



## *Snapshot report 2016*



Smoke-free spaces on the island of Ireland

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Sources of data used in this snapshot report are listed in the references.



## Introduction

Reducing second-hand smoke (SHS) exposure has become a central component of tobacco control policies across the island of Ireland. The expansion of smoke-free spaces directly reduces exposure of children and adults and further denormalises tobacco use in a variety of social contexts. Challenges still remain in terms of persistent inequalities and significant exposure to SHS in the home, particularly in the context of children. This snapshot report presents a brief overview of progress on the development of smoke-free spaces on the island of Ireland.

### Key messages

The Republic of Ireland and Northern Ireland have been successful in implementing smoke-free legislation in the workplace which was first introduced in 2004.

Legislation prohibiting smoking in cars where children are present has been developed in the Republic of Ireland and Northern Ireland.

In Northern Ireland, recent trends suggest that rules on smoking in the home have become more stringent over time. However, those living in the most deprived areas still experience greater exposure to SHS.

In the Republic of Ireland, survey findings indicate slightly stricter rules around smoking in the home, compared to the family car with pre-teen children more protected than teenagers.<sup>1</sup>

Smoke-free spaces are expanding to include health and social care facilities across the island of Ireland.

Progress in the implementation of smoke-free campuses in other sectors is evident, with playgrounds and third level educational institutions actively introducing smoke-free policies in outdoor spaces.

Public support for smoking bans and restrictions and public awareness of the harm caused by SHS, suggests that there is potential for expanding smoke-free spaces on the island of Ireland.

It is not yet known the degree to which increased use of electronic cigarettes (vaping) may be contributing to declining exposures to SHS.

<sup>1</sup> As survey methodologies are different in both jurisdictions, direct comparisons of data are not appropriate within this report.



## Second-hand smoke and health

Smoking prevalence among adults aged 16 and over in Northern Ireland is currently 22% (Department of Health, Social Services and Public Safety (DHSSPS), 2015). In the Republic of Ireland, 23% of the population aged 15 and over are smokers (Department of Health, 2015). SHS is harmful to everyone and is classified as a Group 1 carcinogen. Reducing the exposure of the population to SHS is a core element of the World Health Organization *Framework Convention on Tobacco Control* (WHO, 2003).

Children are especially vulnerable to harms associated with exposure as they are often unable to remove themselves from a smoking environment (Öberg et al, 2010). The frequency, intensity and duration of exposure to SHS are significant in determining health outcomes for infants and children. Babies exposed to SHS are at a greater risk of sudden infant death syndrome and children who regularly breathe SHS are more likely to experience asthma, ear infections and respiratory tract infections. Very little is known about exposure of pregnant women, infants and young children to SHS across the island of Ireland. Further research is needed in this area to determine the extent of exposure and the effects on health in the early years.

A review estimated that around 22,600 new cases of wheeze and asthma in children were attributable to SHS exposure in the UK every year (Royal College of Physicians, 2010). A recent Cochrane Review concluded that the introduction of a legislative smoking ban does lead to improved health outcomes through reduction in exposure to SHS. The clearest evidence was observed in reduced admissions for acute coronary syndrome, with evidence of reduced mortality from smoking-related illnesses (Frazer et al, 2016).

Electronic cigarette usage in the Republic of Ireland is 6% among both current and ex-smokers (Department of Health, 2015) and 5% among adults in Northern Ireland (DHSSPS, 2015). Recent increases in the use of electronic cigarettes are likely to contribute to reduced SHS exposure, although the evidence is currently under-developed (McNeill et al, 2015).

## Policy

The *Ten Year Tobacco Control Strategy for Northern Ireland* aims to reduce smoking prevalence among adults to 15% by 2020 (DHSSPS, 2012). The strategy names 'reducing exposure to second-hand smoke' as one of three core strategic objectives and emphasises that while SHS is potentially harmful to everybody it is particularly harmful to children and to adults with pre-existing medical conditions. *Tobacco Free Ireland*, the Republic of Ireland



strategy, seeks to reduce smoking prevalence to less than 5% by 2025 (Department of Health, 2013). The strategy recommends a range of measures to protect people from SHS exposure, including tobacco free campuses for government, health, education and sport and recreation facilities.

