Committee on Smoking in Public Places

SPP(2)-03-05(p.5)

Date: Thursday 17 March 2005
Venue: Committee Room 2, National Assembly for Wales
Title: Minutes of the Mid, South East and South West Wales Regional Committees

Purpose

1. The minutes of the Mid, South East and South West Wales Regional Committees at which smoking in public places was discussed are attached at Annexes 1, 2 and 3.

Committee Service

March 2005
Annex 1

Mid Wales Regional Committee

Minutes (MWR(2)-01-05)

Meeting date: Friday 21 January 2005
Meeting time: 10.00am to 12.40pm
Meeting venue: Theatr y Mwldan, Cardigan

Assembly Members in Attendance

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<tr>
<th>Assembly Member</th>
<th>Constituency</th>
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<tr>
<td>Mick Bates</td>
<td>Montgomeryshire</td>
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<tr>
<td>Elin Jones</td>
<td>Ceredigion</td>
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<tr>
<td>Helen Mary Jones (Chair)</td>
<td>Mid and West Wales</td>
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In Attendance

<table>
<thead>
<tr>
<th>Name</th>
<th>Representing (if applicable)</th>
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<tr>
<td>Jennie Bebbings</td>
<td>Welsh Consumer Council</td>
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<tr>
<td>Peter Smith</td>
<td>British Hospitality Association</td>
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Committee Service in Attendance

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<tr>
<th>Name</th>
<th>Job title</th>
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<tbody>
<tr>
<td>Chris Reading</td>
<td>Committee Clerk</td>
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<tr>
<td>Holly Pembridge</td>
<td>Deputy Committee Clerk</td>
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<tr>
<td>Ruth Hatton</td>
<td>Committee Support</td>
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Item 1: Apologies, substitutions and declarations of interest

1.1 Apologies were received from:

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<th>Assembly Member</th>
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<tr>
<td>Nick Bourne</td>
<td>Mid and West Wales</td>
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<tr>
<td>Glyn Davies</td>
<td>Mid and West Wales</td>
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<tr>
<td>Lisa Francis</td>
<td>Mid and West Wales</td>
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<tr>
<td>Lord Dafydd Elis-Thomas</td>
<td>Meirionydd Nant Conwy</td>
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<tr>
<td>Kirsty Williams</td>
<td>Brecon and Radnorshire</td>
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1.2 There were no declarations of interest made.

1.3 The Chair thanked Louise O'Neill and her colleagues from Theatr y Mwldan for accommodating the Committee meeting.

**Item 2: Smoking in Public Places**

2.1 The Chair said that the views received would be conveyed to the Committee on Smoking in Public Places.

2.2 Jennie Bebbings and Peter Smith made presentations on behalf of the Welsh Consumer Association and the British Hospitality Association respectively.

2.3 In response to Members' questions, Jennie Bebbings made the following points:

- Data from the public survey of a sample of a thousand people in Wales, undertaken by the Wales Consumer Association, showed that the strongest support for a ban on smoking in public places had come from people who had never smoked. Anecdotal evidence from the association's consumer network had indicated that former smokers found it more preferable to go into non-smoking environments as there minds would not focus on smoking. Perhaps people who were trying to cease smoking went out less;
- A ban on smoking in environments such as restaurants and public houses where food was served was preferable to a broad range of people;
- The legal age for smoking was 16 years old. Some respondents to the survey had argued that 16 years of age was too young to make health decisions.

2.4 In response to Members' questions, Peter Smith made the following points:

- When he had voluntarily imposed a smoking ban in his hotel's restaurants, it was broadly accepted. However, it appeared that some people would not have liked to have not been able to smoke in the hotel's lounges. There was a need to maintain a balance of requirements within the existing legislative requirements and protect the health of employees;
- In the interest of protecting the health of staff/employees and a ban on smoking in public places, it was felt that there should be no legislative distinction drawn between establishments serving food and those establishments exclusively serving beverages;
- Legislation indicated that hotel bedrooms were not a public area, however, whilst the residual smell of cigarettes was not harmful it was unpleasant and lingered on fabrics;
- The younger generation (18-25 years) was the most prevalent smoking group and this generation tended to consume large amounts of alcohol;
As regards voluntarily imposing smoking bans, the hospitality industry had been moving slowly;
If Wales introduced a smoking ban before England, customers would go to England. If smoking was banned completely customers would be likely to go elsewhere;
There was a need to protect staff whilst being flexible in terms of business demands. The Chair acknowledged that this was difficult for small hospitality businesses with small numbers of staff.

2.5 The Chair thanked the presenters.

2.6 The Chair then invited members of the public to ask questions or to give their views she asked that presenters and Members give responses after questions had been submitted.

2.7 A representative from Ceridigion Council asked whether the issue for smoking in public places related to all public places or just public places serving food. For example an environment such as a rugby match at the Millennium Stadium where people were allowed to smoke, was regarded as a public place but was not an enclosed space.

2.8 Gwillym Williams, Llangranog Council asked if there would be a follow up on the survey to investigate the effects of passive smoking affecting children in houses of smokers.

2.9 Caroline Evans, Forest, stated that although a non-smoker herself she was concerned about the effect of a ban on small rural public houses.

2.10 The Chair asked presenters to respond.

2.11 Jennie Bibbings, Welsh Consumer Council, stated that the definition of a public place varies.

2.12 Elin Jones replied by saying that the legislation would define a public place. The emphasis would be put on the rights of workers.

2.13 Peter Smith, British Hospitality Association, said in response to the concern of rural public houses there was anecdotal evidence from Ireland that many people were staying at home since the ban had been introduced. Public houses had become less sociable areas. In public houses that served food there would be a legal ban however, in small rural public houses that did not serve food how would the ban be implemented?

2.14 The Chair said that the Committee would seek to obtain a definition, especially to clarify Elin Jones's point regarding village halls.

2.15 Mick Bates said that a ban could be enforced in confined places however it would struggle to be enforced at large public events and would require a voluntary code. It was the individual's right to decide whether they would report that someone was smoking where they were not permitted to do so.
2.16 Peter Smith said that there was pressure on small rural public houses. There was no smoking at Theatr y Mwldan but there were no signs to say it was accepted that the building was a non-smoking venue. Attitudes were changing dramatically. The definition of a public place suggested an enclosed workplace however other industries such as construction sites it was accepted that these were smoke free zones due to fire risks. Feedback from the Irish model suggested that in Dublin rural trade dropped in public houses, as it was felt that the enforcement was too strict but the model had concentrated on the damage to worker’ health. It was difficult to learn from the Irish model as it has only been in place for 36 months.

2.17 Jennie Bibbings added that the survey highlighted children with high rates of childhood asthma but this had not been followed up. It was difficult to separate those who smoked from those who did not, in their own homes.

2.18 Peter Smith said the enforcement of a ban would be on a public place to protect especially children under 16. However, children of 12 and 13 who were smoking were not prosecuted by the establishment that served or sold cigarettes. The Cliff Hotel for example, did not have a smoking policy but there were signs to designate smoking and non-smoking areas. There was a need for more clarity concerning where people could or could not smoke. If there was any doubt as to where people could smoke this could often provoke aggressive tendencies.

2.19 Elin Jones agreed that many signs were not clear and there was confusion as to where people could and could not smoke. It was down to personal choice when choosing establishments whether to smoke or not.

2.20 The Chair thanked members of the public for their questions and thanked presenters and Members for their comments and answers. She stated that the Mid Wales Regional Committee would report back to Val Lloyd, Chair of the Smoking in Public Places Committee. The Committee would be reporting to the Assembly at the end of May. The Chair stated that whilst this was not a scientific test she asked the audience if they could show hands if they were in favour of a total ban on smoking in public houses, cafes and restaurants. Twenty people said there were.

Item Three: Open Public Session

3.1 The Chair invited members of the public to raise questions on any topic of their choice.

3.2 Mavis Griffiths was concerned about the future maintenance of old cemeteries attached to abandoned churches and chapels. She had understood that Ceredigion County Council had advised the public not to tend such cemeteries. In a small village this could be a significant environmental problem.
3.3 Elin Jones said that, although it was not an issue with which she was familiar, she was sure that it was a common problem in towns and villages. This issue should be raised with the relevant Minister, to ascertain if this was a devolved issue.

3.4 Mick Bates said that it was the responsibility of the relevant denomination of the church or chapel. If consecrated land was sold it could have this constraint removed and possibly be redeveloped.

3.5 Helen Mary Jones agreed with Elin Jones’s point concerning contacting the relevant minister and inviting them to take this issue forward.

3.6 All Wales Energy Group, in relation to the ‘Tan 8’ planning document and the over reliance on wind power. This issue was not discussed by Assembly Members. Rhodri Glyn Thomas AM had understood that there would be a discussion about this in order for Assembly Members to put forward their opinions.

3.7 The Chair said that this was a procedural point.

3.8 Elin Jones said that the Minister for Environment would make the final decision and that the Environment, Countryside and Planning Committee would insist that this matter be discussed.

3.9 Mick Bates said that there would be a debate on this issue and that this would enable clarity and guidance for planners, which would play an important role in engaging with local communities. This issue would always be controversial as the Tan 8 portfolio was aimed at renewable energies. Carwyn Jones, Minister for Environment, Planning and Countryside and Andrew Davies, Minister for Economic Development were both involved in this process.

3.10 The Chair stated that this would be discussed at the Environment, Planning and Countryside Committee and a joint Committee meeting may be called for.

