



Smoking in vehicles

November 2011

Introduction

This briefing paper has been developed in response to a resolution from the British Medical Association's (BMA) 2011 Annual Representative Meeting (ARM), which supported a total ban on smoking in vehicles.

The context to this resolution should be considered in light of the BMA's desire for UK governments to achieve a tobacco-free society by 2035. This ambitious target requires a comprehensive, adequately funded tobacco control strategy focussing on tough and progressive measures to reduce the demand for, and supply of, tobacco products. A ban on smoking in all vehicles is aligned with the BMA's policies on tobacco control measures, and will strengthen the UK's wider tobacco control strategy. Currently UK smokefree legislation, with respect to vehicles, only applies to public vehicles (eg buses, taxis and coaches – see section on *UK legislation relating to smoking in vehicles* for further information).

A number of other organisations have developed policies on smoking in private vehicles (see **Appendix 1**). Further information on BMA policies on tobacco control can be found in **Appendix 2**.

Why is this important to doctors?

Doctors witness first-hand the devastating effects of smoking-related harms on their patients. This includes secondhand smoke (SHS) and the adverse health effects it has on non-smokers and children. Doctors also have a vital role in providing information to their patients about the risks of smoking and exposure to SHS, and in helping their patients to stop smoking. In a 2004 BMA report, *The human cost of tobacco. Passive smoking: doctors speak out on behalf of patients*,¹ BMA members chronicle individual stories behind the statistics to show how SHS has destroyed the lives of their patients. Smoking in vehicles is a source of concentrated SHS, and the act of smoking while driving is also a potential distraction with implications for road safety. Doctors involved in treating the long term damage caused by smoking, SHS and trauma have a vested interest in preventing smoking while driving.

Current smoking prevalence and consumption rates

In 2009, 21 per cent of the adult population in England were cigarette smokers. The overall prevalence is lower than 30 years ago (39 per cent in 1980), but has remained unchanged since the introduction of smokefree legislation in 2007. Prevalence continues to be higher among men than women, with smoking rates of 22 and 20 per cent respectively.²

The Department of Health (DH) estimate that more than 81,400 deaths are attributable to smoking each year in England.³ Among adults aged 35 and over, there were approximately 1.5 million hospital admissions in 2009/10 with a primary diagnosis of a disease that can be caused by smoking. Approximately 461,700 hospital admissions were thought to be attributable to smoking, accounting for five per cent of all hospital admissions in this age group.²

In Scotland, smoking remains one of the biggest contributory factors to poor health. In 2004, it was estimated that 13,473 deaths were attributed to smoking, equating to 24 per cent of all deaths in Scotland.⁴ The percentage of individuals aged 16 or over in Scotland who smoke has continued to fall, from 25.4 per cent in 2006 to 24.2 per cent in 2010.⁵

According to the Welsh Health Survey, in Wales, 23 per cent of the adult population smoke and 48 per cent of smokers surveyed said that they smoked while driving in their vehicle.⁶

The 2009/10 Northern Ireland Continuous Household Survey reported that 24 per cent of adults currently smoke (with 24 per cent of males and 24 per cent of females).⁷

Research carried out by Oxford University estimated that smoking cost the NHS £5.2 billion in 2005/06, approximately 5.5 per cent of all total healthcare costs in the UK.⁸

Tobacco smoke and health

The adverse health effects of tobacco smoke are widely recognised, and exposure to SHS is a major public health concern. In 2011, a World Health Organization (WHO) study found that around 603,000 people, including 165,000 children, die each year worldwide as a result of exposure to SHS.⁹ In the UK, an estimated 23 children and 4,000 adults die each year due to SHS.

Tobacco smoke contains 4,000 known chemicals, 69 of which are known or probable carcinogens and, when produced in enclosed spaces (eg a vehicle), exposes both smokers and non-smokers to the harmful effects of SHS. Secondhand smoke contains several major classes of known carcinogens, including benzo[a]pyrenes, aromatic amines, and tobacco-specific nitrosamines. It also contains nicotine, toxins (eg carbon monoxide and hydrogen cyanide) and irritants such as acrolein.