## Legislation

The Republic of Ireland was the first country in the world to introduce legislation banning smoking in the workplace under provisions in the *Public Health (Tobacco) (Amendment) Act 2004* (Oireachtas, 2004). The *Smoking (Northern Ireland) Order 2006* restricts smoking in the workplace including commercial vehicles and indoor public places (Northern Ireland Assembly, 2006). The primary aim of these legislative measures is to protect third parties, particularly workers, from exposure to the harmful effects of SHS.

Legislation to ban smoking in cars where children are present came into effect in England and Wales in October 2015. In the Republic of Ireland, the *Protection of Children's Health (Tobacco Smoke in Mechanically Propelled Vehicles) Act 2014* came into effect on 1 January 2016 (Oireachtas, 2014). The Act prohibits smoking tobacco products in a mechanically propelled vehicle in which a child is present. In May 2016, the *Health (Miscellaneous Provisions) Bill* which includes provisions prohibiting smoking in private vehicles carrying children was granted Royal Assent (Northern Ireland Assembly, 2016).

### Data sources

Data for Northern Ireland was obtained from the Public Health Information and Research Branch, DHSSPS. The main data sources include the Continuous Household Survey, Health Survey Northern Ireland and the Young People's Behaviour and Attitudes Survey. Data for the Republic of Ireland is based on previously published work and sources are referenced accordingly. It is important to note that due to differences in survey methodologies, direct comparisons between survey data for Northern Ireland and the Republic of Ireland are not appropriate within this report.



## Smoke free spaces – current status and trends

### Smoking in the workplace

Legislation in Northern Ireland has been highly effective in protecting workers from SHS (DHSSPS, 2009), with public acceptance and support for smoking bans increasing over time (Callinan et al, 2010). By 2014/15, 98.9% of businesses inspected in Northern Ireland were compliant with smoking prohibition legislation (Department of Health, 2016). Findings from a multi-agency study found that smoke-free legislation was associated with a highly significant improvement in the air quality in pubs and bars in Northern Ireland (Chartered Institute of Environmental Health Northern Ireland (CIEH NI), 2010).

In the year following the introduction of smoke-free legislation in the Republic of Ireland, a high level of compliance was reported with 94% of workplaces inspected deemed to be smoke-free (Office of Tobacco Control, 2005). Compliance with the legislation continues to be monitored by the Health Service Executive (HSE) National Environmental Health Service Tobacco Control Inspection Programme. In 2014, 80% of premises were fully compliant with smoke-free legislation (Department of Health 2014). Adults in the Republic of Ireland still report exposure to SHS, with 5% of adults exposed to tobacco smoke in bars, 4% in restaurants and 13% in the workplace (European Commission, 2015).

### Smoking in private homes

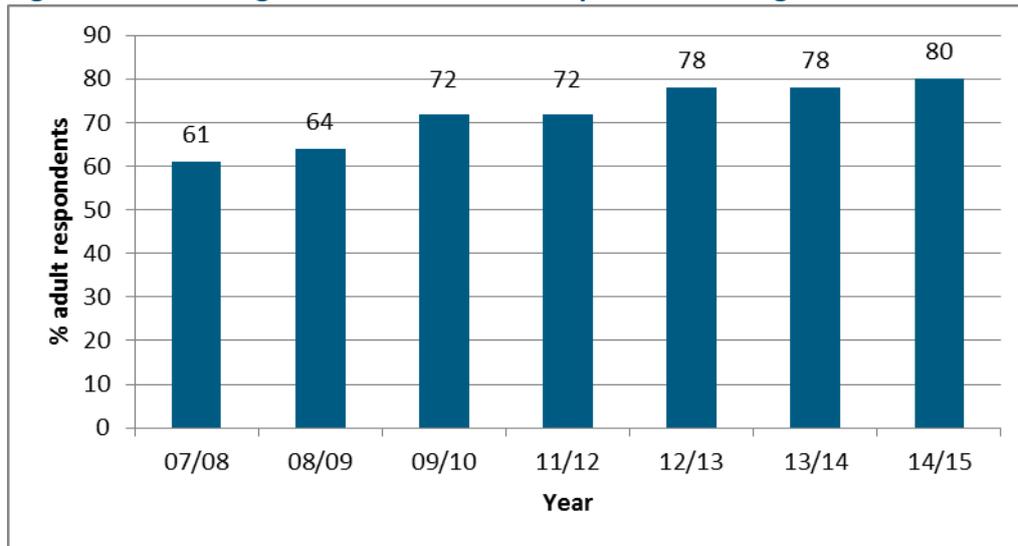
Patterns of smoking behaviour in the home have changed over time since the introduction of smoke-free legislation in the workplace. Evidence shows that smoking in the home is more restricted, but estimates from adult and child surveys differ.