3.11 Lynda Grace, Town Mayor, Cardigan, asked what was happening to the 'Objective One' funding and progress with the Tesco junction in Cardigan.

3.12 The Chair stated that the Mid Wales Regional Committee could bring this matter to the attention of the Minister for Economic Development and Transport, to obtain a timescale for completion of the junction. The Chair agreed to write to the Minister.

3.13 Sue Lewis, Governor Cardigan School, two learning support workers have had huge success at the school but the funding for this would stop in the summer. Could the Assembly consider part funding the support workers so as to help and support the teachers?

3.14 Mick Bates asked if there was engagement at a local level?
3.15 Sue Lewis replied by saying that it was an Assembly project rolled out across Ceredigion.

3.16 Mick Bates said that these support workers provided a valuable service and help to remove some of the pressure from teachers.

3.17 Elin Jones said that it would be useful if both the Minister for Education and Lifelong Learning and the Minister for Health and Social Services were informed of this matter.

3.18 The Chair agreed to write to both Ministers.

3.19 John Sutton, the major town development in Cardigan, known as Edenfields, was to have £10 million funded by the Welsh Development Agency (WDA). However, this had been reduced to £5 million. There was some concern that if a large out of town supermarket deal was not agreed that the whole project might fall.

3.20 Elin Jones said that this was an important local issue and she would pursue this matter.

3.21 Mick Bates said that as some parts of Wales did not receive 'Objective One' funding he was concerned that the only way of regeneration would be to build a new supermarket. The long-term economic impact of this would have to be considered in the long term.

3.22 The Chair said that she was content for Elin Jones to pursue this issue.

3.23 Chair of Ceredigion Local Health Board, Health Alliance, said that the Mid Wales Regional Committee meeting in Cardigan to discuss this issue was a good idea but was concerned at the relatively low turn out, and asked if more could be done to publicise meetings.

3.24 The Chair replied that much effort had gone into publicising this meeting, both on a local level and also throughout the Mid Wales region. The Chair said that she would welcome any ideas on how to improve attendance at these meetings. The issue of evening meetings was raised and the Chair said that she would consider this matter further.

Item Four: Minutes of the Previous Meeting
Paper MWR(2) 03-04(mins)

4.1 The Committee ratified the minutes of the meeting of 8 October 2004 at Llanerfyl Village Hall, Llanerfyl, near Welshpool.

Item Five: Next Meeting

5.1 The Committee agreed that the next meeting would be on Friday 4 March in Penrhyndeudraeth, to discuss tourism in Mid Wales.
The South East Wales Regional Committee

Minutes (SEWRC-01-05)

Meeting date: Friday 21st January 2005
Meeting time: 9.30am – 12.30pm
Meeting venue: The Grand Pavilion Theatre, the Esplanade, Porthcawl

Assembly Members in Attendance

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<th>Assembly Member</th>
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<tr>
<td>Michael German (Chair)</td>
<td>South Wales East</td>
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<td>Leighton Andrews</td>
<td>Rhondda</td>
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<td>Lorraine Barrett</td>
<td>Cardiff South and Penarth</td>
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<tr>
<td>Peter Black</td>
<td>South Wales West</td>
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<td>Alun Cairns</td>
<td>South Wales West</td>
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<tr>
<td>Christine Chapman</td>
<td>Cynon Valley</td>
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<tr>
<td>Jeff Cuthbert</td>
<td>Caerphilly</td>
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<td>Janet Davies</td>
<td>South Wales West</td>
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<td>Jocelyn Davies</td>
<td>South Wales East</td>
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<td>Irene James</td>
<td>Islwyn</td>
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<td>Carwyn Jones</td>
<td>Bridgend</td>
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<td>Laura Ann Jones</td>
<td>South Wales East</td>
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<td>William Graham</td>
<td>South Wales East</td>
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<td>Janice Gregory</td>
<td>Ogmore</td>
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<td>John Griffiths</td>
<td>Newport East</td>
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<td>Jane Hutt</td>
<td>Vale of Glamorgan</td>
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<td>Dai Lloyd</td>
<td>South Wales West</td>
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<td>David Melding</td>
<td>South West Central</td>
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<td>Jenny Randerson</td>
<td>Cardiff Central</td>
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Others in Attendance

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<tr>
<th>Name</th>
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<th>Agenda item(s)</th>
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<tbody>
<tr>
<td>Val Lloyd AM</td>
<td>Chair, Committee on Smoking in Public Places, National Assembly for Wales</td>
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<tr>
<td>John Griffiths</td>
<td>Ash in Wales</td>
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<tr>
<td>Simon Clark</td>
<td>Forest</td>
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<tr>
<td>T. Grey Phillips</td>
<td>Licensed Vituallers</td>
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Committee Service

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<th>Name</th>
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<tr>
<td>Julia Annand</td>
<td>Committee Clerk</td>
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<tr>
<td>Vaughan Watkin</td>
<td>Deputy Committee Clerk</td>
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<td>Ruth Hughes</td>
<td>Committee Support</td>
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Item 1: Introduction, Apologies, Substitutions, and Declarations of Interest

1.1 The Chair welcomed the audience, presenters and the Committee Members to the Grand Pavilion Theatre. He indicated that the theme of the meeting was "Smoking in Public Places" and said that all views received would be recorded and sent to Brian Gibbons AM, the Minister for Health and Social Services. He advised the public that presenters would be invited to make their presentations from the front of the table and the public would be able to see the presenters on the screen provided. Members of the public would have the opportunity to ask questions throughout the meeting rather than at the end. He also indicated that there would be no designated break during the meeting but that refreshments were available for members of the public throughout the meeting.

1.2 Apologies for absence were received from Rosemary Butler, David Davies, Jane Davidson, Sue Essex, Jonathan Morgan, Lynne Neagle, Peter Law, Huw Lewis, Rhodri Morgan and Leanne Wood.

Item 2: Minutes of the Meeting held on 12 November 2004 (SEWR (2)-05-04 (Mins))

2.1 The minutes of the meeting held on 12 November 2004 were agreed. The Chair advised that a report of the meeting had been produced which would be distributed to all concerned.

Item 3: Smoking in Public Places

3.1 The Chair welcomed Val Lloyd AM, Chair of the Smoking in Public Places Committee, National Assembly for Wales and invited her to make her presentation. A copy is at Annex 1.

3.2 The Chair welcomed John Griffiths, representing Ash in Wales and invited him to make his presentation. A copy is at Annex 2.

3.3 The Chair welcomed Simon Clark, representing Forest and invited him to make his presentation. A copy is at Annex 3.

3.4 The Chair welcomed T. Grey Phillips, representing the Licensed Victuallers Association and invited him to make his presentation. A copy of the presentation can be found at Annex 4.

3.5 The Chair thanked them all for their interesting presentations and then invited Members to discuss the issues raised.

Assembly Members and public’s questions to the Panel
3.6 The Members said they had found all the presentations extremely interesting and thought provoking. Members and individuals put the following points to the panel:

- Cross party discussions were taking place to decide the best way forward in respect of any legislation that would be required if a ban on smoking in public places was introduced;
- Many more young people were taking up smoking and it appeared that a greater percentage of those doing so were female - was there any evidence to support this;
- Possible conflict of interest with the introduction of a ban on smoking in public places and the decriminalisation of the smoking of cannabis;
- Some reports from Ireland have suggested that the ban on smoking in public places was being ignored;
- Other reports from Ireland also suggest that the ban is popular and smokers are content to smoke outside premises;
- Concerns that 40 percent of rural pub business in Ireland had been lost because of the ban on smoking in public places;
- Would the National Assembly for Wales consider giving scope to business outlets to take part in a voluntary scheme to ban smoking in public places during any interim period, before a ban was introduced;
- Had any evidence been taken by the Committee on Smoking in Public Places about the habit forming problems associated with smoking;
- Were any surveys being commissioned in respect of what smoke free options were available;
- Many people smoked without any problems to their health even though they had smoked all their lives;
- Many smokers suffered from a series of medical problems caused by smoking;
- A recent poll had indicated that at least 74 percent of those polled were in favour of a ban on smoking in public places;
- Should there be a fundamental right to smoke in public houses but not in restaurants;
- Where did Forest receive its funding to campaign on behalf of smokers;
- If smoking were to continue in public places more efficient ventilation systems should introduced;
- Smoking could be considered the only pleasure that some residents in deprived areas could indulge;
- It should be remembered that currently 92 percent of work places were already smoke free areas;
- All employees had the right to breath clean air;
- Suggestion that smoking should be available in specific enclosed public places for those who wished to smoke;
- There was already a ban on smoking in cinemas and on trains, buses and aeroplanes and it was suggested that the ban should be extended to restaurants and all other public places;
- Peer pressure was the cause of many young people starting smoking and a complete ban on smoking in public places might help them resist the temptation in the first place;
• Smoking used to be considered "cool" but this did not appear to be the case in today's world;
• Entertainment outlets such as pubs, clubs and restaurants should be allowed to decide whether or not they wished to ban smoking on their premises;
• Smoking did not have the same effect on everyone so there is a need to accommodate all views and give the public the freedom of choice in respect of this issue;
• A blanket ban on smoking in public places would be unfair and raised equality issues;

3.7 The Panel offered the following responses:

• Val Lloyd-Chair, Committee on Smoking in Public Places explained that the Committee on Smoking in Public Places had to consider current evidence on the issues involved, take oral and written evidence and examine the experiences of other countries. They hoped to include a visit to Ireland to see how the ban was working in the Republic. They had not taken any evidence from any children or organisations representing young people but she had received several letters from youngsters supporting a ban on smoking. The Committee had taken a range of evidence from both sides of the spectrum and it was essential to strike a balance when coming forward with any proposals. No discussions had been taken in respect of the decriminalisation of the possession and use of cannabis and it was for the Environmental Health Officers to police the ban in Ireland. A range of smoke free options had resulted from a range of organisations that had already given evidence and the British Medical Association had presented evidence on a wide range of health issues as well as associated areas. The Committee hoped to report back to the Assembly by the End of May.

