



Denormalization, smoke-free air policy, and tobacco use among young adults



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ABSTRACT

Smoke-free air laws and the denormalization of smoking are important contributors to reductions in smoking during the 21st century. Yet, tobacco policy and denormalization may intersect in numerous ways to affect smoking. We merge data from the National Longitudinal Survey of Youth 1997, Tobacco Use Supplement of the Current Population Survey, American Nonsmokers' Right Foundation, and Census to produce a unique examination of the intersection of smoking bans and denormalization and their influence on any smoking and heavy smoking among young adults. Operationalizing denormalization as complete unacceptability of smoking within nightlife venues, we examine 1) whether smoking bans and denormalization have independent effects on smoking, 2) whether denormalization mediates the influence of smoking bans on smoking, and 3) whether denormalization moderates the impact of smoking bans on smoking. For any smoking, denormalization has a significant independent effect beyond the influence of smoking bans. For heavy smoking, denormalization mediates the relationship between smoking bans and habitual smoking. Denormalization does not moderate the relationship of smoking bans with either pattern of smoking. This research identifies that the intersection of denormalization and smoking bans plays an important role in lowering smoking, yet they remain distinct in their influences. Notably, smoking bans are efficacious even in locales with lower levels of denormalization, particularly for social smoking.

1. Introduction

Considerable changes in tobacco policy in recent decades led to dramatic reductions in tobacco use, particularly among young people (Eriksen and Cerak, 2008). At the same time, wider cultural processes related to stigmatization of tobacco use and denormalization of smoking in public places also contributed to these declines (Bell et al., 2010). Scholarly discussions of smoke-free air laws – colloquially known as smoking bans – often link these policies to processes that denormalize smoking, especially smoking in public, suggesting that policy and denormalization processes are intertwined (Bayer and Stuber, 2006; Glantz, 1987; Stuber et al., 2008). Yet, little empirical work directly examines the relationship of denormalization to smoking bans and their impact on smoking. We add to the literature on tobacco policy and denormalization by examining whether smoke-free air laws and denormalization of smoking in public have independent or interactive effects on young adult smoking. We merge independent datasets for tobacco policy and an assessment of denormalization with that of a cohort of young adults observed over time, placing those young adults

within their wider context of tobacco policy and norms. Further, we measure both policy and denormalization at the lowest geographic level available to incorporate the proximal influence of each, while also accounting for policies that can be passed on multiple levels (i.e. city, county, state). Beyond the specific case of tobacco use, this paper provides evidence for the importance of considering how health policy implementation intersects with cultural processes, such as norm transitions, to produce changes in health behaviors.

1.1. Implementation of smoke-free air laws and their impact on smoking

Smoke-free air laws are successful tools for tobacco control. These policies contributed to reductions of a range of harmful outcomes, including heart attack (Juster et al., 2007; Sargent et al., 2004), respiratory impairment (Eagan et al., 2006; Menzies et al., 2006), and exposure to environmental toxins and particulates (Connolly et al., 2009; Repace, 2004; Repace et al., 2006). Research also indicates that smoking bans directly affect the prevalence of a range of smoking behaviors (Fichtenberg and Glantz, 2002; Shang, 2015; Song et al., 2015;

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Vuolo et al., 2016). Creating a smoke-free environment not only may encourage smokers to quit or reduce consumption, but also prevent the uptake of social smoking among non-smokers – a crucial point for early intervention – and reduce relapse among ex-smokers (Fichtenberg and Glantz, 2002; Lantz, 2003). Specifically for young adults, smoke-free air laws have the most significant impact on their smoking behaviors from among a range of possible tobacco control policies (Vuolo et al., 2016).

Although contentious when initially implemented, research has indicated high levels of compliance with smoke-free air laws once in effect (Kelly, 2009; Skeer et al., 2004). Research examining attitudes towards California's smoking ban demonstrated that approval of the policy increased over time, suggesting that smoke-free air laws facilitate a process of normalizing prohibitions and denormalizing smoking (Tang et al., 2003). Although many smokers expressed displeasure with restrictions on smoking in public places, many also stated that they understood the desires of non-smokers to be in smoke-free environments (Bell et al., 2010; Kelly, 2009). Despite efforts by the tobacco industry to disrupt changes (Elias et al., 2018), attitudes towards smoking in public shifted considerably during the period following implementation of smoking bans (Thomson et al., 2009, 2016), including among young people (Johnston et al., 2017). In this manner, scholars have credited smoking bans with changing popular perceptions of the acceptability of smoking in public places as well as the act of smoking in general. These cultural shifts in perceptions of smoking behaviors are characterized as denormalization.

1.2. Denormalization processes

Smoking was once considered a fashionable element of social events, but its glamour has disappeared over recent decades (Brandt, 1998). This transformation occurred alongside widespread reductions in smoking among the American public. *Denormalization* represents a process whereby behaviors once deemed commonplace, acceptable, and ordinary become recast as unacceptable, discredited, and unusual. Norms play an important role in behavior because they establish social monitoring and also become internalized for the self-policing of behavior (Horne, 2003). Through denormalization, the cultural dimensions of how behaviors are constructed within the popular consciousness translate into a vehicle by which social pressures may be marshalled to discourage unhealthy behaviors.

