

Should smoking in outside public spaces be banned?

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YES Legislation to ban smoking indoors in public places is now commonplace, driven mainly by the need to protect non-smokers from exposure to secondhand smoke. A new domain for tobacco control policy is outdoor settings, where secondhand smoke is usually less of a problem. However, the ethical justification for outdoor smoking bans is compelling and is supported by international law. The central argument is that outdoor bans will reduce smoking being modelled to children as normal behaviour and thus cut the uptake of smoking. Outdoor smoke-free policies may in some circumstances (such as crowded locations like sports stadiums) reduce the health effects of secondhand smoke¹; will reduce fires and litter²; and are likely to help smokers' attempts at quitting.

Need to reduce modelling

There is no simple answer to the question of what causes children to take up smoking.^{3,4} We know, however, that children tend to copy what they observe and are influenced by the normality and extent of smoking around them.⁵⁻⁷ Many smokers recognise that their smoking affects children's behaviour.⁸

The primary strategy for tobacco control is reducing the prevalence of smoking, and such reduction will in itself mean that smoking is less visible in society. But the modelling of smoking can also be reduced by policies to restrict smoking in the presence of children. The entrenched nature of tobacco use in most societies, and its highly addictive qualities, require that such policies are far reaching. Smoking bans in many outdoor public areas are therefore an important additional approach to tobacco control.

The need for outdoor smoking restrictions is increasingly recognised. Finland, five Canadian provinces, two US states, and New Zealand use law to require smoke-free school grounds. Other jurisdictions (such as Australian states) use administrative poli-

cies. California has banned smoking within 25 feet (7.6 metres) of outdoor playgrounds. United Kingdom, Australian, and New Zealand authorities have been explicit about the need to reduce the modelling of smoking to children as a justification for this type of outdoor smoking restrictions.⁹⁻¹² Policies encouraging or requiring other outdoor smoke-free areas have been introduced in the past 10 years in North America, Australasia, Hong Kong, Singapore, and elsewhere.¹³ Reducing the modelling of smoking to children has often been given as a justification for introducing these restrictions.

Are outdoor smoke-free policies practical?

How best to reduce the visibility of smoking? Media campaigns can promote not smoking in the presence of children as a social norm.¹⁴ Legislation and other uses of law can expand smoke-free policies to ensure the inclusion of all public areas where children predominate. These areas include schools, parks and playgrounds, swimming pool complexes, sports grounds, and parts of beaches. The success of outdoor bans depends on the size of the areas covered, the ways the policy is communicated (for example, signage), and the extent of public support.¹⁵

Reports from Britain, New Zealand, and parts of Australia and the United States indicate majority support for restricting or banning smoking in outdoor areas where there are children.¹⁵⁻²⁰ We are aware of no evidence that outdoor smoke-free policies have resulted in a public backlash against other advances in tobacco control.

Ethical and international treaty considerations

Children are a highly vulnerable population, susceptible to the influences of adult behaviours. Protection from addiction can be considered to enhance overall freedom, given that most smokers regret ever starting.²¹

We may not yet be certain that outdoor smoke-free areas reduce smoking uptake; the necessary studies have not been carried out. However, where there is uncertainty in

policy making, any assessment of the balance of benefit and harm should put the protection of children first.²² This is because of the extent and severity of the hazard that taking up smoking poses to children and the theoretical and empirical evidence for a role modelling effect on smoking uptake. The principle of giving primacy to the protection of children is also underpinned by international treaty obligations. The United Nations Convention on the Rights of

the Child requires that in making policy, children's rights must be put first, and governments "shall undertake all appropriate legislative, administrative, and other measures for the implementation of the rights."²³

Adverse effects from outdoor smoke-free areas are largely restricted to the possible loss of amenities for some smokers.

We argue that society has an ethical duty to minimise the risk of children becoming nicotine dependent smokers. A reasonable step is banning smoking in selected outdoor areas frequented by children. Children need smoke-free outdoor places now, to help normalise a smoke-free society.

Competing interests: All authors have done contract work for health non-governmental organisations, the New Zealand Ministry of Health, or WHO on tobacco control research.