### Smoking in private homes in Northern Ireland - what adults say

Four out of five adults report that smoking is not permitted anywhere in their home. This proportion has been increasing since 2007/08.

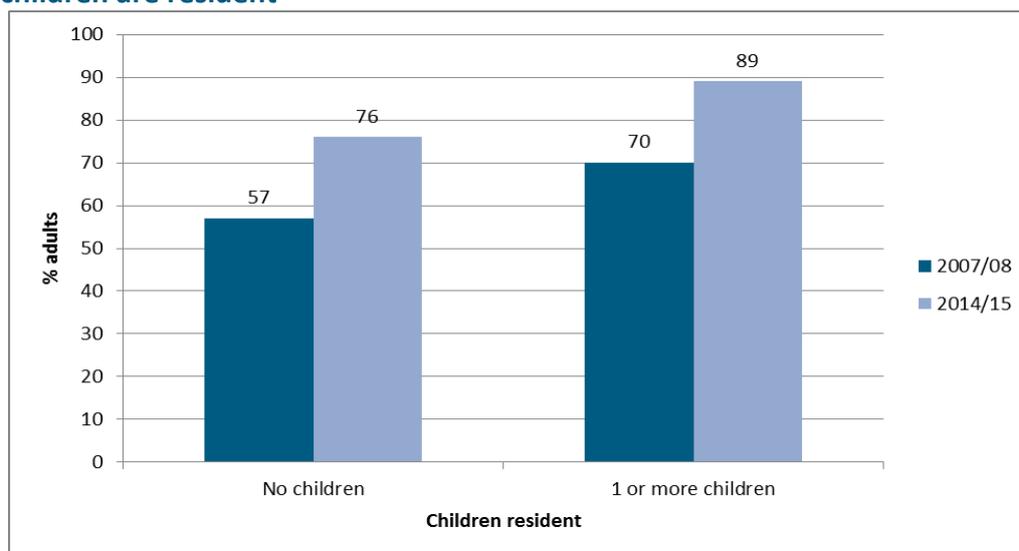


**Figure 1. Percentage of adults who do not permit smoking in the home**



*Source: Continuous Household Survey 2007/08 – 2009/10 and Health Survey Northern Ireland 2011/12 – 2014/15*

**Figure 2. Percentage of adults who reported smoking is not permitted by whether or not children are resident**



*Source: Continuous Household Survey 2007/08 and Health Survey Northern Ireland 2014/15*

