



Royal College of
Paediatrics and Child Health

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**Call for evidence on the Smoking Prohibition (Children in Motor Vehicles) (Scotland) Bill - Stage 1 consideration by the Scottish Parliament Health and Sport Committee
Written evidence submitted by the Royal College of Paediatrics and Child Health**

May 2015

The Royal College of Paediatrics and Child Health is a membership organisation which comprises over 15,000 members who live in the UK, Ireland and abroad and plays a major role in postgraduate medical education, as well as professional standards, conducting research on paediatrics, developing policy messages and recommendations to promote better child health outcomes and service delivery models to ensure better treatment and care for children and young people.

The RCPCH welcomes the opportunity to respond to the Scottish Parliament Health and Sport Committee's call for evidence on the Smoking Prohibition (Children in Motor Vehicles) (Scotland) Bill.

In Scotland, smoking remains one of biggest contributory factors to its poor health record. In Scotland, tobacco use is associated with over 13,000 deaths (around a quarter of all deaths) and around 56,000 hospital admissions every year¹. In 2013, 21 percent of adults reported they smoked cigarettes².

In 2010, 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 second hand smoke. In the UK, an estimated 23 children and 4,000 adults die each year due to second hand smoke³.

The evidence for health effects of second hand smoke on children is extensive and includes numerous systematic reviews and meta-analyses. In 2006, the US Surgeon General report on involuntary exposure to tobacco smoke⁴ concluded that the available evidence was sufficient to infer a causal association between second hand smoke and sudden infant death syndrome, lower respiratory tract illness, middle ear diseases, asthma in school-aged children and impairment of lung infection. A 2010 Royal College of Physicians (RCP) report on passive smoking and children⁵ provided an update of the evidence which reaffirmed the association between these diseases and second hand smoke.

We have used our expertise and knowledge about the impact of second hand smoke on children and young people in formulating this response and have therefore responded to questions 1 & 2 only.

¹ ScotPHO Smoking Ready Reckoner (2011) <http://www.scotpho.org.uk/publications/reports-and-papers/868-smoking-ready-reckoner>.

² Scottish Health Survey (2013) <http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey>

³ Oberg M, Jaakkola MS, Woodward A, et al. (2011) Worldwide burden of disease from exposure to second-hand smoke: a retrospective analysis of data from 192 countries. *Lancet* 377(9760): 139-46.

⁴ Office of the Surgeon General (2006) *The Health Consequences of Involuntary Exposure to Tobacco Smoke. A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services CfDCaP, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

⁵ Royal College of Physicians (2010) *Passive smoking and children. A report by the Tobacco Advisory Group of the Royal College of Physicians*. London: Royal College of Physicians.

1. Do you support the Bill? Please provide reasons for your position.

The RCPCH supports the general aim of the Bill to prevent smoking in cars which are carrying children.

The Government has a duty to protect children's health and intervene when necessary, such as it has done with seat belt and drink-driving legislation. The Bill is a positive step to take, and will reduce children's exposure to second hand smoke and protect them from associated health risks, such as chest infections, ear infections, wheezing, asthma, and cot death.

A review by the British Medical Association's Board of Science concluded that there is no safe level of exposure to tobacco smoke for children and adverse effects can be found at low levels of exposure⁶. Action on Smoking and Health has produced significant evidence that exposure to second hand smoke is particularly dangerous for children, and studies in Australia, Ireland and Canada have shown that children exposed to second hand smoke had greater risk of developing wheeze, asthma and bronchitis⁷. It is clear that even when apparently well ventilated, levels of smoke and toxins are higher in cars than in buildings where children may be exposed to environmental tobacco smoke.⁷ There are also wider social issues surrounding children's exposure to second hand smoke, such as the influence of smoking behaviours on children as well as socioeconomic variance amongst those furthering health inequalities.

2. Do you think the Bill (if enacted) would achieve its aim of protecting children from the effects of second-hand smoke and their health? Please provide an explanation for your answer.

The Bill will achieve its aim of protecting children from the effects of second-hand smoke and their health. Smoking in cars with children can present a real danger to the health of children and young people.

The Bill would help to protect the health of children, who do not have a choice over their exposure to cigarette smoke while in a car or other vehicle. Additionally, it would influence more positive behaviour change by decreasing the exposure and attractiveness to smoking and thus discouraging its take-up by children and young people. In the long-term, the Bill would prevent children from developing conditions related to exposure to second hand smoke and decrease associated health costs.

For further information please contact:

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⁶ British Medical Association (2013) [Smoking in vehicles](#) London: BMA

⁷ Action on Smoking and Health (2015) [Smoking in Cars](#) London: ASH