

*ENVIRONMENTAL HEALTH*  
*OFFICERS ASSOCIATION*  
*CUMANN NA NOIFGEACH SLAINTE COMHSHAOIL*

*TOWARDS A TOBACCO FREE  
ENVIRONMENT.*



*THE POLICY OF THE ENVIRONMENTAL  
HEALTH OFFICERS' ASSOCIATION.  
ON TOBACCO CONTROL.*

## **TOBACCO PUBLIC HEALTH HAZARD NUMBER ONE.**

Smoking kills nearly 7000 people in Ireland each year and many people suffer chronic debilitating diseases as a result of either smoking or passive smoking. These statistics are why the Environmental Health Officers Association (EHOA) ranks tobacco smoke as Ireland's number one public health hazard. What is more the increase in teenage smoking suggests that such horrifying statistics will be with us for generations to come unless sustained action is taken at a number of levels, involves a number of partners and includes effective enforcement, education and smoking cessation programmes.

In this regard we welcome the blueprint set out in 'Towards a Tobacco Free Society' (1), the recent establishment of the Office of Tobacco Control and the Tobacco Free Council. We also salute the work of our fellow Non Governmental Organisations.

### **THE PROBLEM.**

Recent evidence shows that over 30% of our adult population are smokers (2) at a time when the previous Health Strategy (3) had hoped to achieve figures nearer to 20%. This rise is mainly attributable to a reversal of the 1992/3 downward trend for women smoking (1) combined with a very disturbing upward trend in youth smoking particularly in the age group between 15 and 17 years of age (2). This youth trend spills over into adult smoking and drives up our adult smoking prevalence figures, such that 42% of our 18 to 24 year olds smoke.

### **THE YOUTH DIMENSION**

It is startling to find that 80% of smokers admit to taking up the habit between the ages of 14 and 16 (5). The Health Behaviour in School Aged Children study found smoking rates amongst girls between 15 and 17 years of age to be as high as 40% (2) – that is twice the adult smoking rate target that had been set for the year 2000 (3).

The cynical marketing of Tobacco so as to appeal to the fashion conscious young reaps profits for tobacco companies whilst resulting in ill health and years of misery for its addicts. Unfortunately young people fail to be concerned about the addictive nature of nicotine and the long tailed diseases (such as cancer and cardiovascular disease) associated with tobacco. Instead they are influenced by glossy advertising, peer pressure and the hitherto ready availability of cigarettes in many regions of the country. A recent survey found that as many as 92% of child smokers aged 8 – 17 obtained cigarettes without being requested for identification (6).

**'We appear to be losing the hearts, minds – and health, of our society's young people'.**

## **OUR RESPONSE – PROTECTION AND EDUCATION.**

Far more needs to be done to inform young people of the ways tobacco industry have deliberately targeted them in the interests of profit. Youngsters need to be advised how best to resist such messages and how to adopt a healthy lifestyle otherwise the rise in teenage smoking is set to continue.

Underage smoking fuels the tobacco epidemic and so it is here that the Environmental Health enforcement and educational initiatives must be targeted. It is our aim to eliminate all underage sales within 5 years.

The EHOA wholeheartedly welcome “youth focused” tobacco controls such as raising the minimum legal age limit for the purchase of tobacco products to 18 years of age, the abolition of pack sizes below 20’s and the elimination of point of sale advertising.

The EHOA fully endorse the policy of test purchasing as a means to both check and enforce compliance with the legal provisions on sales to minors.

The EHOA recognise the need to educate retailers, schools and other health professionals as to the law in relation top tobacco control and the health risks associated with active and passive smoking. We propose to develop training materials for enforcement officers, retailers and schools.

## **REGISTRATION OF TOBACCO RETAILERS**

The EHOA support the registration of tobacco retailers and powers to withdraw registration from those found guilty of selling to minors. We also support the tighter controls on cigarette vending machines.

## **SUPPORT FOR A FISCAL STRATEGY ON TOBACCO CONTROL**

The EHOA calls for the removal of tobacco products from the consumer price index and supports annual increases in tobacco taxation above the rate of inflation as a means to reduce tobacco sales and consumption. We call for the extra revenue generated by this policy to be directly invested in tobacco control programmes.