• John Griffiths - Ash in Wales said he considered smoking to be a health risk as it was side stream smoke and also the burning tip of a cigarette that had high levels of cancer causing agents. Smoking also caused heart disease and asthma. The fact that you could not see smoke in a ventilated room where smoking was being carried out did not mean that the ventilation system was good at removing the harmful particles that were still in the air. It should be noted that clear air was not necessarily clean air and those most at risk in this situation were bar staff working in pubs, clubs and restaurants. It should be remembered that nicotine was addictive and smoking a few cigarettes could result in addiction. Passive smoking (second hand smoke) could lead to starting smoking again. Tobacco created an inequality in health and most smokers would suffer later in life as the result of smoking. There is no safe delivery system for nicotine, but patches were better than smoking. There is no such thing as a safe cigarette and tobacco kills one in two of users, and many people die prematurely because of smoking. The Health and Safety at Work Act 1974 says employees should have a safe working environment. It cannot be
denied that smoking causes disease and the best conceivable way forward was to ban smoking in public places as soon as possible.

- **Simon Clark - Forest** explained that Forest was a political lobby group who had made presentations to various committees. The number of people who smoked has fallen by only two per cent over the past years. The link between passive smoking and cancer had not been proved. Whilst a large percentage of the population were in favour of banning smoking in public places equality issues should be remembered and the interests of the minority should be taken into account. It appeared today that smokers do not have any rights at all, and in a democracy this surely was not acceptable. It was obvious that changes would have to be made but Forest stood up for people's rights to be able to smoke. There must be a balance in this area and this could be achieved by allowing certain establishments to apply for smoking licenses which would have good ventilation systems in place to remove the smoke and allow smokers the choice to smoke in public should they wish to do so. Forest was funded mainly by the tobacco companies but it should be noted that out of 149 studies carried out by Forest only two had been directly funded by the tobacco companies.

- **T. Grey Phillips - Swansea and District Licensed Vituallers** said that a ban on smoking in public places would result in many pubs closing with the loss of jobs. There were 13 million smokers in the United Kingdom who by smoking provided the Exchequer with considerable amounts of tax. It was unreasonable to suggest that smoking in public places should be banned. Pubs and clubs were privately owned businesses and should be able to decide whether to allow smoking on their premises. There were various types of extraction equipment and on the whole they worked well but it was essential to have maintenance carried out on a regular basis. It would be acceptable to have a smoking ban in areas where food was being prepared and served but there should be the option for smoking in other areas. If a ban was to be introduced who would be responsible for ensuring the rules were obeyed. The reality was that many rural pubs were struggling to survive and a ban on smoking in public places would not help the situation.

3.7 The Chair thanked all of the presenters for attending and said that the session had proved a lively and interesting discussion on a subject that would provide further debate in the future until a decision on smoking in public places was made.

**Item 4: Open Mike Session**

4.1 The following questions/comments were received from the audience. The Chair indicated that all questions would receive a written reply from the appropriate Minister.

- **Mr R. Donovan, Age Concern, Bridgend** was concerned about the current waiting times in Wales. He understood from his GP that waiting
times to see a Consultant were 15 weeks but in reality it was 74 weeks and asked if anything was being done to resolve this problem. Jane Hutt AM said the Welsh Assembly Government had recently made an announcement to cut waiting times for both outpatient and inpatient waiting times and new surgical units had been established at Llandough Hospital and St Wool, Newport. If a patient was concerned they should go back to their GP as there was a process where the GP could ask that a patient should be seen earlier, if the condition was deteriorating. David Melding AM said that a recent report issued by the Auditor General had made critical comments about the current waiting list times in Wales and indicated that improvements should be made. The Welsh Assembly Government would be examining the Auditor General’s Report and would be responding in due course.

- M. Harrhy, Porthcawl asked that bus shelters like those situated in Bridgend should be provided for residents of Porthcawl. Mike German AM (Chair) said this was a matter for the local council and the question would be sent to the Council and the Minister for Transport to respond.

- Brian Saunders suggested that there was no democracy in Wales as the Assembly had voted against the advice of the Planning Inspector in respect of Scarweather Sands so how did the Assembly equate their actions with the principles of democracy. Peter Black AM said that he had requested a full debate on this issue but none was forthcoming from the Welsh Assembly Government. The process currently in place was followed but he understood the dissatisfaction local people had over this issue. William Graham AM indicated that the proper processes had been followed in respect of Scarweather Sands and those who were still dissatisfied should now take their complaints to the promoters of the scheme itself. Jeff Cuthbert AM said that the proper processes were followed but Members had a right to challenge decisions made and if necessary change them otherwise it would be pointless having an appeal system.

- Caroline Vaughan suggested that TAN 8 had not been well received with 1479 against and only 221 for the revised TAN and suggested that the Welsh Assembly Government look at its wind farm policy. Carwyn Jones AM the Minister for Environment, Planning and Countryside indicated that TAN 8 was a consultation document only and renewable resources had to be a part of the process. It was hoped to generate 10 per cent of power requirements by 2010 by renewable resources but tidal power was not a viable option at the moment. The option for wind farms had to be examined and it was estimated that there would be a maximum of between 400 to 800 across the whole of Wales subject to the necessary planning consents. All the responses to TAN 8 would be published where possible and all views expressed taken into account.

4.2 Questions were also received from Angela Parry, Jean Barraclough, Jonathan Warboys, R. Donovan, Brian Saunders, M. Harrhy, and Denise Parker but unfortunately there was no time to answer them at the meeting.
These questions would be sent to the appropriate Ministers for answer. A question from Brian Saunders in respect of a specific Member had been sent to that Member for response. Similarly all questions received by the Clerk after the meeting had ended would be dealt with in the same way.

**Item 5: Date and Location of the next meeting**

5.1 The Chair advised that the next meeting was scheduled for Friday, 4 March 2005 and would be held somewhere in Merthyr Tydfil and Rhymney Constituency subject to an appropriate venue being found. The main focus of the meeting could be around the theme of "Heads of the Valleys Regeneration" but as usual the public would also have an opportunity to ask questions on any topic in an "Open Mike Session".

**Closing Remarks**

7.1 The Chair thanked all the presenters and Members together with the audience for their contribution to the meeting. He also thanked the staff of the Grand Pavilion Theatre for all their help and assistance.

**Committee Service**

**January 2005**
Committee on Smoking in Public Places
Membership

Val Lloyd AM - Chair, Labour
Peter Black AM - Liberal Democrat
Jeff Cuthbert AM - Labour
Dr Dai Lloyd AM - Plaid Cymru
Jonathan Morgan AM - Conservative
Terms of Reference

To consider current evidence on relevant issues, including the health risks of environmental tobacco smoke and the economic impact of restrictions on smoking in public places.
Terms of Reference²

To review developments in the UK and Ireland relating to the introduction of restrictions on smoking in public places.
Terms of Reference

To consider the experiences in other countries where a ban has been introduced.
Terms of Reference

To report to the Assembly by 25 May 2005 on its conclusions.
Some of the organisations that have given oral evidence

Air Cleaner Manufacturers' Association
Aberdeen University
ASH
British Medical Association
Forest
National Association of Cigarette Machine Operators
Tobacco Workers’ Alliance.
University of Glamorgan
Wales TUC
Legislative Options

A Wales-only Bill, which if enacted would give the Assembly power to make regulations prohibiting or restricting the smoking of tobacco products in public places;
Legislative Options

As part of an England and Wales Bill dedicated to a smoking ban
Legislative Options

The provisions could be ‘piggy-backed’ onto another relevant Government Bill in the same way as the initial provisions creating a Children’s Commissioner for Wales were.
Smoke free public places

John Griffiths
What is second-hand smoke?

• Second-hand smoke is made up of:
  – sidestream smoke (the smoke from the burning tip of the cigarette)
  – exhaled mainstream smoke – the smoke drawn through the cigarette by the smoker and then breathed out

• Second-hand smoke contains over 4000 chemicals
Why is second-hand smoke dangerous?

- When compared with mainstream smoke, second-hand smoke contains higher levels of:
  - Nicotine
  - Ammonia
  - Benzene
  - Carbon monoxide
  - Several cancer causing agents
What impact does second-hand smoke have on non-smokers?

- Second-hand smoke has been classified as carcinogenic to humans (IARC 2004)
- Second hand smoke is causally linked to heart disease
- Exposure of pregnant women to second-hand smoke has been linked to spontaneous miscarriage and babies with lower birth weight
What impact does second-hand smoke have on non-smokers?

In adults exposure to second-hand smoke is also causally linked to:

- Asthma
- Reduced lung function
- Increased phlegm production
- Increased coughing
What impact does second-hand smoke have on non-smokers?

