Public Health Research Consortium

The behavioural, social and cultural impact of Smokefree legislation in England

- Legislation to prohibit smoking in public places is intended to protect adults and children from the health-damaging effects of environmental tobacco smoke and has the potential to reduce socio-economic inequalities in smoking prevalence.
- This report summarises findings from a research project which examined the behavioural, social and cultural impact of Smokefree legislation, implemented on 1st July 2007, in six localities in the north and south of England.
- Some smokers (generally the more affluent) anticipated Smokefree by cutting down or setting a quit date, and more of the affluent locations had no smoking areas or complete bans in public indoor spaces before 1st July 2007.
- There was a high degree of compliance with Smokefree in public places, with only a few minor infringements observed or reported.
- There was a general pattern of reduced consumption among participants in all locations, including cutting down and, to a lesser extent, quitting.
- There were shifts in attitudes from initial resentment to acceptance, and a growing perception of the personal and environmental benefits of Smokefree.
- Within the less advantaged localities in the north of England, a small number of smokers said they now smoked more in their homes post-Smokefree. Nevertheless, overall there was no evidence of a major shift from public to private smoking; most people said that they were not smoking more at home.
- Many respondents reported decreased tobacco consumption while out socialising in public social settings. This was not only 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.
- 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.
- Working with families, couples and social networks should be considered alongside more traditional individual-level approaches to delivering smoking cessation interventions.

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.

This summary report is drawn from a primary research project which sought to examine the behavioural, social and cultural impact of Smokefree legislation in contrasting communities in England.

Full details of this project can be found on the PHRC website (www.york.ac.uk/phrc/).

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, e.g. ethnic minority smokers, non-smokers, parents with dependent children, mid-life women and older men who visit licensed premises (all post-legislation)
- key informant interviews, pre- and post-legislation, with enforcement agents, both formal and informal, and others (e.g. hospitality managers, smoking cessation workers and ward councillors) 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 and bookmakers).

Key findings
Pre-legislation attitudes, awareness and preparedness

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 most at risk of passive exposure. 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. Many smokers, especially the younger and those from more affluent backgrounds, felt that the legislation might help them to cut down or quit smoking. This sentiment was echoed by stakeholders in the health sector, e.g. smoking cessation advisers, 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 worried 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.

Anticipation of, and preparation for, the legislation 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 would be greater in poorer areas. In addition, more advantaged smokers appeared to be more ready to anticipate the legislation by planning to cut down or set a quit date.

Impact of the legislation

There was a very high degree of compliance with the legislation in public places, with only a few minor infringements observed or reported.

Changes in opportunities for smoking were associated with a general pattern of reduced consumption among participants from all areas. 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 of England, 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, the stigma they felt of having to go outside to smoke.

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. 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 to curtailed social activity and increased isolation. 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.

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 study 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 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 families, couples and naturally occurring social networks should be considered alongside more traditional individual-level approaches to delivering smoking cessation interventions.

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