

# The ethics of smokefree outdoor policies



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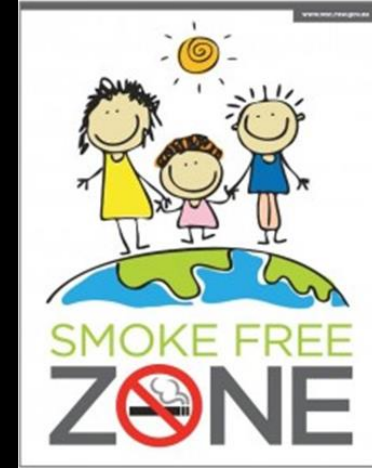
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# Aims

To examine the:

- Ethical issues  
and
- Benefits of smokefree policies in *outdoor* public places (eg, parks, schoolgrounds, cafes, streets)



# Presentation structure

- Background on smokefree outdoor policies
- Potential ethical issues
  1. Stigma and discrimination?
  2. Unintended consequences
  3. Inequity in coverage of smokefree outdoor policies
  4. Reduced smokers' choice and freedom?
- Benefits of smokefree areas



# Background



Besides direct harm to the smoker, smoking *outdoors* has harms including:

- **Cues** to smoke for those trying to quit or stay quit
- The **normalisation** of smoking
  - Reinforces the place of smoking in a culture
  - Increases risk of smoking for youth
- **Secondhand smoke risks in some environments:**
  - Over 10m from smokers
  - Drift inside from smoking at entrances and windows

Hwang et al. *Nicotine Tob Res* 2014;16:478-84

Van der Deen et al. *N Z Med J* 2014;127:43-52

# Background: Outdoor smoking harms: Public health, civic and government responses

- Increasing introduction of smokefree policies in outdoor areas in many jurisdictions
- Responses coherent with traditional public health ethical viewpoints, especially utilitarianism and beneficence
- Responses ‘proportionate’ to the scale of tobacco harm (6% of lost DALYs worldwide)?



# Potential ethical issues of outdoor policies

## 1. Possible harms to smokers:

- Smoking self-stigma?
- Felt stigma related to social isolation?
- Smoking-related discrimination?



## 2. Unintended consequences:

- Increased smoking in indoor private places?
- Effects of large urban smokefree areas?

## 3. Equity concerns

## 4. Reduced autonomy & choice

# Potential issues (1) Stigmatisation of smokers?

- Stigmatisation involves marking a personal *characteristic* as undesirable (not an activity)
  - ‘negative labels, pejorative assessments, social distancing and discrimination’ *Stuber Soc Sci Med* 2008;67 :420–430
- Smokefree policies may be perceived by smokers as:
  - Signalling that *smokers* are undesirable
  - Or
  - Signalling that *smoking* is undesirable
- ‘Dual stigmatisation’ by smoking and poverty <sup>7</sup>

uncool

# Evidence of *general* smoking stigma

- Academic discourse since 1990s (eg, Poland 1998)
- In a Californian sample of psychiatric patients:
  - **self-stigma** greatest among those intending to quit
  - **felt stigma** was highest among those experiencing stigma in other domains (ethnicity, illness-based)
  - smoking-related **discrimination** was highest among women, Caucasians, and those with more education
- Majority of French non-smokers would not date a smoker, nor hire one to take care of their children

Brown-Johnson et al. *The American Journal on Addictions*, 2015;24: 410–418



# Stigma from outdoor policies?



- ‘*ethical and practical questions about the value of [smokefree] denormalisation strategies ... such strategies may serve to entrench smoking by creating a sense of powerlessness in people’s ability to quit*’

Kirsten Bell et al. *Soc Health Ill* 2010;32 (6)914–929



- ‘*Strategies of denormalization raise both pragmatic and ethical concerns*’

James Colgrove et al. *NEJM* 2011;364;25



- ‘*The sanitized term denormalization thus masks the harsher implications of tobacco control policies, which may include stigma, humiliation, and discrimination directed against smokers*’

Ronald Bayer et al. *Health Affairs* 2013; 32(7 ):1291-1298

# Stigma from outdoor policies? Some responses

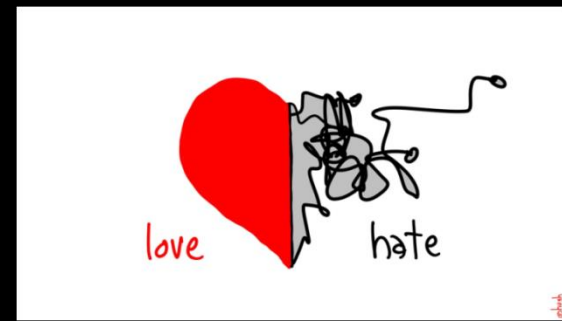
There are questions about the degree to which these analyses sufficiently recognised:

- the ambivalence about smoking by many smokers

Wilson et al. *Addict Behav.* 2013;38(2):1541-9

Menniga et al *Br J Health Psychol.* 2011;16(3):580-91

- the wish of most smokers to quit, and to have environmental constraints such as smokefree policies to help them quit



# Disapproval of visible outdoor public smoking: Arguments for denormalisation

- Possible social isolation for smokers may be relatively temporary
- As soon as smokers cease smoking, smokefree area policies do not restrict them, or mark them (except possibly by self-stigmatisation)
- *‘Denormalization is not by definition a strategy of victim blaming’*
- Public good – net benefit

Ronald Bayer. *Soc Sci Med* 2010;70; 800–801



# Potential issues (2) Unintended consequences from smokefree policies

Any increased private indoor smoking?