• Second-hand smoke exacerbates pre-existing conditions and the protection from second-hand smoke of people with such conditions should be a matter of high priority.

• Short-term effects of second hand smoke include watery eyes and irritation of the nose, throat and air passageways.
What impact does second-hand smoke have on non-smokers?

• Children are particularly susceptible to the effects of involuntary smoking. Because their bronchial tubes are smaller and their immune systems are less developed, they are more likely to develop respiratory and ear infections when exposed to second-hand smoke.
What impact does second-hand smoke have on non-smokers?

- A review by the World Health Organization concluded that second-hand smoking is a cause of bronchitis, pneumonia, coughing and wheezing, asthma attacks, middle ear infection, cot death, and possibly cardiovascular and neurobiological impairment in children (1999)
What can be done about second hand smoke?

- Ventilation
  Prof. James Repace (1999) has estimated that it would require in excess of 10,000 air changes per hour to produce levels of risk acceptable to bar staff from second-hand smoke.
  This is equivalent to a tornado-like gale and is clearly unachievable.
What can be done about second hand smoke?

• Voluntary action

Experience indicates that this is not a satisfactory solution e.g. the UK AIR initiative
Is there public support for tackling second hand smoke?

- The answer is ‘Yes’

<table>
<thead>
<tr>
<th>Percentage agreeing that smoking should be restricted....</th>
<th>Smoking status</th>
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ASH 2002
SMOKING IN PUBLIC PLACES

Memorandum by FOREST to the National Assembly South East Wales Regional Committee

January 2005

FOREST | Sheraton House
Castle Park | Cambridge CB3 0DX
Smoking in Enclosed Public Places

1. FOREST (Freedom Organisation for the Right to Enjoy Smoking Tobacco) is a media and political lobbying group that defends the interests of smokers and voices the opinions of many smokers and tolerant non-smokers. Founded in 1979, we are regularly invited to submit our views to government bodies including the Department of Health, the Health and Safety Commission, the House of Commons Health Select Committee, the GLA Smoking in Public Places Investigative Committee and the Scottish Parliament Health Committee.

2. According to the Office for National Statistics (ONS), 86% of UK companies have a policy on smoking at work. In practice, this means that smoking is already severely restricted or, in many cases, banned in enclosed public places such as offices, shops, cinemas, theatres, public transport etc. Pubs, clubs, cafes and restaurants represent the few remaining places where smokers are generally accommodated and even there we see increasing restrictions and, occasionally, prohibition.

3. The argument that smoking should be banned in all enclosed public places is justified on two grounds: (a) it will protect non-smokers, including workers, from the threat of passive smoking; and (b) it will reduce the number of people who smoke or, at the very least, reduce their overall consumption.

4. FOREST does not accept that ‘passive smoking’ is a significant risk to the health of non-smokers. Interviewed on Radio 4’s ‘Desert Island Discs’, Professor Sir Richard Doll, the first scientist to establish a link between lung cancer and primary smoking, commented: ‘The effects of other people smoking in my presence is so small it doesn't worry me’ (23rd February 2001).

5. Professor Doll’s comments may surprise some people but not those who have analysed the argument about passive smoking in detail. In 1992 the American Environmental Protection Agency published a report that was said to prove the link between passive smoking and ill health in non-smokers. Six years later, in 1998, a federal court ruled that the EPA had totally failed to prove its central case that ‘passive smoking’ damaged the health of non-smokers.

6. In March 1998 a World Health Organisation study found that there was an estimated 16% increased risk of lung cancer among non-smoking spouses of smokers. For workplace exposure the estimated risk was 17%. Although this may sound alarming the WHO was forced to admit that: ‘Neither increased risk was statistically significant.’ This is because the chances of a non-smoker contracting lung cancer are so small that an increased risk of 17% is not significant. According to the Daily Telegraph’s respected medical editor Dr James Le Fanu, ‘Passive smoking cannot conceivably cause lung cancer.’
7. In July 1999, in its draft Approved Code of Practice on Smoking at Work, the Health and Safety Commission declared that, ‘Proving beyond reasonable doubt that passive smoking at a particular workplace was a risk to health is likely to be very difficult, given the state of the scientific evidence [our emphasis] … We do not believe that there is a convincing case for yet more law … It is not currently reasonably practicable … to ban smoking in all such workplaces: in some cases, because it would not be commercially viable, and in others because it would interfere with personal freedoms.’

8. In April 2002, following an exhaustive six-month investigation during which written and oral evidence was supplied by organisations including ASH, Cancer Research UK and FOREST, the Greater London Assembly Investigative Committee on Smoking in Public Places declined to recommend ANY further restrictions on smoking in public places. According to Angie Bray, joint author of the report, ‘After taking evidence from all sides, including health experts, it was decided that the evidence gathered did not justify a total smoking ban’ (Daily Telegraph, 5 July 2003).

9. In May 2003 the British Medical Journal published the results of a study that seriously questioned the impact of environmental tobacco smoke on health. According to the study, one of the largest of its kind, the link between environmental tobacco smoke and coronary heart disease and lung cancer may be considerably weaker than generally believed.

10. The analysis, by James Enstrom of the University of California, Los Angeles and Geoffrey Kabat of New Rochelle, New York, involved 118,094 California adults enrolled in the American Cancer Society cancer prevention study in 1959, who were followed until 1998. Particular focus was on the 35,561 never smokers who had a spouse in the study with known smoking habits.

11. The authors found that exposure to environmental tobacco smoke, as estimated by smoking in spouses, was not significantly associated with death from coronary heart disease or lung cancer at any time or at any level of exposure. These findings, say the authors, suggest that environmental tobacco smoke could not plausibly cause a 30% increased risk of coronary heart disease, as is generally believed, although a small effect cannot be ruled out.

12. Since 1981 there have been many studies on passive smoking. In terms of establishing a clear causal connection between exposure to ETS and illness in non-smokers, the anti-smoking industry has continually failed to prove its case. In the words of Dr Richard Smith, editor of the British Medical Journal (30 August 2003), ‘We must be interested in whether passive smoking kills, and the question has not been definitively answered.’

13. Given all of this, is it any wonder that FOREST (and others) should query the health risks of passive smoking? Instead, we are called ‘liars’ by anti-smoking campaigners while politicians and the medical establishment (who should know better) repeat the mantra that ‘there is conclusive evidence that passive
smoking kills’. It is difficult to avoid the conclusion that some undoubted experts have such a passionate dislike of smoking and second hand smoke that it influences both their findings and their public pronouncements.

14. The second justification for a ban on smoking is that it will help reduce the number of people who smoke. The evidence for this is inconclusive. Despite an increasing number of restrictions on smoking in public places in the UK over the past decade (not to mention other anti-smoking initiatives), the smoking rates in Britain have barely changed since 1992. (According to the ONS, smoking rates in Britain fell from 45% in 1974 to 34% in 1982. From 1982 to 1992 the rate fell a further six per cent to 28%. Since 1992 the rate has fallen from 28% to 26%, hardly a glowing testimony to the impact of the increasingly strident anti-smoking campaigns and initiatives.)

15. One has to query whether forcing such a ban on the population, the majority of whom do not have strong feelings about the issue, is a legitimate role for politicians in a free country. Banning smoking with a view to making it physically more difficult for people to smoke is social engineering. It ignores the important concept of personal responsibility. Of course, government has a role to play educating people about the health risks of smoking, drinking too much or eating too much of the ‘wrong’ type of food. Politicians do NOT, however, have the right to force people to change their lifestyle in these areas.

16. A blanket ban could also encourage and even promote an anti-smoking culture that may result in outright discrimination to the extent that some smokers could even be denied employment. In America, some companies now breathalyse employees when they arrive at work to check whether they have been smoking, in their own time, on their way to work. You may think this won’t happen in Britain but the whole anti-smoking strategy is based on what campaigners like to call ‘the next logical step’.

17. The idea, meanwhile, that the majority of non-smokers are seriously inconvenienced by people smoking in pubs or restaurants simply isn’t true. Few people, including smokers, care for a very smoky atmosphere but an opinion poll published in September 2003 by the British Market Research Bureau for the Tobacco Manufacturers’ Association found that banning smoking in public places is low on most people’s list of priorities compared with other quality of life issues such as controlling yobbish behaviour and prohibiting litter and graffiti.

18. A similar survey in Scotland (January 2005) by Populus, a leading opinion research company, found that 39% of Scots believe that reducing poverty should be the Executive’s number one priority for improving public health. This is followed by improving housing conditions (17%); banning advertising of fatty, sugary and salty foods (11%); banning smoking at work and in public places (10%); providing more facilities for physical recreation (9%); and reducing alcohol consumption (8%).
19. The reality is that smokers and non-smokers socialise together quite amicably. In May 2004 (in a poll commissioned by FOREST) Populus asked 10,000 people in ten cities and regions (including Cardiff: see Appendix) across Britain for their views. The regionally representative survey found that, 74% (72% in Cardiff) do NOT support a total ban on smoking in pubs and bars. In fact, only 24% thought smoking should be banned completely in pubs, clubs and bars.

20. A few weeks later the Office for National Statistics published the results of their latest survey on attitudes to smoking. Interestingly, they almost exactly mirrored those of the Populus poll. In fact, according to the ONS, only 20% of people want smoking banned in pubs.

