

FACULTY OF OCCUPATIONAL MEDICINE
of the Royal College of Physicians



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Position Paper
on
Smoking and Work



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Smoking and Work

Key themes

- Passive smoking
- Environmental tobacco smoke
- Smoke-free workplaces
- A statutory ban on smoking in enclosed workplaces including pubs and clubs

Background

In November 2003 the UK's Academy of Medical Royal Colleges and their Faculties issued a joint statement requesting the Government to introduce legislation to ban smoking in public places. This statement was based on the following data:

- passive smoking causes an estimated 1,000 deaths in adults in the UK each year;
- there is strong evidence of a causal relationship between exposure to environmental tobacco smoke (ETS) and respiratory diseases in adults;
- workers in enclosed public places such as clubs and bars have a significant and involuntary exposure to ETS;
- exposure is also harmful to children, increasing the risk of cot death, asthma, lung infections and middle ear disease. Mothers exposed to secondhand smoke give birth to more premature babies.

Smoking is the largest preventable cause of disease and disability in our society. In the UK an estimated 1.3 million workers are exposed to ETS for at least 75% of their working time – "passive smoking". Many of the most at-risk workers are employed in the hospitality industry, in pubs, bars, restaurants and nightclubs. The great majority of people in the UK - 80% - are now non-smokers.

If all workplaces that currently permit smoking in Britain became smoke-free, it is estimated that:

- more than 300,000 people would quit smoking;
- in the longer term more than 150,000 lives would be saved;
- the unpleasant but non-fatal effects of passive smoking would be avoided.

The major ill-health effects of passive smoking in adults, reviewed by the UK Scientific Committee on Tobacco and Health in 2004, are:

- **lung cancer** – an increased risk of lung cancer has been linked to exposure to ETS;
- **other lung disease** – varieties of other lung diseases may be acquired that cause symptoms including shortness of breath, cough, phlegm and wheeze. These may result in disability. Some types of lung disease can be specifically linked with exposure to environmental tobacco smoke; most are worsened by it. An increased risk of developing asthma has been reported;
- **heart and other circulatory diseases** – studies show an increased risk of up to 25-35% for heart attacks. More evidence is required, but there may be a link to other illnesses such as stroke.

Smoke-free workplaces

Workplace policies aim to minimise risks to non-smokers from the involuntary inhalation of tobacco smoke. Many employers have voluntarily made their workplaces smoke-free and by 2002 about half of all employees were protected in this way. However 36% of employees still work in places with designated smoking areas and for 9% there is no smoking restriction.

The hospitality industry has emerged as the sector particularly at risk with recent figures suggesting that every week one hospitality worker in the UK dies from the effects of passive smoking. Workers exposed to this level of environmental hazard in other industries, more used to managing environmental risk, would probably be protected to a far greater degree.

Irrespective of the health effects of passive smoking many people find tobacco smoke unpleasant. It irritates the eyes, nose, throat and chest and many people do not like its smell. Some individuals can find it very uncomfortable and difficult to work in such circumstances.

There is now a body of evidence to support the view that workplace policies can reduce the level of active smoking and thus contribute to an overall reduction in the number of people smoking.

The case for a total ban

The Faculty of Occupational Medicine believes that the best way to protect at-risk workers from harmful ETS is to limit the exposure by regulation since there is:

- no current evidence to suggest there is an acceptably safe concentration of ETS;
- little evidence that smoke-free areas or ventilation provide adequate protection from second hand smoke in enclosed workplaces.

Bars, clubs and restaurants

The Faculty regards workers in the hospitality industries to be particularly at risk and welcomes Scotland's intention to ban smoking in enclosed public spaces such as bars and restaurants by 2006. The Faculty also welcomes a similar proposal by the Department of Health in England for 2008, but finds the exemption from the ban of pubs and clubs which do not serve food as illogical, confusing to the public, difficult to enforce and likely to perpetuate health inequalities. The health of workers in these industries will remain unprotected.

Business benefits

- Productivity may increase in those who now smoke at work due to reduced smoking-related sickness absence or early retirement.
- Passive smoking-related health problems and sickness absence in non-smokers would be reduced or eliminated.
- The potential risk of litigation arising from claims from occupational exposure to ETS will be avoided.
- Many members of the public who are put off by smoky environments, especially in the leisure industry, may return to boost trade.

Implementation

The implementation of a total ban should:

- involve discussion and consultation with employees and their representatives;
- have top level employer commitment;
- aim to develop a relevant policy that is pragmatic for their workplace;
- provide support to those smokers (the majority) who want to quit.

Key actions for the Faculty

The Faculty of Occupational Medicine will:

- continue to press for statutory regulation banning smoking in all pubs and clubs to protect the health of workers in the hospitality industry and to promote the benefits of smoke-free workplaces in general.