



Public Health
Research Consortium

**Evaluation of Smokefree England:
a longitudinal, qualitative study**

Project Final Report
Revised May 2009

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The work was undertaken by the grantholders as part of the Public Health Research Consortium. The Public Health Research Consortium is funded by the Department of Health (DH) Policy Research Programme. The views expressed in the publication are those of the authors and not necessarily those of the DH. Information about the wider programme of the PHRC is available from www.york.ac.uk/phrc.

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Preface

This study, the largest of its kind to explore the impact of Smokefree legislation on behaviour and attitudes, confirms the powerful impact of legislation on behaviour, even in the face of resistance to change.

The study highlights the need to treat survey based tobacco consumption data with caution and suggests that, where self-report data are to be collected, more detailed and sensitive sets of questions are required.

The findings suggest that an individual's immediate social milieu – the family, ethnic group, friendship groups – may be significant communities of influence which reinforce smoking behaviour and may, therefore, be a productive focus for action (in addition to individual-level smoking cessation interventions).

There is a need to consider how the unintended consequences of public health policy might impact adversely on individuals' self esteem and well-being, reinforcing isolation among those who have more economically and socially disadvantaged lives

Executive summary

Background

Smokefree legislation was introduced in England on 1st July 2007. After this date, virtually all enclosed public places and workplaces were to be completely smokefree. The legislation was expected to produce significant reductions in environmental tobacco smoke (ETS) exposure, particularly in leisure facilities (e.g. bars) and workplaces not already subject to restrictions. While the legislation was explicitly intended to protect people from the effect of ETS, there were likely to be additional, important public health benefits by enhancing opportunities for smokers to quit, reducing smoking prevalence, changing cultural attitudes to smoking and, ultimately, reducing smoking-related morbidity and mortality.

Aim of the study

To examine the behavioural, social and cultural impact of smokefree legislation in contrasting communities

Research questions

The study aim was reformulated into a series of research questions (objectives) which addressed:

- The perceptions/understandings of smokers, non-smokers and key stakeholders of the likely impact of Smokefree on everyday life, working life and community life
- The extent and ways in which these groups sought to anticipate/accommodate to the impending legislation
- Changes over time in perceptions, attitudes and behaviours relating to smoking and to Smokefree legislation
- The extent to which there were differential effects linked to features of local communities (location, SES, smoking prevalence) and individual characteristics (gender, age, ethnicity)
- Whether the behavioural and attitudinal impacts of the legislation in England were comparable to those observed for Scotland.

Design and methods

The views, attitudes and experiences of individuals, families, key target groups and communities were explored using a longitudinal multi-level case study approach within six contrasting local areas in/around two major cities (one in the south and one in the north of England). Data were collected through a range of qualitative techniques, including:

- in-depth, repeat interviews, pre- and post-legislation, with a purposively recruited panel of adult informants reflecting diversity in relation to age, gender, ethnicity and socio-economic status
- group discussions with target populations of particular interest (all post-legislation)
- key informant interviews, pre- and post-legislation, with enforcement agents, both formal and informal, and others likely to be affected professionally by the legislation
- repeat observations, pre- and post-legislation, in a range of public places (e.g. bars, clubs, bingo halls, bookmakers and other community facilities).

Main Findings

The main findings of the study are summarised under the five research objectives.

The perceptions/understandings of smokers, non-smokers and key stakeholders of the likely impact of Smokefree on everyday life, working life and community life

- Awareness of the legislation was almost universal 2-3 months before 1st July 2007
- There was a perceived lack of clarity among some participants about the meaning of 'enclosed public space'
- Few patrons/customers of bars, clubs, pubs, cafes etc. were warned about Smokefree in advance of 1st July
- Most members of the public understood that there was a health rationale for Smokefree, but had less clear understanding of the meaning of 'passive exposure'
- It was generally believed that babies and young children are more vulnerable to tobacco smoke than adults, but this was coupled with a view among some participants that children cannot be protected from exposure as they become more mobile.

The extent and ways in which smokers, non-smokers and key stakeholders seek to anticipate/accommodate to the impending legislation

- There was a general sense of optimism about the impact of the legislation in advance, especially among younger and more affluent participants
- Older and less affluent participants were less inclined to believe the legislation would have an impact generally or on them
- Some smokers (generally the more affluent) anticipated Smokefree by cutting down or setting a quit date
- More of the affluent locations had no smoking areas or complete bans in public indoor spaces before implementation of the legislation
- There were only limited signs warning customers of the requirements of Smokefree
- Some concerns about the impending legislation were expressed:
 - it could be socially isolating for some sections of the population who might avoid social activities outside the home if they could not smoke
 - there could be a detrimental economic impact on some businesses, such as bingo halls, working men's clubs, shisha bars and pubs, which lacked suitable outdoor spaces for smokers
 - there might be an increase in outdoor smoking and effects on litter, noise, etc.
 - there could be a potentially stigmatising effect on smokers
 - smoking-related health inequalities might widen.

Changes over time in perceptions, attitudes and behaviours relating to smoking and to Smokefree legislation

- There was a high degree of compliance with Smokefree in public places, with only a few minor infringements observed or reported, usually at the boundaries between public and outdoor spaces
- There was a general pattern of reduced consumption among participants in all locations, including cutting down and, to a lesser extent, quitting
- While some participants had increased restrictions on smoking at home following implementation of Smokefree, these were often attributed to other non-legislative influences, and 'rules' about smoking in the home were sometimes more aspirational than absolute
- Within the less advantaged localities in the north, there was a small number of smokers who said they now smoked more in their homes since the legislation was

enacted. Nevertheless, overall there was no evidence of a major shift from public to private smoking; for the most part, people said that they were not smoking more at home.

- Couples or friendship groups tended to change behaviour together (e.g. cutting down or quitting) or to continue to smoke together
- There was little reported change in workplace smoking behaviour, but most workplaces were already subject to smokefree restrictions prior to implementation of the legislation
- For the most part, people continued to socialise in public settings to the same degree as before the legislation
- However, particularly among those living in the less advantaged localities, some had curtailed social outings and were now either socialising (and smoking) more at home or socialising less than before
- Many respondents in all localities described decreased tobacco consumption while out socialising in public social settings
- Smokers had reduced consumption largely because of the inconvenience of going outdoors to smoke, but also because of a perception that their greater visibility as a smoker attracted public disapproval
- Nevertheless, there were shifts in attitudes from initial resentment to acceptance of the changes, and a growing perception of the personal, health and environmental benefits of Smokefree.

The extent to which there may be differential effects linked to features of local communities (location, SES, smoking prevalence) and individual characteristics (gender, age, ethnicity)

- There was little evidence of systematic patterning of smoking behaviours post-Smokefree by locality or individual characteristics.
- Some groups within the population appeared to be more affected than others:
 - Those living in the more disadvantaged localities were less likely than smokers in the more affluent areas to have access to more comfortable outdoor spaces
 - In areas of disadvantage, some older men and women with children curtailed social activities and experienced a sense of loss of the pleasures of socialising in bars and cafés where they could smoke with friends
 - South Asian men reported that it could be difficult to maintain quit attempts in the face of the continued cultural pressures to smoke within their peer groups.

Whether the behavioural and attitudinal impacts of the legislation in England were comparable to those observed for Scotland

- Overall, the impact of the ban in Scotland, introduced in March 2006, was very similar to that in England:
 - The two countries experienced comparable immediate and high compliance
 - Breaches of the legislation were rare and largely reflected in the testing of boundaries between indoor public and outdoor spaces
 - There were shifts towards greater acceptance and perceptions of the benefits of the legislation over time
 - There were considerable post-legislation changes in individual levels of smoking, characterised more by reductions in consumption than by quitting
 - Those who socialised in public places largely continued to do so post-legislation
 - Many smoked less during social outings because of the inconvenience of having to leave a social event in order to smoke outdoors
 - There was no evidence in either country of significant displacement of smoking from public places to the home or of an increase of smoking in the home

- There was a similar heightened sense of self-consciousness about smoking outside which was experienced as both unpleasant and stigmatising.
- In terms of the differences between the two countries:
 - Individual pre-legislation tobacco consumption was lower within the English sample than the Scottish sample and the behavioural adaptations may therefore have been less marked than those observed in Scotland
 - In England, the socio-economic characteristics of the localities seemed to be rather less of an influence in the patterning of responses to the legislation than had been the case in Scotland.

Conclusions

The introduction of Smokefree legislation in England had an immediate and dramatic effect on smoking in enclosed public places across all social groups, north and south, regardless of pre-legislation readiness and attitudes of individuals, organisations and communities.

- Among study participants Smokefree contributed more to reductions in personal smoking than to quitting
- The legislation appears to have led to more people, particularly those with children and from more affluent backgrounds, introducing restrictions on smoking in their homes
- An individual's immediate social milieu – the family, ethnic group, friendship group – was more influential in shaping smoking behaviour than the wider area in which they lived
- The qualitative methods used in the English and Scottish studies have highlighted the contextual complexity of gathering self-reported data on tobacco consumption, adding weight to concerns that survey methods may underestimate self-reported tobacco consumption
- While felt stigma was associated in both the English and Scottish studies with reductions in smoking, there is a need to consider how the unintended consequences of public health policy might impact adversely on individuals' self esteem and well-being and may reinforce isolation among those who have more economically and socially disadvantaged lives
- The findings have implications for understanding behavioural change and for smoking cessation services:
 - The reductions in smoking consumption and increased quit attempts create opportunities for cessation services to engage with smokers from diverse backgrounds
 - Working with naturally occurring social groups – for example, with families, couples, friendship networks – should be considered alongside more traditional individual-level approaches to delivering smoking cessation interventions.

Contribution to Consortium themes

This study contributes to the following Consortium themes:

Health inequalities
 Risk and health
 Incentives and regulation
 Smoking
 Work environment

1 Introduction

On 1 July 2007 England implemented legislation that prohibited smoking in enclosed public places, with the primary aim of protecting the health of workers and the public at large. Virtually all enclosed public places and workplaces are now completely smokefree. Drawing on the international evidence of the impact of such comprehensive restriction, these measures were expected to produce significant reductions in both environmental tobacco smoke (ETS) exposure (Waa and McGough 2006), particularly in workplaces and leisure facilities such as bars, and associated mortality and morbidity (Eisner et al 1998, Albers et al 2004, Ludbrook et al 2004, Hole 2005). For example, in the year following implementation of Scotland's comprehensive smokefree legislation in March 2006 there were significant reductions in ETS exposure in children, adults and bar workers (Semple et al 2007, Akhtar et al 2007, Haw and Gruer 2007) and in hospital admissions for heart attacks (Pell et al 2008).

Several systematic reviews of the effect of smoking bans in workplaces have found associated declines in consumption, increased attempts to quit, increased rates of successful quitting and consequent reductions in smoking prevalence (Ludbrook et al 2004, Fichtenberg and Glantz 2002). Comprehensive national smokefree laws have also been shown to support quitting and increase support for smokefree public places (Fong et al 2006). Thus, it was hoped that the implementation of the smokefree legislation in England might have additional and potentially more important long-term public health benefits by enhancing opportunities for smokers to quit, reducing smoking consumption and prevalence, and changing cultural attitudes and norms to smoking.

Smoking is a major cause of inequalities in health (Wanless 2004). In 2007 28% of men and 24% of women in semi-routine and routine occupations in Britain smoked cigarettes compared to 16% of men and 14% of women in professional and managerial occupations (Robinson and Lader 2009). Even greater differences are found at the local level. Not only is smoking more prevalent in more disadvantaged communities but, prior to the smokefree legislation, bars, pubs and other workplaces in areas of socio-economic disadvantage were less likely to have smoking policies and more likely to permit smoking than in affluent communities (Tocque et al 2005, Plunkett et al 2000, Woodall et al 2005). However, little is known about the impact of smokefree legislation on specific socio-demographic groups (defined by age, gender and ethnicity) or communities, particularly disadvantaged communities (Dedobbeleer et al 2004, Whitlock et al 1998, Amos et al 2008). We also lack understanding about what contributes to the development of socio-cultural norms about smoking, and how these relate to consumption, in different groups and communities.

The Public Health Research Consortium was commissioned by the Department of Health to assess the behavioural, social and cultural impact of the smokefree legislation in England via primary longitudinal qualitative research. The study was conducted by a consortium from the universities of Edinburgh, Newcastle and York, together with the Scottish Centre for Social Research. It draws on and extends the study design and methods used in a qualitative longitudinal study conducted in Scotland to explore the impact of its smokefree legislation in four socio-demographically contrasting communities (Martin et al 2008).

2 Purpose of the study

2.1 Aims

The overall aim of the research is to examine the behavioural, social and cultural impact of smokefree legislation in contrasting communities.

2.2 Research questions

The main study aim was reformulated into a series of specific research questions. The study addressed these questions through a combination of repeat interviews, group discussions, key informant interviews and observations.

RQ1: What are the perceptions and understandings of smokers, non-smokers (ex-smokers and never-smokers) and key stakeholders of the likely impact of the smokefree legislation on everyday life, working life and community life?

RQ2: To what extent and how do these groups seek to anticipate, and accommodate to, the impending smokefree legislation?

RQ3: Are there changes over time in perceptions, attitudes and behaviours relating to smoking and to the smokefree legislation?

RQ4: To what extent are there differential effects linked to key features of local communities (location, SES, smoking prevalence) and key individual characteristics (gender, age, ethnicity)?

RQ5: To what extent, and in what ways, are the behavioural and attitudinal impacts of the smokefree legislation in England comparable to those observed for Scotland?

3 Design and methods

3.1 Research design

The views, attitudes and experiences of individuals, families, key target groups and communities were explored using a multi-level case study approach. Within six contrasting local areas in/around two major cities, one in the north and one in the south of England, data were collected through a range of qualitative and ethnographic techniques, including:

- in-depth, repeat interviews with a purposively recruited panel of adult informants (mostly regular smokers, mixed age groups, both genders, with a significant ethnic minority representation)
- group discussions with target populations of particular interest
- key informant interviews, pre- and post-legislation, with enforcement agents, both formal (e.g. trading standards/environmental health) and informal (e.g. hospitality industry managers, community representatives/leaders), and others likely to be affected professionally by the legislation (e.g. smoking cessation professionals)
- repeat observations in a range of public places (e.g. bars, clubs, bingo halls, bookmakers and other community facilities).

The design of the study, which was conducted between April 2007 and December 2008, was longitudinal, covering both pre- and post-legislation phases. Longitudinal qualitative methods are relatively unusual in the evaluation of the impacts of policies or interventions. However, qualitative research can provide a detailed understanding of the contextual factors which may influence and account for different outcomes for different groups (Molloy et al 2002). Longitudinal qualitative approaches are used in a limited set of contexts: when the phenomenon being investigated is a *process* which runs over a period of time and is complex, and could not be captured by simply asking people at the end of the process; where there is an interest in impacts or outcomes which might change and will not necessarily be immediate; and where the phenomenon being investigated is itself likely to change.

Pre-legislation fieldwork sought to document behaviour and attitudes within socio-economically contrasting localities, and to explore whether and in what ways these might be patterned, particularly by place and social position. These data also informed subsequent waves of data-collection. It was not assumed that the pre-legislation phase represented a static baseline. Shifts in smoking behaviour and the cultural climate towards smoking had been evident for some considerable time, although the pace of change varied between individuals, groups and communities.

Throughout this report, the term “Area” is used to denote the cities in/around which the study was conducted, while the term “Locality” denotes the ward-defined neighbourhoods which were the locus of panel recruitment and observations. Neither areas nor localities have been named in order to protect the identity of participants and to ensure the confidentiality of data provided by them.

3.2 Locality selection

The case study areas and localities within them were purposively selected to ensure variation in respect of urbanity/rurality, ethnicity, socio-economic status (SES) and smoking prevalence. The localities were, if possible, to be of comparable population sizes and to be

discernable 'communities' where people might both live and socialise. The wider areas were selected with a view to representing both north and south of the country.

Table 3.1 shows the socio-demographic characteristics of the six localities. Localities 1-3 are situated in a city in the south of England and localities 4 and 5 in a city in the north of England, while locality 6 is a separate small town just outside the northern city. Although locality 6 has a considerably smaller population than the other localities, it is a distinct community and displayed the appropriate socio-economic profile.

Table 3.1 Community socio-demographic profiles (2001 Census ward statistics)

	South			North		
	Locality 1	Locality 2	Locality 3	Locality 4	Locality 5*	Locality 6 [§]
Population	8,383	11,681	9,744	8,124	8,449	2,810
	%	%	%	%	%	%
Young people (18-24)	14.9	10.9	6.3	12.4	30.2	5.6
<i>Ethnicity:</i>						
White British	22.4	53.4	78.5	72.3	87.9	96.5
White Irish/Other	8.0	18.9	14.31	2.3	4.5	1.3
Asian/Asian British	62.6	7.7	2.9	21.9	4.9	1.1
Black/Black British	6.6	12.3	0.5%	0.4	0.5	0.2
<i>Health</i>						
Health 'not good'	9.9	9.6	4.4	14.4	8.7	10.5
Smoking [‡]	24.8	32.4	15.4	38.0	33.3	20.3
<i>Disadvantage</i>						
Unemployed (16-74)	7.2	5.7	2.1	8.2	3.8	2.9
SEG E	24.4	16.8	6.8	26.9	15.5	19.5
SEG DE	44.4	30.7	11.7	50.0	33.2	32.1
Home owner occupied	27.8	36.6	74.2	39.3	53.9	68.1
Car ownership	36.8	46.5	80.3	40.1	58.5	65.9
	Rank (England) [#]	Rank (England) [#]	Rank (England) [#]	Rank (England) [#]	Rank (England) [#]	Rank (England) [#]
Index of Multiple Deprivation	NA	NA	3.4 (8,298)	74.6 (36)	19.46 (3,671)	20.77 (3,410)

NA: not available

SEG: socio-economic group

* Population size for locality but other statistics for larger ward in which locality is situated

§ Statistics for larger ward (in which locality is situated)

‡ Synthetic estimates

1 is most deprived, 8844 least deprived

The six localities differed markedly from each other in respect of their history, socio-economic composition and demographics. There was also variation within localities, each comprising a mix of 'places', settings, groups and individuals. Throughout, we acknowledge the contextual complexity of individuals' lives in diverse domains –home, family, work and leisure – and their interpersonal relationships within each domain. We attempt to locate individual attitudes and behaviour within the wider social, demographic, ethnic and socio-economic milieu. Detailed description of localities has not been provided because of the need to maintain the anonymity of respondents and the confidentiality of the information they have provided.

Locality 1 (inner southern city)

Known for its lively markets, vibrant atmosphere, independent fashion boutiques and award winning restaurants, the locality is popular with tourists and 'trendy' young people living elsewhere in this city who visit at the weekend. Famous historically for providing refuge for those fleeing persecution, in the last century the locality became home to a large Bangladeshi population. For the most part the locality is densely built up, with many small businesses, including cafes, restaurants, ethnic food shops and small boutiques. There is little space to provide outdoor areas for smokers. Residential areas include council estates where many of the inhabitants live in crowded conditions.

Locality 2 (inner southern city)

The locality is situated in a diverse inner city borough which both socio-economically and ethnically mixed (including Eastern Europeans, Polish, Greeks, Algerians and West Africans). Tree-lined streets with large houses for the more affluent and more upmarket, specialist shops can be found in one part of the locality, in close proximity to large housing estates for the less affluent. Much of the locality, particularly on the periphery, seems fairly run down and in need of renovation. To the west lies a wide, bustling thoroughfare with a multitude of small shops, ethnic cafes, public houses and bookmakers as well as a university campus and a tube station. To the north-east there are several locally-owned ethnic cafes, restaurants and small shops.

Locality 3 (outer southern city)

The locality is part of an outer borough which is one of the least ethnically diverse in this city; less than 10 percent of its inhabitants belonging to non-white ethnic minority groups. It also contains some of the least deprived areas in the country, though some areas of deprivation exist. There is a largely residential area with relatively expensive housing which is crossed by two main thoroughfares along which many cafes, restaurants and small specialist shops are situated. Several of them advertised that they were smokefree prior to the legislation. Larger high street stores can also be found. A community centre containing a health centre, library, hall and citizen's advice bureau is situated nearby. The locality is also served by a number of churches, schools and recreational facilities.

Locality 4 (inner northern city)

Close to the city centre, this locality is characterised by considerable ethnic diversity. In particular, large Pakistani and Bangladeshi communities live and have local businesses in the area, mainly restaurants, take-aways and food shops. The entire south-west area, of which this locality is part, is currently the subject of regeneration efforts and there is a striking contrast between this part of the city and the commercialised city centre on the opposite bank of the river. Closest to the city centre is a poor, run-down estate with few amenities save a swimming pool, a few rough pubs and a down-at-heel shopping arcade. This area also houses a Czech Roma community. The arcade mainly comprises community projects, including a community café and a few shops. The community café seems to be an important community resource and sells very cheap meals. There's a sense of several communities living and working side by side. One of the local pubs has a special night for Czechs once a fortnight but other than that, the clientele appears to be predominantly white working class.

Locality 5 (inner northern city)

This is an area of two halves. Running through one part of it is a once thriving shopping area which has suffered since a major supermarket moved in and a bypass was built. The main street is lined with bookmakers, amusement arcades, a range of shops and many small cafes and pubs. There is a feeling of faded grandeur, with a few run-down art deco building still in evidence. The rest of the area is populated largely by students and the main thoroughfare is lined with pleasant cafes, charity shops, banks, restaurants and other small businesses.

Locality 6 (near northern city)

This is a small, attractive market town. It is popular with tourists and vies with a neighbouring town for the honour of principal borough town. It actively discourages anti-social behaviour by displaying poster images of local youngsters who are currently the subject of ASBOs. Its residents enjoy a full range of amenities, including an attractive park, leisure centre and library and many cafes, restaurants and shops. Its bus station, while well-maintained, is situated inside a down-at-heel indoor shopping arcade which also includes a key social amenity for older people. Although outwardly prosperous, the town also includes a terraced council estate and local people have provided anecdotal reports of trouble outside pubs late at night, particularly at week-ends (some pubs have late licenses and this appears to be contributing to anti-social noise and other nuisance behaviour).

3.3 Data-collection periods

Panel participants were interviewed on at least two occasions. The first interviews (n=106) were carried out during a 0-3 month period *before* the legislation came into force (wave 1). A second interview was conducted 3-6 months post-legislation with a sub-sample of respondents who were regular users of licensed premises/public places within each locality (five interviews per locality, n=30) (wave 2). Final interviews were carried out 9-12 months post-legislation (wave 3). Observations were also conducted in each setting pre-legislation (wave 1) and at three further points, post-legislation (waves 2 and 3). Key stakeholders were interviewed pre-legislation (wave 1) and again 3-9 months post-legislation (waves 2 and 3). Twelve focus groups were convened post-legislation (waves 2 and 3). Table 3.2 sets out fieldwork conducted in each data collection wave.

Table 3.2 Fieldwork, by data collection wave

Fieldwork periods	Fieldwork
Wave 1 April – June 2007 (Pre-legislation)	<ul style="list-style-type: none">• Panel interviews• Observations• Key stakeholder interviews
Wave 2 July – December 2007 (0-6 months post-legislation)	<ul style="list-style-type: none">• Panel interviews• Observations• Key stakeholder interviews• Focus groups
Wave 3 January – June 2008 (6-12 months post-legislation)	<ul style="list-style-type: none">• Panel interviews• Observations• Key stakeholder interviews (cont)• Focus groups (cont)

3.4 Participants and data collection

3.4.1 Panels

Recruitment

Panels of respondents in all localities were recruited by a professional agency using a tight specification. Across the six panels, the aim was to achieve balance with respect to age and gender. However, within the localities we purposively recruited particular categories of informant. Thus, in localities 1 and 4 which had high numbers of Bangladeshi and Pakistani residents, we actively aimed to ensure that *at least* half of those recruited were of Bangladeshi or Pakistani origin, while in other localities we sought purposively to recruit young people or those who regularly visited licensed premises (see table 3.3). It is important to recognise that one respondent may embody a number of the desired characteristics (for example, age, gender and ethnic origin), but may have been purposively recruited for just one such characteristic.