21. Very smoky venues are decreasing in number all the time. We are not living in the 1950s when 80% of the male population smoked and business was invariably carried out in smoke-filled rooms. Antony Worrall Thompson, restaurateur and patron of FOREST, says: ‘This is not a debate most of my customers are concerned with. Restaurants and bars are no longer the dirty, smoky environments of the past and are continuing to adopt new measures to improve the atmosphere of their establishments of their own accord.’

22. Worryingly for businessmen like Antony (and especially publicans and bar owners), banning smoking could have a serious effect on business. A report from the Restaurant Association revealed that £346 million and 45,000 jobs could be lost if restaurants were forced to ban smoking. Antony himself tells us that since introducing a no-smoking area in his west London restaurant he has worked out that he makes 14% more from the smoking area because customers (smokers and their non-smoking friends) stay longer and drink more.

23. Although a handful of pubs have reported increased business since banning smoking, history is littered with examples of establishments that have banned smoking only to experience a drop in custom, sometimes quite dramatically, with the result that some have had to reverse the policy months later.


25. According to Brian Nolan, chief executive of the United Restaurant & Tavern Owners of New York, where smoking has been banned since April 2003, ‘Almost all bars, and some restaurants in New York City and State, have experienced a radical downturn in bar business, and that downturn is directly related to the smoking ban. In reality, most bars urgently need a rescue package or smoking exemption due to the significant downturn in bar business.’
26. Although ‘official’ reports suggest an upturn in business in New York since the smoking ban, one has to ask, why would bar owners lie about the figures? After all, the hospitality industry is not in business to keep smokers happy. They’re in business to make money and if they thought, for one second, that they could make more money by banning smoking, they would do it overnight.

27. What has happened in America (and now Ireland), says yet another FOREST supporter, musician Joe Jackson, is the result of a ‘very persistent, well-organised, well-financed propaganda war’ against smoking. It’s the anti-smoking lobby’s total intransigence, their refusal to compromise, that most annoys him. ‘My local pub, in Portsmouth, has three bars. One of them - where they serve food - is non-smoking. The other two, which allow smoking, had really good ventilation systems. They weren't smoky at all. You've got to be a fanatic not to be happy with that.’

28. If businesses pursue no-smoking policies of their own volition it will increase choice for the consumer (which we welcome) but this sometimes unprofitable route should not be enforced right across the board by central or local government. After all, it’s not their money that is at risk.

29. The Committee should ask itself, why are people attracted to pubs and restaurants? For many it’s the fact that they are places where they can relax and unwind and do things (drink, smoke) they aren’t allowed to do at work or even at home. Even non-smokers (including those who sometimes find a smoky atmosphere annoying) recognise that pubs and restaurants offer an oasis from the stresses and strains of modern life.

30. FOREST understands that many people (including some smokers) do not want to eat, drink or work in a smoky atmosphere. For that reason we urge the Committee to support initiatives by the hospitality industry that encourage proprietors to (a) introduce more no smoking areas, and (c) improve ventilation with modern, well-maintained air filtration systems.

31. Good ventilation, properly maintained, will ultimately remove the need to restrict or even ban smoking. The best systems should enable smokers and non-smokers to share the same space without causing any inconvenience to the latter. This, in our view, is the moderate, progressive way forward – using modern technology to overcome potential points of conflict.

32. Better ventilation should be encouraged because it also removes other air pollutants, from dust mites and dead skin to the chemicals in paints and furnishings, that we don’t hear much about because, unlike tobacco smoke, they are largely invisible.

33. Instead of looking to Ireland, where the smoking ban has been enforced with the threat of draconian penalties (up to 3000 euros, more than £2,000 for lighting up in an indoor public place), we urge the Committee to consider the Dutch example where the government and the hotel and catering sector have
agreed that smoking will be discouraged as of next year but no general smoking ban will be imposed on bars, cafes or restaurants until 2009, when the situation will be reviewed.

34. The four-year plan agreed by the Health Ministry and hospitality industry states that at the end of 2008, all restaurants and 75% of bars and nightclubs must have a smoke-free zone. At least 95% of hotels must also have smoke-free rooms and smoke-free breakfast halls. And from the end of 2008, all ice cream shops and 50% of snack bars must be smoke-free.

35. A similar agreement in Wales would represent a sensible compromise because it maintains an element of choice. Proprietors, publicans and restaurateurs must have the freedom to choose a policy on smoking that best suits their business, taking into account the interests of their customers and their workforce. Likewise, the consumer should have a choice of environment in which to relax and socialise. If there is a demand for a certain type of environment (smoking or non-smoking) market forces will do the rest.

36. A draconian ban on smoking should be a last resort not a first option. If local authorities are determined to 'do something' about smoking alternatives to a blanket ban include (i) compulsory smoking and no-smoking areas in pubs and restaurants of a certain size; (ii) a ban on smoking at the bar; or (iii) a licensing system that allows proprietors to apply for a smoking licence in the same way that they can apply for a licence to serve alcohol or stay open to a certain time.

37. In a free society we should welcome a range of establishments that provides the greatest possible choice to both the consumer and the workforce. What is unacceptable is a blanket ban justified by some extremely dodgy science and the desire, however well-meaning, to coerce people to give up a perfectly legal habit.

38. Smoking may not be fashionable in political circles but it is a fact of life for over 13 million people in the United Kingdom, many of whom enjoy the habit, are social smokers, and have no wish to give it up. In a free society, is that too much to ask?

39. Above all, we must resist the extreme bully-boy tactics of the anti-smoking lobby which has generated the most extraordinary anti-smoking hysteria among politicians and health officials. It is unacceptable for them to label as ‘liars’ people who quite legitimately query the evidence about passive smoking; nor is it acceptable to demand a ‘public retraction’ from the editor of one of the world’s leading medical journals because he has the courage to publish a study whose results are ‘off message’; nor is it reasonable to threaten the hospitality industry with legal action if it does not ban smoking in pubs and restaurants when the reality (known only to those who have followed the debate) is that it is very difficult to prove a link between passive smoking and ill health.
40. Finally, it is legitimate to ask where a ban might be leading us. Anti-smoking campaigners have a very clear strategy known as the 'next logical step'. (It is no coincidence that the current drive to prohibit smoking in all public places began following the ban on tobacco advertising.)

41. In California, where smoking has been banned in enclosed public places since the mid Nineties, they are several steps ahead of us. In 2002 Los Angeles Council announced plans to ban smoking in all open air parks. According to American anti-smokers it was 'the next logical step'. Since then smoking has been banned on some coastal footpaths. The next 'logical step' will no doubt be a ban on smoking in the home or even in the garden, lest a wisp of smoke should drift over the garden fence and contaminate the houses of non-smokers.

42. Wales is a tolerant, increasingly cosmopolitan country with a diverse population that enjoys a wide range of lifestyles. Instead of discriminating against a significant minority, not to mention the many millions of tourists who smoke, we should acknowledge our cultural diversity – which includes the freedom to smoke in some enclosed public places.
Smokers’ lobby group launches major campaign urging Wales to ‘Fight For Choice’

New poll reveals 72% oppose ban on smoking in pubs, clubs and bars

Smokers’ lobby group Forest is today announcing a national ‘FIGHT FOR CHOICE’ campaign designed to highlight the threat of a New York style smoking ban in Wales.

The ‘Smoke Police’ advertisement, which launches this week in national magazines and regional newspapers, offers an alarming picture of what the future might hold for smokers if smoking was banned in pubs and bars.

To tie in with the launch, a new independent opinion poll has been carried out. The survey by Populus found that only one in four people (26%) in Cardiff thought smoking should be banned completely in pubs, clubs and bars. Almost two thirds (61%) said decisions on smoking policies in pubs, clubs and bars should be left to the owners and managers of individual premises, rather than central government (13%) or local councils (23%).

Of those not in favour of a ban (72%) the vast majority (92%) said they preferred a choice of separate non-smoking and smoking areas. Other reasons for not supporting a ban were that it infringes people’s rights and would harm the business prospects of pubs, clubs and bars.

The majority of respondents in Cardiff agreed that pubs, clubs and bars have significantly improved, are noticeably less smoky, and the number of non-smoking areas and venues has increased. Nevertheless, they also said that more improvements are still required.

The Cardiff survey was part of a nationwide poll of 10,000 people in ten cities and regions across Britain. Results were broadly consistent across all areas though Cardiff (26%) showed a slightly higher level of support for a ban than the national average (24%).

Commenting on the results, Simon Clark, director of Forest, said, “This research confirms that the people of Cardiff do not support a complete ban on smoking in pubs. They want more smoke-free areas and well-ventilated premises but they prefer choice rather than an outright ban.

“Smoking isn’t a crime and it is important for local politicians to recognise that smokers need somewhere where they can smoke in comfort without being ostracised from their non-smoking friends, the majority of whom want restrictions, not a total ban.”
Forest has taken the unusual step of advertising the poll results in the local press. Clark explained: “Members of the public who don’t want a ban, whether they are smokers or non-smokers, shouldn’t be complacent that it won’t happen here. That's why we’re reminding people that they need to fight for choice. They should make their views known now to local councillors and their MP as well as taking an active part in local consultation.”

-ENDS-

Notes to Editors:

The main points to emerge from the Cardiff poll of 1000 adults were:

• Over seven out of ten (72%) people do not support a ban on smoking

• Most of these (66%) think there should be separate smoking and non-smoking areas, with the majority favouring mainly non-smoking with separate smoking areas

• 26% of people think smoking should be banned completely in all pubs, bars and clubs.