Secondhand smoke consists of a combination of mainstream smoke exhaled by the smoker and side-stream smoke from the burning of tobacco products. It is well known to contribute to multiple, preventable adverse health outcomes.^{8,9,10,11}

Secondhand smoke and children's health

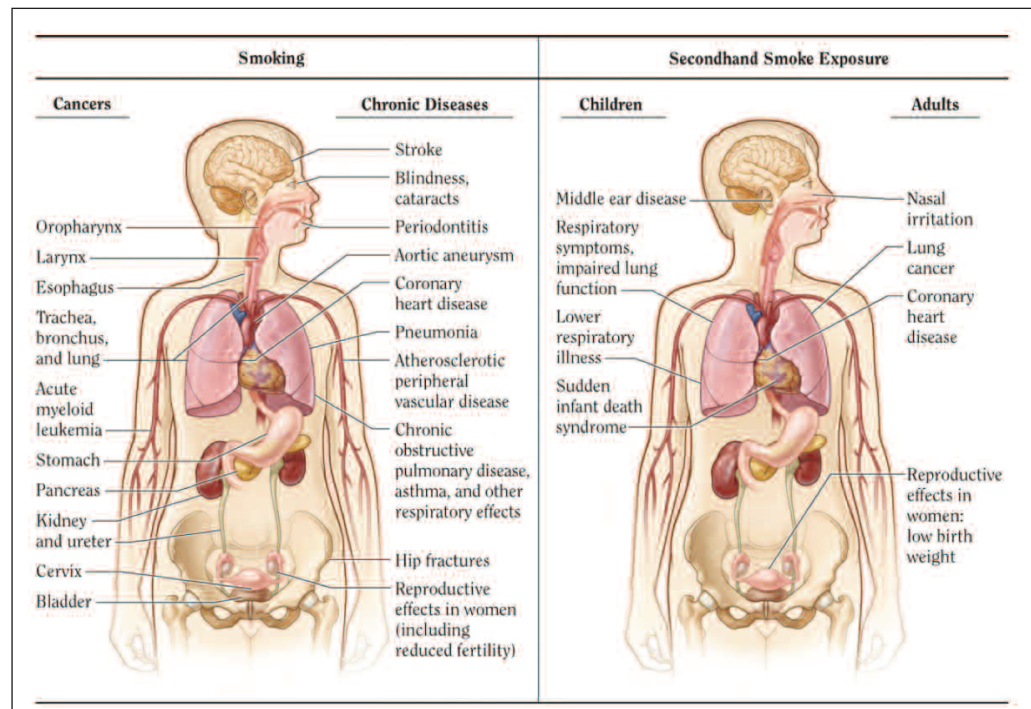
The evidence for health effects of SHS on children is extensive over recent years and includes numerous systematic reviews and meta-analyses. In 2006, the US Surgeon General report on involuntary exposure to tobacco smoke¹² concluded that the available evidence was sufficient to infer a causal association between SHS and sudden infant death syndrome, lower respiratory tract illness, middle ear diseases, asthma in school-aged children and impairment of lung infection. More recently, the Royal College of Physicians (RCP) report on passive smoking and children¹¹ provided an update of the evidence which reaffirmed the association between these diseases and SHS. The report concludes that:

- living in a household where one or more people smoke more than doubles the risk of sudden infant death
- SHS increases the risk of lower respiratory tract infections in children. Smoking by the mother or household increases the risk by 60 per cent and 50 per cent respectively.
- SHS increases the risk of asthma in school aged children and is increased by 50 per cent where a member of the household smokes.
- SHS increases the risk of middle ear diseases. The risk is increased by 35 percent for household smoking and 46 per cent for smoking by the mother.
- SHS results in modest impairment of lung function in infants and children. The long term significance is unknown.
- SHS appears to more than double the risk of bacterial meningitis.

Children exposed to SHS in the home are also more likely to become smokers in later life. According to the RCP report, an analysis of 14 studies showed that adolescents and children (aged under 13) are 62 per cent and 72 per cent respectively, more likely to smoke if a parent was a smoker, and increased if the parent smoker was the mother.¹¹

In 2010, a report by the US Department for Health and Human Services (**Figure 1**) provided a summary of the major health harms associated with smoking and SHS in adults and children.¹³

Figure 1
The health consequences causally linked to smoking and exposure to second hand smoke



A more detailed overview of the health impacts of tobacco smoke and SHS can be found in the Board of Science reports *Towards smoke free public places* (2002), *Smoking and reproductive life: The impact of smoking on sexual, reproductive and child health* (2004), and *Breaking the cycle of children's exposure to tobacco smoke* (2007).

