaging of tobacco products.

11. Smoking is a greater source of health inequality than social position, underlining that without reducing smoking prevalence in the most deprived groups (as well as reducing the number of smokers overall), policies designed to reduce health inequalities will have limited success[7]. Inequalities in health outcomes between the most affluent and the most disadvantaged members of society are longstanding, deep-seated and have proven difficult to change; tobacco is the leading risk factor in terms of the causes of health inequalities[8].

12. Breaking the intergenerational cycle of tobacco use is vital. Data from households in England shows children with three or more smokers in their household are two-and-a-half times more likely to smoke themselves, compared with children from non-smoking households[9]. Furthermore, if both their parents smoke, children may be three times more likely to smoke themselves[10]. Since exposure to family smoking is more common in relatively socioeconomically disadvantaged households, this effect is likely to compound the association between smoking and disadvantage[11]. This measure will reduce the exposure of children to tobacco smoke in a setting in which they may spend several hours each week.

Q1. Do you support the Bill? Please provide reasons for your position.

13. Having submitted a similarly supportive response to the smoking in private vehicles consultation for England in 2014, we fully support the regulations for the ban on smoking in private vehicles carrying children in Scotland, as we would any measure that can reduce the exposure and harm caused by carcinogenic second-hand smoke to children. Support for the legislation is high owing to its design as a child protection measure.

14. Recent figures from the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)[12] show that a significant proportion of children in Scotland are travelling in smoky cars. In 2013, 22% of 13 and 15 year olds reported to have been exposed to second-hand smoke in cars at least 'sometimes', with 7% reporting exposure during 'all/most' of their car journeys. This is consistent with the picture in England, where the BLF has used results from a 2012

survey of over 7,000 children, aged 11-15, to calculate that around 185,000 children in England are exposed to cigarette smoke in their family cars 'every day or on most days', whilst around 430,000 children travel in smoky cars at least once a week[13].

15. The ban on smoking in cars when children are present also enjoys wide, and increasing, public support, with 81.5% of Scottish adults in 2013 (an increase from 75.8% in 2008) reported by Action on Smoking and Health Scotland (ASH)[14] to agree that smoking should be banned in cars carrying children younger than 18 years old. More recently, a 2014 YouGov poll[15] (also commissioned by ASH Scotland) revealed that 61% of smokers agree with the ban, making this a measure consistently supported by the public.

Q2. Do you think the Bill (if enacted) would achieve its aim of protecting children from the effects of second-hand smoke and their health? Please provide an explanation for your answer.

16. Children are particularly susceptible to damage from the deadly chemicals in tobacco smoke as their bodies continue to grow and develop, and we support this move to protect them from second hand smoking in Scotland, as has been achieved in England. In the UK, passive smoking has been linked to around 165,000 new cases of disease among children each year, including asthma, bronchitis and reduced lung function[16]. We hope these regulations will lead to adults who smoke to think twice before lighting up around children.

17. There is no such thing as a safe tobacco cigarette and there is no level of smoke that is safe, especially for inhalation by the most vulnerable including children[17]. In the small confined space of a car, smoke density can build up very quickly to dangerous levels. Research has shown that a single cigarette smoked in a moving car with the window half open exposes a child in the centre of the back seat to around two thirds as much second-hand smoke as in an average smoke-filled pub before smoke-free legislation was introduced. Levels increase to over eleven times those of a smoky pub when the cigarette is smoked in a stationary car with the windows closed[18].

18. Evidence suggests that educational campaigns together with legislation can be very effective in changing behaviour. For example, efforts to encourage seatbelt use in cars were most successful when legislation was introduced. After legislation was implemented, seatbelt wearing rates increased in the UK from 25% to 91%.[19] Surrounding the smoking ban in private vehicles in England, the Department of Health confirmed that the success of the legislation would be measured in positive behaviour change rather than the number of fines given out.[20]

Q3. Is there anything in the Bill you would change? If yes, please provide more details.

Penalisation of the driver

19. In the circumstances where a child is the smoker in a car, it would be sensible if the driver received a fine for the offence of failing to prevent smoking in the vehicle. We appreciate that the measure is designed for the protection and improvement of public health, not a road traffic offence, however we believe that responsibility needs to be taken by the driver of the vehicle as the person having management or control of the vehicle. We appreciate the focus on positive health behaviours, and suggest that such an approach would help to cultivate an intolerance of SHS behaviours at a peer level, achieving positive behaviour change.

Q4. Who do you think should have responsibility for enforcing the proposed legislation and why?

20. In line with England and Wales, we feel that enforcement of the measure should in the most part be the responsibility of police offers as part of their general duties in relation to road safety. However, the aim of this legislation should be to achieve high levels of voluntary compliance. Key elements in establishing high levels of voluntary compliance rest on public information campaigns and a workforce of authorised officers from local authorities able to take part in campaigns to promote compliance with the regulations and deal with offences when information and advice fail to have effect.

21. We would encourage that the number of enforcement actions should not be the measure of success when evaluating the effectiveness of this new law. Legislation introduced in conjunction with awareness-raising campaigns is likely to have the best effect on behavioural change over time. This approach protects the aim of this legislation toward achieving a positive public health improvement, not meeting a financial target through punitive traffic offence measures.

Q5. What type of vehicles do you think should be exempt from the legislation and why?

22. As recognised in the Bill, caravans and motor vehicles are a residence for some people, including in particular, the Travelling community. Smoking inside private residential dwellings is not against the law and it is therefore right that this should extend to caravans and motor homes when they are functioning as dwellings, and when they are both stationary and not on the road. The use of the Roads (Scotland) Act 1984 to define a road[21], which also includes public car parks and lay-bys, is a sensible and practical approach.

23. We support the inclusion of convertibles with their tops down, recognising the harmful effects of SHS even with partial ventilation,

and the negative effects of children's exposure to smoking behaviours.

Q6. What is your view on the Bill's provision for a defence that the person smoking could not have reasonably know that the other occupants of the vehicle were under 18?

This is an enforcement issues and we refer to the expertise of Police Scotland who we recognise will be primarily responsible for the enforcement of these regulations.

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References

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