• Just under two thirds (61%) agree that decisions on smoking policy should be left to owners and managers of pubs, clubs and bars, rather than local or central government

• The majority (53%), including the same proportion of smokers and non-smokers, agree that pub environments have significantly improved and are noticeably less smoky

• Almost two thirds of people (68%) agree that the number of non-smoking areas/venues has increased, though 80% say that improvements are still required.

• Of those not in favour of a ban in Cardiff (72%), the majority (92%) think it is better to have a choice of smoking or non-smoking facilities than banning it altogether.

The research was carried out by Populus by a random telephone poll of 10,000 adults aged 18+ and living in Great Britain, between 20th April and 2nd May 2004.

1,000 interviews were conducted in each of eight cities – Birmingham, Brighton, Bristol, Cardiff, Leeds, Liverpool, Greater Manchester and Sheffield – and in the North East region of England, and Scotland.

Executive Summary and Statistical Data on the findings available upon request. Full report available on the Forest website from Tuesday 25th May, 2004.
“We must be interested in whether passive smoking kills, and the question has not been definitively answered”  
Richard Smith, editor, British Medical Journal, 30 August 2003

“After taking evidence from all sides, including health experts, it was decided that the evidence gathered did not justify a total smoking ban”  
Angie Bray, joint author of London Assembly report into smoking in public places, 5 July 2003

“We believe that more can be done to improve conditions in public places for workers… but a draconian ban on smoking in pubs and restaurants will seriously damage the UK hospitality trade”  
Amicus, UK’s largest private sector union, 5 August 2003

“New restaurants should have smoking and non-smoking areas and there should be certain levels of ventilation, extraction and air movement. After that, if you don’t like a place, don’t go in it”  
Antony Worrall Thompson, restaurateur, TV chef and patron, FOREST, 2 July 2003
Public Consultation on Smoking in Public Places

Licensed Victuallers Wales is a non-profit making organisation which promotes and protects the interests of its self-employed, on-licensee members throughout Wales.

You requested evidence on the following:
1. The health risks of environmental tobacco smoke
2. The economic impact of restrictions on smoking in public places
3. The impact of a ban in reducing the prevalence of smoking; i.e. whether a ban would encourage people to give up smoking or not to take it up.
4. The effectiveness of extractor fans and other ventilation equipment in removing Tobacco fumes from the atmosphere
5. Human rights arguments in respects of smokers and non-smokers
6. Enforcement

L.V. Wales has been a member of the Public Places Charter Group since its inception. We have, therefore contributed to the considerable improvements in the Industry’s accommodation of non-smokers over the last few years.

The group has been led by the A.L.M.R. and we have a copy of their response in the areas of 2, 4, 5 and 6. We are totally in agreement with these and cannot add any more in respect of 4, 5 and 6. We are in a position, however, to give further details regarding the economic impact of a ban on smoking in public places in Wales.
There were 3,836 public houses in Wales on 1st April 2000* and we are told by the Valuation Office that the total numbers have barely changed, with closures being matched by new outlets.

The experiences of New York and Ireland (Dublin in particular) are being quoted to indicate a possible drop in turnover of anything between 10% and 25%. Whilst these may prove to be accurate across the board, they shed little light on the impact on different categories of public houses, which is extremely important in view of the diverse nature of the pub trade.

Ownership

1. Owned by a licensee who runs the business.

2. By a landlord, e.g. a licensed multiple retailer, with the licensee being their tenant and paying rent.

3. By the landlord, but run by a manager, under the landlord’s control.

Location

1. City / town centre

2. Community, village or rural

Facilities Provided

Any combination of wet and dry sales, pool, darts, cards, sport on television, live music, dancing and other types of performance.

Size

In this submission we would define this as a volume of turnover through the business, which is a good indicator of its viability. Larger pubs will more easily withstand a reduction in turnover caused by a ban. For very small pubs, any reduction in turnover could prove catastrophic.

The most important factors are turnover and the combination of wet and dry sales. High turnover pubs selling predominantly food will be least affected, while small, social drinking pubs will be most affected. The following table, extracted from the Rating List*, covers categories of pubs most at risk. The information includes the number of pubs, their maximum turnover, their approximate gross profit, overheads, the net profit before any rent or mortgage repayment and the net profit assuming a 15% reduction in turnover.
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<th>B</th>
<th>C</th>
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<th>No. of Pubs</th>
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The 960 pubs represented in categories A, B and C, will be nearly all owner-occupied and there would be insufficient profit to share between a landlord and a tenant. They would all be social drinking pubs and hubs of their communities. They would open mainly in the evening, with one partner working during the day to provide additional income. They would employ few, if any, additional staff. The main activities would be pool, darts, cards and companionship. Over 65% of customers are likely to be smokers. Pubs in A and B would certainly close if a ban was imposed, many in C would also close, or certainly not provide a return even in line with the Minimum Wage.

Category D would again be mainly owner-occupied, but some at the higher end of the range may be tenanted. They would also be mainly drinking pubs, rural or community, but some food may be served. The percentage of smokers would depend on the ratio between food and drink. Whilst there would be less closures in this group, nevertheless their viability would be greatly reduced. Part time staff would usually be employed for a few hours at week-ends and they would probably lose their jobs.

One of the reasons for the low turnovers in these pubs is that many people prefer to buy
their drink more cheaply from supermarkets and abroad and drink and smoke at home. The people who frequent these pubs are prepared to pay the higher prices because they are social drinkers. Many of these people are also smokers and if smoking is banned they will join the ranks of those who smoke and drink at home.

In 2002 the Welsh Assembly Government recognised that many pubs were in difficulties as a result of this trend and that many of them were closing altogether. To safeguard these pubs, which are hubs of their communities and also important to the Tourism Industry, mandatory rate relief was introduced for rural pubs with a rateable value below £9,000. Approximately 95% of the 1,920 pubs (half of all Welsh pubs) will have a rateable value below this figure.

A smoking ban would destroy this part of the industry and cause hardship to landlords and loss of an important amenity in already struggling communities. The impact on the other 50% of pubs would vary considerably, but an overall drop of 10% to 15% in trade would be more accurate for them. Whilst this would not result in many closures, profitability would be greatly damaged and the staff who the ban seeks to protect would lose their jobs.

I would be happy to provide further clarification if required or to arrange visits to some of the pubs that would be most affected.

Yours sincerely,

Garth John
Executive Officer

*Source
Valuation Office Agency Analysis of 2000 Rating List. Rateable Value is calculated as a percentage of turnover and the List has therefore been used in arriving at categories A,B,C and D.
South West Wales Regional Committee

Minutes (SWWR(2)-01-05)

Meeting date: Friday 11 February 2005
Meeting time: 10.00am to 12.15pm
Meeting venue: Community Centre, Shelone Road, Britton Ferry

Assembly Members in Attendance

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<tr>
<td>Chris Gwyther</td>
<td>Carmarthen West &amp; South Pembrokeshire</td>
</tr>
<tr>
<td>Edwina Hart</td>
<td>Gower</td>
</tr>
<tr>
<td>Helen Mary Jones</td>
<td>Mid &amp; West Wales</td>
</tr>
<tr>
<td>Dai Lloyd</td>
<td>South Wales West</td>
</tr>
<tr>
<td>Val Lloyd</td>
<td>Swansea East</td>
</tr>
<tr>
<td>Gwenda Thomas</td>
<td>Neath</td>
</tr>
<tr>
<td>Rhodri Glyn Thomas</td>
<td>Carmarthen East &amp; Dinefwr</td>
</tr>
</tbody>
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In Attendance

<table>
<thead>
<tr>
<th>Name</th>
<th>Representing (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ian Scale</td>
<td>Tobacco Control Officer, National Public Health Service for Wales - Breathe Easy Camarthen</td>
</tr>
<tr>
<td>Dr Nina Williams</td>
<td>Swansea Local Health Board</td>
</tr>
<tr>
<td>T Grey Phillips</td>
<td>Licensed Victuallers (Wales) Ltd</td>
</tr>
</tbody>
</table>

Committee Service in Attendance

<table>
<thead>
<tr>
<th>Name</th>
<th>Job title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Westlake</td>
<td>Committee Clerk</td>
</tr>
<tr>
<td>Victoria Paris</td>
<td>Acting Deputy Committee Clerk</td>
</tr>
<tr>
<td>Meriel Singleton</td>
<td>Acting Deputy Committee Clerk</td>
</tr>
</tbody>
</table>
Item 1: Apologies, substitutions and declarations of interest

1.1 Apologies were received from:

<table>
<thead>
<tr>
<th>Assembly Member</th>
<th>Constituency</th>
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<tbody>
<tr>
<td>Nick Bourne</td>
<td>Mid and West Wales</td>
</tr>
<tr>
<td>Alun Cairns</td>
<td>South Wales West</td>
</tr>
<tr>
<td>Andrew Davies</td>
<td>Swansea West</td>
</tr>
<tr>
<td>Glyn Davies</td>
<td>Mid and West Wales</td>
</tr>
<tr>
<td>Lisa Francis</td>
<td>Mid and West Wales</td>
</tr>
<tr>
<td>Catherine Thomas</td>
<td>Llanelli</td>
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</tbody>
</table>

1.2 Janet Davies declared an interest as she received a widow’s pension from SA Brain

Item 2: Smoking in Public Places

2.1 The Chair said that the views received would be fed back to the Committee on Smoking in Public Places. She then invited Val Lloyd, Chair of that Committee, to introduce the work of the committee.

