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NI Council

Our Ref: 050325/HEALFUT/01
Your Ref:

24 March 2005

Dear Sir or Madam

A HEALTHIER FUTURE – A TWENTY YEAR VISION FOR HEALTH AND WELLBEING IN NORTHERN IRELAND 2005-2025

The British Medical Association, Northern Ireland, BMA (NI), welcomes the opportunity to respond to the above consultation document.

BMA(NI) has noted the 7 questions asked in the consultation document, 'A HEALTHIER FUTURE', and wishes to make constructive suggestions as to the way forward.

The questions are reproduced below and include the detailed BMA (NI) response.

1. Does the vision adequately describe the health and social services that will meet our future needs and aspirations?

The vision, as described in Chapter 3 'Our Vision for the Future', portrays a health and social services that might only be provided if it is profession led instead of management. For example the Scottish Health model is profession led. This model highlights the oft quoted problem of management not understanding what actual delivery of policies entails. Managers are unlikely to understand medical work processes in enough detail to adequately allocate resources. Professionals are much better placed to make decisions on health service provision.

The Department of Health Social Services and Public Safety must genuinely move away from a culture of what has been described as 'Permissive Managerialism' which focuses on just keeping the service going through tough conditions, but otherwise provides little overall policy.

BMA (NI) does understand the problem the Department has faced over the thirty years of the 'Troubles' and commends the Department for maintaining the health service throughout this time.

However, with the political and social changes that have taken place in the past ten years, the Department must recognise the health service in Northern Ireland is failing to cope with the increased pressures of health requirements and the public's expectations.

Northern Ireland Secretary: Mr Brian Best
Chief Executive/Secretary: Tony Bourne

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INVESTOR IN PEOPLE



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There are currently 111 Consultant vacancies; some positions have been vacant for 8 years. In 2002 there were only 36 medical graduates, in 2003 there were only 41 medical graduates and in 2004 there were only 46 medical graduates training to be General Practitioners. The European Working Time Directive is having an impact on service provision and how the Department, Boards and Trusts are ensuring compliant positions.

The problems are evident and the Department needs to act positively and decisively with medical professional bodies, such as the BMA (NI), to ensure the workforce is there to cope with future demands.

The Review of Public Administration is still ongoing as is the Appleby Review. These Reviews will have a significant impact on the structures and functions of the health service in Northern Ireland.

This consultation, while attempting to provide a 20 year strategy, may largely become redundant due to the recommendations of the previous reviews. The recruitment problems for consultants and General Practitioners will increase and European legislation may negate some portions of the strategy.

The BMA (NI) is disappointed that previous consultative documents with their resultant recommendations have failed to be implemented and are concerned this consultation document will go the same way. This strategy document does not focus on new action plans but merely proposes that the Department will implement recommendations from previous consultation exercises. The BMA (NI) is disappointed the Department has taken this route and calls for the implementation of plans such as 'Investing for Health' without further delay.

The Department needs to reassure doctors, nurses, professionals allied to medicine, health bodies, politicians and the public that action will be taken and recommendations implemented appropriately.

The BMA (NI) is also disappointed at the lack of detail regarding the first five years of the plan, which would provide valuable indicators for the implementation of the rest of the plan. A more detailed action/outcome orientated plan for the first five years would also help to address the difficulties facing the Northern Ireland Health Service which would prevent the plan to progress over the 10, 15 and 20 year periods.

The BMA (NI) wants to continue to engage positively with the Department and believes new methods of thinking and working are required. These new methods should entail professionally led decision-making processes at a high level, a focus on patient health outcomes, realistic workforce planning, co-ordinated approaches to public and community health, full implementation of both the GMS contract and Consultant contract reflecting the spirit of these contracts to maintain morale, investment in medical student and junior doctors to provide the necessary numbers of future doctors, a co-ordinated approach to Modernising Medical Careers and a recognition of the work the BMA (NI) performs on behalf of doctors.

2. A Healthier Future focuses on five major themes: Investing for Health and Wellbeing; Involving people; Responsive Integrated Services; Teams which Deliver; Improving Quality; and Making it Happen. Do you agree that it is appropriate to focus on these themes and are there any others that should be addressed by the regional strategy?

The five major themes are laudable. However they merely state what the required result is to be and not how it is to be achieved. The themes draw upon previous consultations and their recommendations as well as published documents such as the Priorities and Budget 2005-2008.

There is also no financial costing of the implementation of the themes, i.e. How much it would cost to implement and how much it would save, in monetary and health terms.

While the 'Making it Happen' section of the consultation does make reference to a review every five years and it mentions implementation plans for medium term objectives this consultation document will only be of use if implementation plans are brought forward very quickly and include input from medical profession.