The intention was to achieve a final sample size at wave 3 of 72 (12 participants from each locality). In view of likely sample attrition over the course of the study, a larger sample was recruited at wave 1 (n=106; intended initial sample: n=120). The socio-demographic and other relevant characteristics of the sample are shown in tables 3.4 (by locality and smoking status) and table 3.5 (for all localities combined). In comparison with the intended sample:

- the recruited sample has a somewhat higher proportion of males (58%) (50% intended)
- the recruited sample has approximately the same age distribution (53% aged under 35 years) (55% intended)
- the recruited sample has a somewhat smaller proportion of current regular smokers (81%) (85% intended)
- the recruited sample has a higher proportion of persons from ethnic minority groups (40%) (25% intended)
- the recruited sample has a somewhat higher proportion of people with dependent children <16 years (42%) (33% intended)
- the recruited sample has a higher proportion of people working outside home (68%) (42% intended)
- the recruited sample has more than twice as many who visit licensed premises at least monthly (78%) (33% intended).

Table 3.3 Proposed panel recruitment characteristics, by area and locality

Recruitment characteristic		South				North				Total
		L1	L2	L3	All	L4	L5	L6	All	
Gender	Male	15	10	5	30	15	10	5	30	60
	Female	5	10	15	30	5	10	15	30	60
	<i>Totals</i>	20	20	20	60	20	20	20	60	120
Age	18-24	5	8	3	16	5	8	3	16	32
	25-34	5	5	7	17	5	5	7	17	34
	35-59	5	4	7	16	5	4	7	16	32
	60+	5	3	3	11	5	3	3	11	22
	<i>Totals</i>	20	20	20	60	20	20	20	60	120
Regular smoker	Yes	17	17	17	51	17	17	17	51	102
	Ex-smoker	3	3	3	9	3	3	3	9	18
	<i>Totals</i>	20	20	20	60	20	20	20	60	120
<i>At least this number of informants within these categories</i>										
Ethnic minority*	Yes	10	5	0	15	10	5	0	15	30
Dependent child <16 yrs	Yes	5	5	10	20	5	5	10	20	40
Works outside home	Yes	5	10	10	25	5	10	10	25	50
Visits licensed premises at least monthly	Yes	5	10	5	20	5	10	5	20	40

Note: L1: Locality 1; L2: Locality 2; L3: Locality 3; L4: Locality 4; L5: Locality 5; L6: Locality 6
** In locality 1 the focus was on people of Bangladeshi origin, whereas in locality 4 the emphasis was the recruitment of people of Pakistani origin.*

At wave 3 the intended final sample size of 72 (68% of the initial sample) was achieved. The characteristics of the sample are shown in tables 3.6 (by locality and smoking status) and table 3.7 (for all localities combined).

- the follow-up sample has a somewhat higher proportion of males (54%) (50% intended)
- the follow-up sample has approximately the same age distribution (54% aged under 35 years) (55% intended)

- the follow-up sample has a somewhat smaller proportion of current regular smokers (74%) (85% intended)
- the follow-up sample has a higher proportion of persons from ethnic minority groups (43%) (25% intended)
- the follow-up sample has a somewhat higher proportion of people with dependent children <16 years (46%) (33% intended)
- the follow-up sample has a higher proportion of people working outside home (75%) (42% intended)
- the follow-up sample has more than twice as many who visit licensed premises at least monthly (89%) (33% intended).

With regard to ethnicity, dependent children, work outside home and visits to licensed premises, the numbers in the proposal were minima. All were exceeded.

Interview content

The in-depth panel interviews with current and former smokers were based on topic guides that addressed participants' past and current relationship with tobacco. The interviews explored:

- participants' smoking behaviour or exposure to ETS within the context of their daily lives
- their beliefs and understandings of 'passive smoking'
- 'rules' or regulation of smoking in different settings, including the home
- awareness and understandings of, and attitudes towards, the legislation
- changes in patterns of tobacco consumption.

The interview topic guide used at the baseline stage can be found in appendix 1.

Panel members were also asked to describe their smoking behaviour (timing, location, 'reasons', who else present, number of cigarettes smoked, changes over time and reasons for change) during a typical 24 hour period using a 'daily grid' (Wiltshire et al 2003), which is an adapted version of the 'life grid' (Parry et al 1999). (Appendix 2 is an example of a completed (anonymised) grid.) The use of the daily grid was piloted with non-participant smokers.

Use of the grid was found to affect the dynamics of some interviews because the interviewer had to switch attention between listening to what the interviewee was saying and completing the grid. Some interviewees also found it difficult to recall their smoking behaviour in a 'typical day'. In a few cases when panel members were obviously uncomfortable, the use of the grid was abandoned and reconstructed afterwards by the researcher with the relevant data extracted from interview transcripts. However, the use of the 24 hour grid helped to situate cigarette consumption in relation to location, time, and person and provided rich contextual data that are not normally collected in surveys. In addition, the daily grid was able to identify and distil inconsistencies between self-reported consumption on typical days and consumption on more social days during the week. Importantly, the comparison of the daily grids across waves permitted an analysis of any changes in consumption context and location which was of particular relevance for this study.

Table 3.4 Socio-demographic characteristics of the achieved sample, by smoking status, locality and area, wave 1 (n=106)

	South						North									
	L1		L2		L3		L4		L5		L6		All localities			
	CS	Ex	CS	Ex	CS	Ex	CS	Ex	CS	Ex	CS	Ex	CS	Ex		
Gender																
Male	11	1	9	1	6	3	26	5	13	1	6	4	5	2	24	7
Female	5	0	6	3	8	2	19	6	3	0	6	1	8	1	17	2
Age																
18 – 24	3	0	6	0	6	0	15	0	3	0	4	2	1	0	8	2
25 – 34	6	0	6	1	2	2	14	3	4	0	4	0	3	3	11	3
35 – 59	5	0	1	3	4	2	10	5	8	1	2	2	7	0	17	3
60+	2	1	2	0	2	1	6	2	1	0	2	1	2	1	5	2
Ethnicity																
White	0	0	8	2	13	5	21	7	5	1	10	3	14	3	27	9
Bangladeshi	14	1	0	0	0	0	14	1	8	0	0	0	0	0	8	0
Pakistani	0	0	0	0	0	0	0	0	1	0	1	0	0	0	2	0
Asian	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0
Black African	2	0	4	1	0	0	5	2	1	0	1	1	0	0	2	1
Other ethnicity	0	0	3	0	1	0	4	0	1	0	1	0	0	0	2	0
All	16	1	16	3	14	5	45	10	15	1	13	4	14	3	41	10

Notes

CS: current smoker Ex: ex-smoker

L1: Locality 1; L2: Locality 2; L3: Locality 3; L4: Locality 4; L5: Locality 5; L6: Locality 6

Table 3.5 Socio-demographic and other characteristics of the achieved sample by smoking status, wave 1 (n=106)

	Current smoker	Ex-smoker	All
Gender			
Male	50	12	62
Female	36	8	44
Age			
18-24	23	2	25
25-34	25	6	31
35-59	27	8	35
60+	11	4	15
Ethnicity			
White	48	16	64
Bangladeshi/Pakistani/Asian	25	1	26
Black African	7	3	10
Other ethnicity	6	0	6
Dependent child <16 yrs			
	36	9	45
Works outside home			
	60	12	72
Visits licensed premises at least monthly			
	66	17	83
All	86	20	106

Table 3.6 Socio-demographic characteristics of the achieved sample, by smoking status, locality and area, wave 3 (n=72)

	South						North										
	L1		L2		L3		All localities		L4		L5		L6		All localities		
	CS	Ex	CS	Ex	CS	Ex	CS	Ex	CS	Ex	CS	Ex	CS	Ex	CS	Ex	
Gender																	
Male	9	0	4	1	3	3	17	4	8	1	3	3	2	1	13	5	
Female	2	1	3	3	5	1	10	5	3	0	5	1	5	4	13	5	
Age																	
18 – 24	1	0	3	1	2	1	6	2	3	0	3	1	0	1	6	2	
25 – 34	3	1	3	3	2	1	8	5	3	0	2	1	2	2	7	3	
35 – 59	5	0	0	0	2	2	7	2	4	1	2	0	4	1	10	2	
60+	3	0	1	0	2	0	6	0	1	0	1	2	1	1	3	3	
Ethnicity																	
White	0	0	2	2	7	4	9	6	4	0	7	3	7	5	17	9	
Bangladeshi	10	1	0	0	0	0	10	1	5	1	0	0	0	0	5	1	
Asian	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	
Black African	2	0	2	1	0	0	4	1	1	1	2	0	0	0	3	0	
Other ethnicity	0	0	3	0	1	0	4	0	1	0	0	0	0	0	1	0	
All	12	1	7	4	8	4	27	9	11	1	9	3	7	5	26	10	

Notes

CS: current smoker Ex: ex-smoker

L1: Locality 1; L2: Locality 2; L3: Locality 3; L4: Locality 4; L5: Locality 5; L6: Locality 6

Table 3.7 Socio-demographic and other characteristics of the achieved sample by smoking status, wave 3

	Current smoker	Ex-smoker	All
Gender			
Male	30	9	39
Female	23	10	33
Age			
18-24	12	4	16
25-34	15	8	23
35-59	17	4	21
60+	9	3	12
Ethnicity			
White	26	15	41
Bangladeshi/Pakistani	15	3	18
Black African	7	1	8
Other ethnicity	5	0	5
Dependent child <16 yrs	25	8	33
Works outside home	40	14	54
Visits licensed premises at least monthly	47	17	64
All	53	19	72

3.4.2 Focus groups

Recruitment

We met our target of recruiting 12 focus groups, six per area, comprising ethnic minority smokers, non-smokers, parents with dependent children, mid-life women and older men who visit licensed premises. The characteristics of the groups reflected the need to ensure adequate coverage of individuals in a range of social positions whose smoking-related behaviour and attitudes were likely to be differentially affected by the smokefree legislation and who might not be adequately represented in the panel. Table 3.8 describes the composition of each focus group and the recruitment process, by locality. For the most part, people were recruited by the researchers from and with the support of local community organisations within each locality. Three panel members and one key stakeholder were approached to assist with recruitment for four of the groups (see Table 3.8). Two of these panel members attended focus groups on the understanding that their role was to help bring the group together and that their participation in the research was primarily as a panel member. Thus, they contributed minimally to the group discussions, although one acted as an interpreter for a Bengali man who did not speak English. The key stakeholder attended the focus group and acted as an interpreter for Bengali women non-smokers who did not speak English.

Interview content

The focus groups explored participants' views about smoking in relation to specific settings. Smokers with children, for example, discussed their views about smoking in the home and around children, while non-smokers reflected on how smoking affected their social and familial interactions in communities where smoking was widespread. The emphasis throughout was on community level impact rather than change at an individual level. Appendix 3 presents an example of a focus group topic guide (parents with dependent children).

Table 3.8 Focus groups: composition and recruitment process, by locality

Locality	Description
1 (FG1L1)	Ethnic minority (Bangladeshi) male smokers <ul style="list-style-type: none"> • 4 smokers (1 also chews pan); 1 recent ex-smoker • All retired or not employed; age 50s-60s • Recruited through panel member; group conducted at local charity
1 FG2L1)	Ethnic minority (Bangladeshi) female non-smokers <ul style="list-style-type: none"> • 5 non-smokers; one pan chewer • 4 married with children, not in paid work; one married, no children, part-time work • Recruited through key stakeholder; group conducted at local GP practice
1 (FG3L1)	Parents with dependent children (disadvantaged locality) <ul style="list-style-type: none"> • 1 married couple and 11 yr old son (Colombian, non-smokers); 1 married woman (Bangladeshi, non-smoker); 2 single mothers (white, smokers) • Age 20s-30s, 11 yrs • Recruited through local children's nursery where group conducted
2 (FG4L2)	Parents with dependent children (middle class locality) <ul style="list-style-type: none"> • 5 women, one man; all non-smokers • Age 30s; professionals working p/t or self-employed • Recruited through local church when group conducted
2 (FG5L2)	Mid-life women <ul style="list-style-type: none"> • 6 women; 4 smokers, 1 ex-smoker, 1 non-smoker • Age 40s-70s; 2 employed, 4 not currently employed • Recruited through local church where group conducted
3 (FG6L3)	Older men who visit licensed premises <ul style="list-style-type: none"> • All long-term smokers, retired; age 60s-70s (two have had by-pass operations but returned to smoking) • Recruited through panel member; group conducted in community centre
4 (FG7L4)	Ethnic minority (Pakistani) male smokers <ul style="list-style-type: none"> • 7 smokers; 1 ex-smoker • Age 20s-60s (most 30-40) • Recruited through local community centre serving ethnic minorities, where group conducted
4 (FG8L4)	Non-smokers (white European) <ul style="list-style-type: none"> • 6 female; 1 male; all non-smokers or ex-smokers • Age 20s-late 60s • Recruited through community health project, where group conducted
4 (FG9L4)	Parents with dependent children (disadvantaged locality) <ul style="list-style-type: none"> • 6 female, 2 male; all smokers, white • Age 30s-40s, one older • Recruited through community health project, where group conducted
5 (FG10L5)	Parents with dependent children (middle class locality) <ul style="list-style-type: none"> • 4 women, smokers; Age 30s-40s • Recruited through panel member; group conducted at her house
5 (FG11L5)	Mid-life women <ul style="list-style-type: none"> • 6 women; 1 man; all smokers except one woman quitting • Age mostly 40s-50s • Recruited through local bingo hall; group conducted at local coffee shop
6 (FG12L6)	Older men who visit licensed premises <ul style="list-style-type: none"> • 7 men; 5 smokers, 2 ex-smokers (one with throat cancer) • Recruited through a local social club, where group conducted

3.4.3 Key stakeholders

Recruitment

Key stakeholders (four from each locality) were interviewed pre- and post-legislation. Stakeholder roles were selected which replicated those used in the Scottish smokefree study: enforcers, hospitality managers (excluding pubs), smoking cessation workers and ward councillors. The two researchers recruited each individual using a range of methods, including e-mail, telephone, community contacts and personal visits. Prior to participating in an interview, each stakeholder was provided with an information sheet about the study. Table 3.9 sets out the specific roles of each stakeholder by locality.

Table 3.9 Stakeholder roles, by locality

Locality	Stakeholder role
1	Environmental Health Officer Smoking cessation worker (Bengali women) Ward councillor Hotel manager
2	Environmental Health Officer Public health consultant with smoking cessation role Ward councillor Café owner
3	Environmental Health Officer Pharmacy assistant with smoking cessation role Ward councillor Café owner
4	Smokefree coordinator (city-wide) [§] Children's centre worker with smoking cessation role Bengali community leader Restaurant owner*
5	Smokefree coordinator (city-wide) [§] Smoking cessation worker (pregnant women) Ward councillor Café owner
6	Environmental Health Officer Manager stop smoking service Ward councillor Café owner

* Interviewed once only pre-legislation, declined a second interview

§ Same person for localities 4 and 5

Interview content

Interviews lasted 20-40 minutes and were conducted face to face or by telephone using a semi-structured topic guide (see appendix 4). In all, 45 stakeholder interviews were conducted. Stakeholders were asked about:

- their knowledge and understanding of the forthcoming legislation
- their perception of their role (if any) in enforcement

- their preparedness for the changes consequent upon implementation of the legislation
- their pre-legislation expectations of the impact of the legislation on their setting and community
- their post-legislation perceptions of the impact of the legislation
- their views and experiences of the new law within their particular setting.

3.5 Observations

Within each locality, several public leisure settings, typical of the area and reflecting the population diversity, were selected as observation sites. The public settings varied somewhat for each locality but included comparable places where local people might meet or spend time, and which would be affected to a greater or lesser degree by the legislation. The observations sites included cafés, restaurants, bars, nightclubs, betting shops, a bowling alley, an amusement arcade, and a bus station. Full descriptions of the sites at each locality are given in table 3.10.

Semi-structured observations were undertaken by the researchers, working in pairs. Each observation took approximately one hour. In all, there were about 100 hours of observation in 25 venues (four in each locality, except in locality 2 where there were five). Observations in an amusement arcade in the north took place during waves 1 and 2 only because the arcade had closed by wave 3. One betting shop was closed for refurbishment after wave 2 observations took place, so a second nearby betting shop was observed instead during wave 3. For consistency, observations in each venue took place, whenever possible, on the same day of the week and at the same time across all waves of data collection. Recording was made of the layout of the venue, smoking-related signage, designated non-smoking areas (wave 1 only), how many smokers and non-smokers were present (wave 1), how often and for how long smokers left the venue to smoke outside, whether smokers congregated or smoked alone and other aspects of the smoking context. Any smoking-related incidents were recorded as 'vignettes', along with critical incidents of observed infringements of the law.

Table 3.10 The observation sites, by locality and type

Locality	Type of site	Description
1	Café/ coffee shop	Trendy, arty young person's café on main street. Organic theme. Serves coffees, frappes, sandwiches, etc. Advertises local music gigs. Variety of seating including at tables, sofas, stools at counter. Internet café section.
1	Bar	Large bar with dark barn-like area inside. Seating at large tables or small coffee tables along one wall. Very popular with young people on the weekends. Outdoor seating area out front covered by an awning.
1	Pub	Cosy local Irish pub appealing to a cross-section of types of people tucked away on side street. One main seating area, plus a small 'snug'. Serves food during daytime only. Area with two tables by front door for customers to stand outside and drink/ smoke.
1	Restaurant	Indian restaurant. Appeals to tourists – very busy on weekends. Attentive service from many waiters. One main seating area and mezzanine. Windows open onto the street. Wall murals reflecting history of area.
2	Café	Arabic café divided into a smoking section at the front that serves coffee/tea and pastries on round pressed copper tables and a section in the back where food is served on wooden tables. Male domain.
2	Café	European/ Greek-style small, clean cafe serving good quality food and drink at reasonable prices. Located on a busy arterial road. Two eating areas – upstairs on road level and downstairs.
2	Betting shops	Betting shops on a busy thoroughfare on the perimeter of the locality.
2	Sports bar/ pub	Sports bar/ pub for supporters of the local football club. Large pub divided into sections by iron balustrade on main arterial road.
2	Night club	Large nightclub with four main rooms on four floors.
3	Café	Working men's café on main road, with old-fashioned 1970s-style decor in an otherwise fashionable, upmarket area. Frequented by men in working clothes having large cooked breakfasts and smoking before/after meals with coffee/tea.
3	Café/ restaurant	Italian coffee bar/restaurant with several seating areas: downstairs by the coffee bar and upstairs on another level; a deli shop selling Italian specialty foods and drinks, an ice cream parlour and a walled garden with a fountain and outdoor seating.
3	Betting shop	Betting shop on main thoroughfare.
3	Pub	Large pub with several drinking/ eating areas. Traditional 'olde world' décor. Gaming machines, pub quiz, live music. Very large garden with chairs and tables. Large outdoor awning complete with heaters over tables and chairs.

Locality	Type of site	Description
4	Community café	Community café situated in a small indoor arcade housing a few shops, a very rough looking pub and a lot of community projects. Fairly recently refurbished, the arcade is now quite smart and used by a wider cross-section of the community than before. Café itself is smokefree but customers and staff as well as passers-by ignore the numerous no smoking signs and use the shopping arcade as a smoking area.
4	Betting shop	Betting shop situated in a busy shopping area. Mainly a male domain, although women go in to place bets and then leave. Smoking permitted throughout.
4	Bowling alley	Bowling alley (part of large national chain). Has a bar and small café area (smokefree). Also has pool table, table hockey and various gaming machines. Quiet during the week but busy at week-ends.
4	Pub	Local pub which used to be very rough but has now been spruced up. Its main clientele is white, working class locals but it also offers special nights for other groups, such as an evening for a small Czech Roma migrant community. Smoking permitted throughout.
5	Café-bar	Trendy, cosmopolitan café-bar popular with students, young people and families. Always very busy. Very little smoking, confined to area near door.
5	Cafe	Working class café in less well-heeled part of the area. Situated on a busy shopping street lined predominantly with betting shops and charity shops. Very smoky.
5	Night club	Situated in the city centre, one of newest and largest night clubs on several floors; wide range of events.
5	Pub/sports bar	Local bar – mixed crowd – students and locals. Used to be quite rough but has been taken over by a large chain and refurbished to a very high standard. Offers a wide range of facilities and activities. Small smokefree area.
6	Café-bar	Situated on the main street, a haven for smokers who often have to queue to get a seat in the smoking section at the back.
6	Amusement Arcade	Amusement arcade in centre of town on main street. Very quiet, apparently not well-used. Closed down by wave 3.
6	Bus station	Town bus station, well-used and often busy. Situated within a down at heel shopping arcade which has both covered and non-covered areas.
6	Pub	Large, food-oriented pub on main street. Divided into four distinct areas, including a smokefree area and an external beer garden which is under development. A lot of activities and events on offer.

3.6 Data analysis

3.6.1 Assessing tobacco consumption

Panel respondents were asked to describe their smoking behaviour over a typical 24-hour period and also at times, such as weekends, when it might follow a rather different pattern. Questions covered not only how many cigarettes were smoked, but also where the respondent was at the time, what (else) s/he was doing, and who was present.

It must be acknowledged that attempting to measure daily cigarette consumption is a major challenge. Many respondents were not consistent in their daily calculations. They often excluded extra cigarettes that were smoked on social occasions when calculating their daily amounts. These extra cigarettes were evident when reviewing respondents' daily grids to assess their consumption compared to the daily consumption reported in interviews. Our approach was intended not only to provide detailed contextual accounts of smoking, but also to produce a more accurate assessment of tobacco consumption than merely asking for an estimate of cigarettes smoked. Indeed global estimates, such as "10 a day", often appeared to be misleading once a more detailed count was made.

Given these measurement problems, we decided that two members of the research team would independently assess each respondent's daily consumption through an analysis of interview transcripts and the daily grids. The research team then considered the overall story that was presented by the respondent to determine the daily amount smoked and the changes across the data collection periods. Where there was a discrepancy between the daily grid and the transcript, the range from both was used to estimate the actual change in consumption. The figures presented in tables 4.1-4.3 are derived from this intensive scrutiny of respondents' accounts.

3.6.2 Analysis of interview and focus group data

Interviews (panel members and stakeholders) and focus groups were digitally recorded and transcribed verbatim. Transcripts were then analysed using 'Framework'¹, a method developed by the Qualitative Research Unit at the National Centre for Social Research. Framework is a systematic and transparent method of analysis that ensures thorough and comprehensive treatment of the data and reliability in interpreting findings (Ritchie and Spencer 1993). Using a matrix-based approach to analysis, 'Framework' is a means to synthesise and condense verbatim transcripts. It treats cases consistently and allows within-, and between-, case investigation.

The first stage of analysis involved familiarisation with the transcribed data and identification of emerging issues. The topic guide was used as the starting point for the development of a thematic framework, that is, a series of charts, each representing one key theme. The column headings on each chart related to sub-topics, and the rows to individual respondents. Data from each case were then summarised in the relevant cell. The context of the information was retained and the page of the transcript, where the information was 'sourced', was noted. This allowed the researcher to revisit a transcript and explore a point in more detail or extract text for verbatim quotation. The thematic charts allowed for the full range of views and

¹ <http://www.natcen.ac.uk/framework/>

experiences to be compared and contrasted both across and within cases, and for patterns and themes to be identified and explored.

‘Charting’, the process of summarisation, was largely carried out by the two researchers (GH and KH) and by a freelance charter, a former QRU Senior Researcher.

The research team worked collectively to create an ‘Analytical Framework’. This comprised thematic charts for summarising the key domains in which pre-legislation variation might be discerned and where post-legislation change might be anticipated:

- Smoking: including personal smoking history; self-perceptions as a smoker; perceptions of socio-cultural influences and norms about smoking; perceptions of social group influences on own behaviour; perceived anticipated impact on own smoking consumption; and actual consumption
- Relationships: family (including cultural and gender) influences; partner’s/boyfriend’s/girlfriends’ smoking status and attitude to smoking; children’s attitude to parents’ smoking, smoking behaviour of parents around children; friends’ smoking and relationships between smokers and non-smokers within friendship networks; smoking behaviour with colleagues.
- Settings:
 - The home: smoking restrictions in the home; smoking and drinking; perceived anticipated and actual impact of legislation on smoking in the home
 - The workplace: degree and nature of any workplace restrictions; enforcement; smoking break policies and behaviour; home working; perceived anticipated and actual impact of legislation on smoking in work time
 - Outside: smoking in modes of transport; smoking in other people’s homes; cafés, restaurants, clubs and bars and other leisure venues; perceived anticipated and actual impact on smoking in external settings
- Passive smoking: understanding of term; sources of knowledge; views of impact of ETS; understanding of reasons for introduction of legislation; preparation for legislation; views about legislation in relation to self, others and the community; perceived anticipated and actual impacts on self, others and community; perceptions of anticipated and actual compliance and responsibility for enforcement.