In 2010, the Medical Royal Colleges and other healthcare associations outlined a number of policies to reduce the harmful effects of SHS to children; this included the extension of legislation to public places visited by children and young people as well as the prohibition of all smoking in cars and other vehicles (see **Appendix 2**).

Smoking in vehicles: health impacts

The BMA's policy to ban smoking in vehicles comes primarily in light of the strong evidence associated with smoking and SHS exposure to adults and children.

The 2007 Board of Science report *Breaking the cycle to children's exposure to tobacco smoke*¹⁴ highlights two studies confirming that smoking in vehicles exposes non-smokers to very high levels of SHS. In England an estimated 30 per cent of smokers smoke in their vehicles¹⁵, and over half of all journeys made by children aged 16 and under are by private vehicle.¹⁶ It is likely that private vehicles are a significant source of exposure to SHS in children.

Smoking in vehicles can place drivers and passengers at a greater risk of SHS exposure due to their restrictive internal environment. There is evidence to suggest that the levels of SHS present in vehicles can contribute to a serious health hazard for adults and children.^{17,18,19} Further studies demonstrate that the concentration of toxins in a smoke-filled vehicle could be up to 11 times greater than that of a smoky bar.^{a,17,18,19} The extent of exposure to toxins and particulate matter should not be underestimated. It has been reported in the United States that emission of fine particulate matter from cigarettes is substantially higher from a vehicle's own exhaust pipe, and that the concentration of SHS in vehicles exceeds levels found in homes and bars by between 10 and 100 times.²⁰ With UK motorists spending increasingly longer amounts of time in their vehicles (approximately 519 hours per year),²¹ it is likely that the risk of exposure to smoke toxins in the vehicles of smokers can also be expected to increase.

According to the RCP report, 26 per cent of adult non-smokers are often or sometimes exposed to SHS in vehicles.¹¹ This is especially true of young people (37 per cent of 18 to 24 year olds), and of adults from lower socio-economic groups (31 per cent of those in socioeconomic groups C2DE^b). A study by the British Lung Foundation (BLF) showed that more than half (51 per cent) of eight to 15 year olds have been exposed to cigarette smoke when confined in a vehicle.²²

Residual toxins from tobacco smoke are known to remain in the interior materials of the vehicle long after a cigarette has burnt out; simply not smoking while driving does not prevent the harmful effects of SHS.^{23,24,25,26} A total ban on smoking in any vehicle, regardless of who is present, would keep the interior of the vehicle free from residual smoke toxins.

In line with the BMA's policy on smoking in vehicles, the RCP report indicates that an extension of smokefree public places, including measures to prohibit smoking in private vehicles, should be considered. The report outlines three potential regulatory options:

- prohibition in private vehicles carrying children
- prohibition if any passenger is present (so that enforcement is not complicated by whether passengers are of the legally required age)
- prohibition of all smoking in any private vehicle.¹¹

^a In the studies a number of ventilation conditions were assessed, where airflow parameters included average driving speed, presence of air conditioning and open windows.

^b National Readership Survey (NRS) grades. The grades are often grouped into ABC1 and C2DE and these are taken to equate to middle class and working class respectively. Only around two per cent of the UK population identifies as upper class and this group is not included in the classification scheme.

The report concludes that prohibition of all smoking in private vehicles would be the simplest and most easily enforceable. It also suggests that this would have the advantage of helping to address the problem of persistent breaches of smokefree legislation by work vehicles.

Smoking in vehicles: road safety

Many of the dangers postulated for smoking in vehicles have been concerns relating to the adverse health effects associated with exposure to SHS. Additional evidence suggests that the physical act of smoking itself is also a risk to road safety as it can be a source of distraction.

There is some evidence that drivers who smoke are at greater risk of accidents than those who do not, with smokers about 50 per cent more likely to die in a crash.²⁷ This risk is independent of other risk factors.²⁷ A study by Hutchens et al (2008) showed that smoking was the only unique factor among a host of associated risk factors (alcohol, marijuana, sensation seeking) with greater crash odds, independent of demographic factors and general health risk taking.²⁸ The study determined that smokers were twice as likely to have had a crash as non-smokers, even after controlling for gender, race, ethnicity, geography, socio-economic status, and the length of licence held.²⁸

