The British Medical Association (BMA) is an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 154,000, which continues to grow each year.

Key points

- The BMA supports the Smoke-free (Private Vehicles) Regulations 2015 and is pleased that the government have brought forward legislation to ban smoking in cars carrying children.
- We believe that these regulations are an important step towards further protection for children and young people from tobacco harm.
- Ultimately the BMA would like to see an outright ban on smoking in private vehicles.

Background

Smoking remains the leading cause of preventable morbidity and mortality in the United Kingdom (UK). One in five adults still smoke and many others continue to take up the habit. Doctors see first-hand the devastating effects of smoking related harms on patients.

Some facts on smoking and health:

- Smoking causes a wide range of ill-health and fatal illnesses including cancers, cardiovascular disease and respiratory diseases.
- Exposure to second hand smoke (SHS) can cause premature death and disease in children and adults who do not smoke.
- Smoking disproportionately affects those already disadvantaged by poverty and is the leading cause of preventable illness and premature death in the UK.
- The direct cost to the NHS of treating smoking related diseases is approximately £2.7bn annually, while the cost to individuals, families and employers is substantially more.
- While tobacco control policies in the UK are among the most comprehensive in Europe, one in five still smoke and children are continuing to take up the habit. Cancer Research UK estimates that more than 200,000 children aged 11-15 start smoking each year – 573 children per day.
- Experiences in other countries suggest that if we do not sustain and strengthen current tobacco control policies, smoking prevalence will not only stop declining but could even start increasing again.

Recent years have seen a number of encouraging developments including the introduction of smoke free legislation throughout the UK, an increase in the minimum age of sale of tobacco and bans on the sale of tobacco from vending machines and point of sale displays. The BMA is also pleased that the Government have announced that it will put regulations on the standardised...
Packaging of tobacco to a vote in Parliament before the general election. It is essential that in building on these successes, further action is taken to promote a tobacco-free lifestyle that both de-glamourise and ‘de-normalise’ its use.

Reducing the prevalence of tobacco use is a key public health priority. As the leading professional organisation representing doctors in the UK, the BMA aims to promote the development and implementation of comprehensive tobacco control policies. The BMA is also a member of the Smoke Free Action Coalition, a group of organisations committed to improving public health and reducing harm caused by tobacco.13

**Smoking in private vehicles**

Although the BMA believes that there should be an outright ban on all smoking in vehicles, regardless of the age of passengers, we welcome these regulations to prevent smoking in private vehicles when children are present. This is an important first step in reducing tobacco harm through restricting the prevalence of SHS in private vehicles.

Children are still developing physically and biologically and compared to adults, children:

- breathe 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 than adults.14 Children are also less likely to be able to choose to move away from the SHS. The government has a duty to protect vulnerable people including children. Adults who smoke in the presence of children are not acting in the children’s best interests.

**Risks associated with smoking in vehicles**

Smoking in vehicles can place passengers at a greater risk of SHS exposure due to their restrictive internal environment. More than half of all journeys made by children aged 16 and under are by private vehicle,15 and the majority of parent smokers do not have a strictly enforced smoke free policy in their cars.16 Smoking in private vehicles represents a significant source of SHS exposure in children whose parents or guardians smoke. Various studies have found that smoking in vehicles is commonplace, including when children are present.16,17,18,19,20,21 Children exposed to SHS in vehicles are at greater risk of asthma and wheeze,17 and of initiating smoking in adolescence.22

There is increasing evidence that the levels of SHS present in vehicles can contribute to a serious health hazard for adults and children, even under ventilated conditions.23,24,25,26,27,28,29,30 One study demonstrated that the concentration of toxins in a smoke-filled vehicle could be up to 11 times greater than that of a smoky bar.31,32 It is worth noting that these reported levels exceed US EPA (Environmental Protection Agency) air quality index daily limits (35 µg/m³), and WHO (World Health Organization) guidelines (25 µg/m³) for daily exposure to particulate matter air pollution. While the EPA and WHO air quality guidelines were developed for exposure to environmental air pollution, SHS represents a greater harm to health because it contains a number of carcinogenic compounds.
Smoke toxins can remain in vehicles long after a cigarette has been smoked – known as third hand smoke. 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. These regulations are a vital first step in tackling the harm caused by SHS in private vehicles. Ultimately, the BMA would like to see an outright ban on smoking in private vehicles.

**Compliance and enforcing driving behaviour**

Precedents have been set for the introduction and enforcement of legislation regarding the behaviour of drivers and passengers in motor vehicles, including the implementation of legislation in relation to seat belt and mobile phone use. The varying experiences of implementing these legislative changes show that public awareness of the offence and the health issues of SHS in vehicles will be crucial to enforce the proposed measure. In order for these regulations to be effective, robust enforcement would be necessary.

**International precedence**

A number of international regions have, in recent years, adopted legislation prohibiting the act of smoking in private vehicles. These include a number of state or provincial jurisdictions in the US (California, Arkansas, Maine and Louisiana) and Canada (British Colombia, Saskatchewan, Manitoba, Ontario, New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland and Labrador, and Yukon Territory), the majority of the states in Australia (New South Wales, South Australia, Queensland, Western Australia and Victoria), South Africa, Cyprus, Bahrain, United Arab Emirates, Mauritius and Puerto Rico. These restrictions 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 child ages (from under-6 to under-18) are accompanied with varying degrees of penalties.

**Activity in Wales**

In Wales, the Welsh Government has already taken important steps to reduce the harms caused by exposure to SHS in private vehicles. A report published in October 2010 by the Welsh Chief Medical Officer called for legal restrictions on smoking in vehicles carrying children. Following this in February 2011, the Welsh Government launched a consultation on plans to create a ‘Smokefree Society’, resulting in a report asking 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, and the First Minister has said that the Welsh Government will consider a ban on smoking in private vehicles when children are present if the campaign is not a success. The commitment was reiterated in its 2012 tobacco control action plan. 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 suggests 83 per cent of Welsh adults were in favour of laws being introduced now and not in three year’s time as had been suggested by the Welsh Government. The BMA is continuing to monitor the impact the measures taken in Wales will have.

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References


13 http://www.smokefreeaction.org.uk/


18 Fong GT, Hyland A, Borland R, et al. (2006) Reductions in tobacco smoke pollution and increases in support for smoke-free public places following the implementation of comprehensive smoke-free workplace legislation in the Republic of Ireland: findings from the ITC Ireland/UK Survey. Tob Control 15 Suppl 3(iii51-8


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

32 BBC News Wales (13.7.2011) Wales car smoke child protection considered
34 ASH Wales press release (13.07.2011) Welsh Government need to be bold to protect public health