The six localities and the public spaces within them directed early analyses as the research team considered whether – and in what ways – locality might shape responses to the legislation. In particular, we explored how non-smokers were accommodated in public places pre-legislation, and the extent to which this might reflect differences in the acceptability of smoking and the influence of locality-specific responses to the imminent legislation.

Initially data relating to these domains were summarised by locality. Subsequently all data were combined in order to allow common and divergent themes to be identified.

Throughout, the research team worked collectively and collaboratively to reach a consensus in interpretation and understanding.

3.6.3 Analysis of observational data

As soon as possible after every observational event, each pair of researchers jointly completed a detailed recording sheet, based on a structured framework (see appendix 5) and drew a diagram of the setting observed. These were used to develop a summary at venue level under the following headings: environment, social interaction, smoking restrictions, smoking visibility and legislation. Venue-level summaries were synthesised into a community-level summary and community stakeholder data were added to supplement the observational data. This process was repeated at each of the four waves, and changes which had taken place over time were identified.

3.7 Governance and ethics

Ethical approval for the study was granted by the Research Ethics Committee of the School of Health in Social Science, University of Edinburgh. Participants (panel members, stakeholders and focus group members) received an information sheet, which provided details of the study and gave assurances about anonymity, confidentiality and adherence to data protection legislation, and signed a consent form. The potential to violate the principle of informed consent and invade personal privacy during systematic unobtrusive ('covert') observations was recognised. All observation locations were 'public places' and the individuals and the specific locations have been protected by anonymity and confidentiality. Personal information concerning research participants that were inadvertently divulged during the observations have been kept confidential and no sensitive material was recorded.

Responsibility for governance and delivery of the study was shared collectively between the grantholders. The full research team (grantholders, together with research fellows and project secretary [employed staff]) met regularly throughout the lifetime of the study in order to monitor progress, undertake data analysis, agree division of tasks and discuss drafts of interim and final reports. SP represented the study team in communications with the Public Health Research Consortium and the Department of Health. SP and CM supervised the employed staff. A Research Advisory Group, whose main role was to provide advice to the study team, ensuring that the central aims and objectives of the study were kept firmly and continuously in view, met on two occasions.

4 Findings

This chapter describes and explores social, cultural and interpersonal changes following the implementation of legislation to prohibit smoking in enclosed public places in England. The first section outlines the situational contexts prior to the change in the law; the subsequent sections focus on the impacts of the legislation on tobacco consumption, social behaviours, beliefs and attitudes. Throughout, we explore locality and socio-demographic differences in perceptions of these impacts.

Verbatim quotes from panel interviews are annotated by the locality number (L1-6), gender (M/F), and individual identity code (01-120) of the respondent. Quotes from the focus groups are indicated by the abbreviation FG, the locality (L1-6) and the defining characteristic of the group.

4.1 The pre-legislation situation

In this section of the chapter, we explore awareness, understandings, anticipation and preparation for the new legislation in the three month period prior to the enactment of the new law.

4.1.1 Awareness of the legislation

Most panel members across the six localities knew that a new smokefree law would be introduced on July 1st or thereabouts, and that this law would 'ban' smoking in public places. They had learned about the changes through the media -- TV, radio, newspapers, internet -- and by word of mouth, in the workplace and from prior knowledge of the law in Scotland and Ireland. The panel respondents correctly identified bars, pubs, clubs, restaurants and workplaces but, less commonly, work vehicles and public buildings, as places which would be subject to the new law. Nonetheless, there was some uncertainty about which settings constituted an 'enclosed public place', and which places and people would come under the jurisdiction of the smokefree law. Some were also uncertain about whether pubs would still be able to provide indoor smoking facilities for smokers:

I think they said you can't smoke, I don't know what kind of rules are coming... a penalty for smokers or businesses? Every single pub and club are doing that? There will be two places, a non-smoking and smoking one, no? (L4M34)

Panel respondents in all localities mentioned that they had seen the smokefree legislation advertised in a variety of media, including television, newspapers and magazines, brochures at work, advertisements and posters on buses, in railway stations, bingo halls and in licensed premises such as pubs and clubs. A female smoker in an advantaged southern locality said:

I had a brochure arrive at work, because I think every business must be receiving them from the Government...and also there have been the adverts on the television about where you can smoke and it's a big talking conversation as well with smokers. You know...you kind of joke about it more than anything about the fact that oh, you know you feel like lepers, you're going to be shoved in the garden, or outside to have a cigarette. Yes, ... and also the papers have covered it. So I've known, basically as from the 1st July...you can't smoke anywhere unless it's outside really. (L3F73)

Similarly, a male smoker from a disadvantaged northern locality had seen the smoking legislation advertised locally.

[INT: Have you seen any of the advertising around?]

Oh yeah, on TV, in the pubs and clubs, and...Like, in one of the pubs I have been to, 1st July, smokefree day, if you want to find out how it affects you, go to [www something, something...](#) (L4M37)

In addition, some respondents erroneously believed that the street, homes, public parks, bus-stops, beer gardens, bars not serving food, private clubs, care homes, prisons, football stadia and private cars would be subject to the smokefree law. It was commonly understood, however, that penalties would be imposed on those caught breaching the smokefree law, although the precise nature of these penalties and to whom they would apply was much less clear. Northern participants were more likely to identify street wardens and council inspectors as having a role in enforcement, and some used derogatory terms, such as “non-smoking police”, to describe this role.

All community stakeholders, particularly those with an enforcement or a smoking cessation role, were familiar with and clear about the terms and scope of the forthcoming smokefree law. Stakeholder informants working in the hospitality field reported that they had received an information pack and found this helpful. There were some concerns in the south that ethnic minority communities might be less well informed about the smokefree law because of a lack of bi-lingual resources.

Observations in a range of public settings revealed little visual (or oral) evidence that patrons/customers were being notified in advance about the July 1st implementation date. Only two businesses, one small southern café and one large northern pub (part of a national chain), had displayed posters to this effect. It was also rare to hear patrons or staff discussing the forthcoming smokefree law, although on one occasion, in the course of an observation, a young couple smoking in a northern ‘greasy spoon’ café spoke critically about the new law on seeing a passing bus displaying a July 1st smokefree poster. In contrast, staff members of an upmarket café in the more affluent part of the same locality (themselves smokers) expressed the view that the smokefree law would have little impact on this particular café.

4.1.2 Understandings of legislation

The legislation was introduced in Scotland and England in response to the unequivocal evidence that ETS exposure is a cause of morbidity and mortality among non-smokers. While it was always anticipated that limitations of smoking in public places would have a range of positive outcomes for smokers and non-smokers, the rationale for the legislation was explicitly introduced and promoted as a public health measure. What, then, did the lay public and those charged with a formal or informal role to implement the legislation at the local level know, believe and understand about ETS in advance of the legislation?

With the exception of some Bengali smokers, participants had all heard of ‘passive smoking’ and seemed aware that it referred to breathing in smoke produced by smokers. However, the language of ‘secondary’ or ‘second-hand smoke’ was not used, and there were some misconceptions that “passive smoking” meant “chain-smoking” or being a regular smoker.

There was a widespread view among smokers that the government introduced the smokefree law to influence the health of smokers and to reduce the burden on the NHS, but not necessarily in response to the dangers of ETS exposure. Ex-smokers, on the other hand, were rather more inclined to link the smokefree law to reducing

the risks associated with passive smoking, particularly for non-smokers, children and, to a much lesser extent, bar workers. There was a strong view, especially among disadvantaged participants (both smokers and ex-smokers), that the smokefree law was being introduced in response to an increasingly 'anti-smoking climate' and that non-smokers were primarily responsible for driving the legislation.

Younger smokers especially said that they were 'unconvinced' or felt that the risks associated with passive smoking were exaggerated. Older, established smokers were more inclined to express outright scepticism and to dismiss the smokefree law as a 'draconian' measure introduced by a government intent on further eroding personal freedoms:

I honestly feel that this [passive smoking] is a term that has been invented by the health Nazis. (L3M98)

Overwhelmingly, children were identified as being particularly vulnerable to passive smoking because their bodies were still developing. However, some felt that the risks diminished as children grow and, as a consequence, their home smoking restrictions had been relaxed as their children aged. Many smokers framed themselves as 'considerate' smokers who took non-smoking adults into account but, in contrast, often used the language of 'protection' when describing measures they took to avoid exposing children to second-hand smoke:

I try to be considerate, you know, and hold my cigarette away or try and blow it in a different direction to the person I'm sitting with, whereas other people might, you know, they just don't care. (L3M119)

I just think it's cruel of people, like when their kids get asthma, I feel like saying, 'What do you expect if you're going to smoke all the time in front of them?' (L6F122)

Stakeholders were convinced that the smokefree law would reduce exposure to passive smoking, with particular benefits for non-smokers, children and those with respiratory problems. They highlighted the potential advantages for smokers and the wider environment, although one local authority enforcer claimed that the smokefree law was primarily intended to outlaw smoking.

4.1.3 Anticipation of the legislation

There was a clear sense of optimism among many smokers that the smokefree law might encourage them to quit, cut down or, in the case of ex-smokers, avoid lapses and relapses. However this optimistic anticipation was not universal, particularly amongst disadvantaged smokers and older advantaged smokers, who said that smokefree would have little or no impact on their current level of consumption or that they would simply adapt their smoking behaviour – by going outside or avoiding certain places -- to comply with new restrictions.

Few anticipated much impact in homes and workplaces which were commonly described as already smokefree or subject to restrictions. Those in a smoking cessation role were particularly likely to express concerns that children might be more at risk if smoking were to be displaced into the home. The accounts of some Bangladeshi and Pakistani participants suggested that this might be a particular problem within their communities. Since much of their socialising was conducted in each others' homes, there was an anticipation that there may be more smoking at

home in general. In particular, some highlighted a cultural dilemma with regard to their relationships with older community members who might wish to continue smoking in people's homes.

The broader consensus, however, was that that socialising behaviour would remain largely unaffected, although female participants in a variety of localities anticipated that they would go out less often to places such as cafes. Some young female smokers in a disadvantaged locality expected that clubbing would not be so much fun. There was concern too that older smokers might become more socially isolated.

While the dominant view was that the smokefree law would bring health and environmental benefits to individuals and communities, there was concern that some businesses, such as bingo halls, working men's clubs, shisha bars and pubs which were unable to cater for smokers, would lose out. Smoking cessation workers were also worried that the smokefree law might further widen health inequalities and offer little benefit to ethnic minority communities. Participants expressed widespread concerns about an inevitable increase in outdoor smoking and the attendant nuisances of more litter and to a lesser degree, noise and potential social disorder.

There were also concerns that smoking would become more socially unacceptable and that this was likely to have a negative impact on smokers:

I've seen people turn their noses up because you've got a cigarette in your hand, even outdoors. (L6M103)

A small but vocal minority of mostly older, established smokers saw few benefits and complained about infringement of rights and the 'nanny state'. Nevertheless, most respondents, stakeholders and panellists alike, believed that there would be widespread compliance with the smokefree law, and only a small minority, largely younger disadvantaged smokers, said they planned to flout the law:

I think I will probably just smoke on the sly and keep me head down. (L4M26)
I'll just sort of smoke underneath the tables or something like that. (L1F10)

4.1.4 Preparation for the legislation

Panel informants across all localities, although less so among disadvantaged smokers, said that they had begun to prepare for the implementation of the smokefree law. The changes in the law were a major talking point among many smokers and, in some cases, smokers said that they had already cut down or had set a quit date. For the most part, however, this was confined to smokers living in advantaged or mixed economic circumstances:

It's [forthcoming smokefree law] gradually helped me to cut down so I suppose I'm more prepared for it really. (L3M62)

I am thinking of doing it on 1st July and I have bought an inhaler so I am going to see the doctor on 1st July. (L5M92)

Others who were actively decreasing their smoking attributed this to the smokefree law in combination with other factors, while older critics made a point of saying that their cutting down or quitting was not due to smokefree:

I'm stopping smoking because I want to, not because I have to for this, that and the other. (L5F112)

Workplace preparation was much less evident, although there was some suggestion that participants were being kept informed by employers about the implications of the forthcoming smokefree legislation for their workplace. To a lesser degree, participants described signage being displayed and smoking facilities being removed. With the exception of those working in the hospitality trade, stakeholders talked about working in strategic partnership with others, for example, primary care trusts in the south and the regional tobacco control office in the north, to inform and raise awareness in their communities about the forthcoming smokefree law. Smoking cessation workers made special efforts to promote the idea of smokefree environments which would benefit everyone and to dispel notions of a 'smoking ban' which people saw as unfairly targeting smokers.

Observations conducted prior to the implementation of smokefree revealed that organisations in both of the mixed socio-economic localities were more likely than their advantaged and disadvantaged counterparts to have made changes in advance of the law being implemented. In most cases, these were cafés or bars which had already established smokefree areas and, in some cases, advertised social and promotional activities. Exceptions to this were 'greasy spoon' cafés in both mixed localities which appeared to be a haven for smokers and which allowed smoking in the greater part of their establishment pre-July 1st.

Apart from a bowling alley and a large pub which were both part of national chains, little preparation for the new legislation was evident within organisations in both disadvantaged localities and in the northern advantaged locality. There was also some flouting of existing smoking policies in northern cafés by both patrons and staff. The most notable example of this was a community café which served a largely disadvantaged population. Although the café itself had been smokefree for two years, local customers routinely ignored numerous large no smoking posters in the adjoining indoor arcade, effectively establishing this as the café's 'smoking area'. In other establishments, existing rules were sometimes relaxed, for example, when football matches were being screened. It was also fairly common to see patrons of pubs and betting shops smoking at the bar (or counter) in apparent contravention of notices prohibiting this behaviour.

4.2 The impact of the legislation on tobacco consumption

4.2.1 Assessing tobacco consumption

The assessment of tobacco consumption, including changes in levels of daily consumption, is a complex and challenging process that has to address the contextualised and dynamic nature of much smoking behaviour. Respondents frequently gave contradictory estimates of their daily consumption and sometimes excluded from their calculations of daily consumption cigarettes that were only smoked socially, even if their social smoking was a regular occurrence. These extra cigarettes were evident when reviewing the detailed daily grids that mapped smoking across a 24 hour period. Respondents' global self-report estimates of their daily consumption – such as "10 a day" – were often inconsistent with the more detailed consumption revealed in the course of the interviews and recorded on the daily grids.

Pre-legislation (wave 1) the daily cigarette consumption levels for the sample were somewhat lower for all localities (tables 4.1 and 4.2) than the national daily consumption figures for England in 2006 (table 4.3).

Table 4.1 Daily cigarette smoking consumption of achieved baseline sample at wave 1, by locality (n=106)

Daily cigarette consumption	South			North			All areas
	Locality 1	Locality 2	Locality 3	Locality 1	Locality 2	Locality 3	
<1	0	1	0	0	0	0	1
1-4	2	1	3	1	1	1	9
5-9	8	7	6	4	2	3	30
10-14	2	3	2	1	4	5	17
15-19	0	3	0	6	2	3	14
20-24	1	1	3	3	2	1	11
25-29	0	0	0	0	1	0	1
30+	1	0	0	1	0	0	2
Ex-smoker	3	3	5	1	5	4	21
All	17	19	19	17	17	17	106

Table 4.2 Daily cigarette smoking consumption of followed-up sample at wave 1, by locality (n=72)

Daily cigarette consumption	South			North			All areas
	Locality 1	Locality ..2	Locality 3	Locality 1	Locality 2	Locality 3	
<1	..0	..0	..0	..0	..0	..0	..0
1-4	..2	..0	..2	..1	..1	..1	..7
5-9	..7	..5	..3	..3	..2	..1	21
10-14	..0	..1	..1	..1	..2	..5	10
15-19	..0	..3	..0	..4	..2	..2	11
20-24	..1	..1	..3	..2	..2	..0	..9
25-29	..0	..0	..0	..0	..0	..0	..0
30+	..0	..0	..0	..1	..0	..0	..1
Ex-smoker	..3	..1	..3	..0	..3	..3	13
All	13	11	12	12	12	12	72

Table 4.3 Daily cigarette smoking consumption: England, 2006 compared to wave 1 respondents (n=106)

Daily cigarette consumption	England, men*	England, women*	ESME wave 1
	%	%	%
<10	33	36	47
10-19	37	42	36
20>	30	22	16

* Source: Health Survey for England 2006

4.2.2 Patterns of change in consumption

Table 4.4 shows the changes in consumption for panel respondents between pre-legislation (wave 1) and wave 3, separately for smokers and ex-smokers at wave 1.

Table 4.4 Changes in daily cigarette smoking consumption from Wave 1 to Wave 3 by locality and smoking status at Wave 1.

	Changes in consumption			
	Quit	Decrease	No change	Increase
Wave 1 smokers				
Locality 1 (n=13)	1	7	1	1
Locality 2 (n=11)	3	5	0	2
Locality 3 (n=12)	1	4	4	0
Locality 4 (n=12)	1	10	1	0
Locality 5 (n=12)	3	5	0	1
Locality 6 (n=12)	2	5	1	1
Total (n=59)	11	36	7	5
Wave 1 ex-smokers				
Locality 1 (n=3)	-	-	0	3
Locality 2 (n=1)	-	-	1	0
Locality 3 (n=3)	-	-	3	0
Locality 4 (n=0)	-	-	0	0
Locality 5 (n=3)	-	-	2	1
Locality 6 (n=3)	-	-	3	0
Total (n=13)			9	4

There were changes in all localities in consumption between wave 1 and 3. Most of the panel who were smokers at wave 1 had either decreased (36/59) their smoking or quit (11/59) by wave 3. A small number of smokers had either not changed their level of consumption (7/59) or had increased their smoking (5/59) since wave 1. Most of those who had quit prior to the legislation were still quit at wave 3 (9/13); a minority (4/13) had relapsed. There were no obvious locality effects or patterns, nor were there any age or gender differences. Similarly, there were no clear patterns linked to ethnicity, though all the Bangladeshi men who were ex-smokers at wave 1 had relapsed at wave 3; these were the only ex-smokers in the panel who relapsed. The dominant pattern of change in the sample was therefore one of reduced consumption, either through decreased smoking or quitting. Most of those who decreased their smoking but had not quit were smoking around one to five fewer cigarettes a day.

Of those who quit, some said that they had found the legislation helpful in encouraging and maintaining quitting.

I wouldn't smoke outside because there's a certain stench that you get when you're smoking cigarettes outside. It's like when people used to go, you know, for a cigarette outside work and that and it's just clinging...and it's like outside now is a different thing altogether, so I've never really been one for that and I think in a way, that the smoking ban has definitely helped. Originally I think that's why I packed it in the first place. (L5F78)

Case study 1: Smokefree and quitting

At the time of her first interview ND, a white, 33 year old lone parent lived with two teenage children in a large rented flat with outside space in a well-to-do part of the local area populated largely by students and families. She had a long-term partner who stayed over a lot and had recently set up a small costume design company employing one other person. Her partner smoked more than she did and was trying to cut down by using Nicorette. Her daughter also smoked and ND discouraged her as much as possible, for example, by not smoking in front of her or allowing her to smoke in the house. ND seldom smoked in the house, occasionally in kitchen/dining room area if friends were round. Visitors also mostly went outside to smoke but rules were sometimes relaxed when her children were not present. ND first tried smoking at a very early age and took it up regularly in her teenage years. She had stopped on several occasions (e.g. when pregnant), sometimes for over a year, but had always gone back to cigarettes because she enjoyed socialising with friends, many of whom were smokers. She smoked about 10 cigarettes in an average day but said this could vary depending on her stress levels and the frequency of her socialising. She described herself as a 'social smoker' rather than someone who was addicted to the nicotine. She applied a lot of restrictions to her smoking, for example, never smoking on a Sunday or when out on the street. ND acknowledged that alcohol tended to fuel her smoking and she had been trying to reduce her cigarette consumption for some months in anticipation of the smokefree legislation.

At wave 2 ND reported she had quit smoking altogether soon after the introduction of smokefree and had temporarily stopped drinking, although she planned to resume this at some point in the future. She had not find quitting particularly difficult and said the smokefree law was very helpful in this regard, in particular limiting her exposure to others' smoke. Her partner's (and daughter's) continuing smoking caused some difficulties, for example, she disliked smelling smoke on them and felt socially awkward staying inside when her partner and friends went outside to smoke. ND's flat was now completely smokefree, with no exceptions, and all smokers soon got used to going outside to the back yard to smoke. ND had also taken up yoga and had noticed significant health and economic benefits, including developing her business by re-upholstering seats in pubs and cafes that had been damaged by cigarettes.

By interview 3, ND had lapsed once at New Year but had not smoked since and seemed very determined to maintain this. She had also largely given up drinking and taken advantage of a free massage service which she said helped with stress. Her exposure to smoke had been further reduced as a result of limiting her visits to smoking friends. Although she regarded her partner as a "diehard" smoker, he always went outside to smoke and her flat remained smokefree. Her daughter had moved into her own flat and was still smoking, but ND continued to prohibit her smoking anywhere near her flat.

Some indicated that the legislation had made it more uncomfortable or difficult to smoke outside, which may have been a factor in their decision to quit:

It was about a month before Christmas actually. I don't know whether it's due to not being able to smoke in pubs or not, I'm not sure. I think it was due to

possibly a few friends stopped smoking as well. And, yeah, it just sort of went from there. A few friends stopped and then probably having to go outside pubs and due to sort of friends within the group not going outside I suppose you just think, 'oh I don't wanna have to go outside again.' Not sure. (L3M62)

When friends, workmates and significant others stopping smoking this was seen as supportive:

My boyfriend stopped as well so that kind of pushed me because I stopped too, and because as soon as I started as this new job no one really smokes there whereas before in my old job a group of people always used to come down and smoke with me, so I guess it's just a "oh I'm going out by myself", I'll just stand have, have my cigarette and so back in. I think it was those main three things that made me think that I should stop now. (L2F19)

There were respondents who were motivated to quit for other reasons, such as health or pregnancy:

I am a non-smoker, yes. I don't smoke anymore...Because I've always wanted to stop, but obviously, you know, there are some times that, like when friends are around or went out with them, obviously they encouraged me, you know, or it's you just thought, it's only one or two, so it doesn't matter, but when I became pregnant and that's when I thought, no. Even a puff would harm the baby. (L1F53)

Reduced smoking was perceived by some as being largely shaped by the environmental constraints associated with the legislation rather than by a personal and conscious decision to effect a change.

No, I haven't tried to quit but I have cut down as a result of, you know, being in places where you can't smoke...And that's, that sort of, you know, cuts it down, you know, I mean occasionally I have, I have a drink in the pub and that but it causes me to smoke less, obviously, and, you know, you can't sort of go into any public building now and smoke or any building, you know. (L3M98)

Others were aware that they had cut down considerably when out socialising:

Generally because we're going to have to go outside at some point in order to have a cigarette, it does, it cuts down, you know, massively on the number of cigarettes we're smoking. A lot fewer. A lot fewer. It used to be a case of going out and, and being able to get through a packet of 20 within a night, and now there's not a chance that I'll do that. It's probably cut it by half. (L2M7)

Inhibitions about smoking outside were mentioned:

A lot of people find it difficult to really want to smoke outside, like we are doing before...it's very difficult for me to start smoking on the street. Lots of talk of now, can't smoke on the street. (L4M37)

A respondent, reminded by the interviewer that she had signalled a plan to quit at the time of the first interview, said:

It's more of a cut down. (L6F114)

Some had cut down to the extent that they smoked only occasionally, rather than on a daily basis.

I have cut down. I might have one or two here and there but I don't really smoke that much anymore. (L3F64)

It seems that respondents may well have decreased their daily consumption, but were not necessarily aware that they had done so; their perception of how much they had smoked previously did not necessarily accord with their detailed accounts in the course of wave 1 interviews. For example, in one case, a respondent had decreased consumption by almost 10 cigarettes a day (according to the detailed scrutiny of the interview and the daily grid) between the first and final interviews, but, when asked about changes in levels of smoking, responded:

Well, I've not been like a, how do you say, like a heavy smoker, smoking like 20 a day. Maximum I smoke is like ten. Some days it will be like five. (L4M28)

Some were aware of the reduction in their daily consumption, but did not see this as a positive outcome and remained hostile to the legislation: the reduction in their smoking was seen as imposed rather than sought.

