



Department
of Health

Consultation on smoking in private vehicles carrying children – response form

a. Please provide your details and contact information: (required)

Name of respondent, business or organisation (required)

Fresh

Address of respondent, business or organisation (required)

Bede House, Belmont Business Park, Durham, DH1 1TW

Contact email address (required)

info@freshne.com

(now go to question b)

b. Are you responding: (required)

- As a member of the public (go to question f)
- As a health or social care professional (go to question c)
- On behalf of a business or as a sole trader (go to question d)
- On behalf of an organisation (go to question c)

c. If you are responding on behalf of an organisation, or as a social or care professional, what type best describes you/your organisation? (required)

- NHS Organisation
- Non-Government Organisation – Health related
- Non-Government Organisation – Children related
- Non-Government organisation – Other (please specify below)
- Local Authority
- Local Authority regulatory services department
- Local tobacco control alliance
- University or research organisation
- Police
- Gypsy and traveller representative organisation
- Other (please specify below)

If “other”, please tell us the type of organisation

(now go to question e)

d. If you are responding on behalf of a business, what type is it? (required)

(now go to question e)

e. Is this the official response of your organisation? (required)

Yes

No

(now go to question f)

f. Do you, or the business or organisation you represent, have any direct or indirect links to, or receive funding from the tobacco industry? (required)

No

Yes (please describe below)

If "yes", please describe

(now go to question g)

g. If you do not wish your response to be identified in the summary report of consultation responses, please tick this box

All information in responses, including personal information, may be subject to publications or disclosure in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000, the Data Protection Act 1998 and the Environmental Information Regulations 2004). If you want your response to remain confidential, you should explain why confidentiality is necessary; your request will only be acceded to if it appropriate in all the circumstances. An automatic confidentiality disclaimer generated by your IT system will bit, of itself, be regarded as binding on the Department.

(now go to question 1)

- 1. The regulations make it an offence to smoke in an enclosed private vehicle when there is more than one person present and a person under the age of 18 is present. This offence would fall on the person smoking regardless of their age. Do you have any comments on this approach?**

1. Fresh is the North East of England's comprehensive tobacco control programme, commissioned by all 12 local authorities in the region. Fresh was the UK's first dedicated tobacco control office, set up to tackle the worst smoking rates in England which, in 2005, were 29% amongst the adult population. By 2012 this had dropped to 22%. Fresh works in partnership with the 12 local authority-led tobacco control alliances to deliver comprehensive activity at regional and local levels and to influence action nationally in order to support smokers to quit, prevent young people from starting to smoke and to protect people from tobacco-related harm.

2. We welcome the opportunity to respond to the consultation on proposed regulations for smoking in private vehicles carrying children. We are overall very supportive of the regulations as drafted as an extension of the effective existing smokefree legislation.

3. The evidence of the impact of exposure to secondhand smoke, particularly amongst children, is clear and the associated risks are intensified when exposure occurs within a confined space such as a car: these health harms underline why these regulations are needed. There is also increasing public support for cars to be smokefree when carrying children, with 84% of the North East public in favour (1), making the regulations wanted, and we expect that these will be largely self-enforcing regulations make them workable.

4. The definitions included in the consultation are very clear and we are pleased to see that the age of a child is defined as someone under age 18. It is logical that the offence of smoking in an enclosed private vehicle where there is more than one person present and a person under the age of 18 is present would fall on the person smoking regardless of their age. On balance, this is a reasonable approach; if the fixed penalty notice is paid in the first instance it is highly unlikely that the offence would be dealt with by a court thus minimising the likelihood of young person being given a criminal record. It is logical that the penalties are in line with those set out in the existing smokefree legislation.

References

(1) YouGov Survey. Total sample size was 12,269. Fieldwork was undertaken between 5th and 14th March 2014. All surveys were carried out online. The figures have been weighted and are representative of all GB Adults (aged 18+)

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Regarding the proposal for the new offences to apply to caravans and motor caravans when they are being used as vehicles but not when they are being used as homes?

5. It is logical that caravans or motorhomes will be subject to the regulations when being used as vehicles but not when they are being used as homes. We support the protection of children from secondhand smoke exposure at all times and welcome the opportunity that this consultation brings to make it unlawful to smoke in a private vehicle with children present. Exposure to secondhand smoke at home amongst children is also a concern, particularly when the accommodation is a small enclosed place such as a caravan or motor caravan, and should be discouraged through media campaigns and community interventions. However, we recognise that the law must distinguish between situations when private vehicles are used as homes and when they are used as vehicles.

have any comments about the intentions regarding the enforcement of the proposed regulations?