Elliot et al (2006) found cigarette use was positively and significantly associated with traffic incidences – including crash incidence – among young drivers.²⁹ A 1996 study by Lang et al had shown cigarette use to be a key predictor of single vehicle crashes for females during the first two years of driving.³⁰

Driver distraction and smoking

In 2007, the Driving Standards Authority (DSA) updated the UK Highway Code to include smoking under the list of distractions from safe driving. The list also includes, but is not limited to, listening to loud music, reading maps, and eating and drinking while driving. As a result, powers are already in place for police to issue Fixed Penalty Notices to any driver considered to be driving recklessly as a result of this behaviour. It is important to note that the Highway Code does not make it a specific offence to smoke while driving, any more than it is currently an offence to use audio or navigation systems, or eat while driving.³¹

A driver, who loses control of a vehicle while smoking, can also be prosecuted under section 26(1a) of the Road Safety Act 2006. The Act makes it an offence to breach the requirement to control a vehicle by, *"not driving a motor vehicle in a position which does not give proper control or a full view of the road and traffic ahead, or not causing or permitting the driving of a motor vehicle by another person in such a position"*.³²

Alongside the evidence base highlighting that smoking and SHS in a vehicle is harmful to health, the BMA policy to ban smoking in vehicles would help to ensure that drivers are not distracted by the act of smoking while driving and this may reduce trauma, health service usage and deaths due to road traffic accidents, although further research is required.

Public opinion

Legislation creating smokefree public places in England has been popular since its introduction in 2007. Approximately 80 per cent of the English population³³, including 90 per cent of non-smokers¹¹, supported legislation to ban smoking in public places. In Scotland, 84 per cent of Scots aged 18-24 believed that a smokefree Scotland was 'something to be proud of'. A survey by the Scottish Executive, three months after legislation was implemented, found 61 per cent in support of the law, with 73 per cent believing the law had been 'very successful' or 'successful'.^{34,35}

In recent years, public support for a ban on smoking in private vehicles has increased, especially when children are considered. Examples of some opinion polls are listed below:

- a YouGov poll in 2009 found majority support among adults in England for a ban on smoking in vehicles, although most regular smokers would oppose this¹¹
- a YouGov poll published by the Faculty of Public Health in August 2010 found 74 per cent of adults in England supported a ban on smoking in vehicles with children³⁶
- The RCP's report suggests that 56 per cent of people surveyed support a ban on smoking in vehicles regardless of who is present, and this rises with age from 45 per cent of 18 to 24 year olds to 63 per cent of adults over the age of 55.¹¹
- A survey by the British Lung Foundation (BLF) showed that 86 per cent of UK children surveyed want to stop people smoking when they were present in the vehicle. The BLF is campaigning through their Children's Charter to support a ban on smoking in vehicles when children are present. A petition with over 15,000 signatures has been collected, so far, in support of the ban.³⁷

An international literature review, published in 2009, of 15 studies of public attitudes to laws banning smoking in private vehicles found high levels of support, including among smokers.³⁸

UK legislation relating to smoking in vehicles

Smokefree legislation has been introduced throughout the UK: first in Scotland in March 2006, then in Wales and Northern Ireland in April 2007 and in England in July 2007.

Since its introduction, there has been some evidence that smokefree legislation has realised benefits to health. Studies have shown marked reductions in hospital admissions with acute coronary syndrome,³⁹ myocardial infarctions⁴⁰ and other coronary related conditions.⁴¹ The extension of this legislation to include private vehicles would see these health benefits expand to a greater section of the population, particularly to children and other vulnerable groups. The principle measures of current UK legislation required all enclosed premises where people work and/or where the public have access to be smokefree. This included public vehicles (eg buses and trains) and work vehicles (including taxis) becoming smokefree. Any person who smokes in premises or public vehicles included in the legislation has committed an offence.

The current regulations require enclosed vehicles to be smokefree at all times, if they are used:

1. by members of the public or a section of the public (whether or not for reward or hire), or
2. in the course of paid or voluntary work by more than one person, even if those people use the vehicle at different times, or only intermittently.

As previously mentioned, UK smokefree legislation does not apply to private vehicles at present.

In March 2011, the DH launched *Healthy lives, Healthy people: Tobacco Control strategy for England*.⁴² The report stated that rather than extending smokefree legislation, the Department favoured policy aimed at increasing public awareness of the risks of SHS, which it believed would lead to greater personal responsibility and for the public to decide voluntarily to keep their homes and vehicles smokefree.