2.2 Ian Scale made a presentation on behalf of the Breathe Easy Camarthen initiative. A copy is attached at Annex 1.

2.3 Members of the public were then invited to ask questions and to comment:

2.4 Cllr Jonathan Norman, Neath Port Talbot County Council, said smoking adversely affected health and the Committee should take firm action and not compromise by just having non-smoking areas.

2.5 T Grey Phillips, Licensed Vintuallers, said the evidence concerning the negative effects of smoking was not conclusive and there are more carcinogens on the forecourt of a petrol station.

2.6 Alan Woolcock, Neath Port Talbot Health Partnership, said that the Assembly needed to make a decision on smoking in public places which would apply to all of Wales and it should not be left to the discretion of local authorities.

2.7 Mrs Rees, Gower, said her non-smoking Bed and Breakfast was very popular and that the problem faced by her guests was not having anywhere else to go that was non-smoking.
2.8 In response to questions from Members, Ian Scale made the following points:

♦ The smoke free trial had not measured the effect on places which did not go smoke free.
♦ The venues publicised prior to the event as going smoke free (the coffee shop and restaurant) had very little problem with enforcement. The hotel, which had decided at short notice to go smoke free, had had to make some additional preparation to ensure people were aware of their decision, but had few problems on the actual day.
♦ Incremental steps to ban smoking had already been taken without legislation and the next step would be a comprehensive ban such as in Ireland.
♦ Hospitals had done the best they could by banning smoking in their premises. There needed to be some tolerance towards smoking, but having a shelter set aside for smokers would be a step backwards. There were support measures to help smokers in hospital, such as the provision of nicotine patches.
♦ The trends in smoking showed a decline in the number of young people taking it up. Often young people started smoking because their parents or siblings smoked. Work had been done with trading standards to prevent sales of cigarettes to young people.
♦ Preventing smoking in public places as a public health measure and encouraging individuals to stop smoking completely were separate issues and should not be confused.
♦ Camarthenshire had promoted other initiatives such as encouraging the Welsh Tourist Board to produce a list of non-smoking establishments.
♦ Local authorities supported the concept of a total ban on smoking in enclosed public places, but would want it to apply across Wales and not be left to individual counties to determine whether to introduce it.

2.9 T Grey Phillips gave a presentation on behalf of the Licensed Victuallers (Wales) Ltd. A copy is attached at Annex 2.

2.10 Dr Nina Williams gave a presentation on behalf of the Swansea Local Health Board. A copy is attached at Annex 3.

2.11 In response to questions from Members, presenters made the following points:

**T Grey Phillips**
♦ Schools should educate children to discourage them from taking up smoking.
♦ In some pubs 95 per cent of the customers smoke.
♦ Ventilation systems in pubs could make the air safe, provided they were properly maintained. Installation would cost £2,000 - £4,000.
♦ A clear definition was needed of what constituted a public place.
♦ A partial rather than blanket ban was preferred, with licensees being given the choice on how they wanted to run their establishment. If there was a
ban on smoking in pubs then it must also apply to private members’ clubs otherwise it would encourage establishments to become private clubs to evade the ban.

♦ Insurance could provide cover for any compensation claims received from staff for passive smoking but no claims had been brought forward.

Dr Nina Williams

♦ A study in Scotland showed that smokers had more sickness absence than non-smokers, costing industry £33 million.
♦ Fires were more prevalent in homes and offices where the occupants were smokers.
♦ Following the introduction of a smoking ban in California, revenue increased. There was also an improvement in the lung function of bar workers and the number of respiratory problems reported decreased.

2.12 Members of the public were then invited to ask questions and to comment:

2.13 Samantha McIntosh said that it was part of the Health and Safety at Work Act to provide a safe environment for workers. Hospitals had a ban inside the building, but people gathered outside the entrance to smoke and she asked whether hospitals should prohibit this.

2.14 Dr Nina Williams said the LHB did not have the jurisdiction to stop people smoking outside the building but the Swansea LHB would recommend and encourage Trusts to do so.

2.15 Kevin Bernell said that if a ban was brought in it would have to apply to pubs and private members clubs alike. In Ireland patrons had moved from pubs and into houses where they were able to smoke but still partake in social drinking. Businesses had been established to deliver alcohol and cigarettes to houses to accommodate people now entertaining at home.

2.16 Edward Cannt said that if people disliked smoky environments then they should not work in pubs - it was their choice. Most people objected to the smell of smoke not the actual smoking. When smoking was banned in cinemas the smaller establishments closed, so if smoking was banned in pubs would it have the same effect? A substantial amount of money was often raised for charities in pubs. With the majority of the patrons being smokers a ban could affect the amount of money raised.

2.17 Mrs Rees said that more people are using village halls because they were non-smoking environments and people were booking holidays in Ireland because of their non-smoking laws.

2.18 Len Isaac said that he was a non-smoker but his wife was a smoker and they kept one room in the house separate, where she could smoke. Pubs should do the same thing – a ventilated room for smokers and other rooms kept smoke free. An Irish newspaper article stated that pubs had cut their
alcohol prices to try and encourage people back into the pubs which was encouraging alcoholics and binge drinking. More people were buying from off-licences and drinking and entertaining at home.

2.19 The Chair thanked the presenters and members of the public for their participation.

Item 3: Minutes of Meetings on 22 October 2004 and 26 November 2004

3.1 The minutes of the meeting on 27 October 2004 and 26 November 2004 were agreed.

Item 4: Date of Next Meeting

4.1 There would be no meeting in March as it would be inquorate. The next meeting would be held on Friday 20 May 2005. The venue and topic were yet to be agreed.
Breathe Easy Carmarthen
Autumn 2004

A project to test retailer and public reaction to smoke free public places

Presentation to South West Wales Regional Committee
National Assembly for Wales
Friday 11 February 2005

Ian Scale  Sue Horton
Principal Public Health Officer  Proprietor
National Public Health Service for Wales  Jackson’s Coffee Shop,
Carmarthen  Carmarthen
Notes for verbal report

1.1. The Breathe-Easy project was an initiative between the National Public Health Service for Wales and Carmarthenshire County Council with support provided by Mitchell Associates Ltd. The project was also supported by Carmarthenshire Local Health Board and the Welsh Assembly Government which provided a grant towards the project.

1.2. All partners to the project have submitted detailed scientific evidence to the NAfW Committee on Smoking in Public Places. This project was designed to test out what would happen in practice.

1.3. The project in Carmarthen provided an opportunity for businesses which had previously allowed smoking in their premises to try being smoke-free for three initiative.

1.4. In March 2005, a survey of the public in Carmarthen had shown overwhelming support for smoke free premises of all kinds (see attached Carmarthen Sticky Dot survey, No Smoking Day Wednesday March 19, 2004).

1.5. In the summer of 2005, Carmarthenshire County Council carried out a survey of 300 retailers in the town. The survey revealed concern over the health issues but also over the potential effect of introducing smoking bans on trade and customer relations.

1.6. In September/October 2005, the partnership then carried out the Breathe Easy campaign with a small number of interested retailers to test what would happen in practice.

1.7. The reports from the retailers and the feedback from the ‘comment cards’ showed huge enthusiasm for smoke free premises. New customers visited the premises because of the campaign and most smokers were content with the situation.

1.8. The results of the campaign (see below) were positive enough for one of the businesses to continue to be smoke-free and another to plan structural changes to allow a greater proportion of their non-smoking area.

1.9. The feared loss of income failed to materialise, with the three retailers reporting at least the same income and one reporting an increase.

1.10. There was immense public interest in the project, with major coverage in press and on radio/television.
2. The results

2.1. Three premises went smoke free for the three pilot days, one at late notice without the benefit of pre-publicity. Eleven premises that are already smoke-free supported the venture.

2.2. Of the 374 customer comment cards completed at the premises, 85% were from non-smokers and 15% from smokers.

2.3. Almost all (96%) of non-smokers appreciated the smoke free environment, as well as 46% of smokers. Only 37% of smokers reported not liking the smoke-free environment.

2.4. Of all the responses, 62% would visit more often if the premises were permanently smoke free (and presumably others were already regular customers).

2.5. Of the 374 respondents, 70 customers (17%) had attended because of the pilot, which represents a major potential new customer base.

2.6. Retailer comments reported “no drop in trade – more on some days.” “Non-smokers spend more”, “You sell more deserts to non-smokers”.

3. Follow up

3.1. A seminar was held to disseminate the project findings. This was attended by local authority members from across Wales, public health directors, health charities and the Welsh Assembly Government.

3.2. This Breathe-Easy conference provided a forum for those involved in implementing any future legislation to review recent schemes and pending legislation and to obtain practical help in moving forwards.

3.3. A full report is being forwarded to the Welsh Assembly Government at the end of February 2005 for the attention of the Committee on Smoking in Public Places.

4. Conclusion and recommendation

4.1. It is recommended that the Welsh Assembly Government use the results of this project to inform legislation on smoke-free places.
4.2. In conjunction with the overwhelming weight of scientific evidence already submitted to WAG, this project involving a local community in Wales indicates that there is a clear case for prompt, decisive action on this vital public health issue.
No Smoking Day 2004
Carmarthen ‘stick dot’ Survey

This survey was carried out in Red Street, Carmarthen on Wednesday 10 March 2004. Four flip charts were set up outside Boots and respondents answered questions by applying sticky dots in the appropriate boxes. Between 73 and 101 individuals responded to the various questions. Obviously, there are severe weaknesses in the method used – the survey was carried out in public; some smokers were visibly ‘put off’ by the NSD display; the population in the street was biased towards older people (daytime, market day); and as the results developed visibly this may have influenced the later respondents?