There's been changes when I've been out. You've got to go outside and light up so that has, sort of, if I do go out I don't smoke as much as I used to. So that's the only effect it has had, not intentionally, kind of forced upon. (L4M45)

However, despite hostility and resentment in some quarters, some who had been negative about the legislation at wave 1 became very positive by wave 3. For example, one person who became only a social smoker by wave 3 said:

It's helping a lot of people like me reduce smoking.I think it's a good one. But the first time I wouldn't have said it's a good one but now I think it's a good one. Indirectly it's helping a lot of people quit smoking or cutting down on their habit, on their smoking habit. It's helping a lot of people health-wise. (L4M37)

4.2.3 Enforcement and breaches

Predictions that the smokefree law would be widely flouted were largely unfounded. In every locality, interviews with panel members and stakeholders and observations confirmed that, despite a few accounts of small-scale and isolated incidents of flouting, there was a high degree of compliance from 1st July. Those working in the hospitality trade and those in a smoking cessation role were pleasantly surprised.

Customers know the rules now anyway. They're smoking outside; if they want a cigarette, they walk outside. Yeah, all, all of the customers, they understand the law, and, and nobody tries to smoke inside the café at all. (L3, Café owner).

Some felt that widespread compliance resulted from cultural norms (for example, that Britain is basically a law-abiding society), while others put greater weight on the high risk of being caught and issued with a fine. Only a few northern participants actually knew people who had been fined and one smoker described how someone had reported his workplace for breaching the smokefree law:

The council came in and served us with a warning. They actually came in and said to us: "We've had a report that somebody's been smoking in the upstairs offices." And, of course, "Well, you can come up and check." Nobody had been, actually, at the time he was there. I'm not saying it didn't happen [laughs]. So then there was a clampdown. That was the reason for that. (L6M103)

Responses to these breaches varied somewhat depending on the particular circumstances. In venues such as large clubs, where illicit smoking was more difficult to spot, and in some workplaces breaches seemed to go unchallenged. Some participants also felt that business owners might continue to flout the law in their own premises. It was unusual for participants to talk about proprietors knowingly allowing their customers to smoke:

A couple of restaurants will [allow smoking on the premises]. They go round the back and they close the door. If it's raining and we don't want to go outside, because we're good customers and they don't want to lose us. (L6M103)

One young smoker reported that some pub owners allowed loyal, long-standing customers to smoke at the end of the night:

But some of the people are very strict about the law. They don't let you, down there [south] they don't even let you spark up a cigarette in the middle of the doors. (L4M34)

Northern participants in particular described instances of smokers "pushing at the boundaries" of the smokefree law (e.g. people lighting up on their way out of a pub, or groups of smokers huddling inside doorways in inclement weather). This behaviour was also noted by the researchers when conducting observations, particularly in nightclubs and pubs. However, the pre- and post-legislation observations in social and leisure settings recorded only a small number of obvious floutings of the new law. In one instance, an older smoker openly smoked a cigarette in the enclosed arcade within which the community café is situated; in another, a young lad stood smoking inside the bar, having 'blagged' the cigarette from an older man, possibly his grandfather. Boundary smoking was observed in a few locations, mainly smokers lighting up on their way out, or smokers huddling in doorways. Illicit smoking was also observed in a bus station comprising a mix of fully enclosed and semi-enclosed areas. In a night club, the researchers noted the following:

On our last visit to the smoking area, we observed a 20ish year old man chatting to a girl and smoking, even though he was at the top of the stairs leading to the outdoor area. A member of staff spotted him quite quickly, which we were surprised about as it was not in the main area and could easily have been missed. He was politely asked to extinguish his cigarette, which he did. The girl was denying that she had smoked and they were fine with being told off. [L2, observation in nightclub post-legislation].

Stakeholders noted what they regarded as the success of rigorous preparation and a 'softly softly' approach to enforcing compliance. In the north, domiciliary care and work vehicles and in the south, shisha bars, were identified as areas requiring careful monitoring but, for the most part, stakeholders felt that there had been few problems with implementation and compliance. Fears of a downturn in trade amongst those working in the hospitality industry had also proved largely unfounded. Shisha bars, for example, had moved more activities outside.

4.3 The impact of the legislation on social behaviour

In this section, we consider the ways in which the legislation impacted on people's lives: on their interactions with partners, children, friends, colleagues; on their social activities; and on the places where they spent time or visited – their homes, workplaces, bars, cafés, clubs, restaurants, the street and their local community where, before the change in the law, they may have smoked freely.

4.3.1 The home, family and children

As before the enactment of the smokefree legislation, participants' smoking and exposure to smoke was, for the most part, embedded in relationships with family and significant others in their lives. Although the smokefree legislation was often perceived by participants as having had no major effect on their relationships, it undoubtedly created shifts in the social and cultural contexts of smoking; social networks were an important influence on behavioural responses to the legislation.

Routines

While consumption might vary considerably day to day depending particularly on an individual's social activities and their social networks, many people had routines connected to smoking. At home, these were very much associated with the use of cigarettes to define a 'break' in activities and had an almost ritualistic significance – something they always did.

Mostly I smoke when I have something like tea, coffee or dinner, lunch, that's the time I smoke (L1M14)

When someone quit smoking, their tea and coffee consumption was often reduced and, conversely, when people reduced caffeine intake, their smoking reduced.

I would just drink coffee and a cigarette as well, because my, the combination I have is coffee cigarette; it goes together. I still have one cup of coffee in the morning. I used to maybe have two to three cups of coffee. Now I'm having only one. I did cut down on coffee, less on cigarettes than coffee, but I'm hoping that the cigarettes will come afterwards. (L2F60)

An older male smoker who quit smoking because of the smoking legislation no longer smoked with drinks at home, but recalled how much he used to enjoy it.

So my things are like smoking with a drink, or smoking after a meal you know...Even in the house after a meal. Yeah, but err, certainly, as I say, it's the drinking I think more than the meal thing.... (L5M92)

Rules and restrictions

Pre-legislation, respondents' accounts indicated that many already had 'rules' about smoking in the home, either in the form of restrictions about where smoking could take place or prohibitions on any smoking. There were changes over time with the introduction of self-imposed restrictions on smoking in the home, but these were rarely attributed to the smoking legislation. In all localities, smokers who had introduced smoking restrictions in the home since the smoking legislation, or who no longer smoked in the home, generally ascribed this to other factors: health, aesthetic considerations, a baby in the house, or house moves were cited, among other 'reasons'. Indeed, respondents would deny that the legislation had influenced them, dismissing the notion that the legislation was a factor in decisions about smoking in the home. One insisted that she did not know anyone who had given up smoking or introduced a no-smoking policy in their house because of the smoking legislation.

Not because of the ban. No, no, it's just they've given up for health reasons. If, if, if they've given up...and they, the reason they give up is because their health. They don't want smoking in their house or they don't want nicotine staining, so that not because of the ban. (L3F97)

I mean the house needs gutting...All the double glazing, the facia, is brown. It's totally just nicotine. And that's another reason why I won't smoke in the house because obviously it does stain. (L6M107)

Nevertheless, it was also apparent that the smoking legislation, coupled with growing awareness of the health risks of smoking, might have been a contributing factor in decisions by some to restrict smoking in their own home.

I used to have tabs in the house and the rest so I only smoke when...when I'm around my friends and we are out. The smoking ban actually has done a lot of good to... It's helping a lot of people like me reduce smoking. (L4M37).

The legislation appears to have provided a platform to justify and enforce non-smoking policies at home to others. For example, a former regular smoker who post-legislation only smoked occasionally said:

Nobody smokes [in the flat]. No, I won't let them. (L3F64)

An ex-smoker noticed that more of his friends had recently introduced smokefree policies at home, and thought that the smoking legislation was a “contributing factor”.

I don't think the ban actually made them make that decision but it may have had a contributing factor...they've also now got young children, they know it's not healthy, you know, and therefore they say, “Right, no smoking in our house.” But, you know, they haven't said, “Because of the ban we are now adopting it to our house” But I dare say it had a contributing factor to it. (L3M63)

Within the more disadvantaged localities, the presence of babies and young children was associated with restriction, but not necessarily total prohibition, of smoking in the home. A young male smoker in the north, for example, said that he and his partner smoked outside the house and “definitely” not upstairs near the baby.

We continue not to smoke in the area where she is, you know, because when she was teething and we went to get, when she was teething and stuff, so we don't smoke in this room because she comes round so we don't want her to come in the smoke area. (L4M34)

A participant in a focus group comprising South Asian men expressed his concern that his children might imitate his smoking:

It's one of those things. You see but now everybody's got to, I mean for my children, they're watching me smoke, like I know they wander round, going daddy [children mimic dad smoking a cigarette]. Do you understand, I'm worried about that? I don't want them to be smoking. (FG7L4, Pakistani men)

Changes in smoking in the home were also attributed, particularly among young people in the south, to moving into a new flat where smoking inside was not the norm

or living with non-smokers. A male smoker in the south had moved into a flat with a couple who smoked, but they all smoked outside.

I can probably smoke in my room because there's a big window that goes open like that, smoke out of the window. I don't know. It's just nice to go outside and smoke outside. It's kind of nice, because then if I smoke in my room then all the smoke will go into my clothes and it's not good. (L2M123)

For similar aesthetic reasons, a young female smoker no longer smoked in her home. She had split up with her smoking boyfriend with whom she used to smoke in the evenings, had purchased her own flat and now had a non-smoking flatmate.

My flatmate at the moment, he doesn't smoke, so it's just not fair on him. Plus I don't really want my flat to smell of smoke! [laughs]. (L3F69)

There appeared to be a greater awareness or sensitivity post-legislation to the legitimacy of others' dislike of smoking in the home.

We found out that our neighbours upstairs were getting smoke up through something, and so we stopped smoking indoors as a result of that, but it was kind of the idea that we were going to do that anyway. I think neither of us wanted to have a smoky house. (L2M7)

Some participants commented that not allowing smoking in the house was becoming more commonplace and that people were more used to having to go outside to smoke.

It's funny, because on my balcony, and there's another couple that live there, and she doesn't smoke and her partner smokes [laughing] and he's always out on the balcony smoking! Quite a few people have gone that way, haven't they? You know, they don't like smoking in their house at all. (L2F3)

Exceptions to smoking rules in the house were evident in all localities, suggesting that rules were at times aspirational rather than absolute, and were disregarded under certain circumstances, for example if 'disapproving' family members were away, or having a 'sneaky' cigarettes out of the window.

We obviously we don't smoke in, my daughter[']s room], she's a non-smoker...so we don't smoke upstairs. My husband, oh, I catch him sneaking in our bedroom sometimes... having a cigarette but the rule really is not to smoke in the bedroom, if possible. (L3F97)

I mean well [laughs] they seem to change quite at lot. I think when we moved in here, the first rule was that we weren't going to smoke in the lounge. We decided to smoke in the kitchen, is because we've got laminate flooring and I think, you know, the carpets pick up the smell of the smoke more and so do the curtains and...so that's why we sort of limited it to the kitchen. But then we sort of went through a period of, well we're not smoking in the kitchen, we'll just, if you want a cigarette you either have it in your room with your door shut, or you go outside... Yeah, so we do sort of have rules, but they're often changed [laughs]. (L2F23)

A panel member who was the only smoker in the house said:

[I usually smoke] outside. But this morning I did have one out the bathroom window but me partner ... doesn't like the smoke. I don't like smoking ... so I usually go outside. (L6F118)

Rules and restrictions in other people's homes

Smokers, particularly in the north, said that their patterns of smoking when visiting other people's homes were generally guided by the rules of those they were visiting. If friends or family members smoked in the house and smoking was permitted, they would smoke in the house too. If smoking was not permitted in the house, they would smoke outside or not at all.

I'll generally go by the rules that they have themselves... I have friends who live locally here and if they want a cigarette, they go out the back garden, and that suits me, I'll do that, or if I go out to another friend's house and he is happy smoking in the lounge, I'll smoke in the lounge. (L6M103)

It was apparent in all localities, however, and particularly in the south, that smoking in the home had become increasingly uncommon and not simply in the wake of the new legislation. An ex-smoker in the advantaged southern locality said he did not know anyone who allowed smoking in their house.

But nobody has ever asked to smoke in the house. Because it just ...it just would never happen. You know, it's just one of those things, I can't even imagine, it's just beyond the sort of ... Unless you were both really heavy smokers I can't even imagine anybody smoking inside the house. It's so far left field, sorry. (L3M68)

A young male Bangladeshi smoker recalled the unusual experience of smoking inside a house.

One friend of mine...he's married and he has kid,...he smokes in his house and he lets us smoke in his house. It's a very strange sensation because his house is the only place that I smoke inside in the house really and, yes, his father used to smoke, so he smokes but his wife doesn't mind. (L1M51)

Smokers tended not to ask if they could smoke when visiting friends or relatives who had quit smoking, were non-smokers or had smokefree homes, or if they themselves did not smoke in their own home.

Well, my father-in-law's just given up smoking for health reasons, you know, so... he doesn't smoke now, so, and neither does my mum and dad. He's just given up smoking, health reasons. And they don't smoke in their house and we don't. If they smoked in their house, we would smoke there but most, most people we do tend to visit...are non-smokers...and we wouldn't even ask to smoke in the house. (L3F97)

I mean friends I think, I just kind of suggest that [they smoke outside] and friends that know me they know that although they may smoke in their house...but I don't smoke in theirs. So they do have that when they come, but they know that I don't smoke in the house so they wouldn't. (L4M43)

A male Bangladeshi ex-smoker who had had many quit attempts smoked shisha every night in friends' houses as a substitute for smoking cigarettes.

When I smoke cigarettes, I don't tend to smoke shisha that much, I do now and then but, when I did give up cigarettes, I would smoke shisha, that's, that would probably be every evening. (L1M12)

Displacement

There was no evidence of a major shift from public to private smoking; for the most part, people said that they were not smoking more at home. However, within the less advantaged localities in the north, there was a small number of smokers who said they now smoked more in their homes since the legislation was enacted. A young white male smoker explained:

Yeah 'cos you know we don't go out much no more you know like we used to. Because where we go out it's only um, uh, how do you call it? It's not regularly. It's only on special occasions. (L4M34)

Similarly, some older long-term smokers suggested that they smoked more at home now than prior to the legislation. This was attributed to the difficulties of smoking outside and a feeling that they could not have a "proper smoke", one that would keep up their nicotine levels:

After a few hours, yeah, just say I go out and I can't smoke. When I get indoors, I light a fag up, cigarette, call it what you want, right, I guarantee you, within 10 minutes I'm lighting another one up to get the nicotine that the body requires. It's a level, it's going up and down. When I could smoke anywhere, ok, the level was normal. (FG6L3, Older men who frequent licensed premises)

A female smoker within another group discussion said:

Well, before going out I'll have an extra fag, I have to say, no only if I'm going out for the evening. Rather than wait till I get there, yeah. (FG5L2, Mid-life women)

Others attributed increased smoking in the home to the growing social stigma attached to smoking and the increasing restrictions on smoking on housing estates.

I mean I don't go out that often, but as...becoming a stigma attached to it now. Yes, definitely. And I'm not saying that's preventing us from doing it, 'cos it's part of brazening it out anyway, but it just makes you feel uncomfortable. (L6M103)

Smoking and relationships

Participants' accounts suggested that smoking played a role in their relationships with spouses, partners, friends or family. Smokers who had family members who also smoked generally continued to smoke with them, as they had before the legislation. A young male smoker in a disadvantaged locality, for example, said that all his family continued to smoke; the only difference was "having to stand outside". A female smoker in the same locality regularly smoked with her son at 3.30pm when he came home from school. Similarly, a young white male smoker smoked with his grandmother, the only two smokers in the family.

It's just me and her. At night or something we'll have a chain-smoking session [laughs]... I think from a very young age she was a smoker. (L5M89)

In couples where both parties smoked, partners tended to mirror each other: smokers with smoking partners continued to smoke with each other, while others said they and their partners both had plans to quit smoking. Rarely would one partner break away and quit while the other remained smoking.

[My] wife normally finishes work at half past five, so I'm in the pub maybe from quarter past four to 6 o'clock. And I come home and have my tea. So I might have a couple of cigarettes over there. When she finishes work, she'll come over for a couple of cigarettes before we come home and sort things out. (L6M107)

Significantly, in all areas but particularly in the south, those who had quit or wanted to stop smoking often did so in the context of quitting by other family members or significant others (such as partners). Participants in the south were also more likely than those in the north to indicate that their parents or other significant people in their lives disapproved of their smoking, supported their quit attempts or encouraged them to stop smoking.

My boyfriend loves it [that she has quit smoking]. Mother is absolutely pleased [laughter]. She is just like "Oh." We had family over and she said "Look, she's stopped smoking for three weeks", because I was like "It is only three weeks", but she was just happy. (L2F19)

An ex-smoker (L3M68) said that he was going out more with his non-smoking partner because smokefree environments had opened up a "whole new world" for them.

Although there was evidence of partners either quitting together or both continuing to smoke, there were examples where those who had quit smoking (especially in the north) remained exposed to family members' smoke. An older female ex-smoker in the advantaged locality in the north said her husband still smoked after unsuccessfully trying to quit. Another quitter referred to her father as someone who would "never, never stop smoking", and, of her partner, she said:

I mean there's the diehards [like her partner] ...that feeling that he's not going to stop... 'cos he enjoys smoking. It's, you know...he's kind of cut out his drinking and stuff like that...only little thing that he has now, so...you know, you've got those type of smokers. (L5F78)

There were differences associated with ethnicity. Smokers from ethnic minority backgrounds, particularly young female smokers, were more likely than those from white backgrounds to hide or lie about their smoking to family members or significant others in their lives. A young African female smoker who smoked in her bedroom in her mother's home said:

And even when mum's around I actually do [smoke] because the window's open. But she's got such good senses she still manages to smell it. She wakes up, she's like, what's that smell? Are you smoking? And I'm like "No, I'm in bed". So, in my bedroom yeah, but I make sure the window is wide open. (L1F47)

Case study 2: Cutting down in anticipation of quitting

At the time of the first interview PK was a 24 year old white male smoker living in a one bedroom flat with his girlfriend, also a smoker. He had started smoking at the age of 18 when he began working in a pub and wanted to be part of the smoking and drinking pub culture. PK considered smoking an addiction and was particularly likely to smoke when out socialising and drinking in pubs with his friends, most of whom were smokers. He claimed that his girlfriend was more addicted to cigarettes than he and that being with her encouraged him to smoke. While he and his girlfriend talked about quitting, he thought she would find this more difficult than he. Her mother had recently died of cancer and had "smoked like a chimney". However, this had not stopped his girlfriend from smoking. PK's parents did not smoke and disapproved of his smoking, particularly as he was asthmatic.

PK smoked about 14 cigarettes a day at wave1, down from 20 a day when he worked in pubs. He and his girlfriend smoked in their flat, though he said he preferred to have a smokefree house. They smoked their first cigarette in bed in the morning with a cup of tea. They also smoked in the local greasy spoon café where they often had breakfast. PK worked for a bookmakers developing on-line information. The office had a no-smoking policy and he took frequent cigarette breaks outside on the steps. He smoked most at the pub where he could smoke 20 cigarettes in one evening while drinking and socialising with his friends. He considered that pubs were 'vice places' where smoking should be allowed. In contrast, he did not think it appropriate to smoke around food in restaurants. He hoped that the smokefree legislation would encourage him and his girlfriend to give up smoking, though he considered himself "weak willed" and enjoyed smoking.

A year after the first interview, PK had cut down from smoking 14 to about 10 cigarettes a day. He attributed this partly to not smoking so much at home. His flat was now smokefree after he and his girlfriend decided not to smoke inside when they found out that their neighbours were affected by their smoke. They smoked outside on a roof terrace. PK was also smoking less at the pub and in snooker halls because it was more difficult to smoke there. He had adapted quickly to smoking outside at pubs, however, and most of his friends still smoked. He smoked about the same amount at work.

PK and his girlfriend were engaged at the time of the final interview and they had bought the Allen Carr book in anticipation of quitting smoking. They had planned to quit the previous summer, but this had not happened. He thought that the smokefree law was a good thing that was here to stay, and that it had helped him to cut down a little on smoking.

Male smokers from South Asian backgrounds were also more likely to say that their female partners or relatives disapproved of their smoking, encouraged them to quit or were increasingly unhappy about their smoking since the smoking legislation was enacted.

To be honest actually I think it's probably being talked about in houses but it hasn't really...if someone wants to smoke in your house...it depends really, everybody's got their own...like my household, my wife doesn't smoke and doesn't like smoking. I've got three boys, so I tend to, if I do any smoking I've had to stop smoking inside now. I smoke outside. But that's to be honest due to our little boys. (FG7L4, Pakistani men)

Case study 3: Cutting down

At wave 1 MK, a 26 year old single Bangladeshi male smoker, lived in a four-bedroom house in a disadvantaged southern locality with his parents and five siblings. Following cultural respect rules, he did not smoke in the house or in front of his parents or siblings. His father, however, smoked in the living room and kitchen, though he no longer smoked in his bedroom after the family intervened because their mother's health was suffering. MK's parents disapproved of his smoking, but from the age of 21 he had openly acknowledged that he smoked. If his mother asked, he was always in the process of quitting. He and his two brothers ran a local film production company and did not smoke in their offices, but took smoking breaks in an indoor smoking area in the hallway. MK smoked about five to eight cigarettes a day, usually to mark the end of a task, with tea/coffee or after meals. MK smoked in cafes, restaurants and bars with his girlfriend or a group of friends. He smoked a packet of 10 when out socialising, though more when clubbing (12-15 cigarettes in an evening) because he was there longer and drank more so lost track of how many he smoked. In the past, he had made two serious attempts to quit smoking, but lapsed after two weeks when out socialising. MK was ambivalent about the impending smokefree legislation, anticipating that it would negatively affect him since he would not be able to smoke downstairs at work with a cup of tea, talking with colleagues. He anticipated smoking less when out socialising especially in cold weather, and that he and his girlfriend would go out less.

At the second interview (wave 2) MK had cut down from smoking eight to four cigarettes a day and from 10 to 5 cigarettes when out socialising. He smoked less at work because he could not easily go out for a quick cigarette in the hallway. He had switched from smoking Silk Cut cigarettes to roll-ups because they were cheaper. He didn't like them so much, so smoked less, and he could control the amount of tobacco he smoked. He was pleased that the smoking legislation had encouraged him to cut down on smoking. Two of his friends had quit because of the legislation. He and his girlfriend talked about quitting together, perhaps in the next year, but they didn't have a fixed timeframe. They were going out a little less to bars and always researched the place to make sure it had a good outside area for smoking.

At the final interview, MK was smoking even less. He had cut down to about two cigarettes a day and smoked about four cigarettes when out, though these were shared with his girlfriend. He and his girlfriend still planned to quit smoking, but had planned a trip to Cuba in the summer and wanted to be able to smoke cigars while there. They planned to quit on their return. Currently working from home, he smoked one cigarette outside after lunch but did not smoke at all anymore when making a film. He and his girlfriend still socialised in bars about once a week, sharing Silk Cut cigarettes outside, though no longer went to clubs because they were too expensive and he could enjoy himself as much in a bar with a dance floor. MK was planning to marry his girlfriend and move out of the area, where he thought people were polarised into street gang culture or religious extremism. At this stage of his life he was thinking about stopping smoking in anticipation of having a healthy family. His friends who had stopped smoking were supportive of his plans to quit. He was very positive about the legislation and the resulting smokefree environments, and felt that he was heading towards stopping smoking altogether.

4.3.2 Leisure, social settings and friends

While, for the most part, the smokefree law had little or no perceived impact on social lives, socialising patterns in particular contexts had changed for some people. By and large, people continued to socialise in the same places and with the same people, and had adapted to the restrictions by going outside to smoke, smoking less or quitting. There were, however, those who had difficulty adapting. Some reported socialising more at home so they could continue to smoke; others, unwilling to visit public places where they could no longer smoke, said that they went out less post-legislation and appeared to lead a more impoverished social life.

This was also reflected in the discreet observations in social and leisure settings: levels of social interaction remained reasonably constant in most observation sites

across all data collection periods, particularly in venues which were very much part of the community. There was some fragmentation within large social groups in pubs and bars as smokers went outside to smoke, although less so in the immediate aftermath of legislation when the weather was still fine.

It was unusual to observe new outside social spaces opening up, with the exception of the bus station and a disadvantaged bar in which smoking was still very much the norm both in its newly developed outdoor patio area and directly outside the front door.

Social adaptation

In all localities, but particularly the more advantaged, respondents had adapted to smoking outside and reported visiting venues as frequently after 1st July as before. A young male smoker was surprised at how quickly he and others had adapted to the smoking legislation.