Under powers set in the Government's new Localism Bill,⁴³ designed to shift powers to communities and councils, the ban on smoking could potentially be extended to areas that want it. Some towns including Warrington in Cheshire and Stony Stratford (near Milton Keynes) have recently put forward proposals to ban smoking in all public places, including private vehicles.^{44,45} The Department of Communities and Local Government have indicated, however, that the Bill could not be used in this way.⁴⁶

In June 2011, a Private Members' Bill was presented to the House of Commons to ban smoking in private vehicles when children are present. The Bill won a slight majority in favour and is due to have its second reading on 25 November 2011.⁴⁷

In Wales, a report published in October 2010 by the Welsh Chief Medical Officer called for legal restrictions on smoking in vehicles carrying children. In February 2011, the Welsh Government announced a consultation on plans to create a 'Smokefree Society'. The report asks for a 'debate' on smoking in private vehicles carrying children. Wales has since begun a three year education campaign highlighting the dangers of smoking in private vehicles to the public, but has pledged to ban smoking in private vehicles when children are present if the campaign is not a success.⁴⁸ The success of the education campaign will be evaluated over the three year period using the annual Welsh Health Survey and the Health Behaviour in School-aged Children (HBSC) survey published by the WHO. A survey commissioned by ASH Wales, however, suggests 83 per cent of Welsh adults were in favour of laws being introduced now and not in three years time as had been suggested by the Welsh government.⁴⁹

In Scotland, the Scottish Government's Health Improvement Social Marketing Strategy includes tobacco related issues and supports the development of a multi-faceted campaign to raise awareness and encourage a smokefree lifestyle, including within vehicles carrying children. Unlike proposals in Wales, there are currently no plans for legislation to ban smoking in private vehicles.

In Northern Ireland, the charitable organisation Action Cancer surveyed 1,000 homes which showed 88 per cent of people supported the idea of legislation restricting smoking in private vehicles carrying children. In February 2011, a public consultation on tobacco control was launched. It mentions the need to consider the protection of children from SHS including in vehicles but elsewhere suggests that legislation to restrict smoking in private vehicles is unlikely in the immediate future, with the focus being on education and raising awareness.⁵⁰

International comparisons

A number of international regions have, in recent years, adopted legislation prohibiting the act of smoking in private vehicles. Unlike the BMA's policy, the international bans almost exclusively apply only when children or adolescents are present in the vehicle. Each region has applied its own age restriction and a wide range of maximum ages of children (from under-6 to under-18) are accompanied with varying degrees of penalties. A table highlighting some of the countries and regions that already have bans on smoking in vehicles in place is listed below:

Country	Policies/proposals
United States of America (USA)	<p>A number of jurisdictions in the USA have banned smoking in private vehicles while a child is present.</p> <p>In 2008, the State of California banned smoking in vehicles when a person present is under the age of 18. Other States that have introduced similar legislation include: Arkansas, which banned smoking in vehicles when children under-6 were present (from March 2011); and Louisiana, which banned smoking in vehicles when children under-13 were present (in 2006) as well as a number of cities in other States.</p>
Canada	<p>In 2007, the Canadian Medical Association (CMA) called for a nationwide ban on smoking in vehicles that transport children. Since then, a number of provinces in Canada have introduced smokefree vehicle legislation when children are present.⁵¹ These include British Columbia, Yukon Territory and Saskatchewan.</p>
Australia	<p>All but one state in Australia (Northern Territory) have now banned smoking in vehicles where children are present. Each state defines the prescribed maximum age of a 'child' should be: under 16 (New South Wales, South Australia, and Queensland), under 17 (Western Australia) and under 18 (Victoria).</p>
South Africa	<p>In 2009, new legislation came into force which makes it illegal for adults to smoke in a vehicle where there is a child under 12.</p>

Precedents for compliance and enforcing driving behaviour

Changing driver behaviour, achieving compliance and effective enforcement require public awareness of the health issues surrounding the behaviour, and public acceptance of the new legislation. The call for a ban on smoking in private vehicles has led to comparisons with similar legislation, including seat belt and mobile phone use.