- **NO:** Evidence from China, Wales, Spain, USA & 15 low/middle income countries indicates that *indoor or car* smokefree laws *do not* increase smoking in homes  
Ye et al. *BMC Public Health*. 2015;29;15:982;  
Moore et al. *BMJ Open*. 2015;30;5(1):e006914;  
Sureda et al *PLoS One*. 2014;27;9(2):e89430.  
Nazar et al. *Prev Med*. 2014;59:47-53.  
Cheng et al. *Tob Control*. 2015;24(2):168-74.
- No studies found of the effects of *outdoor* policies

## Potential issues (3) Inequities from policies?

- Research evidence only from *indoor* policies. Equity impact more positive from national comprehensive smokefree policies, cf local

Brown. *Drug Alcohol Depend.* 2014;1;138:7-16efs

- Issues when the responsibility focus is only on the smoker, rather than venue managers



# Potential issues (3) Inequities from policies?

- Issues with larger urban smokefree areas (streets, malls, parks, beaches):
  - For less mobile smokers less able to get outside of smokefree areas (especially apartment dwellers)
  - If smokefree policies are used as means to move homeless or unwanted groups away



## Potential issues (3) Inequities: Unequal coverage of smokefree outdoor policies

- Such policies are rare outside richer countries
- In the USA, local coverage by smokefree school ground and playground policies differs by wealth and ethnicity



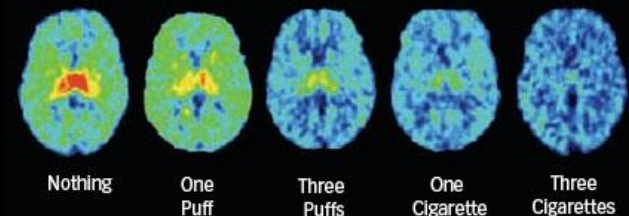
# Potential issues (4)

## Harm to smokers from smokefree policies?

Reduction in:

- Autonomy – reduced independence?
- Freedom of choice and activity?
- Ability to satisfy addiction?

Context: To what extent does *nicotine addiction* reduce autonomy and choice?





# Potential issues (4) Harms: Balance of harms to smokers and to others

How does the wish to smoke outside balance with the potential harms to others?

- Decreased ability of others to quit and remain quit
- Increased risk of youth/young adults starting smoking
- In some cases, effects of secondhand smoke



# Benefits of smokefree outdoor areas

## Evidence for a smokers' right to quit

### Smokers regretting smoking:

- 87-90%+ of smokers in USA, UK, Canada, Australia, Thailand & South Korea
- 74-77% of smokers in Malaysia & China

Fong et al. *Nicotine Tob Res.* 2004;6 Suppl 3:S341-51

Sansone et al. *Nicotine Tob Res.* 2013;15(10):1663-72



# Smokers want to quit



- USA in 2010, 69% wanted to quit

*CDC. Morb Mortal Wkly Rep. 2011;11;60(44):1513-9.*

- Smokers in 9 former Soviet republics in 2010

- 67% wanted to quit

- 65% had tried to quit

*Footman et al. Nicotine Tob Res 2013;15(9):1628-1633*

- Turkish smokers aged 14-20: 80% wanted to quit

*Albayrak et al. J Addictions Nursing. 2015: 26 (1)41–46*

- Thai male smokers in 2009: over 60% intended to quit

*Benjakul et al. BMC Public Health 2013, 13:277*

# Smokefree policy benefits



## Changed social norms:

- Thai smokers, compared with Malaysian, ‘perceived more negative social norms toward smoking, were more likely to regret, and less likely to rationalize smoking’

Lee et al. *Health Psychol.* 2009;28(4):457-64

## Help to quit:

- ‘[indoor] Smokefree legislation forced [smokers] to confront their addiction ...experienced apprehension, frustration, and panic ....This motivated some to attempt to quit, whereas others felt punished by and angry at government intrusion’

Betzner et al. *Am J Prev Med* 2012;43(5S3):S163–S170

# Increased ability to quit smoking from *outdoor* smokefree policies

- Californian smokers in towns with smokefree park/patio laws are more likely to attempt quitting
- Ontario smokefree bar/restaurant outdoor areas help smokers quit and not relapse

*Zablocki et al. Prev Med 2014;59:73-8*

*Chaiton et al Tob Control 2016;25(1):83-8*



# *Smoker approval of some outdoor policies*

- **USA & Canada:** support for smokefree child-related areas **generally over 50%**

Thomson et al. *Tob Control* 2015 Sep 14

- **Italy:** support for smokefree school grounds **68%**, hospital grounds **55%**

Gallus et al. *Tob Control* 2012;21:59e62

- **France:** **75%** support for smokefree café outdoors

Kennedy et al. *Euro J Public Health* 2012; 22, S1, 29–34



# Summary: smokefree outdoor areas

- Can be ethically justified if they can help reduce smoking and consequent inequalities (often impact on low-income populations)
- The health sector needs to:
  - Remain aware of possible consequences such as stigmatisation
  - Implement and enforce policies in ways that minimise such risks
  - Widen the compliance responsibility from smokers to venue managers
  - Have comprehensive tobacco control programmes

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