I mean, I thought there would be a bigger kind of uproar about it, but I think everyone has kind of accepted it. I don't think anyone complains too much about it really. It's quite weird because I watched a programme the other day and it was a bit older and I saw people in a pub and they were smoking and I just thought that looked weird, it's quite strange how quickly kind of people have adapted to it, yeah. (L3M99)

In an interview conducted very soon after the law changed a young male smoker in the northern disadvantaged locality said that he was annoyed about having to go outside to smoke.

You just don't enjoy the atmosphere inside the pub is just you know in and out, in and out. (L4M34)

By the third interview, however, he appeared to have adapted to smoking wherever he could.

I mean if I want to have a cigarette I just have a cigarette, you know, so don't really matter where I am like. I mean, in a pub or if I'm outside or if I'm in the house. I always find me space to have a cigarette somewhere safe. (L4M34)

Varying forms of adaptation were reported by participants and evident during observations. In a southern pub immediately after the legislation came into force the following was observed:

A man in his 60s sat at the bar on a stool drinking a pint in one hand. In the other hand he had what appeared to be a cigarette. On closer inspection it was a 'fake' cigarette, possibly the type used to help people give up smoking. (L1, Observation in a pub)

A few participants who had quit smoking, predominantly those in mixed and advantaged socio-economic localities, had taken up some form of physical activity as a way of helping them to sustain their quit effort:

Now I'm always at the gym, or when I do go out, it doesn't bother us [not smoking.] (L6F122)

I've just been for a massage this morning [free on NHS]. It's ideal for people who have stopped smoking and stuff. I go once a week and, I mean, it's not giving up smoking, but just the stress. (L5F78)

Post-smokefree, it was still fairly common for some male smokers to smoke before or after playing football, although this might be a diminishing trend, since one person said his football coach took a “zero tolerance” approach to smoking among team members, while another said that he now saw much less smoking in the context of his rugby coaching activities.

With the exception of one smoker who continued to smoke outside his mosque, others who regularly attended churches and mosques did not smoke in this context, although it is not clear if this represented a change in behaviour for all those involved:

I socialise every week in church on a Sunday. You wouldn't want your pastor to know that you smoke [laughs]. (L4M37)

In contrast, an older Bangladeshi smoker said that many older people who went to his social club had quit and, consequently, people did not go outside to smoke:

An old people's club, I went there. I know lots of people who did smoke and they're not smoking, they've given up. (L1M59)

Nevertheless, a common view among both younger and older participants was that older, longer-term smokers had a more difficult time adapting to the smokefree legislation than others.

I think that's quite sad for them old people 'cos they've smoked all their lives, there was no danger when they was younger, if they're supposed to go...and now they're being told that they can't even smoke in the place and these are old, it's like, it sounds horrible but they're going to die sooner or later, d'you know so....(FG3L1, Parents)

Social disruption

Respondents talked about the disruption caused by going outside to smoke after the legislation came into force. Some regular smokers mentioned that going out to smoke at cafes or restaurants interfered with a social event, particularly when the legislation was first introduced.

Go to a nice restaurant, whatever, and now you can't smoke there so that for me was a struggle in the beginning, well not to accept, but to deal with it because it's nice to have a nice glass of red wine or a pint or whatever with a cigarette... but then probably the first two or three times I went out I said to my friends "This is crap, I just don't want to go out" or whatever, but then after that you just accept it and it's just the way it is. (L2M123)

For some, having to go outside to smoke interfered with social interaction in cafes or restaurants, particularly if they were with others who didn't go outside to smoke:

It [interrupts the social flow], yes. 'Cos you're having a conversation but in the back of your mind, you're saying "I'm dying for a fag." And you're thinking, "I'll just wait for a lull in the conversation and I'll get out." (L6M103)

I mean when I go out to my non-smoker friends, if I do decide to go out for a cigarette, I kind of come back and missed out on a conversation or something and only hearing the end of it. But, no, I don't really think it's a huge deal. (L3F69)

For others, especially women, not being able to smoke inside in cafes and restaurants meant they spent less time in those locations.

If I've been out for something to eat, if I...like [a restaurant] down the road, if I was to go down with the kids for a pizza I would normally sit after. Now I cannot. So I tend not to sit as long as I would used to, like "Come on, you've finished, out." (L5F90)

If I could have smoked I probably would have extended another half an hour, but because I can't, I want to get out of there quicker, so I can smoke outside. (L2M4)

Ex-smokers and non-smokers generally did not go outside with smokers, though this depended on the circumstances and who they were with. A female ex-smoker said the smokers she socialised with "made" her go outside with them when they smoked. Although she did not agree with this, she felt intimidated and would not "dare to say anything."

In fact, the other night there were eight of us out and only me and my friend didn't, only two of us didn't smoke, so we all moved the table from inside to outside to accommodate the smokers. (LF367)

The post-smokefree accounts of northern bingo players suggest that smoking had decreased in these establishments since the new law came into force. In some cases, this was because people had to go outside, but in other cases it would appear that smokers preferred to stay indoors and forego their smoke, or they went out less frequently:

When I used to go to the bingo I used to go in the interval, I don't bother now, I just sit. (L5F81)

In contrast, a northern Bingo player commented on the social disruption caused by players having to smoke outside.

It does disrupt the social side of things a lot. On a Sunday in here as soon as it comes to a break in the bingo, it's whoosh [everybody out]. My god, you'd think it was a protest rally (laughs). Oh, they cannae start the bingo till we all get back in. (FG12L6, Older men who frequent licensed premises)

Disruption to social interaction in groups was commonly observed post-legislation, for example, in pub settings, as illustrated by the following vignette recorded by researchers.

A group of three females and two males in their 20s sat next to us. Two of them (male and female) left at one stage to go outside for a cigarette. One had a cigarette in her hand and the other put the cigarette in his mouth at the table before they went outside, leaving the others chatting at the table inside. (L1, Observation in a pub).

An older male explained how his old pleasures had been impaired, how pub life was not the same for him anymore:

R: So, when I'm sitting in the pub, right, I wish I'd never gone in there because sitting there, I'm people pleasing, which I've had to stop, to get assertive, without using violence, yeah. But I'm sitting there and I'm getting angry because it's a place where I used to sit, drink and smoke. So there's no point me going in. But I go in to people please.

I: You mean to be with people who you socialise with?

R: Yes, yes, friends.

I: And you don't enjoy it so much any more because you can't smoke?

R: That's exactly right. You know the fire place, the juke box, the horse buckles etcetera etcetera yeah.

(FG12L6, Older men who frequent licensed premises)

Discomfort

While the majority had adapted to the legislation, smokers often mentioned the physical discomfort of having to go outside to smoke, particularly in the colder weather. A lapsed ex-smoker said:

No, it's difficult but the winter specially is difficult, it's really difficult and uncomfortable, standing outside the restaurant, café or outside the office standing and smoking, it's really uncomfortable. (L1M49)

The inconvenience directly curtailed smoking, with smokers in all localities reporting that they were smoking less in pubs, bars and clubs than prior to the smokefree legislation.

I don't smoke as much. I mean if it's raining... Do you know what I mean? If it's cold you don't want to go stand outside. (L6F115)

It was common during observations to see clusters of smokers huddling in doorways smoking, clearly trying to protect themselves from inclement weather as best they could.

Reduced consumption when out at bars and clubs appeared to have become common, with reports of smoking "just the one" when clubbing. One smoker said his cigarette consumption had halved when he went out, though it had increased again by the third interview, suggesting that he had adapted to smoking outside.

Where I would have had seven or eight [cigarettes], I would now have two maybe, maybe three. Yes it has definitely halved when I go out. (L2M123)

Similarly, a young male smoker from the advantaged southern locality was smoking the same amount in pubs, but less in clubs.

I mean at a pub I probably smoke a similar amount because a lot of like the pubs near where I'm staying have beer gardens and the sheltered benches and stuff, so you can just sit outside for most of the night or the day whatever if you want to, so you can smoke the same. But I'd say clubs and stuff, yeah, it's probably cut down a bit because if you want to chain smoke you'd have to you know pretty much be outside the whole time and there's not much point paying to be in a club if you're just going to stand in the outdoors all day or the night. (L3M99)

A smoker from the disadvantaged northern locality felt that having to smoke outside had forced changes upon him that he had not chosen.

There have been changes when I've been out. You've got to go outside and light up so that has had like sort of if I do go out I don't smoke as much as I used to. So that's the only effect it has had. Not intentionally but...kind of forced upon. (L4M45)

The inconvenience and discomfort of having to go outside to smoke at these venues was commonly raised, particularly, but not exclusively, by female smokers.

[At] bars or clubs, you have to secure your, where you're standing or sitting, you have to go out and you lose that spot...you know, it's quite frustrating. They won't let you take your drinks out. It's nice to have a drink in your hand...and so that's been quite a... ..getting used to a little bit. (L1M51)

A young female smoker voiced her views on having to smoke outside:

It is really annoying, because sometimes I'd like to go to the pub just for lunch or something. Whereas before I can sit down, relax, eat my food and then maybe talk in the middle, smoke a cigarette and then go back to my food or something, but now I feel like I'm rushing, that I have to eat so fast and then quickly run out and smoke a cigarette and then just leave. Whereas before I could sit down and relax a bit, I don't feel like that at all. (L1F10)

Her hostility was not necessarily shared: a young female smoker in the disadvantaged locality in the north contended that smoking outside didn't really "bother" her, and, in fact, she preferred it to being in a smoky room.

Especially like there's some places put heat lamps and things and you can sit and you're not freezing cold and things. So if you've got a shelter and things like that then yeah, it is more pleasant, unless it's like chucking it down with rain, then it doesn't really bother us, to be honest. 'Cos sometimes I think even though I'm a smoker I didn't like to sit in a really smoky room. (L4F29)

Illustrating that physical discomfort was perhaps less of an issue for smokers in venues with outdoor heating, the following incident was observed post-legislation in a southern pub with a large garden and a covered heated area for smokers in an advantaged locality:

A man went outside for a smoke and came straight back in, then went to speak to the waitress saying that the two girls who had gone to smoke outside were cold and could she put the heaters on, which she did.(L3, Observation in a pub)

The personal discomfort of smoking outside and being seen or identified as a smoker was a recurrent theme. A young woman pointed to her unease of standing out on the street smoking.

You feel embarrassed being outside, and that, all the customers in the shelter. It's dead embarrassing, you feel as if you're on show. (L4F39)

A group of older men recounted their awkwardness and dislike of smoking outside bars:

At this time of the year it's terrible and even in the summer months when it was warm when the smoking ban came in and you were out there and people were walking past you and you felt like a leper.

*It's degrading having to go outside.
[FG12L6, Older men who frequent licensed premises)*

Smokers tended to go outside in pairs or groups of other smokers, though this was more difficult if they were with others who opted to stay inside.

Whoever says "Oh, I'm going to go for a cigarette." The other person goes "Oh, I'll join you." And then we just go out for a cigarette, so. It's all right when you're with somebody, but if someone's like "Oh, I don't need one", you've got to go out on your own! [laughs] Then it's a bit of a pain, but yes, I'd normally go, a girlfriend always comes with me. It's okay [to smoke on your own], but it's just nice just to be able to talk to somebody. Most of the time you actually do end up talking to another smoker who's out there, so not too bad. (L3F69)

Rather than standing outside to smoke at pubs and bars, several smokers, particularly females in the advantaged locality in the north, who did not like being seen standing smoking on the street, smoked while walking between venues, sometimes sharing cigarettes:

If I'm walking down from one pub to another, I think it would just...yeah, I'd just light it up and have a cigarette. I wouldn't stand outside the doorway smoking but I would walk from pub to pub, if you know what I mean. And then I would just use that ashtray on the wall when I got there. (L6F118)

Going out less

However, while those who socialised in cafés (and, less commonly, restaurants) accommodated relatively painlessly to the new restrictions, smokers who frequented pubs, bars and clubs where smoking had been the norm were generally significantly more affected by the smoking legislation. Those living in the less advantaged localities were somewhat (but not exclusively) more inclined to feel that their social activities in bars had been curtailed. Some claimed to go out much less because of the smoking restrictions:

'Cos the pubs can't smoke any more...and all me friends have stopped going as well. So I don't go there as much. (L4F39)

I'm not going out anymore, I'm not doing anything anymore, I don't want to keep going out and everything...It makes me pretty angry, because obviously sometimes I do want to go out and those little things do annoy me, like if I do go to a club I have to stamp myself and every five minutes I'm going in and out. There's not much point of me even going to the club because most of the time I'm going to be outside and the whole point of me going to a club was to go inside and enjoy myself and if I can't then there's no point me going at all. (L1F10)

Prior to 1st July concerns had been expressed that the legislation would lead to the disruption of social networks among older men who socialised in bars, possibly increasing their social isolation. The accounts of focus group participants suggested that, in some cases, this had indeed occurred, causing distress and resentment:

I don't mix with people I used to mix with because they don't smoke or I can't smoke with them and the pattern's broken down. I can go to my local pub down the road where the garden is, I can go in their back garden have a cigarette, landlady can join me. But I'm sorry, that is apartheid, I don't want to know. It really is pissing me off...it's a rigid apartheid. (FG6L3, Older men who frequent licensed premises)

Other establishments may have been more affected. Some Northern Bangladeshi smokers reported that they no longer visited snooker halls so often:

Three, four friends, we would play the tables, but now obviously with the constraint of the smoking ban, you can't, so if you're going to have a smoke, you need to come out. But saying that, I have lost two or three partners who would have gone to snooker with me, I mean they would go, but for now, it's once in a blue moon. Before we used to go at least once a fortnight for a few hours. (L4M45)

Although most simply adapted by not smoking or going outside, others felt their social lives were affected:

What bothers me most? Yes, not being able to go into a café and have a cigarette. Is the most, for me, because I always did that, you know, and that [was] three times a week. (L3F97)

Female smokers living in disadvantaged localities reported that they now went out less to social venues (see case study 4). For some, this meant socialising more in each others' homes

So you just start going round other people's houses and just can't be bothered. (L4F39)

For others, however, it meant seeing less of their friends:

I don't really go out anymore, even when my friends want me to go out I don't want to, simply the fact that I'm tired of going in and out, in and out. (L1F10)

Case study 4: Going out less

BK, a white 37 year old lone parent, lived in a ground floor flat (no outside space) with her three teenage children. She had no paid work and struggled with depression. She had smoked regularly since the age of 14, and currently smoked continuously throughout the day, including getting up during the night several times during the night. At wave 1 she was smoking around 30 cigarettes per day – cheaper brands, roll-ups and 'knock-off' when she could get them. B smoked anywhere in the house and had recently found out that two of her children had been smoking. She felt that she couldn't say anything because of her own smoking habit. B tried to quit once using patches but couldn't sustain this and started smoking again as soon as the children "wound her up". She was also very worried about putting on weight and said she won't be ready to quit until she's lost weight. B didn't go out very much socially but occasionally went to cafes, bingo and to the pub and tended to smoke more when drinking. She said it would "kill her" not to have a tab when she's out having a drink. She was worried that she might end up "stuck in the house" once the smokefree law came in and was critical of the government for contributing to people becoming addicted to smoking and then taking it away from them. She had heard of passive smoking and said that young children were most at risk, but felt that smokefree areas and good ventilation would protect those who want to avoid exposure to ETS.

At wave 3, B said that she had largely stopped going out because of the restrictions imposed by the smokefree law. She said that she didn't go out anywhere because it was "embarrassing" to stand outside where she felt like she was "on show". One exception was a nightclub in town which she occasionally went to and where there was a pleasant, sociable place for smokers and she felt OK smoking outside in this setting. She no longer enjoyed going to cafes because she couldn't have a cigarette with a hot drink, and had also stopped going to the bingo because she felt she was 'missing out' because of having to go outside to smoke. Consequently, she was drinking less alcohol but smoking more at home. B said that she was spending less money on cosmetics but more on cigarettes. She continued to smoke anywhere in the house and said she tried to discourage her children from smoking. She had also got into the routine of smoking with her teenage son when he got home from school. She said that she and most people she knew remained opposed to the smokefree law and claimed that non-smokers had 'won' while smokers had lost out.

Smoking networks

While participants in all localities tended to mix with the same friends as before the legislation, for some socialising patterns had changed. A young male smoker commented that many of his friends now preferred to drink at home where they could smoke. Two female smokers in the advantaged locality in the south said that their social lives were affected by the smoking legislation. One did not socialise with non-smoking friends anymore, and the other said her friends did not visit her so much because their smoking was restricted when travelling to her part of town, so she often had to go to them.

Some of them, you know, won't bother to come over here. I don't know. They said it's a drag. You can't smoke on the buses. You can't smoke on the trains. You can't smoke here. I say, "When I travel to you I have to put up with that." (L3F70)

Smokers in all localities tended to smoke more with smoking friends. A female smoker in the north said: "If other people are smoking I tend to be smoking with them" (L5F90). Since the smoking legislation was enacted, they would go outside with smoking friends in pairs or groups to smoke when at pubs or other social venues, though, exceptionally, this was not used as a socialising opportunity. However, observations at a northern bus station noted that groups of smokers, although apparently unknown to each other, congregated in an unofficial 'smoker's corner' within a small, partially sheltered area and smoked and chatted

People go out in clusters... and I tend not to; because I think it looks ridiculous...standing on the street, a group of you, so I just walk out and go for a wander...yeah, and then come back in, and that does me.... (L6M103)

Participants in the north were more likely than those in the south to say that most of their friends smoked. Frequently, friendship networks included smokers who continued to smoke, who wanted to quit or cut down but so far had not done so, or who had quit for a time but returned to smoking. Exceptionally, three female smokers in the north said most of their friends were non-smokers. Less commonly, participants said that none of their friends had cut down or quit smoking. A female smoker from the advantaged locality in the north said:

I think every smoker contemplates at some time giving up but, to be honest, none of my friends seem to have stopped. (L6F120)

Ex-smokers tended to remain ex-smokers, but socialising with friends who smoked resulted in (re)lapses on occasions. This was particularly true for those who smoked and drank with friends in pubs. An ex-smoker lapsed about once a month when out drinking with friends. Male ex-smokers from ethnic minorities were also at risk of lapsing because smoking and offering cigarettes was an important part of socialising. According to one male Bangladeshi smoker, however, cigarettes were no longer being offered around because of the cost. An older Bangladeshi male ex-smoker had begun smoking again while spending time with friends who offered him cigarettes each day.

When I see someone else, so two or three hours maybe with one or two friends, then I take [cigarettes], that's it, and when I come out of that cloud, then I don't smoke. (L1M49)

As one might expect, those who had previously socialised with fellow-smoking friends in their homes continued to do so. While some smokers might have chosen to socialise more with fellow smokers in their homes because of the legislation, there was no evidence of a wholesale shift from public to private socialising and smoking.

I find I smoke more at their house than out at a pub, because ... at a pub you're having to get up and go out, get up and go out, whereas you're sitting at someone's house, you're relaxed, you don't have to go anywhere, so you just, yes, you notice that you do smoke a little bit more. (L3F69)

The difficulties arose for non-smokers or ex-smokers who had formerly socialised with smokers and, in order to retain those networks, were more exposed to smoke at friends' houses. They dreaded – or now avoided altogether – going to their “smoky” houses. Some ex-smokers were concerned that they might lapse in that situation.

I avoided going to their house purely because... if I was in that kind of environment, it's not that I would be tempted to, but I'd either get very frustrated because of the smell of it or I might think 'oh go on let me have just you know one cigarette and that's it', so that's why I've actually avoided going to her house [laughs]. (L2F19)

Smokers who were considering quitting or trying to quit found that being around smoking friends made it difficult for them.

I always thought if I stay ... in a smoking environment I'll eventually go back to smoking. So I try not to but...it doesn't bother us like I wouldn't be upset by it or cause a fuss or something, but I just, if I don't want to be there I'll just move to somewhere else, so...If it's in a house though I'll just sit [and imply] "Don't blow your smoke this way" sort of thing. (L5M96)

4.3.3 The workplace and colleagues

Even before the new legislation, almost all the respondents who were in employment outside the home already experienced restrictions on smoking within the workplace (mainly bans on smoking inside their buildings). Rarely, some workplaces had provided indoor areas for smoking. Post legislation, restrictions in those particular workplaces had been extended to prohibit all indoor smoking:

You used to be able to smoke in the shop, well not in the shop, in a little office where we used to sit. We used to clean it out daily. Now you've got to stand out the back in the corner, hide all your uniform. (L4M26)

In other workplaces participants described enhanced restrictions relating to smoking in their workplace, most commonly, having to move further away from the building:

Like, in my school the teachers that smoke, they used to smoke behind the, used to go through the canteen and go to a little area in the car park behind the bike shed but now they can't do that, they have to go out the school gates, around the corner and stand in the street. (L3F67)

By and large, there appeared to be adherence to workplace policies, although northern participants were more likely to describe instances where these rules were flouted, for example, in work vehicles:

I'm sure they [driver colleagues] have all had a cig in the van but they are in the middle of nowhere, nobody is going to see them anyway. (L6F103)

It was reported that one northern company had been issued with a warning following an anonymous complaint that smoking was still permitted inside the building, while smoking in work uniform was also mentioned as being widely flouted in an NHS workplace. The accounts of those few participants, mainly northern women who worked in other people's homes, suggest that smoking behaviour in this context was a 'grey', possibly contested, area. From an enforcer's perspective, since the smokefree law had been introduced, there had been occasions where problems had to be dealt with, on a case-by-case basis. While it was clear that visiting workers were not allowed to smoke, the issue of home owners themselves smoking could be difficult for staff to handle:

They're [home care clients] not meant to smoke, it all depends. If you ask them not to smoke that's fine, you know, they'll do it. But, em, if they want to smoke, they've got to. (L5F86)

In apparent contravention of these rules, another elderly smoker said she had invited workmen to come in and have a smoke in her flat because they were not allowed to smoke anywhere else in the building. She also preferred visiting tradesmen who smoked so that she could smoke herself:

If there's work to be done, I'd rather have a smoker because I like to have a smoke and I couldn't wait all day for a smoke. (L4F40)

At the same time, a health visitor participating in a focus group commented that the smoking legislation had made it easier for her to raise the issue of quitting smoking with people she visited.

I feel it's more a subject that you can ask people about, people are much more open about saying whether they want to give up, 'cos I'm supposed to ask people about smoking 'cos it's a government target and if I say to people "Have you thought about giving up smoking?" they say "Yeah, I've been thinking about it", whereas I don't think they would have said that before. I think there's much more pressure to give up now because of the legislation. (FG4L2, Parents)

As respondents were already accustomed to restrictions on smoking in the workplace, smoking during the working day tended to occur in normal work breaks, between classes (in schools), or when they were out at lunchtime, but rarely in specific 'smoking breaks'. There appeared to be less smoking at work, both north

and south, post-legislation, with some smokers saying that they no longer smoked because they had started a new job or that they no longer took their cigarettes to work with them. This strategy generally helped to reduce participants' workplace smoking rather than stopping it completely:

At, say, lunchtime I used to have one. Now I kind of don't have the packet with me when I'm at work, so I tend to have less. Every few days, sometimes we have meetings and smoking so they offer and sometimes I will take it and sometimes I don't, depending on how I'm feeling. But I don't generally now expect to have one myself after lunch. (L4M43)

The increased restrictions certainly tested smokers to the extent that, for some, the effort required to smoke was greater than the desire to smoke:

You see the thing is I work at the [name of hospital] and I will not get changed, I won't miss my cup of tea, I do like a tab but I have to walk so far to have one and by the time I do that, by that time, you can't...
INT: Does that mean you're smoking less
Yeah, I can work 12 hours and go a long time without rather than get changed to go for a cigarette. (FG11L5, Mid-life women)

Smokers who smoked with colleagues prior to the smoking legislation continued to do so, but often in a different location, such as a designated outside smoking area, outside the workplace or when going out after work.

You've got to stand out the back in the corner, hide all your uniform. Because you used to be able to smoke in the shop, we're not in the shop, in a little office where we used to sit. (L4M26)

At my workplace smoking is part of their life kind of thing... just usually chatting, especially like on a Monday about our weekend, you know, complaining about work, yeah just mundane things like that. In the morning, before going in, usually around 9.30-ish and then at lunchtime around 1.30, 2.00, and then sometimes after work when we do go out. (L1F47)

Working with non-smokers was cited as a factor facilitating quit attempts, but for situational reasons – no other smokers in the office or a job move – rather than as a direct consequence of the legislation.