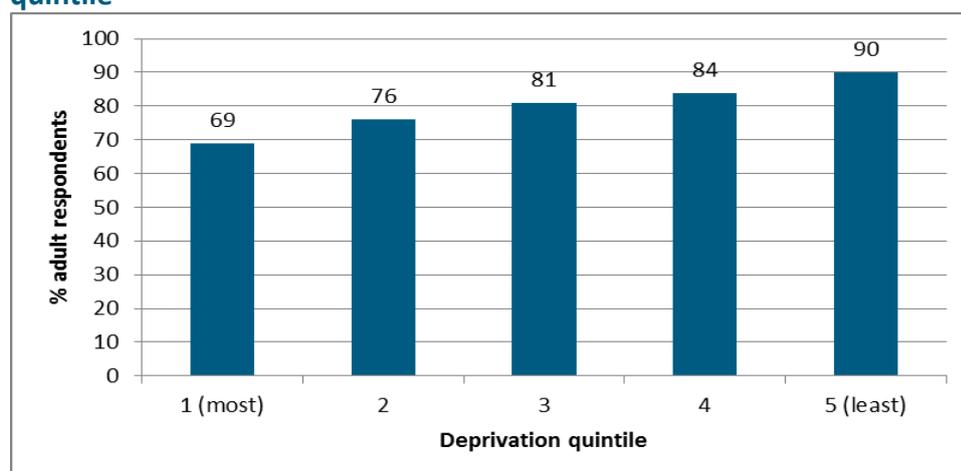
The presence of children in the household was consistently associated with stricter rules on smoking in the home.

There was a trend towards a tightening of the rules on smoking in the home in all deprivation quintiles<sup>2</sup> over time.

<sup>2</sup> Northern Ireland Statistics and Research Agency (NISRA), 2010.



**Figure 3. Percentage of adults who reported smoking is not permitted by deprivation quintile**



*Source: Health Survey Northern Ireland 2014/15*

Nine out of 10 adult respondents in the least deprived quintile reported that smoking was not allowed in the home, compared to just under 7 out of 10 in the most deprived quintile.

### Smoking in private homes in Northern Ireland - what children say

#### **All children**

In 2003, just over half (51.8%) of all 11-16 year olds reported that they lived with an adult smoker, but by 2013 this had fallen to less than four in ten (38.4%)

In 2013, over half of children aged 11-16 years living in the most deprived areas live with an adult smoker. Children living in the most deprived areas (57.9%) were more than twice as likely to live with a smoker compared to children resident in the least deprived quintile (25.2%).

#### **Children living in smoking households**

In 2003, of those young people aged 11-16 who were co-resident with an adult smoker, almost four in five (79%) reported that an adult smoked inside their home. A decade later (2013), two in five (42%) young people reported that an adult smoked inside their home.

*Source: Young People's Behaviour and Attitudes Survey (2003-2013)*

### Smoking in private homes in the Republic of Ireland - what adults say

In 2007 over half (59%) of adults aged 18 and older surveyed reported that smoking was not allowed anywhere inside their home. A further 23% stated that smoking was only allowed in their home in some places or at some times. Stricter rules around smoking in the home were evident among social classes 1-2 (67%) compared to social classes 3-4 (58%) and social classes 5-6 (50%) (Department of Health and Children, 2008).

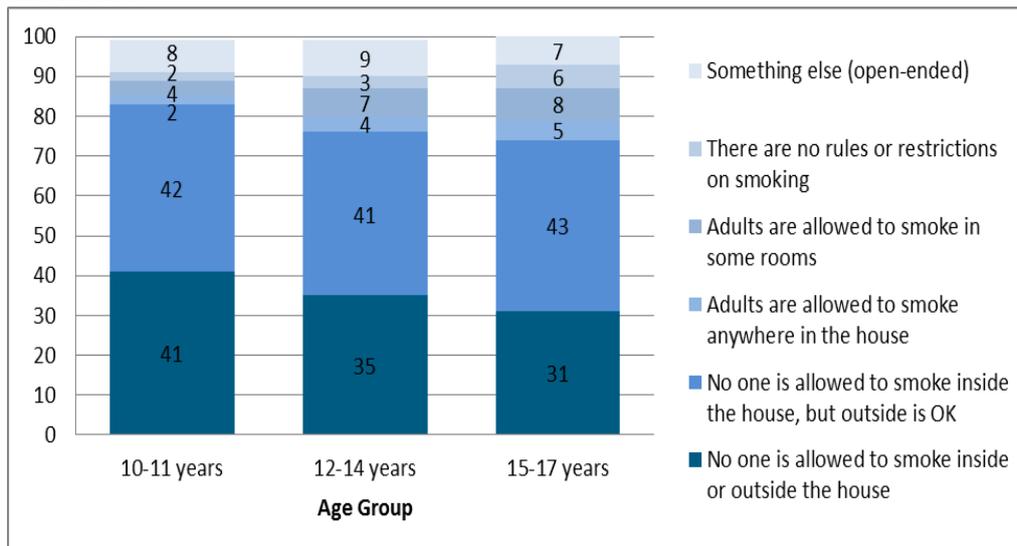


## Smoking in private homes in the Republic of Ireland - what children say

### All children

- 12% of children report that adults are allowed to smoke in their house
- A further 5% report there are no rules or restrictions on smoking in their house (Gavin et al, 2015)