Seat belts

The use of restraints by drivers and front seat passengers was made compulsory in January 1983. Seat belt use in the rear seats was made compulsory for children and then adults in 1989 and 1991 respectively. In 2009, a Department for Transport (DfT) survey showed that seat belt use had increased steadily since being enforced, and that the proportion of drivers observed wearing seat belts in 2009 was 95 per cent.⁵²

Public awareness of the safety benefits of seat belt use is high, and this is reflected in public compliance with seat belt legislation. According to a 2010 DfT Road safety research report, 87 per cent of adults surveyed, disagreed that if you drove carefully, seat belts were not necessary. A majority (91 per cent) also felt that it was the driver's responsibility to make sure that everyone in their vehicle is wearing a seat belt. Only 12 per cent agreed that people should be free to choose to wear a belt or not.⁵³

Mobile phones

Unlike the largely positive attitudes towards the introduction of compulsory seat belt use, the ban on the use of mobile phones while driving was met with greater negative attitudes. In 2005, the BMA published an update to its 2001 report, *Mobile phones and health* and concluded that there were no definitive adverse health effects associated with mobile phone use. It did conclude, however, that the main proven adverse effect was the increased risk of road traffic crashes.⁵⁴ In December 2003, legislation came into force making it illegal to use a hand-held mobile phone while driving a vehicle. In February 2007, the penalty for using a mobile phone while driving was increased from a £30 fine to three penalty points on the driving licence and a £60 fine.

A 2009 study by the DfT showed that the proportion of motorists using hand-held mobile phones while driving has increased by 27 per cent since legislation came in to force.⁵⁵ In 2009, 126,000 Fixed Penalty Notices were issued for this offence – a rise of eight per cent on 2008.⁵⁶ The legislation and enforcement of a ban on mobile phone use while driving has not been effective in curbing the number of law-breakers.

Public attitudes to mobile phones may underlie the low compliance with the legislation. Below is some data from the British Social Attitudes survey⁵⁷ on mobile phone use while driving, which compares 2007 and 2010:

	2007 (%)	2010 (%)
Agreed to statement that mobile phone use while driving was dangerous	58	55
Agreed to statement that all use of mobile phones including hands-free should be banned	45	44
Agreed to statement that current laws were properly enforced	74	69

Enforcing smoking in vehicles legislation

As the two examples of seat belt and mobile phone use illustrate, acceptance and compliance with a ban on smoking in vehicles would be dependent on public awareness of the health issues of SHS in vehicles. In order for compliance with new legislation to be effective, it is also important that enforcement is visible and robust, and that the penalties for non-compliance are perceived to be sufficiently severe as to act as a suitable deterrent. Legislation should also be accompanied by country-wide media campaigns to inform the public about the health effects of exposure to SHS in vehicles, and the potential road safety issues.

Discussion

Why not just voluntary measures?

For tobacco control and a number of other public health measures, the current Government has indicated a preference for voluntary measures and non-regulatory approaches emphasising personal responsibility. In the DH report *Healthy lives, Healthy people: Tobacco Control strategy for England*, the DH favours voluntary measures over extending smokefree legislation.⁵⁸ The Cabinet Office Behavioural Insights team also supports the promotion of voluntary measures and awareness campaigns for a range of public health issues, including tobacco control.^{59,60}

Voluntary measures alone have limitations in achieving behaviour change and public health benefits. A 2011 House of Lords Science and Technology Select Committee report on behaviour change examined the effectiveness of the current UK government approach to achieving public change in behaviour across a range of areas.⁶¹ The report concluded that voluntary measures or 'nudge' approaches were insufficient in themselves, and that a range of mechanisms including fiscal measures and regulation was likely to be needed if changes in behaviour were to be achieved.⁶¹

Legislative measures are known to be effective and have significant health impacts. The WHO considers extending tobacco control measures, such as restricting tobacco use in public spaces, to be a 'best buy' policy to reduce the global burden of non-communicable diseases – considered to be 'effective, feasible, and affordable in any resource setting.'⁶²

This is confirmed in a 2010 Cochrane review that assessed the extent to which legislation-based smoking restrictions reduced tobacco consumption and exposure to SHS. Fifty studies were included in the review, which concluded that the introduction of legislative smoking bans leads to a reduction in exposure to SHS.⁴¹ There was also evidence for an improvement in health outcomes with the strongest evidence coming from a reduction in admissions with acute coronary syndrome.⁴¹ The review also noted that there was an increase in public support for, and compliance with, smoking bans after legislation was introduced.⁴¹

In contrast, the Tobacco Manufacturers' Association (TMA) – who represent the UK tobacco sector – believe that highlighting the dangers of distraction and loss of control while driving and smoking should be the preferred course of action. They are against a complete ban on smoking in vehicles stating, 'the proposal to ban smoking in what is a private space is a step too far and an unwarranted intrusion on individual freedom.'⁶³ It is important to note, however, that this takes no account of the freedom of other individuals to use the roads safely, and for other individuals to be free from the risks posed by distracted drivers.