I think it's because where I work, in the office no one smokes, and if anything I remember when I first joined the team that I work with now, it was one of those things where they kind of frowned upon it and it was like, "God, you smoke" kind of thing. And I think that's probably one of the reasons why it was easy for me, because I didn't want to be seen as, as, as naughty or devious or, you know, or dirty if you like. Because that, it was almost as if they, you know, especially my boss, it was almost as if he saw smoking as quite dirty. (L2M6)

4.3.4 Community: beyond work, home and leisure settings

As smoking became more difficult or impossible at previous smoking haunts, new pastures were sought – the street, parks, bus stops, vehicles. Public parks had become more popular with some smokers because they are not covered by smokefree restrictions:

We usually just go over to their [friends'] houses or something, or to the park,

something like that. Somewhere where you don't get affected by the law. (L1F10)

At bus-stops non-smokers appeared to be more likely to intervene to enforce the smokefree rules:

I was waiting at the bus-stop and I was smoking there, and the man said, "You can't smoke there." I said, "No, it is open." He said, "No, you have to move a bit." I find it stupid, I was by myself, literally nobody was around me. If people were around I would've understood, but nobody was there, and he just passed by. (L2F60)

However, respondents had experience of being harangued by members of the public for smoking in an open public park where smoking is permitted:

It's the flower park where the budgies are and everything, it's just at the back of work. And it just so happened that we were having one there and there was a lady who walked past and she went: "You're not supposed to be smoking in here", and we just looked at each other. It's all open and everybody walks through it, smoking, and it just so happened we got reported to our boss. (L6F110)

While many smoked outdoors before the legislation, after Smokefree there was a marked tendency, particularly amongst younger female northern smokers, to feel more awkward about smoking on the street. For the majority of female smokers living in the most advantaged northern locality, this has always been the case, and many had avoided street smoking for a long time.

It looks anti-social if you have one on the street [] I wouldn't dream of doing it when I was sober during the day, walking up the street having a cigarette. But I usually find I do have my cigarettes while I'm walking down the main street on a Saturday night. I wouldn't dream of it if I wasn't under the influence of alcohol. (L6F114)

Other women smokers continued to smoke on the street, but some experienced a new sense of unease and discomfort, and no longer enjoyed doing so.

Women were, in general, more uncomfortable about smoking publicly outdoors compared to male smokers. For others, any decrease in their outside smoking post-legislation was due to increased restrictions rather than to social discomfort:

It's so close for me to walk to the station, it takes me one or two minutes, so I will light one as I go out. But by the time I get to the station it's more like half a cigarette still left that I would have had on the platform, so now I just put it out, so I only have half a cigarette going to the station. (L2M123)

Little change in patterns of smoking in vehicles was evident. Those who previously smoked in their own cars continued to do so, unless they had stopped smoking altogether. One quitter had adapted to not smoking in his vehicle.

It's not difficult at all because instead of smoke you have to concentrate, but at the same time if you do have some kind of music or some[thing] to chew you [have fewer cravings]. (L4M42)

Only rarely did smokers report that they had increased smoking in their cars, even though this might be one place that was private and unaffected by the new law. A young male smoker had started to drive to university and smoked on the way. If he took the train and had to wait, he often left the station to smoke. A young female smoker who had stopped smoking at home now smoked more in her car.

I kind of know that when I get home I can't relax and have a cigarette, so it's sort of I have it in-between clients and stuff, so whereas before I wouldn't really do that as much. (L3F69)

Impact of smokefree on community

Prior to July 2007, there was a tendency for participants to list a number of concerns about the potential impact of the smokefree law on local community. These included a downturn in trade for local businesses (such as pubs, cafes, working men's clubs, bingo halls and, in the south, shisha bars), the impact of more smoking outside and attendant nuisances (such as extra noise, litter and public disorder), and changing social habits, such as people staying at home and going out less. At follow-up, participants' accounts suggested that, while there had been some impact (in some areas more than others), many of these fears appear to have been exaggerated. Participants referred to impacts on local businesses and on the local area and the degree to which provision had been made for smokers. Northern smokers were more likely to insist that some local businesses had suffered as a result of the smokefree law, in particular bingo halls and local social clubs:

It's just mad telling people not to smoke. Fair enough not in public places but not bars...bars are...people want to...the clubs...cannot smoke in a club, I have to stand outside. They've lost bingo, her [girlfriend's] mam aren't go to bingo since the ban. (L4M26)

Some focus group participants in the mixed socioeconomic locality in the South also commented that some local pubs were "dead" and that a local Turkish restaurant had initially almost closed. Some panel members also acknowledged that any such effect might be temporary and short term:

But on the whole it's more or less just finding its level really, I would say. (L4F40)

Some older smokers also provided an alternative explanation for the apparent decline in working men's clubs:

I think it's quieter, definitely [local social club]. But as I say, I don't think it's anything to do with that [smokefree legislation]. I think it's just round here with the general...it's the general downward trend in any case. (L5M92)

While some businesses might have struggled in the aftermath of the legislation, others thrived. According to staff in two northern cafés frequented by smokers, trade had actually improved, exceeding pre-legislation levels. Key stakeholders working in the hospitality sector claimed that their businesses had not been financially affected by the smoking legislation. The observations noted a fresher, smokefree atmosphere in all venues, particularly in cafes, pubs and gaming establishments which had previously given over all or a large proportion of their space to smokers. One café-bar in an advantaged area was refurbished (and re-branded) to accommodate smokers in outdoor space, while a bar in a disadvantaged area had created an outside patio for its smoking customers in the immediate aftermath of the smokefree

law which it continued to develop over the coming months. Other venues further developed existing provision or made small-scale changes, mainly providing ashtrays and outside seating. Most pubs and bars also made continuing attempts to attract a wider clientele. One observation site, an amusement arcade in the advantaged area, closed nine months after the legislation came into force, but this was more likely to have been related to wider economic forces than to the smoking legislation. Many participants said that they had noticed much more outside smoking since smokefree was introduced, especially outside pubs at peak times. However, Bangladeshi focus group participants in locality 1 contended that smoking was generally less visible in the neighbourhood, while a few people living in the south expressed the view that that public smoking had been declining for years and continued to do so.

Many also said that litter (and to a much lesser extent, noise) had become more of a problem post-smokefree but that the impact of this was offset by a cleaner, fresher environment:

I think probably it does look generally slightly bad that people are standing outside buildings and shops or anything like that when they are smoking. They probably are leaving a bit more litter on the streets as well, people drop cigarette butts and things like that. But as long as the local council or anything like that can, you know, make sure that things get swept up and, you know, generally they've increased, which I think they have as well. I think sort of general cleanliness and things have increased. As long as that's being controlled, I think there isn't a problem. (L3M62)

The increase in outside smoking was a particular problem in one northern locality whose main street was lined with pubs and clubs. This appeared to create particular problems for passers-by, who had to squeeze past large groups of smokers, and might also pose a road safety issue for smokers who spilled out onto the road. Street violence was rarely mentioned and, where it occurred, was not necessarily attributed to the introduction of smoking restrictions.

The observational data suggested that outdoor smoking, as well as visible evidence of smoking paraphernalia and discarded butts, tended to become less obvious over time in most venues (other than on busy week-ends), particularly those in mixed and advantaged socio-economic localities.

In terms of the actual impact on local businesses, opinion was mixed, although there was a tendency for people to distinguish between those premises which had made provision for smokers and those which had not. Southern smokers were more likely than their northern counterparts to say that local businesses had catered for smokers in the aftermath of smokefree and, as a result, their trade hadn't suffered.

Lots of pubs in the area have, they've done up beer gardens, put more tables outside and stuff because they know they'll lose business otherwise. (L2F2)

4.4 The impact of the legislation on attitudes, beliefs and identity

4.4.1 Passive smoking: beliefs, knowledge and attitudes

We noted above that respondents had commonly heard of the term 'passive smoking' and had a general, though often vague, understanding of its meaning. In this section, we explore in greater detail the possible impact of the legislation on

respondents' understanding of passive smoking, beliefs about its significance and their attitudes towards efforts to reduce harm to non-smokers.

Young children and babies were, overwhelmingly, identified as being at risk from second hand smoke. Some participants, however, were more likely to express the view that the risk diminishes as children get older and to feel that it becomes more difficult to avoid smoking in front of children:

And when he [five year old son] was little, like L [baby daughter] we didn't smoke around him, but when he becomes about three years old, we start smoking around him, 'cos he was walking about and stuff, so we couldn't do nothing about it, 'cos he was always round us. And now, when we got little L, we're trying to do the same for her like we did for him. (L4M34)

With the exception of Bangladeshi smokers, the introduction of the smokefree law did not appear to have resulted in greater clarity or depth of knowledge among participants about passive smoking and there was little apparent change in their understandings of associated risks. There was a greater appreciation of the risks posed to adults with existing health problems, but respondents rarely specifically identified bar workers and those working in formerly smoky environments as beneficiaries of the smokefree law. For some, there was little sympathy for people who 'choose' to work in such environments and a feeling that the smokefree law was an over-reaction to these sensibilities:

Roy Castle used to say he only got lung cancer ' cos he played his trumpet in clubs. But he knew they were smoking, you know. He chose to go, he could have played in a brass band on the street, he could have played with the Salvation Army. It was his choice that he made, you know, so I think it's [smokefree law] a bit harsh but I think its here now, there's nothing we can do about it, just get on with it. (L5F79)

Pre-legislation, older established smokers were more likely to express scepticism about the risks associated with passive smoking. Most of these smokers remained sceptical post-legislation:

I am not convinced that passive smoking, you know, smoking other people's smoke is the cause of all the things they say because I, you know, I look around and I see cars emitting their fumes, lorries and buses kicking out black smoke, and I think why are they picking on the smokers, you know. There's so much of this gunk going into the atmosphere from millions of cars and there's millions more coming on the road next year, you know, a million people are taking driving lessons annually so that means a million people are all going to want to buy a car and they're blaming everything on the smoker. You know, I'm sorry, it doesn't wash for me. (L3M98)

Some drew on personal experience to justify their doubts about evidence relating to passive smoking:

All these car fumes and that. I don't actually passive smoking has actually been proven, its never been proven that it is actually harmful, when I was a kid I've got three older brothers and me mam and dad and they all smoked and it never did me any harm, but as I say I didn't start smoking till I was twenty seven, My kids, me husband always smoked in front of my kids and it never done them any harm only one of them has smoked the other two don't

smoke. I think you've got more chance with the fumes off a car, industrial fumes, not only that gas fires what you can't see the fumes that come off gas fires that you cant see. There's a lot of fumes out there that you can't see. (FG11L5, Mid-life woman)

Some, however, appeared to have shifted their position and to be more convinced that exposure to second hand smoke was a bad thing. One woman, for example, dismissed passive smoking as “bollocks” at her first interview but by her third interview acknowledged that less exposure to second hand smoke was a positive outcome of the smokefree law:

Well there's times I disapprove of it. When I'm sitting and I think I could just do with a tab. Sitting in the bingo and I think I can't have one and I'm not going all the way down the stairs to struggle all the way back up again, so that's it till the bingo's finished. But I think the positives, the positive is obviously you're going in an environment and there's no smoking, so you're not inhaling anybody's smoke. (L5F81)

Post-legislation there was often an intense dislike of smoky environments, largely for aesthetic reasons, particularly the smell. This was the case even for some who had previously expressed ambivalence about the legislation.

Then [pre-legislation] I wasn't so bothered by smoke. But then it got me thinking if I was going to a pub and realising that I stank, you know, realising that that's what happened, you know, you go out of an evening and you come back and everything smells, whereas now it doesn't. So it makes me think oh, it's quite nice not to go out and smell. It makes me more aware. I think I actually don't want to go out and stink of smoke, I will avoid these people. But before that's the way it was and I didn't think about it really. (L5M80)

4.4.2 Attitudes to smokefree legislation

Many participants shifted their attitude to the new law, from broadly negative pre-legislation to more positive post-legislation. This shift was more marked in the north, perhaps because the changes there might have been experienced more profoundly compared with the south, where there were more extensive smokefree zones before the legislation and a lesser degree of accommodation was required. Most people expressed this in terms of “getting used to” or “coming around” to the new law, having experienced, at most, slight inconvenience in their social lives:

You don't mind [going outside] you go out there have a cig, I mean half the time we just get our drinks and go and sit outside anyway if its warm, yes, you tend to just sit outside and have your evening there if its a nice night. I think it's the winter that puts a lot of, well it puts me off personally, but like the girls that I drink with, its like, 'oh, its a bit ...we'll not bother' sort of thing. So as I say, it's a good thing really' (L5F90)

Others were more explicit about benefits which had perhaps not been apparent to them before. A hospitality key stakeholder in the south who had anticipated a downturn in business was much more positive about the law after discovering that it did not negatively impact on his business.

It's just, it's, it's actually amazing because at first, people were a bit worried, you know, like business owners were worried, like someone like us, I was actually worried, I was thinking “Yeah, our trade's going to go down.” But it's

just, it's actually shocking where it just hasn't really affected us. (L2 Café owner)

Equally, many participants who were positive about the forthcoming law expressed even more positive views once the new restrictions had come into force. Some smokers, especially those living in mixed socio-economic localities, drew upon their own personal experience of quitting, an achievement they attributed to the smokefree law:

Definitely, I think it's the best thing since sliced bread, this ban thing. Because I think I might have started again, especially if I'd gone out and had a couple of pints. (L5M95)

Others, smokers and non-smokers alike, saw wider benefits for everyone, and some showed little sympathy for arguments put forward by those who oppose the legislation:

A lot of people say negative things because perhaps they smoke. Those who smoke are saying it's an infringement of rights. But I think we have to go beyond those kind of things. Just because we've got freedom of speech doesn't mean, you know, you just blurt it out. We have to be reasonable. (L4M43)

A few participants continued to express some ambivalence about the smokefree law, holding both positive and negative feelings at the same time. A small (but vocal) minority, especially older, more established smokers living in both advantaged localities, appeared to have become more entrenched in their opposition. Detractors drew upon 'rights' arguments, concerns about smokers becoming more stigmatised and the addictive nature of smoking to justify their antagonism:

Most of the people I know that smoke, their view is, it's disgusting, it's ridiculous, it's not fair. Because it's not something we all just started a year ago, most people are long-term smokers and to just do that, you've just cut off a lot of people's lives, the majority of their life, really. (L3F97)

I am an adult. I should be able to choose whether I want to smoke. Why does someone have to sit up in Parliament or wherever and decide whether I can smoke a cigarette or not. It's like someone deciding whether I can have a bath or not. It's my right, it's up to me what I do with my body. (FG3L1, Parents)

Case study 5: Opposition to the legislation

MZ, a 33 year old Bangladeshi, moved to Newcastle when he was four years old. He was living with his wife and two young children in a house with a large back yard. At the time of the first interview, he smoked about 10 cigarettes per day but said this varied depending on what he was doing. He started smoking in his early 20s and over the years had reduced his consumption from 20 per day but had never tried to quit. A local community health worker, M complied with his workplace smoking policy, often smoking in his car and going outside the building to smoke. He enjoyed going to bars and snooker halls where smoking was still permitted and tended to smoke more on these occasions because everyone offered round their cigarettes. He did not drink alcohol. M said it was disrespectful to smoke in front of his parents and consequently smoked outside their house but his sister voiced her disapproval. His wife also disapproved of his smoking and at home he went outside to smoke. He smoked with some cousins and uncles but avoided smoking in front of some older relatives out of

respect. If offered a cigarette he would have one, but he said there was “a line you don’t cross.” He disapproved of the smokefree law because he thought that it went too far and that the government was taking away a person’s right to choose. He felt that it may restrict his social life and was not happy about this but thought that it may force him to cut down, but not to quit. He said that he might struggle but thought that there might be loopholes around it and that it would be difficult to enforce.

At the second interview M had recently returned from a seven week trip to Bangladesh with his family (the first in 17 years). During that visit he smoked a lot more than usual with family and friends and since coming back had settled into a routine of smoking around 15 cigarettes per day. He did not smoke in the house at all because his wife “would kill” him, so he would go outside to smoke and visitors to the house had to do the same. However, he admitted to having the odd “sneaky” cigarette one out of the toilet window. He said that the new law had not affected his social life because he was “determined” not to let it. He resented having to go outside to smoke and felt very strongly that smokers were being discriminated against. M said the government was interfering more than it should in people’s lives and that alcohol caused far more damage but wasn’t being addressed. He also said that he would like to quit at some point but when he wanted to, not because of government legislation.

By the time of his third interview, little had changed in M’s attitude to the smokefree legislation. He remained steadfastly opposed because smokers were having their rights taken away. M said that he was still smoking around 15 tabs per day but later acknowledged that he did not smoke so much when away from home because of the inconvenience of having to go outside to “spark up”. He described this change as “unintentional” and “forced upon” him. He believed that all communities, irrespective of ethnic or social factors, were equally affected by smokefree law and that this is in contrast to the increasing price of tobacco, which makes buying cigarettes more difficult for people in disadvantaged communities. He claimed that studies on passive smoking contradict one another and that he had recently heard a doctor on TV claiming that more damage is done by exposure to exhaust fumes.

Contradicting this view, a male non-smoker in the south who was strongly in favour of the legislation said:

When people start going on about the nanny state, you know, well, if the state isn’t there to nanny people, what’s the state there for? You know, it’s there to protect people and it’s there to protect people’s health, so you know, this thing should have happened years ago. (FG4L2, Parents)

The enforced changes appear to have contributed to a shift in attitudes for some, in part because the greater visibility of being a smoker created personal discomfort:

I just don’t like the idea of going to a designated smoking area by myself, or with a couple friends breaking away from the group, or even, you know that taste interfering with my taste buds with that food that I have just eaten, or I am just about to eat, so my whole attitude has changed as well. Whereas before it was, you know, smoking came with eating, as well as drinking, so you know, before you eat, you’d smoke, or once you’ve eaten you smoke to digest your food, but now it’s like ‘Gosh no, I’ve just enjoyed my food, I don’t want that nicotine breath, that nicotine taste to interfere in what I have just enjoyed eating’. (L2M6)

Being a smoker: identity and stigma

A combination of a culture in which smoking in public places had been the norm, a now greater sense of restriction of social activities in places where smoking had previously been enjoyed – in pubs, shops, shisha bars, cafes – and a lack of comfortable outdoor smoking facilities contributed to more negative attitudes about

the legislation in the disadvantaged localities. Some older smokers in particular felt aggrieved because, in their experience, smoking used to be encouraged:

We're being discriminated against because we smoke. 'Cos our fathers and mothers smoked before us and their mothers and fathers smoked. And our generation were encouraged to smoke. (FG12L6, Older men who visit licensed premises)

The smokefree legislation had particularly affected older people who had smoked for many years and were used to smoking in pubs or other licensed premises.

I think it's probably a lot worse for older generations than younger ones. I think younger generations, it doesn't tend to bother them so much and they can go outside, but I think older generations maybe, they've been used to smoking in a place for x amount of years, now all of a sudden they can't. I'm sure they're probably the ones who are affected worse by it, or you do see some sadder looking people standing outside a restaurant or something having a cigarette, usually a bit older yeah. (L3M99)

Corroborating this view, some (particularly older) smokers were uncomfortable smoking outside because they felt exposed to disapproving looks or comments from others. An older female smoker who had smoked for over 40 years had received the following comments from passers-by:

"You shouldn't be smoking. Give it up," when you're smoking on the street. That's what I don't like. (L3F70)

Similarly, a female smoker in the north said she felt "on show" when smoking outside.

They have [a smoking shelter] at the club house, but you feel embarrassed being outside and that, all the customers in the shelter. It's dead embarrassing. You feel as if you're on show. (L4F39)

The increase in the number of people smoking outside pubs, bars and offices was regarded as a significant effect of the smokefree legislation, particularly in the south. For some, this was not a problem, but for others crowds outside smoking and drinking on the streets were "off-putting" or "intimidating."

I don't like when you see group outside the pub, you don't...especially if it's men. Yes, or I actually end up walking the long way round. I just, because when they come out the front of pubs, there's not much room on the pavement left...which, I don't know, guys when they've had a drink, you just, I don't feel like...you just feel you...A bit intimidated by them. (L3F97)

The panel participants largely shared the view that smoking had become less and less socially acceptable than before and that this shift in attitudes had been brought to the forefront by the introduction of the smokefree law. This shift, however, was also perceived as signifying the further stigmatisation of smokers and as a "licence" for non-smokers to show their disapproval:

I've gone outside the betting shop and had a cigarette and you get looks from people or they, sometimes people go past and they're going like this [waving smoke away with their hands] because the smoke is drifting into them. (L3M98)

You just think that you're ostracised, you know, if you smoke. You've done something wrong. You get the wafers, you know. (L4F40)

With few exceptions, smokers themselves were not immune to this apparently 'hostile public gaze'. Some, mainly female, smokers talked about responding by restricting their public smoking, especially on the street, and by framing their behaviour as 'considerate'. Northern smokers in particular also spoke about their children increasingly voicing anti-smoking sentiments, some drawing on family experience to try to persuade a parent to quit smoking:

She [daughter] goes on and on and on, especially that her grandma has lung cancer: "You'll catch it, you'll catch it because you smoke." (L5F90)

4.4.3 Smoking cultures

It became clear as the study progressed that the six localities comprised many overlapping sub-groups, sub-cultures and family and social networks. Thus, while northern smokers still very much regarded smoking as the norm within their local community, and believed that the smokefree law had done little to change this, they were largely referring to a sub-culture within their local area and not the entire community. One man who was "born and bred" in a disadvantaged northern locality but had recently moved to nicer, quieter part of the area, said of the part he used to live in:

I often go up there, but it's nowt to them, the ban. (L4M26)

Within Bangladeshi communities, there was a tendency to see the smokefree law as part of a continuing trend of smoking becoming less socially acceptable within society in general and within Bangladeshi communities in particular. Nonetheless, there was some evidence that it remained difficult to regulate the smoking of some Bangladeshi elders. In one pre-legislation account, it took a concerted effort by the whole family to put pressure on a smoking husband to restrict his home smoking in order to avoid compromising his wife's health:

She [mother] would be coughing and, you know, when he's around it affected her health, so we stepped in and said, "Look, this is a, we've got to have some control over this because you're affecting her health," and he realised, so he doesn't smoke in the bedroom now. I don't think he... It's ages it's been since he smoked in the bedroom, just in the living room or outside, in the kitchen sometime. (L1M51)

Although the dominant rhetoric amongst participants post-smokefree was that Bangladeshi people are law abiding and would 'fit in' with the community mood, there was also a view, mainly in the north, that some elder Bangladeshi smokers would continue to exploit cultural rules to smoke where they liked and that the smokefree law would have little impact because their smoking tended to be home-based:

Yes, they'll [community elders] carry on doing it I think. (L4M28)

The influences on an individual's smoking were closely associated with their immediate social milieu. While this was, in turn, affected by the wider community – including socio-economic factors – it was their interpersonal networks that appeared

to be particularly significant in shaping responses and behaviour (see case study 6). It was unusual to be a lone smoker amidst non-smokers.

It's part of a culture, from parents smoking and when they're gathering around it's culture - how we have grown up. (L4M43)

Case study 6: Smoking cultures

AK, a 60 year old Bangladeshi ex-smoker, lived in a four-bedroom house with his wife and five children. He had quit smoking for a year on medical advice following a coronary by-pass operation, had subsequently lapsed, though at the time of the first interview he had not been smoking for five months. He used to smoke in his house, but, with the exception of one or two individuals he did not wish to offend, he did not allow smoking in the house. His wife and two daughters deplored smoking and were pleased when he quit. However, he suspected that his sons smoked in their rooms upstairs; following cultural respect rules, they did not smoke in front of him. Their smoking worried him because of smoking-related illness in the family. Although retired, AK was still active in the voluntary sector and was exposed to cigarette smoke in a colleague's office and when away at conferences. He was also exposed to smoke when with colleagues and friends outside community venues and sports clubs. Smoking had been a social activity for him and he often met up with friends who smoked in cafes and restaurants. Friends, and one in particular, continually offered him cigarettes, sometimes quite forcefully, despite his pleas not to do so because he no longer smoked. As a result, he avoided seeing one of his friends. He felt surrounded by smokers which made it difficult not to smoke; he was continually fighting his addiction and the urge to smoke. He looked forward to the smoking legislation, anticipating that it would help him because he would be less surrounded by smokers. He tried to avoid smoky environments as much as possible.