Much of the document is too 'flexible' to be of use at the moment as previous documents and reviews have already covered this ground. If this was the first step towards planning health services it would have merit, but at this stage the Department should have a better idea of where the health service is going and where it will be in 5, 10, 15 years time.

3. A Healthier Future identifies 16 future policy directions. Do you believe these are the right Policy Directions to achieve the vision set out in the document?

The strategic directions are laudable but there is no projected budget for the policy directions. The policy directions will be unattainable if the budgeting constraints are ignored, which seems to be the case with this vision document.

4. A Healthier Future identifies a number of key actions and outcomes. Do you believe that these are the right actions and outcomes to achieve the vision set out in the document?

BMA (NI) is glad to see the Department moving towards the use of key actions and outcomes. The whole emphasis of the health service should be towards the appropriate health outcome for the patient instead of achieving abstract management driven targets that result in accurate but useless information.

However, BMA (NI) notes that though the emphasis is beginning to change there are still too many targets included in this document.

An important Key Action to increase health outcomes and reduce cost to the health service would be to introduce legislation to reduce the maximum drink driving limit from 80 mg% to 50 mg%, as is the limit in Scandinavian countries. This will increase public awareness that drink driving is inherently dangerous to both the driver and the general public.

In the document the issue of Sexual Health is mentioned a number of times, yet there are no actionable objectives to achieve the document's vision. Sexually Transmitted Infections are continuing to rise and BMA (NI) is concerned that young people are engaging in unhealthy sexual practices that can lead to infertility, mental health problems or death.

The issues of obesity, nutrition and exercise in school environments are not given the detail they deserve. The issue is a serious one with consequences that are well documented in this consultation, yet no action plan is detailed.

The Key Population Health Outcomes set out at on page 13 of the document in particular encapsulates many of concerns the BMA (NI) have regarding public health. However, the envisioned outcomes are not tied directly into Chapter 8 'Making it Happen' and like many of the other Key Population Health Outcomes will not be achieved because of a lack of detailed action plan.

The BMA (NI) is deeply concerned by paragraph 6.17. While BMA (NI) believes an ethnically diverse workforce is to be welcomed, HPSS reliance on doctors and nurses from less developed countries to bolster the present workforce is immoral and ethically unsound as many of the less developed countries are in greater need of these doctors and nurses. The BMA (NI) responded to the same paragraph in the pre-consultation in May 2004 in the same manner, yet nothing was changed.

5. A healthier future identifies the need to reduce smoking as a key element in improving the health of people in Northern Ireland and sets out three main options.
- Should restrictions on smoking in public places and in workplaces be a matter for self regulation and should Government simply act to encourage and support smoking cessation? or
 - Should smoking generally be prohibited in most enclosed public places and workplaces, but allowed in certain settings such as pubs that do not prepare and serve food and in private clubs where the members decide to permit smoking? or
 - Should legislation be introduced to ban smoking in all enclosed public places and workplaces?

Due to overwhelming medical research, which includes the Scientific Committee on Tobacco and Health (SCOTH) report 'Secondhand Smoke: Review of Evidence since 1998', BMA(NI) recommends OPTION C.

In Northern Ireland one person dies every week from passive smoking.

Legislation banning smoking in enclosed public places and workplaces will be a key element in improving the health of the people of Northern Ireland. Every day, doctors and nurses see the deadly results of heart disease, cancer and respiratory problems in patients who are subjected to second-hand tobacco smoke. Passive smoking increases the risk of heart disease by 25-35% and lung cancer by 20-30%. It almost doubles the risk of stroke and 8 out of 10 asthmatics say second-hand smoke can trigger an attack. The SCOTH report agrees with these figures.

35,000 votes in favour of a ban on smoking in enclosed public places and workplaces in Northern Ireland were delivered to the NI Health Minister on 24 March 2005. This massive response, in favour of Option 5.c, was generated in just six weeks by doctors, nurses, healthcare professionals, the voluntary sector, charities and statutory organisations. It follows 500 letters from doctors here, in favour of such a ban, which were delivered, by the BMA, to the Secretary of State for Northern Ireland in the latter part of 2004. This is a very strong reflection of public opinion.

A BMA(NI) briefing note entitled 'Passive Smoking Kills' and BMA publication "Towards Smokefree Public Places are enclosed, for further information.

6. Are the proposals for taking the strategy forward adequate?
- While many of the proposals are laudable, they are not sufficient for taking the strategy forward. In particular the 'Making it Happen' section of the consultation document should be the one section which would give the proposals a solid basis for taking the strategy forward. Instead it is as broad and as non-descript as the rest of the document. Many of the objectives set out in this section are already part of other published documents such as Budget and Priorities 2005-2008, 'Investing in Health' and 'Developing Better Services'.**

BMA (NI) believes that the core element to any health strategy being taken forward is that the health service becomes more profession led.