What about freedom of choice?

Many believe that while a person's decision to smoke is unwise for their health, it is not an illegal activity and they should have the right to choose to smoke. Since smokefree legislation was introduced throughout the UK, there are now fewer places where smokers can 'light up'. Of those, the home and private vehicle are considered the two most common places where smokers are still able to smoke freely.

Through smokefree legislation, the freedom of people to smoke is restricted for the benefit of those around them. While most adults have the freedom to leave a smoky vehicle, or ask a smoker to stop smoking, children and other vulnerable groups such as the elderly and disabled are dependent on their parents, guardians or carers. These groups are therefore not free to make the same choices and may be at greater risk of inhaling toxic fumes from SHS in vehicles.

A ban on smoking in private vehicles would prevent smokers from exposing passengers to SHS, in particular children and other vulnerable passengers, who may not have the choice to leave the vehicle.

Why not just ban smoking in vehicles when children are present?

The BMA policy calls for a ban on all smoking in vehicles, while those jurisdictions that have introduced legislative measures have done so exclusively for when children are present. Children are still developing physically and biologically and compared to adults, children:

- breath more rapidly
- absorb more pollutants because of their size
- have less developed immune systems and
- are more vulnerable to cellular mutations.

As a result, they are more susceptible to the harmful effects of SHS.¹¹ A child's immune system – compared to an adult – is considerably under developed and lacks the necessary defences to deal with the harms of SHS.

As stated earlier, smoke toxins can remain in vehicles long after a cigarette has been smoked. This could lead to a build up of harmful toxins in the vehicle where children and other passengers sit, even if the driver refrains from smoking while others are present in the vehicle. Other vulnerable passengers are affected by SHS. Legislation for a ban regardless of age would protect these groups also.

At the 2011 ARM, BMA members highlighted that an outright ban on smoking in private vehicles would help enforce any extension to current legislation, as there would be no need to differentiate whether a child, present in a vehicle, was above or below a prescribed age. This would eliminate any uncertainty for enforcers. An extension to the ban would also promote the message that tobacco smoke is harmful regardless of who is present in the vehicle at any time and comprehensively address the issue of road safety.

Conclusion

Smokefree legislation in the UK has been highly effective in reducing exposure to SHS in work and in public places. Evidence also suggests it has realised a number of health benefits, including lower hospital admissions and studies noting a reduction in the prevalence of certain diseases. There is also an increasing public awareness about the dangers of tobacco smoke, including SHS.

The BMA believes that tobacco smoke, including SHS, is harmful to smokers and non-smokers, including children. Driver safety and distraction is an additional risk of smoking in vehicles. While public awareness and voluntary measures to promote smoking cessation and reduce exposure to SHS are welcome, legislative measures are known to be effective and have strong public support when implemented. The BMA policy for a ban on all smoking in vehicles regardless of who is present would be safest for children and other vulnerable groups, easiest to enforce, and the most effective option.

Extending smokefree legislation to a ban on smoking in all vehicles, regardless of who is present, will strengthen the UK's own tobacco control strategy while also being forerunner in tackling the harms of SHS and safeguarding the health of the population, including children and other vulnerable individuals.

Appendix One

Overview of the policy position of other organisations

Action on Smoking and Health (ASH)

ASH is a charity that was set up in 1971 by the RCP to support action to tackle the harmful effects of tobacco. It has produced fact sheets on SHS and smoking in vehicles. ASH supports the view of the RCP report on passive smoking and children and also supports a ban on smoking in private vehicles.⁶⁴ This view is also shared by ASH Wales⁶⁵.

Asthma UK

Asthma UK has produced a policy briefing outlining their support for a ban on smoking in vehicles when children are present.⁶⁶ They call for parents and other adults to take responsibility and avoid smoking in vehicles when children are present and they also support calls for Governments of the UK to protect children in two ways:

- by raising awareness through public health campaigns
- by extending smokefree legislation to include vehicles carrying children.

