Is a smoking ban in parks and outdoor spaces a good idea?

Ara Darzi and **Oliver P Keown** want a ban in the UK to help smokers quit and to protect children from seeing people lighting up. But, argues **Simon Chapman**, there is no scientific justification for such a draconian attack on basic freedoms

thebmj.com

> Letters: Smoking ban in cars will benefit disadvantaged children most (*BMJ* 2014;348:g1720)
> News: Russia to restrict smoking in public places from June (*BMJ* 2013;346:f1418)
> Research News: Myocardial infarctions fall by a third after smoking banned in workplaces (*BMJ* 2012;345:e7287)
> Head to Head: Should smoking in outside public spaces be banned? (*BMJ* 2008;337:a2806)

GIULIA FIORI/ALAMY

Ara Darzi director, Institute of Global Health Innovation, Imperial College London and former chair, London Health Commission
Oliver P Keown clinical adviser and policy fellow, Institute of Global Health Innovation, Imperial College London, 10th floor, QEQM Building, St Mary's Hospital, London W2 1NY, UK o.keown@imperial.ac.uk

YES

Extending antismoking legislation in the United Kingdom to encompass a ban in parks and squares is an opportunity to celebrate the great beacon of healthy living, clean air, and physical activity our green spaces are designed for. And, crucially, it is an opportunity to support our population— young and old—to make healthier lifestyle choices easier. To tackle the significant burden of disease still associated with smoking, public health officials must take confidence and emerging evidence from international success stories, resume a national debate on the subject, and innovate across the public policy spectrum to help people make healthier decisions in their everyday lives.

Banning smoking in parks and squares could be one such policy to support healthier decision making, as well as being a natural next step in the 60 year public health battle that has raged in the UK since Richard Doll first illustrated the detrimental health effects of the habit.[1] The evidence remains clear: smoking tobacco is still the largest contributor to ill health and preventable mortality in the world today. Despite downward trends in uptake across North America and Europe it persists as a growing epidemic internationally, disproportionately affecting the world's poorest people.[2] In England, despite the number of smokers having halved in the past 30 years through effective public health interventions, it still prematurely kills more than 79 000 people a year, contributes to the growing prevalence of non-communicable disease, costs the NHS an estimated £2.7bn a year in associated healthcare expenditure, and—most frighteningly—attracts the highest rates of uptake among the country's young and adolescent populations.[3-5] In London alone, at least 60 schoolchildren take up smoking every day, which could not be a clearer impetus for reinvigorating UK public policy to tackle this issue.[5]

The existing ban is a public health triumph
To date, such policy has focused largely on protecting the population from the detrimental effect of passive smoking through a ban in enclosed public spaces, including food outlets and workplaces. The introduction of these interventions has been

Simon Chapman professor, School of Public Health, University of Sydney, Australia
simon.chapman@sydney.edu.au

NO

Smoking restrictions started to be introduced when the weight of evidence about the harms of chronic exposure to secondhand smoke had consolidated. This evidence was almost exclusively obtained from indoor domestic and occupational exposures, where non-smokers—including infants[11]—spent hours on most days exposed to others' tobacco smoke, sometimes for decades and in small, enclosed conditions. Notwithstanding slogans about "no safe level of exposure," as with active smoking the harms of exposure to secondhand tobacco smoke arise from chronic exposure, not from occasional fleeting encounters with single plumes.

With almost all indoor public spaces now smoke-free in nations that have comprehensive tobacco control policies, some people are now emboldened to turn their attention to outdoor spaces such as parks and beaches. One such proposal comes from Ara Darzi's report for the London Health Commission.[5]

The desire to prevent harm to smokers and others
The ethical justification for restricting where smoking can occur derives entirely from the Millean precept of preventing harm to others.[12] But evidence soon also mounted about the important collateral benefits of banning smoking in workplaces: smokers reduced their daily consumption by about 21%[13]—and, more importantly, many quit, welcoming the bans as a form of imposed self discipline on a behaviour that 90% of smokers regret ever starting.[14] Smoking bans fomented a rapid denormalisation of smoking[15]: venues that were associated with relaxation and conviviality, such as restaurants, no longer allow smoking, and smokers excuse themselves to go outside in any weather forced to wonder about how much they really enjoy smoking.

The proliferation of smoke-free areas certainly contributes to reducing the frequency of smoking and the proportion of people who smoke—but so would forced incarceration or forfeiting smokers' rights to healthcare (or other draconian strategies admittedly too tame for the Ottoman Sultan Murad IV, who had smokers executed). The ethical test of any policy is plainly not just its efficiency in achieving outcomes.

a public health triumph and has led to clear and sustained reductions in passive smoke exposure, reductions in acute cardiovascular incidents, and a downward trend in the prevalence of smoking.[6] Although this legislation was initially censured as an attack on public freedom and civil liberty, the 2007 ban in England stoked an unexpected and ongoing cultural shift against the habit and recent polls have shown 78% public approval for the 2007 public smoking bans.[5] There is, therefore, a precedent and quite possibly an appetite for renewed policy innovation in this area.