At the time of the second interview AK had lapsed and was smoking one to two cigarettes outside the house in the evenings only. Under stress in July 2007 linked to community politics, he was at a conference where people were smoking cigars, so he smoked one too. This made him develop a taste for smoking again. His wife and family were unaware he had started smoking again. With Ramadan nearing an end he hoped to quit again. AK welcomed the legislation and said he was less exposed to smoke, though he sometimes joined his friends outside to chat with them while they smoked. He was seeing more of his friend whom he previously avoided because he had persisted in offering him cigarettes. He thought the law was hard on smokers and that they felt it impinged on their human rights.

At the time of the final interview, AK had increased his cigarette consumption to four to five a day. He smoked with his friends when meeting up with them after voluntary organisation meetings, smoking about five cigarettes in a two to three hour session. He was not smoking at home in the evenings at all but said that there was a feeling at home that he was smoking again. On a recent busy and stressful six-week trip to Bangladesh to visit family and friends, many people around him smoked heavily so he had smoked about 10 cigarettes a day. Since returning to the UK he had cut down to five. AK remained positive about the smoking legislation and thought it would provide more opportunities for smokers to cut down or quit smoking, although he thought it also created difficulties for the addicted smoker. He wanted to stop smoking again, but felt somewhat powerless over his addiction.

4.4.4 The non-smoking identity

Most smokers who had quit post-legislation described themselves as “quitters” or “ex-smokers”, although there were some differences in how they described their current orientation to smoking. Without exception, they expressed a strong intention to maintain their ex-smoking status, and some, particularly northern quitters, said they had become more anti-smoking orientation since quitting:

I do notice a massive difference. I've become such a, like, ex-smoker, 'cos it's the world's worst, I can smell it on people, and it's like, anti-smoking. (L5F78)

Many also acknowledged that they still experienced cravings and some had found the smokefree law helpful in enabling them to limit their exposure to others' smoking:

I think it was more...with the ban as well it was that bit easier trying. (L6F122)

Participants who were still smoking post-smokefree tended to draw upon a 'quit' rhetoric. For those who said they wanted to quit but had not succeeded, there were accounts of a fear of putting on weight and of stress-related smoking. Others said they were "building themselves up" to quitting or that the "seeds of change" had been sown, while others said that they are "always quitting". Yet others put a positive spin on their current smoking, for example, saying they felt more "in control" of their smoking or had "downgraded" their smoking habit from smoking cigarettes to smoking roll-ups. It was rare for smokers to express a lack of interest in quitting. This orientation was mostly confined to older, long established smokers, some of whom felt increasingly stigmatised since the introduction of the smokefree law:

I think it; it's sort of, sort of making, making third class citizens out of the smokers, to actually have to put them on, on show. It's almost like being put in the stocks and pilloried, you know, by the rest. (L4M43)

I don't think I will [try to quit] because, I mean, it's the only bad thing I've got. I don't drink or nothing. (L5F86)

In stark contrast to such comments, non-smokers were, not surprisingly, the most likely to be positive about the smokefree legislation and its impact on the environment and community.

I think the legislation is great, it's a sort of no-brainer and you know, I thought the whole, sort of, the mess that the Labour party made about, you know, there's going to be some areas or some pubs were going to be, you know, you could smoke in because they weren't going to serve food, so all the pub chains just said, "Well, we won't serve food, then", you know, and it was just a complete mess...if people want to smoke they can go outside... it's happened in other parts of the world, I don't see what the problem was really, anyway. [FG4L2, Parents].

5 Discussion

The multiple methods used in this major study have resulted in a rich set of findings. In this chapter, the main findings will first be summarised, structured around the five research questions which were posed at the outset. The strengths and limitations of the research methods will be identified, and the findings discussed in the context of previous, relevant research, including the evaluation of smokefree legislation in Scotland. Conclusions will then be presented and the implications for policy, practice and further research in tobacco control and related areas will be highlighted.

5.1 Summary of main findings

Research question 1: What are the perceptions and understandings of smokers, non-smokers (ex-smokers and never-smokers) and key stakeholders of the likely impact of the smokefree legislation on everyday life, working life and community life?

The perceptions of members of the public and key stakeholders were explored through one-to-one interviews and focus groups, undertaken in the three months (April-June 2007) prior to the introduction of the Smokefree England legislation on 1st July 2007. Despite almost universal awareness of the impending prohibition of indoor smoking, there was only partial understanding of the meaning and implications of the legislation. For example, many community respondents were unclear about what constituted 'indoor public space' and the types of premises that would be affected by the new law. While most community participants understood the concept of 'passive smoking', Bangladeshi smokers were more uncertain. This led to concerns among stakeholders that implementation of the legislation might be more problematic in ethnic minority communities. Overall, smokers understood that the rationale for the legislation was health-related, although not all recognised that the primary argument for the legislation was to prevent passive exposure to cigarette smoke. Pervading the accounts was a view that babies and children are more at risk of passive exposure than adults. In some homes, however, there tended to be a relaxation of rules about smoking as children grew older.

Among community members, there were mixed perceptions of the likely impact of the legislation. For many smokers, especially the younger and those from more affluent backgrounds, there was a feeling that the legislation might well help them to cut down or quit smoking. This sentiment was echoed by stakeholders in the health sector, who anticipated positive effects of the legislation. There were, however, concerns about adverse impacts. For example, some smokers and stakeholders felt that the legislation might lead to more smoking in the home, with potentially greater exposure to ETS among children. Others were concerned that the legislation might lead to social isolation, in particular of older smokers who might no longer go to bingo halls, pubs or working men's clubs, and to greater stigmatisation and social unacceptability of smoking.

There were some concerns, among stakeholders in particular, about the potential economic impact of the legislation on some businesses. Others worried about an anticipated increase in outdoor smoking and consequent impact on litter, noise and disorder.

Research question 2: To what extent and how do these groups seek to anticipate, and accommodate to, the impending smokefree legislation?

Anticipation of the legislation was greatest among stakeholders who were required to take action in relation to the legislation on or before 1st July. Thus, for example,

health professionals anticipated greater demand for stop-smoking services, and environmental health officers prepared to police the legislation. Among other stakeholders, such as patrons of pubs, bars, clubs, cafes, etc., the extent of preparations was mixed. For example, despite the widespread national publicity, it seemed that few patrons were warned of changes in advance of 1st July. The reasons for this were unclear, but concerns were voiced among some stakeholders that the legislation might be damaging to some businesses, such as bingo halls, shisha bars, working men's clubs, and pubs and clubs that were unable to offer outdoor smoking areas.

Anticipation of the implementation of the legislation also varied between smokers from different socio-economic backgrounds and in socio-economically contrasting localities. Although the nature of enclosed public places differed somewhat between localities, in more advantaged areas many more enclosed places had pre-existing non-smoking areas, or had previously instituted non-smoking policies, than in socially disadvantaged areas. Thus, it was anticipated that the impacts of the legislation, at individual and organisational levels (such as changes in access to opportunities for socialising among smokers and economic impacts on businesses), would be greater in poorer areas. In addition, more advantaged smokers seemed more ready to anticipate the legislation by planning to cut down or set a quit date.

Research question 3: Are there changes over time in perceptions, attitudes and behaviours relating to smoking and to the smoke free legislation?

Arguably the most important finding with regard to change was that there was a very high degree of compliance with the legislation in public places, with only a few minor infringements observed or reported, either by members of the public or stakeholders, or based on our own environmental observations. Such infringements were concentrated predominantly at the margins of indoor spaces, such as in stairwells, doorways and toilets. However, vehicles associated with work were also mentioned as a location of continued smoking, as were some offices. Given the pre-existence of smoking policies in many venues in more advantaged areas pre-legislation, and workplaces more generally, it is unsurprising that more change was reported in less affluent areas.

Changes in opportunities for smoking were associated with a general pattern of reduced consumption among participants from all areas. Individual reports led us to conclude that more participants had cut down than increased their consumption, although some had not changed, some had quit and some ex-smokers had relapsed.

Many participants shifted their attitude to the new law, from broadly negative pre-legislation to more positive post-legislation. This shift was more marked in the north, perhaps because the changes there might have been experienced more profoundly compared with the south, where there were more extensive smokefree zones before the legislation and a lesser degree of accommodation was required. Most people expressed this in terms of "getting used to" or "coming around" to the new law, having experienced, at most, slight inconvenience in their social lives. Others were more explicit about benefits which had perhaps not been apparent to them before. On the other hand, a few participants continued to express some ambivalence about the smokefree law, while a small (but vocal) minority, especially older, more established smokers living in both advantaged localities, appeared to have become more entrenched in their opposition. Detractors drew upon 'rights' arguments, concerns about smokers becoming more stigmatised and the addictive nature of smoking to justify their antagonism.

Two side-effects of the legislation were identified relating to participants' homes. First, some participants had increased restrictions on smoking at home, though these changes were often attributed to non-legislative influences. Second, within the less advantaged localities in the north, there was a small number of smokers who said they now smoked more in their homes since the legislation was enacted. Nevertheless, overall there was no evidence of a major shift from public to private smoking; for the most part, people said that they were not smoking more at home.

The social aspect of smoking was reflected in evidence of couples or friendship groups changing their behaviour, such as cutting down or quitting, together. However, this was variable across age and cultural groups. For example, among South Asians, in whom smoking is more common in men, there were reports of male friends encouraging continued smoking; whereas, in some instances, other family members were more likely to encourage quitting.

There was little evidence overall that people changed their social lives as a result of the legislation, although people from more disadvantaged social backgrounds seemed more likely to socialise at home following implementation of the legislation. Nevertheless, there were many reports of decreased consumption of cigarettes while out socialising, because of the inconvenience and, to an extent, felt stigma of having to go outside to smoke. There were also reports of decreased consumption at work, resulting from new restrictions. Venues offering hospitality readily adapted to the legislation where they felt that providing the option to smoke outdoors would be of benefit to their business. Thus, for example, some pubs and clubs quickly provided outdoor, covered (and in many cases heated) smoking areas and some cafes provided on-the-street or other outdoor seating areas. Whether or not such areas were provided, the sight of people venturing outside to smoke, often in small social groups, has become a common phenomenon around pubs, bars, clubs and restaurants. This has resulted in increased litter from cigarette butts and packets, as well as other debris, in areas where people gather to smoke outside public buildings.

Research question 4: To what extent are there differential effects linked to key features of local communities (location, SES, smoking prevalence) and key individual characteristics (gender, age, ethnicity)?

Although the legislation might have had a greater impact on less affluent people overall, because of their higher prevalence of smoking, there were few distinctive effects of the legislation in relation to locality, age or gender. In relation to ethnicity, South Asian men had a somewhat less developed understanding of "passive smoking", but the key issue for this group was the difficulty of maintaining quit attempts in the face of the strong cultural pressures to smoke within their peer groups.

Smokers living in socio-economically disadvantaged areas were less likely than more socially advantaged smokers to have warm or comfortable outdoor spaces where they could smoke and were, therefore, more likely to be exposed to the perceived hostile or disapproving gaze of non-smokers. This, in turn, appears to have been linked to reduced consumption as they avoided smoking outside or – as we found in some cases – to curtailed social activity and increased isolation. Certainly, our data suggest that in areas of disadvantage, some older men and women with children curtailed social activities and experienced a sense of loss of the pleasures of socialising in bars and cafés where they could smoke with friends.

Research question 5: To what extent, and in what ways, are the behavioural and attitudinal impacts of the legislation in England comparable to those observed for Scotland?

Overall, the impact of the legislation in Scotland, introduced in March 2006, was very similar to that in England, but there were some important differences.

In terms of the similarities, the two countries experienced comparable immediate and high compliance. Breaches of the legislation were rare and largely reflected in the testing of boundaries between indoor public and outdoor spaces. In both countries, there were shifts towards greater acceptance and perceptions of the benefits of the legislation. In both England and Scotland, there was evidence of considerable post-legislation changes in individual levels of smoking, characterised more by reduction in consumption than by quitting. As in Scotland, there was evidence that those who socialised in public places largely continued to do so post-legislation, and that many smoked less during social outings because of the inconvenience of having to leave a social event in order to smoke outdoors. There was no direct evidence in either country of a generalised displacement effect (reduced smoking in social venues compensated by an increase in smoking in the home). As we found in Scotland, there was a similar heightened sense of self-consciousness about smoking outside and this was experienced as both unpleasant and stigmatising. While the felt stigma was associated in both studies with reductions in smoking, there is a need to consider how the unintended consequences of public health policy might impact adversely on individuals' self esteem and well-being.

It is noteworthy that individual consumption was lower within the English than the Scottish samples, and that the behavioural adaptations observed in England were therefore perhaps less marked than those we recorded in Scotland. This was particularly the case for the more disadvantaged Scottish localities where, pre-legislation, both smoking prevalence and individual consumption were very high. In the English study, while there were some broad differences between localities, the socio-economic characteristics of the localities seemed to be rather less of an influence in the patterning of responses to the legislation than had been the case in the Scottish study. Indeed, locality in general appeared to be a less significant factor in the English sample than that in Scotland. In the localities in England, an individual's immediate social milieu – the family, ethnic group, friendship groups – appeared to represent their community rather more than the wider area in which they lived. It may be that this observation would have emerged more strongly in Scotland too had we purposively sampled specific sub-groups, for example, by ethnicity or age, as we did in England. The English findings may have been more similar to those in Scotland if we had not included inner city English localities with such socio-demographically and ethnically diverse populations.

Finally, some smokers in both studies expressed ambivalent and sometimes negative views about the legislation. However, in Scotland there appeared to be more of an awareness that the legislation might contribute to improving the health of the country, particularly the health of future generations, and that this would be an important benefit.

5.2 Strengths and limitations of the study

5.2.1 Strengths

To date this is the largest qualitative tracking study of community-level change following the introduction of legislation to prohibit smoking in enclosed indoor spaces. The longitudinal design was a particular strength, enabling us to monitor changes in perceptions, attitudes, behaviours and observable differences between environments

over time from immediately before the introduction of the legislation to a year post-legislation.

While interviews with panel members provided information at the individual level, focus groups discussions provided a broader community-level perspective. In particular, the latter permitted access to the views and experiences of members of specific populations who were not represented in the panel (e.g. Bangladeshi women non-smokers) and of additional members of a particular target group which was most likely to be affected by the legislation (e.g. male smokers over 60 who visit licensed premises). The addition of interviews with key stakeholders and observations in key locations has resulted in an exceptionally rich and multi-faceted dataset which has been subjected to systematic and cross-cutting analysis.

Our sampling strategy was carefully designed to offer maximum variation with respect to location, ethnicity, socio-economic position, age, sex and smoking experience. Thus, we deliberately included diverse areas, both urban and semi-rural areas, affluent, mixed and less affluent areas, covering both the north and south of England.

5.2.2 Limitations

As with any research, the methods were imperfect and this may have led to some bias in our findings. As a result of constraints of time and funding, necessary compromises had to be made. For example, a cost-effective and pragmatic sampling strategy only allowed us to sample two main areas in England, one on the north and one in the south. We were unable to include other geographically distinctive areas, including more rural areas in particular. It is possible that our purposive sampling strategy resulted in a sample that failed to tap into particular, relevant views and behaviours within the population. For example, we did not interview minors, among whom there is a significant prevalence of smoking, much of which may already take place outdoors. It is also widely accepted that a very significant proportion of tobacco in the UK is contraband or counterfeit, and our accounts did not tap into views about the source of tobacco products and the impact of the legislation on supply factors more generally. The constraints on timescale meant that we were only able to collect pre-legislation data in the three months immediately preceding 1st July 2007. As indicated above, national publicity commenced approximately six months before introduction of the legislation, resulting in widespread knowledge of the impending legislation, and some anticipation by both members of the public and stakeholders. Data collection prior to January 2007 might have yielded more starkly contrasting 'baseline' perceptions and attitudes.

Our data on consumption presented particular difficulties. Being based solely on self-report, albeit validated from two different sources, the data sometimes yielded significant discrepancies in accounts of daily amounts smoked in interviews and on the daily grids. Nevertheless, the approach we used has served to highlight the deficiencies of self-report in this context, a valuable lesson in itself. It also enabled us to explore any changes in smoking behaviour and consumption by context and location. Moreover, it is important to remember that our qualitative approach was intended to provide insights into the ways in which people talked about their smoking; their possibly inaccurate perceptions of consumption and change are in themselves illuminating and need to be acknowledged when developing and implementing tobacco control measures. In due course, quantitative national data on consumption and prevalence of smoking, as well as indoor air quality, will help to set our findings in context.

5.3 Conclusions

This longitudinal, qualitative study has identified several impacts of the Smokefree legislation in England. There was an immediate and dramatic effect on smoking in enclosed public places across different localities in both the north and south, regardless of pre-legislation readiness and attitudes of individuals, organisations and communities. Although this study focused primarily on smokers, many positive reports testify to the success of the legislation in terms of opening up enclosed places to people who would previously have avoided them. This potentially includes a majority of the population, since fewer than a quarter of English adults are smokers. The immediate success of the legislation in this respect may in part be attributable to the significant and sustained media campaigns aimed at the public and direct mailings to public sector organisations and businesses, mounted by the Department of Health from January 2007.

At the level of individual premises, good compliance with the legislation has been reported. In our interviews we found evidence of a reduction in consumption (as measured by cigarettes per day) among a majority of panel members who were smokers at baseline and of quitting smoking altogether among a significant minority. However, we also identified that a third of ex-smokers at baseline had relapsed by one year follow-up.

Whitlock et al (1998) and others (e.g. Amos et al 2008) have previously demonstrated an inverse relationship between ETS exposure and socio-economic status. Consequently, these observed reductions in cigarette consumption are encouraging. While the work of Tverdal et al (2006) suggests that decreasing consumption among heavy smokers may not significantly reduce premature mortality, there may be other health benefits, including an increased likelihood of future cessation, as evidenced in a recent review of observational studies (Hughes and Carpenter 2006).

Our findings suggest that influencing the cultural norms of smoking through changes to the social context can lead to changes in cigarette consumption. This supports the work of Fong et al (2006), Poland (2006) and Dedobbeleer et al (2004), who argue that the social context of smoking is an important factor in the shared smoking behaviours of a community; and that the concept of the collective smoking lifestyle is a useful focus for understanding how health behaviours are shaped in different groups and communities. Smoking remains a predominantly social activity and we found a significant tendency for smokers to be influenced in their behaviour patterns by significant others, including partners, family and friends. Thus, there were reports of couples giving up or cutting down together, and of workmates or friends who continued to smoke despite the legislation. There were also tales of conflict, but it is unclear whether these were contingent on the legislation, or simply episodes in people's lives that coincided with the introduction of the legislation.

We found clear evidence of side-effects of the legislation, both positive and negative, affecting public and private spaces. Although it was anticipated that the legislation might have driven some smoking out of public places and into private homes, with potentially negative consequences for ETS exposure of family members, we found no evidence that this was a generalised effect. While there were some reports of an increase in smoking at home in less advantaged localities in the north, there were also reports of households, particularly those with children and in more affluent areas, introducing or increasing restrictions on smoking in their home. Although it is difficult to assess the overall impact of these effects at such an early stage, their social differentiation suggests that social inequalities in exposure to tobacco smoke may widen, despite a reduction in the prevalence of exposure overall.

Previous studies have demonstrated the increasing social unacceptability of smoking, even in disadvantaged communities (Wiltshire et al (2003); Stead et al 2001). In our study participants talked about their discomfort when smoking outdoors, especially in public places, such as on streets and reported that the way in which smokers are now treated differently in public, for example, non-smokers being more ready to condemn, and more vocal in condemning, smoking behaviour.

We also noted the risk of (increased) social isolation, particularly among poorer and older smokers, who may be unwilling to socialise in venues that no longer permit smoking or have no outdoor provision for smoking. Such lack of provision was more commonly reported in less affluent areas.

The experience of increasing public disapproval towards smoking was similarly shaped by the Scottish smokefree legislation. The sense of exclusion experienced by many smokers across all communities does suggest that these unintended consequences of public health policy need to be considered. In particular, attention should be given to the smoker's 'spoilt' identity (Chapman and Freeman 2008). Many smokers described their own and other's smoking as shameful and this was coloured by the language of the outcast and leper. Although it is impossible to assess the impact of these factors collectively at this stage, it is not inconceivable that these negative psychosocial effects may cause emotional distress and thus have health consequences unrelated to smoking.

The issue is not straightforward or one-sided, however. Louka et al (2006) have suggested that public disapproval, while leading to feelings of alienation among some people, may also help to change public attitudes towards smoking and increase receptiveness to tobacco control policies. This re-construction of the social identity of the smoker as '*deviant*' and the shaping of the public domain as smoke-free may therefore encourage those smokers who have experienced this "unfavourable" climate to quit (Sei-Hill et al 2003:343). Certainly, post-legislation some smokers perceived their public smoking to be stigmatising and subject to public disapproval, which in some instances led to a reluctance to be seen smoking in public and to reduced consumption.

Our stakeholders were generally positive about the legislation, but there were indications that it might have both positive and negative economic consequences. For example, some businesses, such as bingo halls, pubs that do not serve food, night clubs and some other premises in less affluent areas, seem to attract a clientele with a particularly high smoking prevalence. Proprietors of such establishments were understandably concerned about the effects of the legislation on their businesses. In contrast, others anticipated new opportunities afforded by creating a smokefree, and perhaps more family-friendly, environment; or, alternatively, by offering new, outdoor, covered, and often heated, seating areas, thus expanding and making their hospitality more attractive. At an environmental level, a side-effect of the legislation has been increasing litter associated with smoking outside certain public buildings where smoking has previously been permitted. The potential environmental impact of a significant increase in outdoor heating should also not be overlooked.

Finally, there was confirmatory evidence from our research that self-reported methods of assessing tobacco consumption are subject to considerable variability. This, in turn, suggests that survey-based data on consumption may be unreliable and should be treated with caution.

5.4 Implications for policy, practice and further research

The apparent high level of compliance observed at the fieldwork locations suggests that the Smokefree legislation has been a powerful instrument in tobacco control policy. The key public health benefit is presumed to be a significant decrease in ETS exposure among both smokers and non-smokers alike, although this would have to be confirmed by evidence of improvement in air quality and reduced exposure of hospitality staff to ETS in a range of venues. The legislation may also have had positive effects on smoking consumption and prevalence, but this will need to be confirmed by evidence of reduced smoking prevalence over time using routinely collected survey data.

Smoke-free environments and cultures have been created and shaped through the implementation of smoke-free legislation. This evaluation has sought to illuminate the social practices of compliance and the social adjustments that individuals and communities have made to manage the impact of these smoke-free cultures on smoking behaviour. Giskes et al (2006) argue that tobacco control policies focusing on behavioural change should be complemented by area-based interventions for low socio-economic groups who have lower quitting rates. Our findings suggest that health professionals should continue to develop public health interventions that target the pro-smoking socio-cultural environment in disadvantaged communities, while continuing to support the delivery of individual-level smoking cessation interventions.

If more smokers are motivated to quit as a result of the legislation, then the provision of stop smoking services will need to meet this demand. This is unlikely to mean simply more of the same, since, as prevalence decreases, more dependent smokers will remain, and they may need greater support to quit. Many smokers say that they want to stop smoking gradually rather than abruptly (Hughes et al 2007, Shiffman et al 2007). While tobacco control has typically taken the position that reducing cigarettes prior to cessation is unhelpful, there is evidence that cutting down prior to quitting may be helpful for some (Hughes and Carpenter 2006). Consideration should also be given to the practical implications of evidence that the individual's friendship group, family and ethnic group exerts a strong influence on smoking behaviour and that couples and friendship groups tend to change behaviour together (e.g. cutting down or quitting). We recommend that more resources should be invested in smoking cessation interventions targeted at these 'natural' groups (while continuing to deliver more traditional activities targeted at individuals).

Changes to the quality of life of some smokers, both positive and negative, as a result of the smokefree legislation need to be taken into consideration by health policy planners and health professionals in supporting smokers to make positive adjustments in a smoke-free environment and a longer term follow-up of the consequences of both positive and negative impacts would be useful.

Monitoring the continued success of the legislation will be important, and thus local government will need to assess its provision of inspections and other mechanisms to police the legislation. Ongoing observational and qualitative research may help to identify problem areas, including new behaviours related to smoking and non-smoking environments that emerge over time.

The issue of social stigmatisation and potential isolation among smokers will be difficult to assess, but further research should explore how these phenomena evolve over time and affect smokers and their families. Equally, the potential for the

legislation to impact on inequalities in smoking prevalence and outcomes will need to be carefully monitored and the consequences assessed by further research.

