

The Big Smoke Debate

Background

This briefing presents a summary of the findings from the Big Smoke Debate – the consultation on smoking in enclosed public places organised by the London Health Commission from 28 October to 31 December 2003. Full findings of the debate results are available at www.thebigsmokedebate.com.

Why smoking in public places?

Currently in the UK, there is no specific legislation that restricts smoking in public places other than for reasons of fire safety or hygiene – in petrol stations or where food is being prepared, for example. However, the evidence of the harm to health caused by tobacco smoke pollution (passive smoking) is undeniable. The Chief Medical Officer's annual report for 2002 stated that tobacco smoke pollution causes at least 1,000 deaths in adults each year and causes cot death, asthma, lung infections and middle ear disease in children.

Tobacco smoke contains over 4,000 chemicals, more than 50 of which are known to cause cancer (CMO 2003). Many of these toxic gases are present in higher concentrations in 'sidestream smoke' – smoke from the burning tip of a cigarette – than in mainstream smoke – that has been inhaled and exhaled by a smoker – and nearly 85% of the smoke in a room results from sidestream smoke (Fielding et al 1988).

Public places are workplaces too

Smoking in public places – whether that place is a café, restaurant, pub or any enclosed space – usually means smoking in someone else's workplace. It is estimated that at least three million nonsmoking employees in Britain are regularly exposed to tobacco smoke at work. In London, around one million nonsmoking workers are exposed to tobacco smoke while at work; and a third of these workers are exposed most days or every day (SmokeFree London and British Market Research Bureau International 2003).

In recognition of the importance of protecting the health of their employees, many employers have already implemented smokefree policies. Research conducted in 2002 by the Office for National Statistics found that 50% of British employees said that they worked in smokefree premises (Lader and Meltzer 2003).

However, most restaurant chains and almost all pubs continue to permit smoking on the premises. In November 2003 the Presidents of all the medical Royal Colleges wrote to a letter to *The Times* newspaper, demanding legislation to give all workers the right to work in an environment that is free from tobacco smoke pollution.



The benefits of smokefree workplaces

The health benefits of smokefree workplaces are considerable – not just for people who do not smoke. According to recent research, 70% of smokers in Britain want to stop smoking (Lader and Meltzer 2003); smokefree workplaces can help smokers to quit and to avoid relapse. A recent review estimated that smokefree workplace legislation in the UK could help reduce the number of people smoking by nearly two million (Fichtenberg and Glantz 2002).

Smoking restrictions in the workplace have been established in Australia, Canada, Hong Kong and the United States of America. Legislation to enforce smokefree workplaces is expected to be enacted in 2004 in New Zealand and Norway and in Sweden in 2005. Ireland announced that all workplaces including restaurants and pubs, will be smokefree from early 2004. Attitudinal surveys in Ireland since this announcement have shown strong public support for this action (CMO 2003).

Smokefree makes sense for business

The Chief Medical Officer's annual report described progress on the introduction of smokefree policies in the entertainment and hospitality sector in Britain as, 'painfully slow'. Objections usually centre on the perception that becoming smokefree will result in a reduction in business for the hospitality industry. However, studies overseas have shown that legislation requiring smokefree restaurants has either a neutral or beneficial effect on business. A recent study, which reviewed 97 published studies on the economic effect of smokefree policies on the hospitality industry, concluded that 'all of the best designed studies report no impact or a positive impact of smokefree restaurant and bar laws on sales or employment' (Scollo et al 2002).

'As the majority of people in this country are nonsmokers, and object to others smoking near them, going smokefree should represent an economic opportunity rather than a threat for the hospitality industry'.

Liam Donaldson, Chief Medical Officer, 2003

How the Big Smoke Debate was conducted

The London Health Commission organised the Big Smoke Debate, inviting Londoners to voice their opinions on smoking in enclosed public places. This involved a publicity campaign that promoted the www.thebigsmokedebate.com website. The campaign involved paid advertising in the *London Evening Standard*, *Time Out* and local newspapers. Extensive media coverage was generated on national and London television and radio, and in newspapers.

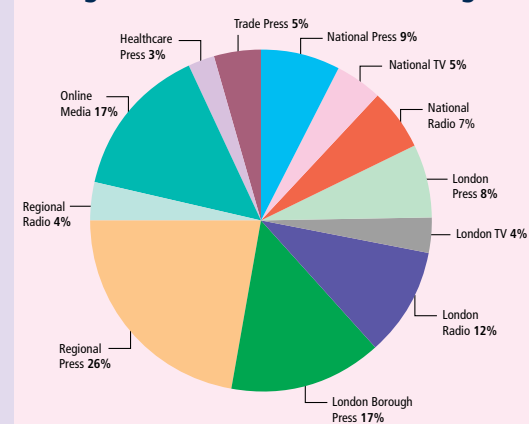


Every Primary Care Trust in London received promotional materials to distribute to health centres and other public places. Also, a wide range of organisations were encouraged to link their websites to the Big Smoke Debate website. The publicity campaign invited Londoners to visit www.thebigsmokedebate.com, and to complete an on-line survey on the subject of smoking in enclosed public places. Londoners were also invited to participate in the debate by calling a freephone telephone line. This was advertised in the December 2003 issue of *The Londoner* – the Mayor's newspaper – which was sent free of charge to every household in London and which was available in a range of public buildings.