**Figure 4. Percentage of children aged 10-17 who report rules or restrictions on smoking in the house**



**Source:** *The Irish Health Behaviour in School-aged Children Study 2014*

For the majority of children in the Republic of Ireland, smoking is not permitted inside the family home.

Pre-teen children were more likely to report stricter rules or restrictions on smoking in the family home than teenagers (Gavin et al, 2015).

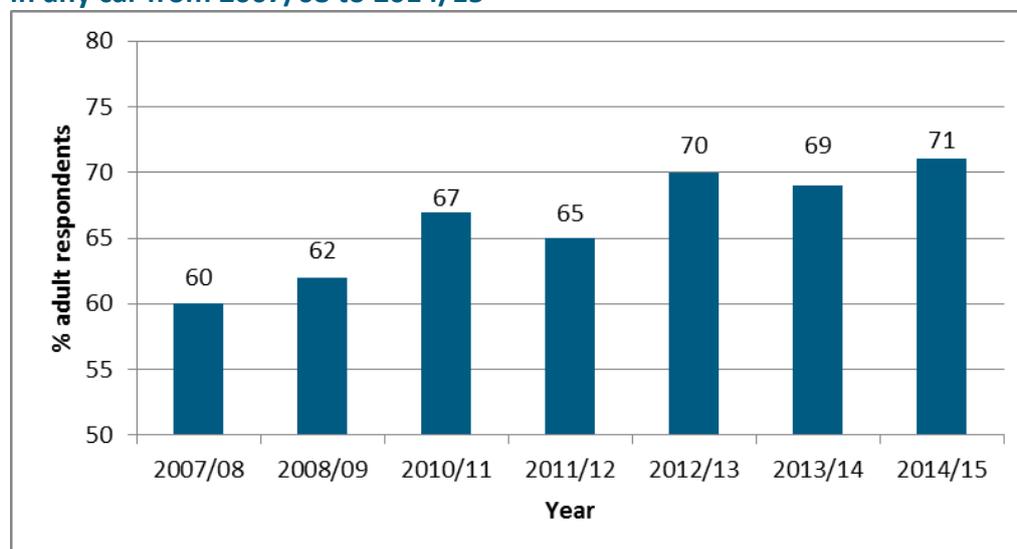
Twenty-two percent of primary care givers of 9 year olds responding to the *Growing up in Ireland Survey* in 2007 indicated that smoking occurred in the same room as their child. More than twice as many 9 year olds living in families in the lowest income quintile (32.7%) were exposed to second-hand smoke in the home compared to children in families in the highest quintile (14%). (McAvoy et al, 2013).



### Smoking in cars in Northern Ireland - What adults say

In 2014/15, 71% of all adults surveyed reported that smoking is not permitted in any car.

**Figure 5. Percentage of adults in Northern Ireland reporting that smoking is not permitted in any car from 2007/08 to 2014/15**



**Source:** Continuous Household Survey 2007/08 - 2008/09 and Health Survey Northern Ireland 2010/11 - 2014/15

Among members of a household where car ownership is reported, 85% of adults reported that smoking is not permitted in any car.

53% of adults in the most deprived quintile, reported that smoking is not permitted in any car, compared to 85% in the least deprived quintile.

In adult only households, 67% of adults reported that smoking is not permitted in any car. Where children were members of the household, 80% of adults surveyed reported that smoking is not permitted in any car.