British Heart Foundation

The British Heart Foundation (BHF) issued a press release in response to the publication of the RCP report stating that, 'UK Governments should now look at all options available to best protect children including awareness campaigns, supporting parents to quit smoking and possible legislation. When the current smoke free legislation in England is reviewed later this year it should find the best way to achieve a smoke free environment.' They also state that UK Government should go further to promote smokefree homes and vehicles.⁶⁷

British Lung Foundation

British Lung Foundation (BLF) is campaigning through their Children's Charter to support a ban on smoking in vehicles when children are present. A petition with over 15,000 signatures has been collected, so far, in support of the ban.²²

Cancer Research UK

Cancer Research UK has long campaigned for extensions to smokefree legislation and supports a ban on smoking in vehicles when children are present.⁶⁸ They state that despite the progress that has been made since the introduction of the legislation, many people are still exposed to secondhand smoke in the home and in private vehicles. Cancer Research UK campaigns for the introduction of the new smokefree laws and also runs various mass media campaigns to support the introduction of the laws.

Medical Royal Colleges

In a joint letter, published in The Times newspaper in 2010, the Medical Royal Colleges outline a number of ways to reduce the harmful effects of SHS to children including tobacco price rises, mass media campaigns, more effective health warnings, prohibition of point of sale display, generic packaging and better provision of smoking cessation services. They also reiterate that smokefree legislation should include public places visited by children and young people, and including prohibition of all smoking in private and other vehicles.⁶⁹

The letter can be viewed here: www.timesonline.co.uk/tol/comment/letters/article7072907.ece

Royal College of Nursing

The Royal College of Nursing (RCN) issued a press release in June 2010, welcoming the launch of the British Lung Foundation's campaign to raise awareness of the harms associated with SHS. The RCN also notes the serious harms caused by smoking in a confined space, such as smoking in vehicles.⁷⁰

Tobacco Manufacturers' Association

The Tobacco Manufacturers' Association represents the UK tobacco industry. Their current policies are to inform the public of the current UK legislation highlighting the dangers of distraction and loss of control while driving and smoking. They are against a complete ban on smoking in vehicles stating, 'the proposal to ban smoking in what is a private space is a step too far and an unwarranted intrusion on individual freedom.'⁶³

UK Faculty of Public Health and Royal Society for Public Health

In 2010, the Faculty of Public Health and the Royal Society for Public Health set out 12 recommendations that, if adopted, will improve the UK's health and well-being for the new decade. One of these recommendations was a ban on smoking in vehicles with children.⁷¹

Appendix Two

BMA Policies on Smoking and tobacco

The BMA is working hard to achieve strong tobacco control measures for the benefit of the population, this includes:

- a call on UK governments to remove all branding on tobacco products
- a call to further raise tobacco taxes by a significant amount
- a call for legislative change to make illegal all tobacco advertising throughout the UK
- a call for a ban on cigarette vending machines
- a demand for legislation to ensure tobacco companies are held liable for the damage their products cause.

Further details of what the BMA is working to achieve are outlined on the following webpage:

www.bma.org.uk/health_promotion_ethics/tobacco/tobaccobmaworking.jsp

Many of the BMA's policies have successfully been implemented in UK legislation, including most recently, the introduction of smokefree public places in 2007, controls for tobacco advertising and point-of-sale displays, and the banning of cigarettes for sale in vending machines. Information on the BMA's impact and influence on tobacco control can be viewed on the BMA website:

www.bma.org.uk/health_promotion_ethics/tobacco/tobaccotimeline.jsp

These policies have also resulted in a number of Board of Science (BoS) publications, including *Forever cool: the influence of smoking imagery on young people* (2008)⁷², *Breaking the cycle of children's exposure to tobacco smoke* (2007)⁷⁴ and *Smoking and reproductive life: the impact of smoking on sexual, reproductive and child health* (2004)⁷³

BMA Scotland has urged the Scottish Government to consider a ban on smoking in private vehicles when developing their new ten year tobacco control strategy. BMA Scotland believes that

'there is an increasing awareness among the general population of the risks of exposure to second hand smoke (SHS) and that this would be an important next step towards creating a smokefree Scotland'.⁷⁴

In addition, BMA Wales has supported a ban on smoking in vehicles since 2010 stating that

'anything that can be done to reduce exposure to environmental tobacco smoke and ill-health as a result of smoking must be given serious consideration'.⁷⁵

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