The survey asked respondents what they felt about smoking in a variety of public places. It also asked respondents questions about their backgrounds – whether they lived or worked in London, their age, sex, ethnicity, and whether they smoked.

All available means were used to ensure that the on-line survey was conducted as rigorously as possible. Special arrangements were put in place to protect the website from individuals and organisations wishing to influence unfairly the survey's findings. These included identifying those from outside London and removing multiple submissions. All responses to the survey were analysed independently on behalf of the London Health Commission by the research company MORI.

Big Smoke Debate media coverage



Findings from the

The people who responded to the questionnaire...

Who participated in the Big Smoke Debate?

- There were 48,715 'hits' to the website during the two month period it was 'live'
- There were 39,288 valid responses to the Big Smoke Debate survey*
- 34,446 (88%) of these were from people who live and/or work in London
- The main means of response was via the on-line survey on the Big Smoke Debate website: 96% replied via this method, 4% responded via the freephone telephone.

The London connection	%	
Live and work in London	62	24,271
Only live in London	11	4,372
Only work in London	15	5,803
None of the above	12	4,800
Live and/or work in London	88	34,446

Profile of respondents

The majority (62%) of respondents to the Big Smoke Debate both lived and worked in London. Eleven per cent lived in London but did not work in London, and 15% of respondents worked in London but did not live there. A further 12% were responses from people who neither live nor work in London. The findings presented below include only those responses from people who live and/or work in London – although there were few significant differences between Londoners' responses and people from elsewhere.

The Big Smoke Debate sought to encourage people from all backgrounds to participate. By way of comparison, information from the 2001 Census about the profile of London residents, is provided alongside figures describing the profile of respondents to the Big Smoke Debate (London Health Observatory 2003). The Census figures presented here concern London's residents, but not people who travel to London for work.

Sex	Big Smoke Debate %	London (adult residents) Census 2001%
Male	50	48
Female	50	52

*A complete response is one where at least one of the smoking attitude questions was answered: even if only one part of this question was answered, the response is taken to be valid. 861 further responses were invalidated in this way.
NB. Where results do not sum to 100%, this is due to computer rounding or multiple responses.

Age	Big Smoke Debate %	London (adult residents) Census 2001%
16-24	11	15
25-34	48	24
35-44	21	20
45-54	12	14
55-64	5	11
65+	1	16

Ethnicity of respondents

Over four-fifths of respondents described themselves as White. Three per cent described themselves as Black or Black British, four per cent as Asian or Asian British and two per cent as mixed race. A further one per cent described themselves as Chinese.

Ethnicity	Big Smoke Debate %	London (adult residents) Census 2001%
White British	70	62
White Other	18	13
Mixed	2	2
Black or Black British	3	10
Asian or Asian British	4	11
Chinese	1	1
Other	1	2

Smoking status of respondents

The proportion of respondents who described themselves as a current smoker was lower than would be predicted for London as a whole. Research conducted on behalf of SmokeFree London in 2001 found that the proportion of adults who were current smokers in London was 29% (Williams et al 2002).

Smoking status	Big Smoke Debate %	London (adult residents) Census 2001%
Current smoker	23	29
Ex smoker	26	25
Never smoked	51	46

e survey

...and their responses

Bothered by tobacco smoke

Respondents were asked whether they were bothered by tobacco smoke inside public places and 86% said they were. A majority of respondents (52%) stated that they were bothered 'a great deal', and a further 19% were bothered 'a fair amount'. Only 14% said they were not bothered at all. Three-quarters of respondents who replied 'not at all' were current smokers.

Extent bothered by tobacco smoke inside public places	%
A great deal	52
A fair amount	19
A little	14
Not at all	14

Views on action on smoking in public places

The Big Smoke Debate survey asked what restrictions – if any – respondents would prefer for the indoor areas of a range of public places. In all cases – apart from pubs and bars – a clear majority stated that they would prefer the places identified to be 'completely smokefree'.

In the case of pubs and bars, 43% stated they would prefer these venues to be completely smokefree (54% nonsmokers, 7% smokers), and a further 29% said they would prefer pubs and bars to be 'mainly smokefree but with separate areas for smoking'. Only 14% preferred the arrangement that exists currently in the vast majority of pubs and bars, namely 'smoking allowed throughout'.

Overall views on smoking in public places

Respondents were asked, 'overall, would you prefer public places in London to be completely smokefree?'. A total of 78% of respondents stated that they would prefer public

places in London to be completely smokefree – 37% reporting that they would only prefer the indoor areas of public places to be smokefree and a further 41% stating that they would prefer both indoor and outdoor areas to be smokefree. Twenty one per cent would *not* prefer public places to be completely smokefree.