### Smoking in cars in Northern Ireland - What children say

30.2% of young people aged 11 to 16, who were co-resident with an adult smoker, reported that smoking was permitted in the family car compared with 41.7% who reported smoking was permitted in the family home.

**Source:** Young People's Behaviour and Attitudes Survey (2003-2013)

### Smoking in cars in the Republic of Ireland - What adults say

There are no survey data on smoking in cars as reported by adults in the Republic of Ireland.



### **Smoking in cars in the Republic of Ireland - What children say**

Almost one in five of all children aged 10-17 years are exposed to SHS in the car. Sixteen per cent of children report that adults are allowed to smoke in the family car as long as the window is down, with a further 3% reporting that there are no rules or restrictions on smoking in the family car (Gavin et al, 2015). Children aged 10-11 years (69%) were more likely to report no one is allowed to smoke in the family car compared to those aged 15-17 years (59%) (Gavin et al, 2015).

## **Places and spaces**

### **Government buildings**

Smoke-free policies do not include outdoor areas surrounding government buildings in Northern Ireland. In the Republic of Ireland, the Department of Health and Department of Children and Youth Affairs recently adopted a smoke-free campus policy for its buildings and grounds (Department of Health, 2014).

### **Health and social care facilities**

The Western Health and Social Care Trust (WHSCCT) was the first Health and Social Care Trust in Northern Ireland to become completely smoke-free on 12 March 2014, by prohibiting smoking anywhere on its grounds or premises (WHSCCT, 2014). This smoke-free policy has been extended to include all Health and Social Care sites from 9 March 2016 (Public Health Agency (PHA), 2016).

In the Republic of Ireland, the HSE committed to making all its workplaces and campuses smoke-free by 2015. All HSE acute hospitals have implemented the Tobacco Free Campus policy. By December 2014, 69% (target 70%) of all Primary Care sites had implemented the national smoke-free campus policy (Department of Health, 2014). Whilst exemptions exist for long term residential care facilities across the island, in the Republic of Ireland, psychiatric hospitals are not required to enforce the smoking ban, but may do so if they wish.

### **Public transport**

In Northern Ireland smoke-free bye-laws have been adopted by Translink which covers platforms as well as the areas provided under the main smoke-free legislation relating to the interior of buses and trains as well as stations (Translink, 2013). In the Republic of Ireland, smoking is not permitted on buses (Bus Éireann, 2016) trains (Irish Rail, 2016) or trams (Luas, 2015) or in enclosed areas of stations.



### Schools and education facilities

A number of schools in Northern Ireland have developed smoke-free policies but there is no central register of this activity. In third level education, smoke-free campuses and exclusion zones have been introduced to varying degrees in Northern Ireland (Queen's University Belfast, 2008; Ulster University, 2013) and the Republic of Ireland (Department of Health, 2014).

### Playgrounds

There is no formal register of smoke-free playgrounds in Northern Ireland. In the Republic of Ireland the first smoke-free playground was introduced in Donegal in 2009 (ASH Ireland, 2015). Since then, 82% of local authorities in the Republic of Ireland have either implemented or agreed to implement a smoke-free playground policy (Department of Health, 2014).

### Sports stadia

Some variation exists in the extent to which smoke-free policies have been implemented in sports stadia. In Kingspan Stadium Belfast (Ulster Rugby, 2016) and the Aviva Stadium in Dublin (Aviva Stadium, 2012), smoking, including the use of electronic cigarettes is not permitted within the stadium. The Gaelic Athletic Association (GAA) Healthy Club Initiative is supporting the development of smoke-free policies in GAA clubs (Lane et al, 2015).

#### Useful resources

##### ***For support with quitting smoking***

Northern Ireland: <http://www.want2stop.info/>

Republic of Ireland: <https://quit.ie/>

##### ***For further information on tobacco control policies***

Northern Ireland:

<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/tobacco-control-10-year-strategy.pdf>

<http://www.publichealth.hscni.net/directorate-public-health/health-and-social-wellbeing-improvement/stopping-smoking>

Republic of Ireland:

<http://health.gov.ie/healthy-ireland/tobacco/>

<http://www.ntco.ie/>



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