There are a number of reviews ongoing which will have a major impact on health service delivery such as 'Review of Public Administration' and the Appleby Review. Therefore, much of this consultation is already being looked at by others.

This document merely states that the Department plans to implement recommendations from previous consultation exercises.

7. Are the equality issues adequately addressed?
- BMA recognises that an equality screening exercise has been undertaken in relation to the strategy and that no adverse impacts were identified on any of the nine**

section 75 categories. As the strategy is a major over-arching policy that will have impact on all of the people in Northern Ireland it is surprising that the policy has been 'screened out' in terms of equality impact.

We note that the screening exercise is only an internal mechanism used by the Department and that this does not involve any input from representatives of those who will be impacted upon by the policy. Bearing in mind the importance of the policy and extent of its impact it is the BMA view that the proposed policy should have been subject to a full equality impact assessment. Undertaking a full equality impact assessment would have ensured that equality implications could have been identified at the developmental stage of the policy and addressed in finalising it. It would also have been particularly useful if the strategy document had included some form of structured questionnaire for consultees to complete with regard to perceived adverse equality impacts, or indeed any other type of adverse impacts.

We assume that the responses to the consultation exercise will identify a range of impacts on people – including equality impacts – and that these will be addressed in finalising the policy.

BMA recognises that policies resulting from the strategy will be subject to screening and equality impact assessment where required, in accordance with statutory requirements under section 75. We welcome the stated commitment to this.

In conclusion, this consultation document adds to the number of consultations already carried out and those that are still ongoing without adding significantly to the debate. This strategy document does not focus on new action plans but merely reiterates throughout that the Department will implement recommendations from previous consultation exercises. The BMA (NI) is disappointed the Department has taken this route and calls for the implementation of plans such as 'Investing for Health' without further delay.

However, it has provided another avenue to inform the Department of ways to improve health and the BMA (NI) hopes the Department seriously considers the suggestions made, such as

- Moving to a professionally led service;
- The need to reduce maximum drink-drive alcohol levels from 80 mg% to 50 mg%
- The need to provide legislation to ban smoking in enclosed public places and workplaces.
- Produce an action plan that focuses on detailed actionable objectives that will have health benefit outcomes.
- Implement previous health related consultations without delay

I look forward to your response to these comments and how they were taken into account when compiling the final document.

Yours sincerely,



Dr Brian Patterson
Chairman, Northern Ireland Council

PASSIVE SMOKING KILLS**SUMMARY**

1. Research evidence concludes exposure to second hand smoke increases the risk of Lung Cancer, Ischaemic Heart Disease and adverse health effects in Children.
2. At least 1 person dies every week in Northern Ireland due to inhaling other people's tobacco smoke.
3. Passive Smoking Kills and BMA (NI) is calling for an immediate ban on smoking in ALL enclosed public places alongside the implementation of effective Smoking Cessation Programmes.

PASSIVE SMOKING

Second-hand tobacco smoke is called Environmental Tobacco Smoke (ETS) and consists of a gas phase and a particulate phase. Breathing in second-hand smoke is also called second-hand smoking, involuntary smoking or passive smoking.

The non-smoker breathes "sidestream" smoke from the burning end of the cigarette, pipe, or cigar and "mainstream" smoke that has been inhaled and then exhaled by the smoker.

Almost 85% of second-hand tobacco smoke is in the form of invisible, odourless gases. One of these invisible, odourless gases is a compound known as benzo[a]pyrene, which is a carcinogenic compound not removed from the atmosphere by air filtration or ventilation

Second-hand tobacco smoke contains more than 4,000 toxins, more than 40 of which are known to cause cancer in humans or animals and many of which are strong irritants.

WHAT TOXINS?

Apart from Nicotine, Tar and Carbon Monoxide, tobacco also contains:

Acetone	used in paint stripper
Ammonia	used in cleaning agents
Arsenic	a poison
Butane	lighter fuel
DDT	insecticide
Hydrogen cyanide	used as a method of execution in the USA
Methanol	rocket fuel
Polonium - 210	radioactive fallout
Radon	radioactive gas
Sulphuric Acid	Used to manufacture nitroglycerine explosive

EFFECTS ON THE PASSIVE SMOKER

Adults with asthma can experience a significant decline in lung function when exposed, while new cases of asthma may be induced in children whose parents smoke. Asthma sufferers exposed to second-hand smoke also have a lower quality of life, increased dependence on health services and is cited by up to 80% of asthmatics as a trigger for further attacks.