The question of whether the legislation has to any extent driven smoking into private homes and how this may consequently impact on exposure of children to tobacco smoke needs to be subjected to further research. The evaluation of the Scottish smokefree legislation found no increases in ETS exposure in children or adult non-smokers (Haw and Gruer 2007, Akhtar et al 2007). However, in Scotland significant declines in exposure were confined to children where either both parents or the mother were non-smokers. The impact of any possible increases in ETS exposure or differential decreases on children are unlikely to be confined to passive exposure, since we know that exposure to smoking behaviour from a young age has a powerful effect on the likelihood of young people taking up smoking themselves (modelling). These longer term impacts also need researching and may potentially need to be the subject of future interventions.

The side-effects mentioned above will need to be the subject of further research and perhaps policy and practice in due course. For example, the problem of smoking litter in public areas places an additional burden on street cleaning and other environmental services, the cost and logistics of which will need to be assessed.

The evidence that legislation can achieve an overnight transformation in a major health-related behaviour, despite only partial public acceptance of the right of the state to further restrict the freedom of citizens to smoke wherever they wish, should be noted by public health/health promotion planners and practitioners seeking to change behaviour in other areas of health-related lifestyle. There might want to consider the possibility of more vigorous use of legislation or policy measures to tackle such 'wicked issues' as excessive alcohol consumption/binge drinking, and the growing obesity epidemic and the 'obesogenic' environments for diet and physical activity on which it depends.

Finally, there is a need to develop more appropriate and sensitive questions on tobacco consumption for use in population surveys. These will need to take into account the evidence of under-reporting of cigarettes smoked on social occasions. One possible approach might be an adapted version of the 'daily grid' (suitable for use in survey research), which could be explored and tested in a pilot study.

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7 Appendices

Appendix 1: Panel interview (wave 1) topic guide

Appendix 2: Completed (anonymised) daily smoking grid

Appendix 3: Focus group (parents with dependent children) topic guide

Appendix 4: Key stakeholder interview (wave 2) topic guide

Appendix 5: Observation framework

Appendix 1 Panel interview (wave 1) topic guide

The first interview with panel informants has to gather background information that will inform not just this interview, but also the subsequent post-legislation interviews. This part of the interview, therefore, needs to include socio-demographic and personal information about the respondent (their age, marital status, living arrangements, work etc), but also about their smoking history (when they began smoking, attempts to quit etc).

The rest of the interview is intended to allow us to obtain a detailed picture of the respondent's current smoking behaviour, beliefs and attitudes. We want to know not just how much and how often they smoke, but where, when and with whom they smoke. In other words, we want to know as much as we can about the context of their smoking at this point.

The daily grid is a hook on which to hang the interview. It should be completed with the respondent as a joint exercise, filling in what activities the respondent engages in when, where, why and with whom – and where, when and how smoking fits into their day. The probes for each domain/area of activity/location are suggested ways of elaborating the detail and context of their smoking.

We want to know, for example, when they have their first cigarette of the day, where they are and what else they are doing. We are interested in when and where they smoke throughout the day; whether there are restrictions on when and where they can smoke (both their own self-imposed restrictions, such as not in certain rooms in the house and/or when children are present *and* those that might be imposed or structured by external factors – such as at work, in cafes, by their partner or friends).

The different sections of the grid (and the interview) cover time in the house and outwith the home. Within the home, we are interested in where they do and do not smoke (and why), whether they smoke outside (e.g. in the garden, by the door) and, if so, why or in what circumstances.

As we want to track changes in smoking behaviour and attitudes pre- and post-legislation, it is important that we have good “baseline” data on which to assess any changes that the legislation might cause or initiate.

1. Background information

The aim of this initial section is to obtain a detailed background of the respondent and his/her household. You should ensure that you have a clear picture of their age, who they live with, how many children they have, what they do for a living, and what their home is like.

- Age
- Whether lives alone or with others
 - Ages of any children
- Details of flat/house
 - Number of rooms
 - Access to garden or external area (e.g. balcony, doorway)
- Whether working or not
 - Nature of work
 - Whether ever works at home
 - Whether partner works and where

2. Smoking history

The aim of these questions is to find about the respondent's smoking history, including attempts to quit smoking. This will inform the rest of the interview and will be the only occasion on which we need to collect these data. In subsequent interviews, we will be concerned with changes since the last interview.

- When did they first start smoking cigarettes
 - When did they start smoking regularly
- Whether they regard themselves as a “smoker”: why/why not
 - What they would define as a “smoker” and why
 - Where they smoke and in what situations
- Type of cigarettes usually smoked and why
 - Whether has changed over time. If changed, why
 - How much they smoke in a typical day/week
 - IF NOT EVERY DAY: PROBE WHY THAT IS
- Amount spent on cigarettes / tobacco in a typical day/week
 - Whether that amount ever changes. If so, why
- Whether they have they ever tried to give up smoking ,and why
 - How important was stopping at that time to them
 - How easy or difficult was it to stop
 - Factors that made it easier or more difficult
- Reasons for starting to smoke again
 - Why did they start smoking again
 - What did friends and family think about think about their attempt to stop smoking?

FOR NON-SMOKERS: ask above questions in past-tense where applicable. Include:

- Are there times they are tempted to smoke again: when and why
- Have they had a cigarette since quitting: when, where and why
- If so, how did that feel

- Do they have strategies for avoiding smoking

3. Smoking patterns [FILL IN THE DAILY GRID]

*These questions aim to obtain a detailed picture of the respondent's current smoking patterns. The **daily grid** is a device to help respondent articulate when they smoke and in what circumstances across the day. The grid should be filled in as a **joint exercise** with the respondent, with probes to gather as much detail as possible about the context of their smoking over the course of the day.*

Go through day from getting up to going to bed. If it is helpful, ask respondent to think about "a typical day" as a way of getting started.

The aim is to use the grid as a prompt for exploring the respondents' smoking patterns in terms not just of how many cigarettes they smoke, but where and when they smoke and when and where they do not smoke, what (else) they are doing at the time, who they are with (or not with – eg children), how they "feel" about different smoking occasions, Go through the day marking activities in different locations and times, and where and when he/she smokes.

The questions should go through the day and the various locations and opportunities for smoking (and not smoking).

FOR NON-SMOKERS: *The grid should be completed in much the same way as for the smokers, but instead of finding out when they smoke, explore when others around them may be smoking and how they feel about it; what triggers or vulnerable times there may be for them and how they cope with that. Try to elicit their current exposure to smoke, not their exposure when they were smokers.*

POSSIBLE PROBES FOR FILLING IN THE GRID

- When do they usually get up?
- What do they have to do in the morning? (eg, get children up, dressed, breakfast made etc).
- When and where do they have their first cigarette? What with (tea, coffee, breakfast etc)
- How many do they usually have then?
- What about the next cigarette: when do they have that? Where?
- How many cigarettes do they smoke at a time?

KEEP GOING THROUGH DAY, FILLING IN THE WHOLE GRID. ONCE THE GRID IS COMPLETED:

Is this a typical day for you? In what ways is it not typical? Why is that?
IF NOT: TRY TO FIND OUT *WHY* THIS WAS NOT TYPICAL AND WHAT A TYPICAL DAY WOULD LOOK LIKE.

4. In the house

Explore the respondent's smoking habits at home. Ask whether respondent smokes in the garden or at back door and, if so, whether this is all the time. Explore any "rules" about smoking in the home, such as where and when smoking is and is not permitted? If so, how are these enforced at different times of the day or when there are visitors?

NON-SMOKERS: we are interested in their current exposure to tobacco. Adapt the questions to ask about other people in the home smoking:

- Where do they smoke at home and why
 - Does this change/any exceptions: and if so why (time of day, other people in the house etc...)
 - Has this been different in the past: and why
- Whether or not there are any places they do not smoke in the home
 - Does this change/any exceptions: and if so why (time of day, other people in the house etc...)
 - Has this been different in past: and why
- To what extent these are set arrangements
 - How have the arrangements come about
 - Whether it applies to everyone in the house
 - How easy or difficult it is to stick to these arrangements
 - How does it apply to visitors: and if so what are their reactions
 - Do the arrangements ever change/any exceptions

IF HAD RULES IN THE PAST ONLY BUT NOT NOW ASK ABOVE QUESTIONS IN PAST TENSE (also ask when did the rules changed and why)

- Which are the most important cigarettes of the day: when and why?
(e.g. activity while smoking: coffee, socialising watching TV)

5. Children & family

Use this section of the grid to explore smoking within the household more generally:

NON-SMOKERS: adapt the questions to ask about other family members smoking and the impact:

- Whether other members of the family smoke
 - When and where
 - Do they smoke together: when and where

If family member does not smoke

- Are they aware that the respondent smokes
- What are his/her reactions about respondent smoking
- Extent to which smoking affects children within the household
 - Are they aware that the respondent smokes
 - What are his/her reactions/views about the respondent smoking
 - If any of the respondents children smoke: how do they feel about that, and why

6. Workplace and smoking

If the respondent works, use the grid to explore whether there are restrictions at work; what they are and; how this affects the respondent's smoking; where and when they do/can smoke; how they feel about these restrictions. If an ex-smoker, find out how they feel about co-workers taking smoking breaks.

NON-SMOKERS: Interested in their current exposure to tobacco. Adapt the questions to ask about their exposure at work. Also focus on how things at work may have changed since giving up:

- Whether there are set rules at work about smoking
 - Can they smoke at work / college

- What is the nature of these rules
 - Do they smoke at work / college: and where
 - Do they get cigarette breaks: if so where
 - How many breaks do they have: and how long
 - How many cigarettes do they smoke
 - Do they have to make up the time

- Have there been are changes to the rules over time
 - Have those rules changed since they've been working there
 - How did the change affect them

- How do the rules currently affect them

- Views of rules and smoking arrangements (e.g. cigarette breaks)

7. Out of the house: smoking outside the work and home during the day (excluding work): e.g. journey to work, shopping, playground, bookies, projects and meeting friends and socialising

This area of the grid covers the times when the respondent is out of the home during the day, excluding when they are actually at work. It is likely that the workplace will be raised here as one of the main places where people may be during the day. The important thing is to cover all the other possible non-domestic locations or contexts where the respondent may smoke.

Some of the earlier questions may well have touched on socialising and smoking, but the aim is to obtain a picture of the respondent's social life and the extent to and ways in which smoking (and alcohol consumption) occur and whether they are shared activities – shared in the sense of occurring together and shared in the sense of being things that the respondent engages in the behaviours on a social basis. Use the grid to explore the social context of the respondent's smoking. This is an aspect that will recur in other settings – at home, at work etc – namely, who the respondent smokes with, when, where.

We are also interested in alcohol consumption: does respondent drink alcohol, where and with whom? And to what extent are smoking and alcohol linked?

It would be helpful to identify where people socialise, both formal and informal locations within the area.

FOR NON-SMOKERS: we are interested in gauging their current exposure to tobacco, adapt the following questions accordingly. Also focus on how their socialising has changed since they gave-up smoking:

Take each of the following in turn:

- Travel: details of where they travel to and from
- Visiting friends and family: who and where
- Cafes and restaurants: with who and where
- Pubs, clubs and bars: with who and where
- Other leisure activities: with who and where (e.g. sports, bingo, lunch club, shopping centres, bookies)
- Any other activities/locations outside the home: with who and where (e.g. waiting for children outside the playground)

For each activity/location:

- How often they go
- Whether they smoke or not
- Amount generally smoked
- Key influences on whether they smoke and the amount that they smoke
 - Type of activity/location
 - If they smoke alone or with others: and why
 - Views of others: and whether friends or family smoke or not
 - Food or drink: and why
 - Alcohol (e.g. type and amount) and why: and how smoking and drinking combined makes them feel
 - Restrictions: and why
 - Time of day/duration
 - Any other factor
- Affect of smoking on leisure activities / socialising
 - Does being able to smoke or not smoke in a place affect whether they spend time there: and why (e.g. cafes, restaurants etc...)
 - If so, what affect has it had it what they do and why (e.g. go outside, not smoke, any changes to the type of activity/location, time spent/relationship with family)
 - Are there situations where this would be different
 - How they feel about any restrictions to their ability to smoke

FOR NON SMOKERS

- What affects has becoming a non-smoker had on their life
 - Do they miss anything about smoking or being a smoker and why
 - How does that make them feel
 - What have been the best things / worst things about quitting smoking
- How has becoming a non-smoker affected their relationships and social time
 - How have people reacted to them quitting
 - How does that make them feel
 - Has not smoking changed how socialise: In what ways and why

8. Passive smoking

Again, much of this is likely to come up in the section on “Smoking at home”, but the aim here is to elicit respondents’ understandings of “passive smoking”; do they think that others’ smoking affects non-smokers and, if so, in what ways. If they do not “believe” in passive smoking, why is that? These are some additional probes which can be used at that point or now.

- How do they think smoking affects themselves and other people: and why
PROBE for impact on children if not raised spontaneously
 - What does the term “passive smoking” mean to them, and why
- If someone described a place as “smoky” what would that mean to them
 - Locations/places they would describe as smoky, and why (e.g. smell, smoke in air)
 - How does a smoky environment make them feel, and why?

9. Views about smoking legislation

Explain that the law about smoking is due to change shortly

- How much do they know about the change in the law
 - How the law is going to change
 - What places it will apply to
 - When the law is due to change
 - Why it has been introduced
- Views about the benefits and disadvantages of the changes for them personally
 - Nature of any likely benefits and why
 - Nature of any likely disadvantages and why
- Likely impact of the change on them personally
 - Whether they will be unable to smoke any more in certain places: which
 - Likelihood of compliance with this
 - How it will affect what they do
 - How it will affect where they go: where else might they go
 - Likely effect on their social life: how often and where they meet up with friends
 - Any other effects on their life (e.g. on amount they smoke)
- Likely impact on local people
 - Which groups will be affected most and why
 - How people are likely to be affected
 - How will they cope
- Likely impact on places in the local area
 - Which places will be most affected and why
 - In what ways will they be affected and why
 - How likely are they to apply the changes
 - Extent to which they are likely to find ways round the changes
- Whether have discussed the changes in the law with people: who?
 - Views of people they have discussed it with

- How they are likely to respond to the changes
 - Extent to which will change their lifestyles
- Any other comments they would like to make about the changes to the law on smoking

Appendix 2 Completed (anonymised) daily smoking grid

ID:		Daily grid: smoking events in a typical day			
Times of smoking events	Location (precise details of where smoking)	Reason for smoking event (details of activity, alcohol consumption etc.)	Who with	Number of cigarettes smoked	
07.00	Gets up	Doesn't smoke in the morning		0	
07.30	Gets son up; gets him ready; gets him to school by 8.30am			0	
08.30 – 09.00	Gets bus to work; gets to work			0	
11.00	Has a break. Walks down to the end of the road	Goes out for a cigarette during a break. Can't smoke on the hospital grounds. First cigarette of the day.	Colleague	1	
13.00	Lunch	Smokes during lunch break	Alone	2	
14.00	Back to work	Cannot smoke on the hospital premises		0	
15.00	Walks down to the end of the road outside hospital premises	Takes a break if is not too busy	Alone	1	
17.00	Walking to the bus stop	Smokes after work walking to the bus stop	Alone	1	
After dinner (Last cigarette about 22.00)	At home – on the balcony. Will not smoke in the house because of her son.	Enjoys a cigarette after a meal	Alone or with nephew on balcony	1-2	
[Changes over time and reasons for change]		Wave 1 - Smokes an average of about 7 cigarettes a day. May smoke more if goes out. If drinking, smokes a lot more. Will smoke more if a friend comes around. Has decided to cut down in the past month.			

Appendix 3 Focus group (parents with dependent children) topic guide

This focus group comprises male and female smokers who live with children under the age of 12, although some ex-smokers may be included.

The main emphasis of the focus group is to find out how the smokefree legislation has affected parents' lives, the lives of their dependent children and the lives of others (particularly parents) in their community. The primary purpose is to assess degrees of consensus on how the law has changed things for them as parents with dependent children (e.g. degree to which smoking has become displaced to people's homes).

IMPACT ON COMMUNITY

First of all I'd like to ask you about the area where you live. Has anyone noticed any changes in the area since the new law was introduced?

PROBE:

What sort of changes, e.g. fresher air in venues, people smoking in streets, litter, more/fewer people going out?

How feels about these changes - good/bad?

How other people in the area feel about these changes

What about parents with dependent children - do you think the new law has had any particular effects on them?

In their experience, how do parents with children feel about the impact of the new law on their lives?

How think new law is affecting smoking behaviour/health, economic and social life of parents with dependent children?

IMPACT ON SMOKING AT HOME

Does anyone smoke at home at all?

PROBE:

Whether this is more, less or the same compared with before the new law (do they smoke more cigarettes at home or do they smoke more frequently at home than before?)

Where in the house do they smoke? Anywhere do not smoke? Why? Changes in smoking at home post-smokefree legislation?

Do you have any rules about smoking in the house?

PROBE:

What are these rules and why have them?

How/whether enforced?

Do other people smoke in your home?

PROBE:

Has this changed at all since the new law?
How feel about others smoking in their home?
Do rules apply to them and how feels about that

Does your partner smoke at all?

PROBE:

Any change in partner's smoking since new law?
How much smoke, where and when?
Rules for partner/how, when enforced? Has this changed at all?
Has it affected relationships in the house?

IMPACT ON WHERE AND HOW PEOPLE SOCIALISE

Can I ask you now about how you socialise and spend time with your friends and your families? Where do you go and what do you do?

PROBE:

First of all, do you all spend time in pubs, bars or clubs?
How often do you go and with whom?
Has this changed since new law? How?
Has people's drinking changed at all since the new law?
Views on smoking and drinking?
Do people go outside on own or in groups to smoke?
What's this like, how feel about having to go outside?

What about cafes and restaurants?
How often do you go and with whom?
Has this changed since new law? How?
Is there anywhere else you go to meet up with friends and family where you used to smoke/still smoke, e.g. bingo

How has the new law affected where you go to socialise?
How do you feel about this?

IMPACT OF NEW LAW ON THEIR LIVES

I want to ask you now about how the new law has affected your own life.

PROBE:

We've spoken about how it has affected your social life, but what about your work life? What about your public life?
Has it changed your smoking behaviour in any way? How? (e.g. changes in amount smoked, where, when smoke and with whom)
Does anyone smoke outside - in the street, at bus stops, etc.?
Has this changed at all since the new law?
How feel about smoking outside since new law introduced/why?

What about ex-smokers? How has the new law affected you?

Do you think that non-smokers are affected by smoking?

PROBE:

In what ways?

Does it affect some people more than others? (e.g. children, older people)

Whether thinks new law will affect this at all – why/why not?

VIEWS ON SMOKEFREE LAW

Now can I ask you what you think about the smokefree legislation?

PROBE:

Advantages/disadvantages?

Gains/losses?

Does everyone feel this way (differences of opinion within group, within community?)

Changes in opinion from before and after the legislation?

Why do they feel the way they do?

Does anyone have any final points they'd like to make?

Appendix 4 Key stakeholder interview (wave 2) topic guide

Thank you for agreeing to a second interview for this study evaluating the impact of the smokefree legislation on some communities in England.

Some of the following questions touch on questions asked during our last interview. However, the main focus is on what has changed since we last spoke.

CURRENT ROLE /CHANGES SINCE LAST INTERVIEW

- **What is your current role in the community?**
- **Has your role changed since our last interview? If so, could you describe the ways in which it has changed?**
- **Where do you currently live? What connections do you have with this community?**
- **What are your personal views about smoking? Are you a smoker? Have you ever smoked?**

CURRENT UNDERSTANDINGS/VIEWS OF NEW LAW/CHANGES

- **What are your current understandings of the smoking legislation?**
- **Has your knowledge or understanding of the legislation changed since we last spoke?**
- **Have your attitudes or views on the legislation changed? If so, in what ways have they changed?**

ROLE IN IMPLEMENTING SMOKING LEGISLATION

- **What do you do in your role in implementing the smoking legislation? Can you give me any examples?**
- **Have you come across any incidents or difficult situations in implementing the legislation?**
 - **For you personally (for EHOs examples may include abuse of emergency exits, problems re displacement of smoking activity)**
 - **For the venue in which you work**
 - **For the community as a whole**
- **Are you aware of any conflicts, difficulties or barriers to implementing the law?**
- **How have any conflicts been dealt with or resolved?**
- **Do you think there are any particular problems related to implementing the smoking legislation**
- **Has implementing the legislation been easier or more difficult than you thought it would be? Has it got easier over time?**
- **Are you aware of any changes in behaviour and attitudes within community? Can you give me any examples of these?**
- **How have initial expectations panned out?**

PREPAREDNESS FOR IMPLEMENTING LEGISLATION BEFORE AND NOW

- How prepared did you feel you were for the implementation of the smoking legislation on 1st July?
- In what ways did you feel you were not prepared?
- What effect did that have?
- How well prepared do you feel now with dealing with implementing the legislation? Could this be improved in any way?

IMPACT OF LEGISLATION

- Has the legislation affected your role in the community?
 - Has it affected your professional practice/ the way you do your work? If so, what has changed and why has it changed?
- Has the legislation affected you personally? (e.g. what you do, where you go, your views, experiences and private life)
 - If so, how has it affected you and why?
- Has the legislation affected the place in which you work [venue]?
 - If so, in what ways has it affected your workplace and why?
- Has the legislation affected the community?
 - Has the community environment changed in any way? In what ways has it changed and why?

BENEFITS/DISADVANTAGES OF LEGISLATION

- What, in your view, are the benefits of the smoking legislation?
 - For you personally?
 - For your place of work?
 - For your community?
 - For the population as a whole?
- What do you consider to be the disadvantages of the smoking legislation?
- How do you think the legislation has affected the social life of the community?
- How do you think it has affected the economy of the community?
- How do you think it has affected the health of the community?
- Do you foresee any continuing or new problems or benefits from the legislation?
- Do you wish to add anything else we have not covered?

Thank you very much for your time and help with this study. We really appreciate it.

Appendix 5 Observation framework

Scene setting

Time of day evening
Date-
Observers
Name of place
Length of visit
Weather conditions
Activity (observers)

Places

Type of place
Layout and size- drawing (and photos if possible)

Indoor

Seating, heating
Toilets
public spaces
boundaries of indoor and outdoor (doorways)
Extractor fan/ventilation

Use of indoor space and purpose

TV and sports TV
Music/non-music-
Games- pool, gambling etc-pool table, bingo, betting
Policies-smoking/non-smoking
Signage- smoking policies/rules (actual words and location)
Tobacco- sales
Ashtrays-
Advertising/promotion (eg, staff clothing, calendars, drinks promotions)
Advertising events
Actual events-karaoke; singing, bingo etc
How the venue is 'personalised' e.g photos of customers or teams; fundraising for local causes)

Outdoor

Seating
Heating
Covered areas
Garden areas
Boundaries of indoor and outdoor (doorways and roads/pavements/sides of buildings)
Flowers/tubs

Use of outdoor space and purpose

TV/TVsports
Music
Games
Refreshments-Food/non-food; alcohol/soft drinks
Use by smokers and non smokers
How many cigarettes
Policies-smoking/non-smoking
Signage- smoking policies/rules (actual words and location)
Tobacco- sales

Ashtrays
Advertising/promotion (eg bar mats, staff clothing, calendars, drinks promotions)
Advertising events
Who and how many people

People

Public
Number:
Age
Gender
Groups
Couples
Individuals
Types of activities

Staff-
Number:
Age
Gender
Types of staff activities

Public Behaviour/ Cigarettes

Smoking-
Where
Enforcement
Negotiation
Enforcers- formal/informal
Bonding/social-(sharing)
Signifier-roll-up tins and papers , cigarette packets; imported cigarette packets;
lighters, and matches
Smoking-individual, group
Entrance-smoking, butts, stubbing out bin
Enforcers- formal/informal
Drinking- individual, group- and round buying
Drinking and smoking

Staff Behaviour/ Cigarettes

Smoking-
Where
Enforcement-
Negotiation
Enforcers- formal/informal
Bonding/social-(sharing)
Signifier
Smoking-individual, group
Entrance-smoking, butts, stubbing out bin
Enforcers- formal/informal
Drinking- individual, group- and round buying
Drinking and smoking

Reflections

Fieldwork vignettes-interesting behaviours or conversations (listening and hearing)
Changes from last visit highlighted

Critical incidents regarding smoking or enforcements
Reactions to observers
Atmosphere of public space and safety issues