The British Lung Foundation (BLF) Scotland welcomes the Health and Sport Committee’s inquiry into the Preventative Agenda. We believe that improving Scotland’s lung health cannot just be focused on disease management; preventing lung disease from ever developing should be the ultimate goal.

Scotland has some of the highest rates of lung disease in the UK, affecting around one million people, particularly those living in urban areas. It is Scotland’s third biggest killer after cancer and heart disease, though in 2015 more people died from respiratory system diseases (7,669) than heart disease (7,142) for the first time.

Most lung diseases are chronic, meaning that people living with these conditions can become heavily dependent on health and care services. These long-term conditions impact on all aspects of sufferers’ lives – their physical and mental health and wellbeing, their employability, their family and social lives.

Lung disease accounts for over 700,000 hospital admissions and over 6.1 million hospital bed days in the UK each year. Only heart disease accounts for more. This is a huge financial burden on health services which cannot be ignored when budgets are already stretched.

Whilst smoking remains a key cause of lung illnesses in Scotland, it is important to recognise that lung disease is not just a smoker’s disease. There are many other environmental factors that contribute to poor lung health, particularly in children. These need to be tackled if we are to protect our nation’s lungs.

As such, we would recommend the following three topics be considered for inclusion in future discussions on preventative spend: Occupational health; damp housing; air quality.

**Occupational Health**

Scotland has some of the highest rates of rare lung diseases caused by inhaling dusts and chemicals in the workplace. There are a number of occupational lung diseases, including occupational asthma, workplace aggravated asthma, Reactive Airways Dysfunction Syndrome, pneumoconiosis, and hypersensitivity pneumonitis. Occupational and workplace aggravated asthma place a notable burden on the health service, employees and employers, yet is widely underreported.

High risk occupations include baking, spray painting, farming, wood and metal work, food processing, health and dental care, chemical processing and textile manufacturing.
Research suggests that clinicians are failing to always accurately recognise and diagnose occupational lung disease in 50% of cases. The symptoms are life-long, but because people are presenting and being diagnosed late, this often leads to loss of earnings and/or employment.

Despite this, Scotland has no dedicated occupational lung health officer or centre. Service provision and protection measures vary widely across employers, with employees in smaller companies more likely to be at risk from poor occupational health protection and services. As a result of this, these employees would often end up with no choice but to quit their jobs.

According to leading clinicians in the field in Scotland, a free computer programme called OASYS, which takes readings from people suspected of being at risk from occupational lung disease, cannot be used because no funding is going into training staff to use it. This is an example of a relatively small cost that could reap dividends by identifying “at risk” people.

Damp Housing

There are nearly 72,000 children living with asthma in Scotland. The burden of childhood asthma and other lung conditions is even greater than that of occupational health. There is an emerging evidence base showing that poor lung health in childhood has a profound impact on their lung health in later life.

There is a growing body of evidence highlighting the negative impact of mould and fungus from damp homes on lung health, as well as complimentary research showing that dry homes can improve lung health. Despite the evidence, thousands of children in Scotland are still being exposed to dangerous spores from poor housing, and child poverty generally, which currently affects more than 1 in 5 children in Scotland, is clearly linked with lower health outcomes, including chronic illness.

Despite the serious of the problem, there is currently no national network or centre for mould/fungus related disease, and there are limited testing facilities and treatment options.

There is huge scope for Integration Joint Boards and Health Care Partnerships, which are based in local authority areas, to work more closely with those charged with monitoring housing at the local level to prevent a further rise in childhood asthma due to poor, damp housing.

Air Quality

Air pollution has been linked with around 2000 premature deaths in Scotland every year. It impacts on everyone’s health, but disproportionately affects those with lung conditions,
children, and people living in deprived areas. For people with lung conditions, air pollution can make it harder for them to breathe and increase their chances of being hospitalised. Those living in more deprived areas, particularly in urban settings, are much more likely to be exposed to air pollution, as well as being more likely to have a lung condition. Poor air quality is therefore something that needs to be considered when addressing health inequalities.

Children’s lungs are still developing and are therefore more susceptible to the impacts of air pollution. Research has shown that children growing up in areas of severe air pollution have been shown to be five times more likely to have poor lung development and have an increased susceptibility to respiratory infections. Exposure to air pollution during pregnancy is associated with low birth weight and preterm birth, which in turn is known to negatively impact on respiratory health in childhood.

The evidence on air quality and health is clear, and we welcome the government’s acknowledgement of this in “Cleaner Air For Scotland” and the commitment to introduce the first Low Emission Zone (LEZ) in Scotland in 2018. However, the development of an extensive LEZ network will take time, and people, particularly children, are being exposed to air pollution now. More needs to be done to protect people from dirty air.

Improving air quality needs to be viewed as part of the public health agenda, not just as an environmental issue. BLF Scotland believes that improving air quality would have widespread positive impacts on the nation’s lung health, particularly those most at risk. Making changes now could help future-proof the respiratory health of Scotland for generations to come.

Conclusion

We recommend the Committee includes the above topics in its inquiry into the preventative agenda. As part of this we strongly recommend that the Committee looks at evidence-based practice that has shown marked improvements in tackling lung disease and improving outcomes for patients, for example, pulmonary rehabilitation. There are many other emerging and innovative practices that we would be happy to share with the Committee as part of the inquiry.