Short term exposure to tobacco smoke also has a measurable effect on the heart in non-smokers. Just 30 minutes exposure is enough to reduce coronary blood flow. Even a Government document published by the Scientific Committee on Tobacco and Health (SCOTH) concluded, '*The causal effect of exposure to SHS (second-hand smoke) on risk of lung cancer has been confirmed....the pooled increased relative risk remains in good agreement with that estimated by Hackshaw, Law and Wald at 24%*'. It also concludes, '*The causal effect of exposure to SHS on risk of ischaemic heart disease has been confirmed..... The increased risk associated with exposure to SHS is in the order of 25%*'

Pregnant women, babies and young children are particularly at risk of harm. Passive smoking can by pregnant women contributes to slower foetal growth, lower birth weight and premature birth.

SMOKING IN PUBLIC PLACES

The scientific and medical consensus is clear and incontrovertible. The evidence demonstrates that exposure to second-hand cigarette smoke both causes illnesses - including fatal illnesses - and worsens existing health problems. In 2002 Environmental Tobacco Smoke was classed as a group 1 carcinogen (Cancer Causing Compound) by the World Health Organisation.

There are no known safe levels of exposure.

Tobacco smoke drifts into no-smoking areas - unless they are physically separate rooms, no-smoking areas don't provide protection. Even brief exposures can be harmful.

Many of the toxins in tobacco smoke are present as gases and vapours - so they cannot be removed by conventional ventilation or air-filtration systems and are simply spread around. Studies have shown that filtered tobacco smoke has the same potential to cause cancer as non-filtered.

Experience shows that voluntary measures simply do not work. More and more countries are now acting on the evidence and responding to the very real health risks of tobacco smoke by making public places smoke-free by law. Workers require legal protection - and tobacco smoke is the only substance known to cause cancer that is not regulated in the workplace.

NEXT STEP

Northern Ireland has one of the highest rates of cardiovascular and respiratory disease in the EU. Much of this can be attributed to high rates of tobacco consumption.

If the Government and the devolved administrations are serious about reducing smoking related illnesses then they must tackle smoking in public enclosed places in a consistent manner.

Legislation must be introduced to ban smoking in public places.

Legislation for smoke-free areas is much more effective in protecting health than voluntary measures. Legislation should be clear and unambiguous making a clear commitment to smoke-free public places by a named date. Restrictions should be clearly indicated, and adequately monitored and enforced. The legislative model in the Republic of Ireland works effectively and equivalent legislation could be introduced with ease.

Successful policies for smoke-free public places rely on an awareness of the health consequences of exposure to environmental tobacco smoke and a level of social support. Legislation is most effective when supported by public information campaigns alongside effective Smoking Cessation Programmes.

MAKING LEGISLATION

A ban on smoking in all enclosed public places could be introduced now through an Order in Council by a Direct Rule Minister. Orders in Council are United Kingdom Statutory Instruments made by Her Majesty, by and with the advice of Her Privy Council and with the endorsement of the UK Parliament, in exercise of powers conferred by Schedule 1 of the Northern Ireland Act 1974 and s.85 of the Northern Ireland Act 1998.

BMA (NI) continues to call upon the Secretary of State for Northern Ireland to introduce an Order in Council to ban smoking in enclosed public places.

In December 2004, the Department of Health Social Services and Public Safety published a consultation document in called '*A Healthier Future – A Twenty Year Vision for Health and Wellbeing in Northern Ireland*'. It asks for views on three options regarding smoking in public places, two of which the BMA (NI) do not believe provide proper protection from second-hand smoke.

The third option is to protect ALL workers by introducing legislation to stop people smoking in enclosed public places. This would cut the risk of contracting lung cancer, heart disease and asthma.

The consultation can be found at <http://www.dhsspsni.gov.uk/publications/2004/healthyfuture.asp>

FACTS

- 71% of NI population do not smoke.
- 73% of NI population are bothered about smoking in public places
- 61% of NI population fully support legislation with a further 20% with no strong views.
- A BBC survey of more than 9,000 people found that 73% wanted a ban on smoking in public places as a way to cut tobacco-related illness.
- Legislation for smoke-free public places has been successfully introduced in a number of countries, including the USA, Canada, and Australia (at both national and local levels). National legislation has been introduced in Finland, Ireland, Brazil, New Zealand, Norway, South Africa and Thailand.
- UK is the only EU country relying on Voluntary measures to ban smoking in public places.

SOURCES

Every cigarette is doing you damage, Health Promotion Agency, 2003
Smoking in Public Places: What the Public Think, Health Promotion Agency, 2004
Smoking & Your Health, www.quitandwin.net
Investing for Health – A Five Year Tobacco Action Plan: Consultation Document, DHSSPS, 2002
Majority back public smoking ban, www.news.bbc.co.uk, 24/03/2004
Policy Paper on Smoking in Public Places, ASH Scotland, 2003
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Smoking and Reproductive Life, BMA, 2004
Second hand Smoke: Review of evidence since 1998, Scientific Committee on Tobacco and Health (SCOTH), 2004

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GO TO:
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