## **CONTROLS ON ENVIRONMENTAL TOBACCO SMOKE (ETS) IN PUBLIC PLACES.**

Although approximately 30% of us are smokers European research shows that as many as 80% of us are passive smokers and will have evidence of tobacco by-products in our blood streams (7). This serves to illustrate the need for more effective controls on ETS including the extension of legislation to more effectively cover public places and leisure venues such as arcades, betting shops, restaurants and bars.

**‘Designated non-smoking areas in public facilities can make the battle to quit easier’**

Children are particularly to the effects of environmental tobacco smoke due to the immaturity of their immune and respiratory systems, Passive smoking in children has been associated with middle ear infections (including glue ear), asthma and sudden infant death syndrome ('cot death'). In adults it has been associated with cancer, cardiovascular disease, stroke and asthma.

We call for stricter regulation of smoking in enclosed work places such as bars and betting shops, where workers may be involuntarily exposed to intense levels of ETS for many years. In addition there is a need for greater public awareness that there is no safe limit for ETS exposure and that ventilation may only reduce the incidence of short term irritant symptoms it will not safeguard the health of those long term exposed or those such as children who are susceptible to its damaging effects.

This policy document now replaces our 1995 policy document on 'Ventilation in Public Houses' which was primarily intended to address the nuisance and irritation caused by ETS but has been misinterpreted by some as a means to safeguard health.

**The EHOA calls for ETS to be classified as a human carcinogen.**

**'For ventilation to be an effective safeguard, you would need 340 mile and hour winds – indoor tornadoes !' (8)**

Voluntary codes of practice will not in themselves ensure the rights of non-smoking workers to a smoke free environment but can help to extend ownership of the tobacco control agenda and build public support for the gradual phasing in of smoke free work environments.

Building on the successful provisions of previous legislation (9) which provided for a minimum 50% non-smoking area in restaurants, cafes etc.

**The EHOA call for an immediate ban on smoking in the dining area of catering premises and at mealtimes and in bars serving snacks and plated meals.**

This will require the removal of the 25% provision (10) on the basis that ventilation cannot adequately segregate smokers from non smokers in the same room space and affords no safeguard to workers in these mixed areas.

**The EHOA call for the introduction of a ban on smoking in bars within 4 years, within which time we believe there will be a popular public consensus for such a step.**

We believe the exclusion of many workplaces from tobacco legislation is divisive. Smoking should be prohibited in the work place save for the provision of a separate designated smoking facility.

## **ADVERTISING CONTROL**

**The EHOA welcomes strict controls on all forms of tobacco advertising. We call for particular vigilance in the monitoring of indirect advertising techniques, such as product placement, brand stretching and sponsorship. Such marketing ploys should be countered by a weighty mass media campaign highlighting the negative effects of smoking and passive smoking.**

**‘It is estimated that the tobacco industry needs to recruit 22 new smokers a day to replace those quitting or dying in Ireland’ (11)**

## **ENGAGING WITH PEOPLE AND THEIR COMMUNITIES**

Community involvement and the empowerment of young people with the knowledge and interpersonal skills to say ‘no’ will be a critical facet of any such multi-sectoral strategy. Environmental Health Officers may launch such outreach initiatives using the Local Forums proposed by the National Environmental Health Action Plan.

## **SETTING AN EXAMPLE**

Health Board Premises should act as role models in enforcing smoking controls and helping its own employees who smoke to quit. There should be a gradual phasing out of designated smoking rooms as more and more employees quit.

The tobacco control agenda should be progressed by all health care professionals and their Associations so as to develop a coherent anti-smoking message from the care sector as a whole.

**The EHOA declare that all of its meetings will be non-smoking.**

**The EHOA will encourage research studies into tobacco related issues and these will be featured at annual conferences and in our yearbooks.**

**The EHOA will network with other Non Governmental organisations and environmental health professional associations so as to share expertise and develop initiatives .**

**The EHOA will work with the Office of Tobacco Control, Department of Health and Children and all others dedicated to reducing the appalling toll of tobacco related deaths and disease.**

**The EHOA is committed to playing a full and active role in the promotion of a Tobacco Free Society.**

## REFERENCES

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