A majority of nonsmokers (51%) stated that they would prefer both indoor and outdoor areas of public places to be completely smokefree.

Overall, would you prefer public places in London to be completely smokefree or not?	All %	Non-smokers %
Yes – but only indoors	37	41
Yes – both indoors & outdoors	41	51
No	21	8
Don't know	1	1
All yes	78	92

Attitudes to legislation to make all workplaces smokefree

The Big Smoke Debate survey asked respondents their attitudes to a law to make workplaces smokefree. Nearly three-quarters of respondents (74%) stated that they would support a law. Sixteen per cent said they would oppose a law and nine per cent said they would neither support nor oppose a law.

Would you support or oppose a law to make all workplaces smokefree?	%
I would support a law	74
I would oppose a law	16
I would neither support nor oppose a law	9
Don't know	1

Would you prefer the indoor areas of the following places to be...?						
		Completely smokefree	Mainly smoke free but with separate areas for smoking	Mainly smoking but with separate non smoking areas	Smoking allowed throughout	Don't know
Cafes	%	60	27	8	4	*
Restaurants	%	64	25	8	3	*
Pubs and bars	%	43	29	14	14	1
Shopping centres	%	68	25	2	5	*
Offices	%	74	23	1	1	*
Taxis	%	83	n/a	n/a	13	4
Railway stations	%	59	31	4	6	*

* = less than 0.5%, but greater than zero

How do responses to the Big Smoke Debate's survey compare with other research into public attitudes towards smoking in public places?

The Big Smoke Debate is the largest consultation to have been conducted on smoking in the UK. However, the Big Smoke Debate's survey is not representative of all Londoners. For instance, older people, children and teenagers, minority ethnic groups and smokers are all under-represented in the Big Smoke Debate's survey – while nonsmokers, people describing themselves as White and young adults aged 25-44 are over-represented.

Despite this, the findings from the Big Smoke Debate survey are comparable to survey research conducted among representative samples of the population. In September 2003 a nationally representative survey of 2,046 people was conducted by MORI. In November 2003, MORI conducted a representative survey of 1,002 residents in the Greater London area for the Greater London Authority, which included questions about smoking in public places. These surveys asked similar questions to those posed in the Big Smoke Debate. While direct comparisons between surveys should be treated with caution – because of the different methods used – the responses to each are presented below.

Thinking about your personal preferences towards smoking in public places, which of these options would you prefer the following places to be?			
% stating they would prefer 'completely smokefree'			
	Big Smoke Debate	MORI/GLA Nov 03 London	MORI/SmokeFree London Sept 03 Great Britain
Restaurants	64	63	49*
Cafes	60	72	49*
Pubs and bars	43	36	24
Shopping centres	68	68	62
Railway stations	59	61	36
Taxis	83	70	79
Offices	74	72	Not asked

*Restaurants and cafes were asked as a single category in this survey

Overall would you prefer public places to be completely smokefree or not?		
	Big Smoke Debate %	MORI/SmokeFree London % Sept 03 Great Britain
Yes – but only indoors	37	47
Yes – both indoors & outdoors	41	28
No	21	22
Don't know	1	2
All yes	78	75

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How will the findings from the Big Smoke Debate's survey be used?

- 1** Nearly 40,000 people responded to the London Health Commission's Big Smoke Debate. The results clearly show that the majority of respondents – both smokers and nonsmokers – support the need for further restrictions on where smoking takes place. In response to this, the LHC is committed to:
 - Taking Londoners' views on smoking in public places to a variety of audiences, including the business sector, with a view to influencing their decisions in this area of policy/practice.
 - Supporting appropriate measures to restrict smoking in enclosed public places.
 - Further engaging a range of communities and organisations in determining the next steps on this issue, with a particular focus on those under-represented in responses to the survey.
- 2** Everyone in London has the right to a healthy workplace. The LHC supports the need for safe, healthy, smokefree work environments for all Londoners, and is committed to working towards this by:
 - Taking this message to a wide range of audiences.
 - Seeking to influence Commissioners' own agencies and networks.
 - Offering support, information and/or advice to voluntary and community organisations to assist them to become smokefree.
- 3** Smoking kills smokers and nonsmokers. Smoking is also a major cause of health inequality in London. The LHC will:
 - Raise awareness of the evidence about smoking and its effects.
 - Seek to provide accurate information to counter misinformation, whatever the source, about the effects of smoking in enclosed public spaces.
 - Present Londoners' views on smoking in public places to the Commission membership, which includes a broad range of health, business and government networks including the GLA and the Mayor.

Further information

The full results of the Big Smoke Debate can be found at www.thebigsmokedebate.com
Information on the London Health Commission can be found at:
www.londonshealth.gov.uk

Information on the London Health Strategy can be found at: www.londonshealth.gov.uk/strategy.htm

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