

## **Equality Impact Needs Assessment Smoking at work policy**

### **1. Background**

1.1 DCC's existing policy on smoking in the workplace sets out the authority's position, which is to prohibit smoking in its buildings and vehicles. It seeks to minimise the potential health hazards to non smokers and create a healthy environment for employees and service users. A revision of the existing policy is required to comply with the forthcoming change in legislation w.e.f. 1 July 2007.

1.2 The revised policy also provides guidance for staff and managers on implementing the policy and fulfilling the legal obligations required by the change in legislation.

1.3 The new smokefree law is being introduced to protect employees and the public from the harmful effects of secondhand smoke.

1.4 Secondhand smoke is a serious health hazard, and there is no safe level of exposure. Every time someone breathes in secondhand smoke, they breathe in over 4,000 chemicals. Many are highly toxic. More than 50 are known to cause cancer.

1.5 Medical and scientific evidence shows that exposure to secondhand smoke increases the risk of serious medical conditions such as lung cancer, heart disease, asthma attacks, childhood respiratory disease, sudden infant death syndrome (SIDS) and reduced lung function.

1.6 Scientific evidence also shows that ventilation does not eliminate the risks to health of secondhand smoke in enclosed places. The only way to provide effective protection is to prevent people breathing in secondhand smoke in the first place. This is why the Government is introducing the new smokefree law.

1.7 It is estimated that the new law will save thousands of lives over the next decade, prevent serious diseases and help create cleaner and healthier enclosed environments for everyone to work in or visit.

### **2. Impact**

2.1 The policy will apply equally to all employees, clients and visitors in DCC buildings and vehicles. The benefits of a smokefree environment will be enjoyed by all. Although smokers will see negative impacts such as having to leave the workplace site to smoke and therefore be isolated from colleagues, there will also be benefits to them in the form of a smokefree working environment. Support is also available from Wellbeing @ Work and the NHS on smoking cessation.

2.2 The negative impact on smokers could be lessened by providing onsite shelters however this cuts across the authority's policy to encourage smokers to quit and to provide a completely smokefree environment on its sites. This option is therefore not considered appropriate.

2.3 Smoking outside of DCC's sites will have a negative impact on the wider community. This may affect the public perception of the Council and its reputation where individuals or groups are seen clustering outside buildings to smoke. Staff will be reminded within guidance that littering by cigarette stub is an offence and liable to a fine, for which DCC will not be responsible.

2.4 Although it is not possible to minimise the effect of this policy on smokers additional guidance will be made available to managers on its implementation. It should be noted that the 20 to 24 age group showed the highest percentage of smokers in 2004 whilst two fifths of adult smokers reported that they started smoking before the age of 16. These statistics indicate that the policy is likely to affect more people in the younger age group because a higher percentage will be smokers. It also indicates that older smokers will have formed the habit over a longer period and may find it significantly harder to quit smoking.

2.5 In general a slightly higher proportion of men (24%) than women (23%) are smokers although this varies significantly with ethnicity. In 2004, the highest percentage of men who smoked were Bangladeshi men at 40%, (lowest, Indian men 20%) whilst the lowest percentage of women smokers were Bangladeshi women 2% of whom smoked (highest, Irish women 26%). This gives an indication that the impact differs across various groups and should therefore be taken into account during the communication process.

### **3. Considerations**

3.1 In addition to gender and ethnicity, disability and language differences should also be given due consideration with communication, particularly ensuring that the policy is communicated appropriately to those who have difficulty reading or understanding the printed policy. The policy can be made available in large print, Braille or in other languages if requested.

3.2 Managers will need to ensure that they communicate and implement the policy sensitively for the needs of their individual staff, and in particular to those who are smokers. Policy guidance will highlight the relevant points for managers.

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