6. We agree that the police are the most appropriate enforcement body to take forward the proposed regulations. This should ideally be incorporated into their existing practice without requiring the diversion of resources from other policing duties. There should be no cost implications and any training required will be minimal and can be undertaken online.

7. We welcome the proposal that local authorities would also be able to enforce the proposed regulations by authorising appropriate officers, but understand that they would not have the powers to stop moving vehicles. Local authorities will have a vital role in helping to build compliance more generally and in raising awareness of the rationale for this legislation, building on their success in securing and ensuring high compliance with the existing smokefree legislation and activity to support compliance in work vehicles.

8. Given this proposed joint approach between the police and local authorities, we recommend that the Association of Chief Police Officers and the Local Government Association, along with organisations such as the Chartered Institute of Environmental Health, collaborate to develop a strategic approach to enforcement.

9. We expect that this law will be largely self-enforcing and the high levels of public support indicate that compliance is likely to be high. However, there is still a lack of awareness about the risks of secondhand smoke exposure and we recommend that the Department of Health and Public Health England work together on a wide-reaching advertising and social marketing campaign in the months before and after the

implementation of legislation to increase the public's understanding of the law and its rationale.

4. Do you want to draw to our attention to any issues on the practicalities of implementing the regulations as drafted?

10. We welcome these proposed regulations to protect children from exposure to secondhand smoke and would like to see the regulations become law as soon as possible. However we recognise that it might be difficult for an enforcement officer to assess whether a child is present in a vehicle. Enforcement would be made simpler if the proposed regulations applied to all vehicles. In addition, it would also extend the protection afforded by these proposals to adults, some of whom will have long-term conditions, including cardiovascular disease and chronic obstructive pulmonary disease, which are exacerbated by exposure to secondhand smoke. The Royal College of Physicians report on Passive Smoking and Children called for a law to make all vehicles smokefree (2).

11. We would like to see provision made for a review of these regulations, similar to the proposed review contained in the standardised tobacco packaging draft regulations, to consider all matters relating to the proposed regulations on smoking in private vehicles carrying children, including whether their scope should be extended to cover all vehicles. The recommended timeframe for this review would be two years after implementation.

12. It is appropriate that the success of these proposed regulations, once implemented, will not be measured by the number of enforcement actions but instead through any changes in behaviour, attitudes and health outcomes over time.

References

(2) Royal College of Physicians: Passive Smoking and Children, 2010.

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y additional evidence that banning smoking in private vehicles when children are present would contribute to reducing health inequalities and/or help us fulfil our duties under the Equality Act 2010?

13. Tobacco use is the leading cause of preventable death and disease and is the single greatest contributor to health inequalities with the richest smokers dying earlier than the poorest non-smokers.

14. Children are most at risk of becoming smokers if they grow up in families and communities where smoking is the norm therefore these proposed regulations are needed as part of a broad set of activity to change social norms around smoking behaviour.

15. Exposure to secondhand smoke is a concern in the North East given that in our region:

- Over 84,000 children grow up in smoking households
- Every year, secondhand smoke causes:
 - o 800 chest infections
 - o 4,900 new cases of glue ear
 - o 900 new cases of wheeze and asthma
 - o 24 cases of meningitis
- There are 13,000 GP visits and hospital visits each year as a result of secondhand smoke exposure amongst children.

16. There is still a considerable lack of awareness amongst the public about risks to a child's health through secondhand smoke exposure (3); 40% of people do not realise that it has a big impact on health. This clearly highlights the need for increased communications activity to increase awareness about the risks of secondhand smoke.

17. We surveyed smokers about smoking in cars during the development of our 'Don't be the One' campaign. The results showed that 27% of smokers smoke in the car when adult non-smokers are present and almost one in five (18%) said they smoke in the car when children are present. Based on 460,000 smokers in the North East, that's around 82,000 smokers who smoke in the car when children are present.