Today, emerging evidence supports extending these public bans beyond the parameters of passive smoke exposure and enclosed public spaces. Targeting the behaviours and physical environments that facilitate the uptake of smoking by banning it in parks and squares is a logical progression. Evidence has shown the significant effect that the media and peer to peer role modelling can have on young people and adolescents taking up smoking.[7] And emerging evidence illustrates the significant effect of the physical environment on such behaviours, with one study highlighting the positive influence that childhood access to recreational space can have in deterring young people from smoking.[8]

Smoking tobacco is still the largest contributor to ill health and preventable mortality in the world today

The study of behavioural economics highlights the importance of societal "norms" as a powerful influence on decision making. By reducing the geographical footprint where smoking is sanctioned and by limiting exposure to the practice itself, we can redress the observed norms against which park users and young people compare their personal smoking habits. If we are to celebrate the cultural and community assets that parks and community spaces represent and, concomitantly, to protect children and young people from the normalising effect of observed smoking behaviours, then extending the smoking ban to other public spaces will have a positive effect. Discerning where to draw the line on any public smoking ban is difficult, but, using the rationale above, it should arguably encompass the spectrum of public spaces where exposure to smoking occurs.

Evidence from pilot schemes around the world
Evidence to better understand the links between behaviour and the physical environment should be harvested from international pilot studies in regions and cities where smoking bans have been successfully introduced.

New York City, for example, has been one of several global leaders in banning smoking, with the staged implementation of its Smoke-Free Air Act of 2002. This legislation initially prohibited smoking in workplaces and recreational venues but was later extended in 2011 to cover all public spaces, including parks, squares, beaches, and public plazas. In parallel with a package of public health measures, including tobacco taxation and media campaigns, these efforts led to a significant fall in the number of smokers from a 2002 pre-prohibition rate of 22%—incidentally, the same as the UK's current national average—to a globally competitive rate of about 15% in 2011.[9] Although it is difficult to unpick the relative influence of the specific public smoking ban in New York, significant compliance of 97% has been shown across the city.[10] As evidence emerges from pilot schemes in cities such as New York, Hong Kong, and Toronto, an opportunity exists to conduct comparative studies to further explore the effects of smoking bans on population behaviours, but already the trend is quite clear.

The evidence base about the risks of outdoor smoking has grown. In a 2013 review I worked on,[17] no studies looked at exposure in parks or on beaches—almost certainly because researchers with any knowledge of airborne exposures would appreciate that such exposures would be so small, dissipated, and transitory as to be of no concern.

The direct health effects and beyond
The momentum regarding outdoor bans has incorporated three arguments that go well beyond the direct health effects. Firstly, most of the population does not like being exposed to tobacco smoke. Outdoor bans based on communities' amenity preferences are not about public health but are akin to ordinances about playing music in parks or bans on public nudity and littering. Outdoor smoking bans based on amenity should not, therefore, be dressed up in the language of public health.

Secondly, cigarette butts and packaging constitute a significant proportion of litter. Again, local governments wanting to abate this relentless source should not use public health arguments to justify their decisions.

Thirdly, some have invoked the virtues of shielding children from the sight of smoking as worthy evidence in this debate.[18] They may concede that smoking in wide open spaces such as parks and beaches poses a near homeopathic level of risk to others, but they point to an indirect negative effect from the mere sight of smoking. This line of reasoning is pernicious and is redolent of totalitarian regimes in their penchants for repressing various liberties, communication, and cultural expression not sanctioned by the state. If it is fine to tell smokers that they cannot be seen to smoke anywhere in public, why not extend the same reasoning to drinkers or to people wolfing down supersized orders in fast food outlets?

Coercing people to stop smoking in settings where it poses negligible risk to others is openly paternalistic. Paternalistic, for-your-own-good laws about seatbelts and motorcycle helmets involve trivial restrictions on liberty; telling smokers that they cannot smoke in public sight is a restriction of a different magnitude.

The question of coercion
I recently attended a twilight rock concert. Announcements were repeatedly made that

As with active smoking the harms of exposure to secondhand tobacco smoke arise from chronic exposure, not from occasional fleeting encounters with single plumes

the open air event was non-smoking but that smoking areas were available on the periphery of the crowd area. This arrangement struck me as totally civilised. Like me, most people don't want to spend hours jammed up next to smokers.

In Australia, daily smoking prevalence is now only 12.8%[19] and is highly likely to keep falling. This has been achieved without the unethical coercion of smokers. Those of us who have resolutely refused to cross that line, despite knowing that it was likely to bring public health benefits, have won the respect of a wide cross section of the community. Political support for disuasive not coercive policies such as plain packaging and high tobacco tax rates has been bipartisan, from the left and right of politics. This would almost certainly not have happened if we had abandoned ethical concerns.