Smoking ban cuts child hospital intake for respiratory infections

Banning smoking in public places has cut hospital admissions for childhood respiratory infections in England by almost four per cent, new research estimates.

Researchers say the findings confirm that anti-smoking legislation is making a significant impact on child health and should be implemented worldwide.

The team looked at the number of children under 15 who were admitted to hospital in England between 2001 and 2012 with respiratory infections – which include chest, nose, throat and sinus infections. More than 1.6 million cases were analysed.

Following the introduction of the smoking ban in 2007, the total number of children requiring hospital attention for respiratory infections dropped immediately by 3.5 per cent, the study found.

The biggest effect was seen in the number of those suffering chest infections, which fell by almost 14 per cent.

The number of admissions attributable to nose, throat and sinus infections also dropped, but the effects were more gradual, the findings reveal.

Researchers compared the figures to mathematical predictions of the number of admissions that would have occurred without the ban. They estimate that almost 55,000 cases were averted – around 11,000 per year.

Less than one sixth of the world’s population is currently protected by robust anti-smoking laws. Around 40 per cent of children around the world are regularly exposed to second hand smoke.

Dr Jasper Been, of the University of Edinburgh and Maastricht University, said: “This study is further demonstration of the considerable potential of anti-smoking laws to improve child health.”

Professor Aziz Sheikh, Co-Director of the University of Edinburgh’s Centre for Population Health Sciences, said: “The many countries that are yet to enforce smoke-free legislation
should consider the substantial number of hospital admissions from respiratory infections that occur each year that they delay."

The study is published in the *European Respiratory Journal*. It was funded by the Thrasher Research Fund, the Netherlands Lung Foundation, the International Pediatric Research Foundation and The Commonwealth Fund.

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