Carmarthen No Smoking Day 2004 'sticky dot' survey
'do you think other people's smoke is bad for you?'

94% 5% 1%

(n = 101)
Carmarthen No Smoking Day 2004 'sticky dot' survey
'do you think these places should be smoke free?'

- Restaurants: 100% Yes, 0% Not sure, 0% No
- Pubs: 100% Yes, 0% Not sure, 0% No
- Hospitals: 100% Yes, 0% Not sure, 0% No
- Schools: 100% Yes, 0% Not sure, 0% No
- Taxis: 100% Yes, 0% Not sure, 0% No
- Cafes: 100% Yes, 0% Not sure, 0% No
- Leisure Centres: 100% Yes, 0% Not sure, 0% No

Carmarthen No Smoking Day 2004 'sticky dot' survey
'if a baby or child lives with a smoker, can this lead to . . . ?'

- Asthma: 100% Yes, 0% Not sure, 0% No
- Ear infections: 100% Yes, 0% Not sure, 0% No
- Diabetes: 100% Yes, 0% Not sure, 0% No
- Cot death: 100% Yes, 0% Not sure, 0% No
- Chest infections: 100% Yes, 0% Not sure, 0% No
Carmarthen No Smoking Day 2004 'sticky dot' survey

'if a non-smoker lives with a smoker, can this lead to ..?'

- Asthma
- Lung cancer
- Diabetes
- Heart disease
- Bronchitis
- Coughs and colds

[Bar chart showing percentages for each condition]
Submissions made by L.V.Wales re Public Consultation on Smoking in Public Places.

Licensed Victuallers Wales is a non profit making organisation which promotes and protects the interest of it's self employed members throughout Wales.

You requested evidence on the following:-

1. Health risks of environmental tobacco smoke.

2. The economic impact of restrictions on smoking in Public Places

3. The impact of a ban in reducing the prevalence of smoking i.e. whether a ban would encourage people to give up smoking or not take it up.

4. The effectiveness of extractor fans and other ventilation equipment in removing tobacco fumes from the atmosphere.

5. Human rights arguments in respect of smokers and non-smokers.


L.V.Wales has been a member of the Public Places Charter Group since it's inception. We have therefore contributed to the considerable improvements in the Industry's accommodation of non-smokers over the last few years.

This Group has been led by A.L.M.R. and they have published their responses widely to all of the points raised. We as members are totally in agreement with these and can add to how effective the extractor fans are and the economic impact of the ban on smoking in public places in Wales.
There were 3,836 public houses in Wales on 1st April 2000* and we are told by the Valuation Office that the total numbers have barely changed, with closures being matched by new outlets.

The experiences of New York and Ireland (Dublin in particular) are being quoted to indicate a possible drop in turnover of anything between 10% and 25%. Whilst these may prove to be accurate across the board, they shed little light on the impact on different categories of public houses, which is extremely important in view of the diverse nature of the pub trade.

Ownership

1. Owned by a licensee who runs the business.

2. By a landlord, e.g. a licensed multiple retailer, with the licensee being their tenant and paying rent.

3. By the landlord, but run by a manager, under the landlord’s control.

Location

1. City/town centre

2. Community, village or rural

Facilities Provided

Any combination of wet and dry sales, pool, darts, cards, sport on television, live music, dancing and other types of performance.

Size

In this submission we would define this as a volume of turnover through the business, which is a good indicator of its viability. Larger pubs will more easily withstand a reduction in turnover caused by a ban. For very small pubs, any reduction in turnover could prove catastrophic.

The most important factors are turnover and the combination of wet and dry sales. High turnover pubs selling predominantly food will be least affected, while small, social drinking pubs will be most affected. The following table, extracted from the Rating List*, covers categories of pubs most at risk. The information includes the number of pubs, their maximum turnover, their approximate gross profit, overheads, the net profit before any rent or mortgage repayment and the net profit assuming a 15% reduction in turnover.
The 960 pubs represented in categories A, B and C, will be nearly all owner-occupied and there would be insufficient profit to share between a landlord and a tenant. They would all be social drinking pubs and hubs of their communities. They would open mainly in the evening, with one partner working during the day to provide additional income. They would employ few, if any, additional staff. The main activities would be pool, darts, cards and companionship. Over 65% of customers are likely to be smokers. Pubs in A and B would certainly close if a ban was imposed, many in C would also close, or certainly not provide a return even in line with the Minimum Wage.

Category D would again be mainly owner-occupied, but some at the higher end of the range may be tenanted. They would also be mainly drinking pubs, rural or community, but some food may be served. The percentage of smokers would depend on the ratio between food and drink. Whilst there would be less closures in this group, nevertheless their viability would be greatly reduced. Part time staff would usually be employed for a few hours at week-ends and they would probably lose their jobs.

One of the reasons for the low turnovers in these pubs is that many people prefer to buy

<table>
<thead>
<tr>
<th>% of Total</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Pubs</td>
<td>191</td>
<td>191</td>
<td>678</td>
<td>960</td>
</tr>
<tr>
<td>Max. Turnover (pops)</td>
<td>52</td>
<td>62</td>
<td>87</td>
<td>135</td>
</tr>
<tr>
<td>Gross Profit</td>
<td>22</td>
<td>26</td>
<td>37</td>
<td>58</td>
</tr>
<tr>
<td>Overheads</td>
<td>15</td>
<td>15</td>
<td>21</td>
<td>33</td>
</tr>
<tr>
<td>Net Profit</td>
<td>7</td>
<td>11</td>
<td>16</td>
<td>25</td>
</tr>
</tbody>
</table>

Net Profit after 15% Reduction | 3.7 | 7 | 10.5 | 16.5 |
their drink more cheaply from supermarkets and abroad and drink and smoke at home. The people who frequent these pubs are prepared to pay the higher prices because they are social drinkers. Many of these people are also smokers and if smoking is banned they will join the ranks of those who smoke and drink at home.

In 2002 the Welsh Assembly Government recognised that many pubs were in difficulties as a result of this trend and that many of them were closing altogether. To safeguard these pubs, which are hubs of their communities and also important to the Tourism Industry, mandatory rate relief was introduced for rural pubs with a rateable value below £9,000. Approximately 95% of the 1,920 pubs (half of all Welsh pubs) will have a rateable value below this figure.

A smoking ban would destroy this part of the industry and cause hardship to landlords and loss of an important amenity in already struggling communities. The impact on the other 50% of pubs would vary considerably, but an overall drop of 10% to 15% in trade would be more accurate for them. Whilst this would not result in many closures, profitability would be greatly damaged and the staff who the ban seeks to protect would lose their jobs.

* I would be happy to provide further clarification if required or to arrange visits to some of the pubs that would be most affected.

Yours sincerely,

Gareth John
Executive Officer

*Source
Valuation Office Agency Analysis of 2000 Rating List. Rateable Value is calculated as a percentage of turnover and the List has therefore been used in arriving at categories A,B,C and D.
Dr Nina S Williams  
LPHD Swansea Local Health Board

Response in Support of The Bill

Creating Smoke Free environments are HSCWB Strategy Prevention Priorities

Evidence base to support this:

◊ Serious health risks from ETS
◊ No adverse economic impacts
◊ Impact of ban is likely to reduce prevalence
◊ Ineffectiveness of ventilation
◊ Human rights issue to have a smoke – free environment
◊ Enforcement works

Health Risks

Environmental tobacco smoke – one of the commonest causes of carcinogen exposure  
Estimates of 600 lung cancer deaths, 12 000 cases of heart disease per year in non-smokers due to passive smoking  
Health inequality – more disadvantaged groups more likely to be exposed in workplace

Economic Impact

Individual:  
Restrictions likely to reduce number of cigarettes smoked and supportive environment for cessation

Corporate:  
Less absence due to smoking related illness  
Less fire risk and insurance costs  
Hospitality industry studies on smoke-free policies report no or positive impact on sales or employment

Impact of Ban on Smoking Prevalence

Workplace smoking bans have resulted in reduction in prevalence  
Daily smoking among pupils was 3 times less in schools with strict no smoking policies compared to those with no policies  
Smoke-free workplaces de-normalise smoking
Ventilation Systems

Ineffective in protecting against ETS
Filtered tobacco smoke is as carcinogenic as unfiltered tobacco smoke

Human Rights Issues

Non-smoking majority have a right not to be subjected to involuntary health risks
(WHO) Voluntary compliance is insufficient need:
Education
Enforcement

Enforcement

All Wales ban
Equitable
Easier to enforce – support fines and licence penalties for non compliance
Clear, consistent public health message that population health is taken
seriously
Voluntary approaches have a limited effect

Progress in Swansea

Smoking Free Swansea Award
Totally No Smoking (including staff premises)
Have a verbal or written policy
No sale of any tobacco products
24% of businesses inspected between April 2004 – Dec 2004 achieved award
85% of schools have smoke free policies
Not all NHS facilities are smoke free environments

Progress in Swansea

Swansea Stop Smoking Service
Priority target groups
Young people and tobacco
Adolescent Smoking Cessation project with one to one advice on smoking cessation
Swansea Tobacco Action Groups (TAG)
Empowering pupils to take action themselves within schools and communities
Peer educators