Through denormalization, increases in the unacceptability of smoking play an important role in reducing tobacco use (Alamar and Glantz, 2006). Public health professionals have come to wield denormalization as a tool for health promotion, particularly for tobacco control. As noted by Colgrove and colleagues, “denormalizing smoking has become a central prong of anti-tobacco efforts, both as a way of discouraging initiation of smoking and as a means of pressuring current smokers to quit” (2011:2376). Policies, such as advertising restrictions, have been utilized to facilitate denormalization across society. Scholars have also theorized the passage of smoke-free air laws as contributing to the process of denormalization via reductions in the public visibility of smoking as well as the relegation of smoking to spaces separate from the domains of sociability. In this manner, smoking bans may not only directly intervene on smoking by restricting where individuals can smoke, they may also subtly signal that the behavior is unacceptable to perform in public. As Glantz (1987:747) described, smoking bans have the potential to reduce smoking within the population because they “undercut the social support network for smoking by implicitly defining smoking as an anti-social act.”

By rendering the act of smoking unacceptable in the public domain, smoking bans contribute to changes in social norms surrounding smoking. As social interactions in non-smoking public domains become routinized, they may encourage reductions or cessation of smoking more generally. In this manner, declining acceptability of smoking in public may spill over to reduce the normative basis of smoking even in private domains. Yet, such processes have raised concerns among

scholars about the production of stigma that may harm those who continue to smoke (Bell et al., 2010). For such reasons, the manner in which denormalization unfolds matters for smoking outcomes.

1.3. Denormalization, stigma, and place

Denormalizing smoking may contribute to increases in stigma associated with smoking in public and smoking more generally. Yet, scholars have raised questions about tobacco-related stigma as an acceptable exception in a public health domain in which stigmatization is routinely discouraged (Bayer, 2008; Stuber et al., 2008). As Bayer and Stuber note, “Although such restrictions have been imposed on the act of smoking, they have inevitably had profound impacts on smokers themselves and their social standing” (2006:47). Concerns about the attribution of stigma to smokers mainly center on the effect of stigma on care-seeking, social support, and other social mechanisms by which smoking cessation and related health care behaviors may occur (Stuber et al., 2008). Additionally, it is not simply that others stigmatize smokers, but that smokers themselves enact labels of self-stigma as the permissibility of smoking in public declines (Evans-Polce et al., 2015).

While unlikely a panacea for the prevention of stigma, a focus on denormalization of *public smoking* provides opportunity to intervene on smoking without direct criticism of smokers themselves. The normative basis of behaviors can be detached from their practice in the public domain without stigmatization of the behavior itself. For instance, sexual activity between two consenting adults is considered normative adult behavior, and yet acts of *public* sexual interaction are decidedly non-normative. The stigma is associated with the public performance of the act, rather than the act itself. Context matters, and if effectively organized, smoke-free air laws hold promise for the denormalization of smoking as a public behavior while not contributing to the ways smokers themselves are stigmatized. As such, investigations of the linkages between smoke-free air laws and denormalization remain important.

Variations in perceptions of smoking in public are also related to the strength of denormalization. Public support for restaurant bans of smoking has generally been higher than restrictions in “adult only” spaces, such as bars and nightclubs (Alamar and Glantz, 2006). Although concerns about smoking in restaurants and other places relate, in part, to concerns about the exposure of children and adolescents not only to cigarette smoke but also to witnessing the act of smoking, these concerns do not arise for bars and nightclubs, which may explain the discrepancies in support for restaurant bans and bans in nightlife spaces. Thus, support for smoking bans within venues such as bars indicates a stronger denormalization of smoking in public, as these considerations do not directly relate to exposure of minors to smoking.

1.4. Independent or interactive effects of smoke-free air policy and denormalization

The scientific literature has largely considered smoke-free air laws and denormalization to occur hand in hand (Bayer and Stuber, 2006; Glantz, 1987). Yet, empirical examinations of the linkages between smoking bans, denormalization, and tobacco use are lacking, and how they interrelate is often unclear. The relationship between smoking bans and denormalization may not be singular in nature. Rather, as described below, there may be several ways in which smoke-free air policies and denormalization intersect in their effects on smoking.

The denormalization of public smoking, as a wider cultural phenomenon, may have an independent effect from that of smoke-free air laws. The denormalization of smoking in public places is a broader cultural process not simply limited to the spaces in which smoking bans apply. As noted above, perceived unacceptability of smoking within “adult only” spaces indicates the strongest form of denormalization of public smoking. Yet, reductions in the acceptability of public smoking may influence smoking behaviors beyond the effect of smoking ban implementation. Given that behavioral norms become strengthened

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