Denormalizing smoking: Making the case for banning cigarettes in parks and on beaches

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Many state and local governments have banned smoking in parks and on beaches on the basis that passive smoke is a risk for non-smokers, cigarette butts pollute the environment, and seeing people smoke poses a long-term risk to children. In the paper "Banning Smoking In Parks and on Beaches: Science, Policy, and the Politics of Denormalization," published in the July issue of the journal *Health Affairs*, researchers at Columbia University's Mailman School of Public Health analyzed the evidence for these claims and found them to be far from definitive and, in some cases, weak. There is however a case for such bans —it rests on the duty of government acting in the name of public health to restrict smoking in order to protect smokers themselves. By banning smoking in public settings the crucial task of denormalizing which contributes to lowering smoking rates is fostered in important ways.

A national database maintained by the American Nonsmokers' Rights Foundation shows that from January 1993 to June 2011, U.S. smoking bans were put in effect in 843 parks and on 150 beaches. The popularity of imposing bans on smoking in public places was further revealed in the results of a 2011 Gallop poll, which showed that 59% of respondents supported bans, a marked shift from 2008, when only 40% had favored such laws. Ronald Bayer, PhD, Mailman School professor of Sociomedical Sciences and senior author of the *Health Affairs* paper says this change in attitudes was also a sign that bans might be self-enforcing, requiring little intervention by authorities.

Leading the nation in imposing the bans were California, where 155

parks and 46 beaches no longer allowed smoking, followed by Minnesota and New Jersey, although bans in many states covered only sections of the beach. A city or county-level governing body enacted a majority of the laws (90%). Forty-one percent or 352 of the municipalities with park bans had "tot lot bans"—prohibitions on smoking in children's play areas.

Notably, the three national organizations most closely associated with the public campaign against smoking—the American Lung Association, American Heart Association, and American Cancer Society—were "indifferent" or "skeptical" to initiatives of the state and local activists. The organizations' leadership thought other policies offered more promising ways to reduce smoking such as by raising cigarette taxes, imposing more severe restrictions on indoor smoking, and controlling tobacco marketing.

In New York City, advocates for a smoke-free city drew on a World Health Organization publication that said implementing 100% smoke-free environments is the only effective way to protect the population from exposure to smoking's harmful effects. But as Dr. Bayer notes, the health risk of exposure is far less certain than some supporters claimed.

In the argument for smoking bans in parks and on beaches, the most striking aspect, according to Dr. Bayer, is the assertion that just the act of smoking in public poses a threat to the well-being of children and adolescents because of the message it conveys. Protecting children has been an uncontested premise of public health, and the evidence clearly supports the claim that children model the behavior of a parent or other close adult.

"Banning smoking in public settings may have seemed beyond the pale 25 years ago, but with changes in the political context and in social norms, the public has increasingly come to consider them as

interventions designed to serve the common good. However, local coalitions pressing for smoking bans need to be strong enough to overcome the opposition of the tobacco and hospitality industries and of people who invoke threats of Big Brother," writes Dr. Bayer.

While the rules for bans on smoking in public are gaining in popularity and the evidence may help to reduce tobacco-related illness and death in the short term, Dr. Bayer and co-author Kathleen E. Bachynski suggest that healthcare policymakers will need to make a stronger case with more conclusive evidence to gain the public trust. Likewise, advocates for smoking bans should be more candid about the limits of the arguments when interventions depend on weak evidence.

"Instead of relying on weak or contestable evidence of third party harms, public health officials should assert boldly that the challenge of tobacco related morbidity and mortality necessitates measures that will help smokers to limit their smoking and ultimately quit. Beach and park bans represent measures that contribute to those goals," said Dr. Bayer.

"Tobacco is the number-one preventable cause of death in the United States, but its impact is not limited to smokers. Research continues to grow on the negative impact of secondhand smoke as well as cigarettes' effect on the environment," said Cheryl G. Healton, DrPH, president and CEO of The American Legacy Foundation. "Secondhand smoke causes about 49,000 deaths per year in the U.S., while cigarette butts are the No. 1 littered item on U.S. roadways and the No. 1 item found during cleanup of beaches and waterways worldwide."

Provided by Columbia University's Mailman School of Public Health

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