

The Prohibition of Smoking Outside Hospital Buildings (Scotland) Regulations 2022

Child Rights and Wellbeing Screening Sheet

March 2022



Scottish Government
Riaghaltas na h-Alba
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1. Brief Summary

The Prohibition of Smoking Outside Hospital Buildings.

This contributes to the National Outcome that people:

- are healthy and active

Scotland has set an ambitious target to create a tobacco-free generation by 2034. Our policies have a particular emphasis on ensuring that children have the best start in life and are protected from harm as they grow up. The Scottish Government's Tobacco-Control Action Plan¹ aims to reduce smoking rates to 5% or less by 2034.

In April 2015, all NHS Health Boards in Scotland implemented smoke free policies across their grounds. This built on existing Scottish Government guidance to Health Boards on the development and implementation of smoke-free policies and the creation of health-promoting hospitals^{2 3}. To support Health Boards to take a consistent approach across Scotland and to raise public awareness, NHS Health Scotland developed implementation guidance for Health Boards and launched a national information campaign in March 2015⁴.

There have been significant issues around compliance. Health Boards reported difficulties in enforcing the ban as there is no sanction that can be applied if someone refuses to comply with the policy, other than asking the person to leave the grounds. However, this may not be desirable should a person be a patient. It is also difficult to enforce on large hospital grounds where a person could easily re-enter undetected.

This approach will effectively extend the indoor smoking ban under the 2005 Act to include an outside area. This is important given the size of some grounds. Setting a perimeter around buildings focusses on the areas where there is the highest level of traffic of people on foot leaving and entering the hospital and where there is a risk of smoke entering hospital buildings as a result of people smoking close to the building, in particular at entrances. It is also easier to enforce a prohibition backed by the criminal law near buildings given that some hospital grounds are vast in size.

This policy will create a mandatory smoke-free perimeter of 15 metres from hospital buildings within which people can be penalised for smoking or permitting others to smoke.

The main aims of introducing a formalised no-smoking area around hospital buildings are to:

- support the de-normalisation of smoking;

¹ [Raising Scotland's tobacco-free generation: our tobacco control action plan 2018 - gov.scot \(www.gov.scot\)](http://www.gov.scot)

² [Health promoting Health Service: Action in Hospital Settings](#)

³ [Smoke Free Scotland Guidance](#)

⁴ <http://www.smokefreegrounds.org/>

- help reduce the use of tobacco across the population;
- prevent or reduce exposure to second-hand smoke; and
- to ensure the NHS in Scotland is exemplar in the promotion of good public health.

While the enclosed public spaces smoking-ban in the 2005 Act was motivated by the desire to cut exposure to second-hand smoke, it may also have played an important part in de-normalising smoking. Support for the indoor smoking ban increased significantly between 2006 and 2007 amongst smokers and non-smokers; and there has been a high level of compliance⁵. The ban on smoking within a 15 metre perimeter is an important contribution to the progressive de-normalisation of smoking. In particular relevance to children and young people, this policy will help to de-normalise smoking in public spaces that children must use, such as hospitals. This puts smoking out of sight and out of mind, as is direct aim of the Tobacco Control Action Plan.

Another aim of the Regulations is to prevent or reduce the public, patients and staff from being exposed to second-hand smoke around entrances and near windows and vents through which smoke could drift into hospital buildings. The health harms from second-hand smoke are well understood and the World Health Organisation advises that there is no safe level of exposure to the small particles in cigarette smoke. In particular relevance to children, this will prevent children using hospital buildings from being exposed to second-hand-smoke when entering and leaving them as the majority of the problem has been focussed at doorways where people congregate to smoke. It will also reduce exposure to second-hand-smoke in the building as the policy will prevent smoke drifting in doors.

2. What aspects of the policy/measure will affect children and young people up to the age of 18?

The introduction of a mandatory smoke-free perimeter around hospitals will reduce the visibility of smoking, help to de-normalise the act of smoking and position the NHS as exemplars of healthy lifestyle choices. A secondary effect will be to reduce exposure to second-hand-smoke for children and young people using hospital buildings whether as a patient or visitor.

This policy will have an overall positive impact on children by reducing the visibility of smoking, de-normalising the act of smoking tobacco products and reducing exposure to second-hand smoke. Children and young people attending hospital due to health conditions; and in particular those experiencing breathing problems; will not have their health further compromised through exposure to second-hand-smoke.

3. What likely impact – direct or indirect – will the policy/measure have on children and young people?

⁽⁵⁾ Hyland, A, et al (2009) 'The impact of smoke-free legislation in Scotland: results from the Scottish ITC Scotland/UK longitudinal surveys', *European Journal of Public Health*, 19(2) pp. 198–205.

The direct impact children and young people will experience through the implementation of this policy is to reduce the visibility of smoking tobacco products in this healthcare setting and reduce exposure to second-hand-smoke. Indirectly, the policy will help position NHS Hospitals as exemplars of good life choices.

4. Which groups of children and young people will be affected?

This will have a universally positive effect on all children. Young patients, particularly those with conditions that may compromise their ability to breathe, will benefit from not having to traverse second-hand smoke.

5. Is a Children's Rights and Wellbeing Impact Assessment required?

Due to the positive affect this policy will have on all children and young people using hospital buildings we do not consider it necessary to conduct an impact assessment.



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