Cite this as: *BMJ* 2008;337:a2806

"Children tend to copy what they observe and are influenced by the normality of smoking around them"



After success in stopping smoking in public buildings, campaigns are turning outdoors. **George Thomson and colleagues** argue that a ban will help to stop children becoming smokers but **Simon Chapman** believes that it infringes personal freedom

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NO Indoor smoking bans draw their ethical authority from extensive research showing harm from prolonged and repeated exposures in homes and workplaces, over many years. By contrast, recent agitation to extend bans to outdoor settings like parks, car parks, beaches, and streets is supported by flimsy evidence. Brief exposures to others' smoke can produce measurable physiological changes.^{1,2} However, acute exposure studies typically define brief as 15 to 30 minutes—considerably more than usual smoky encounters outdoors.³

A recent paper concluded that outdoor smoke is rapidly attenuated but for those within half a metre of multiple smokers “between 8 and 20 cigarettes smoked sequentially could cause an incremental 24-hour particle exposure greater than . . . the 24-hour EPA [US Environmental Protection Agency] health-based standard for fine particles.”⁴ The authors referred to bar patios as where this might happen but state that “sitting next to a smoker on a park bench” might produce such exposure, despite also stating that multiple smokers are required to get to levels that challenge the EPA standard. “Multiple smokers” are rarely seated on park benches next to non-smokers for the time it would take to smoke 8-20 cigarettes.

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Paternalism

Some are affronted by the mere sight of smoking. Others have an evangelical mission to use paternalistic “tough love” to help others quit. Prohibitions on personal behaviours can be justified by the right to interfere with the liberty of people to harm to others. But paternalism is most odious when used as a justification for limiting the choices that adults make when they put only themselves at risk.⁵ Health facilities banning smoking outdoors often justify this as normative role modelling. This is ethically unproblematic for staff who are contractually obligated to observe employers' policies but represents ethically muddled thinking when it comes to patients and visitors, who are not somehow “owned and controlled” by health authorities. If they harm no one else by smoking outdoors, they ought not be coerced into signing up to the health promotion values of a hospital when visiting.

Many smokers support paternalistic policies designed to discourage their smoking. But we do not evaluate the ethics of public health by the willingness of people to give up their autonomy, nor with the success of commandments to obey laws. The ethics here is about respect for the autonomy of individuals to act freely, providing their actions do not harm others.

There are few differences between the chemistry of tobacco smoke and that generated by incomplete combustion of any biomass: leaves, campfires, petrol, or barbecued meat.^{6,7} Secondhand smoke is not so uniquely noxious that it justifies extraordinary controls of such stringency that zero tolerance outdoors is the only acceptable policy. Park barbecues aren't banned for the obvious reason that the amount of smoke involved is trivial. Zero tolerance of tobacco smoke in outdoor public settings is nakedly paternalistic.

Problems of health argument

Advocates for smoke-free outdoor areas include those who passionately attest to being severely affected by even the tiniest exposure to smoke. If public health policy is to be evidence based, such claims need to be subjected to scientific assessment.

Two reviews examined evidence for both

the toxigenic hypothesis (that intolerance of low levels of any environmental agent explains symptoms either through toxicodynamic pathways or by sensitising neural pathways) and the psychogenic hypothesis (that idiopathic environmental intolerance is a culturally learnt phenomenon characterised by an overvalued idea of toxic harm explained by psychological or psychosocial processes).^{8,9} The reviews concluded that none of the Bradford-Hill criteria for causation¹⁰ were satisfied by the toxigenic theory, but that all of the criteria were met for the psychogenic theory.

Governments often regulate citizens' conduct to reduce nuisance, regardless of whether it affects health. Public health research is debased when it lends bogus credibility to what are essentially matters of community preference. If authorities wish to stop smoking on beaches to reduce litter, they should frame their actions in terms of litter reduction, not public health. Landlords wanting to prevent smokers from renting apartments because of complaints about smoke drift from other

residents, should be at liberty to do so, but need not invoke public health justifications.

In most of the world smoking remains a normal, unremarkable, and unregulated activity. Health workers in those nations are desperate to convince governments of how reasonable it should be to remove involuntary tobacco smoke exposure in occupational and indoor public settings. They marshal evidence about disease caused by long term exposure and staunchly defend the credibility of that evidence from the predations of the tobacco and hospital-ity industries, intent on exposing those risks as trivial. Opponents of clean indoor air will point to campaigns against outdoor smoking and argue that advocates actually want to ban smoking everywhere. Such views are likely to undermine the credibility of advocacy for evidence based smoke-free policies to the great detriment of hundreds of millions of citizens.

This article is adapted from Chapman S. Going too far? Exploring the limits of smoking regulations. *William Mitchell Law Review* 2008;34:1605-20.

Competing interests: None declared.

Cite this as: *BMJ* 2008;337:a2804

All references are in the version on bmj.com