18. Fresh has worked with many parents who are former smokers and since quitting have championed the need to protect children from smoke in cars and homes. Former smoker Louise Morris, 38, from Newcastle, used to light up in the car with her young daughter in the backseat, before quitting smoking six years ago. While she acknowledges legislation may be hard to enforce, her view is that the main benefit will be the wider awareness a law will bring. The mother-of-one, who has a daughter, Leah, nine, said:

"I used to smoke in the car because I found it relaxing and it was easy do. I used to have just the driver's window down because I didn't realise at the time the dangers of smoking in a confined space. I feel quite awful about it now as I was oblivious to what damage it could do, but fortunately my daughter has no respiratory difficulties. It's brilliant that a consultation has been launched but I think if legislation is brought in it then it will be very hard to enforce. But anything that helps to educate people about the dangers of smoking in cars with children is a good thing." (4)

19. Mum and dad Tracy Irving and Matt Henderson, both 25, quit when a doctor at Hexham General Hospital told them that their smoking was triggering serious asthma attacks in their oldest daughter Ellie Louise, as outlined from this BBC clip for the launch of the Royal College of Physicians Passive Smoking and Children report in 2010 (5). Tracy said:

“Ellie-Louise used to suffer terribly and sometimes the attacks meant she was only able to walk short distances. She also used to have terrible coughs and colds. But things got much better for her very soon after we stopped smoking. She can now walk for miles and hardly ever needs her inhaler. I really didn’t realise our smoking was responsible. It wasn’t until a doctor told us the smoke was clinging to our clothes and she was breathing it in that we realized what we had been doing. We needed to be shocked – we might as well have been smoking over her cot. Kids who are subjected to smoke in the home don’t have a choice. We all want to give our children everything we can, but not smoking around them should be part of that.”

20. Given that the protection of children is the key driver behind this consultation, we are slightly concerned about the wording of question 5 in the consultation document which refers to a ‘banning’ smoking in private vehicles. Such phrasing can trigger negative reactions to the proposals and undermines its objectives as outlined in the impact assessment “to prevent smoking in private vehicles carrying children to protect children from the harms of secondhand smoke, which is expected to reduce the incidence of illness.” In order to continue building support for this important measure it is imperative that these proposed regulations are framed as measures to protect children from secondhand smoke exposure.

References

(4) YouGov Survey. Total sample size was 12,269. Fieldwork was undertaken between 5th and 14th March 2014. All surveys were carried out online. The figures have been weighted and are representative of all GB Adults (aged 18+)

(5) <http://www.thejournal.co.uk/news/health-campaigners-north-east-welcome-7430679>

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evidence that would inform the consultation-stage impact assessment including any evidence or information which would improve any of the assumptions or estimates we have made in the consultation-stage impact assessment?

21. It is positive to see that a compliance rate of 95% is expected. Compliance with the existing smokefree legislation is consistently high in the North East and given that there is public support for protecting children in cars from secondhand smoke we are confident that this will be achieved.

22. The impact assessment makes brief reference to the benefits that these proposed regulations will bring to the long-term aim of denormalising tobacco use. However, we feel that more emphasis could be made of this important benefit. Children are influenced by what they see, and young people are most at risk of becoming smokers themselves if they grow up in families and communities where smoking is the norm. The most effective way to prevent young people from becoming smokers is to encourage adult smokers to quit and to remove young people’s exposure to smoking behaviours, including whilst travelling in cars.

23. We feel that there is also likely to be a reduction in roadside litter with fewer people discarding cigarette butts from their cars.

24. It is also possible that there may be a reduction in smoking-related road traffic accidents if there are fewer opportunities for people to smoke at the wheel. Previous self-reported surveys suggest that 45% of motorists who smoke admit to an accident or near miss caused by smoking (6) while in the broader sense, estimates have been made that 2 million motorists have had an accident or near miss as a result of driving using only one hand on the wheel, including smoking (7).

25. We welcome the government's proposals to prevent smoking in private vehicles carrying children and we hope that the new legislation will be implemented as soon as possible.

References

(6) <http://www.dailyrecord.co.uk/news/uk-world-news/smokers-admit-cigs-cause-car-960383>

(7) http://www.esure.com/media_centre/archive/driving_one_hand.html

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this consultation.

The Department of Health will only contact you should we seek further information about your response.

How to get involved in the consultation

Respondents are encouraged to provide their views online but responses can be made in any of the following ways:

- Completing the online form at:
<http://consultations.dh.gov.uk/tobacco/smokefree-private-vehicles>
- Filling in the response form by downloading it at:
www.gov.uk/government/consultations
- Emailing your response to: **smokefreevehicles@dh.gsi.gov.uk**
- Posting your response to:

Smoking in Private Vehicles Consultation

Department of Health

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