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‘A place for healthy activity’: Parent and caregiver perspectives on smokefree playgrounds

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ABSTRACT

Restrictions on outdoor smoking are increasingly common, especially for spaces associated with children. In Canada, playground smoking bans are in effect in 102 municipalities. A survey of parents and caregivers at three playgrounds in neighbourhoods of varying income levels was undertaken in Edmonton, Alberta in July 2013. Respondents expressed very strong support for smokefree playgrounds, informed by knowledge of smoking as a health risk that was out of place. Levels of support did not vary significantly across the three sites. Social enforcement of smokefree rules was complicated by low levels of awareness, and fears of confrontation.

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1. Introduction

The key policy response to the health risks of exposure to secondhand smoke (SHS) has been the implementation of smoking bans in public places. Smokefree rules have expanded in an incremental fashion, with complete bans on smoking in all indoor public places (including workplaces) taking several decades to achieve (Collins and Procter, 2011). With comprehensive indoor bans now in effect in many high income countries, increasing attention is being paid to restricting smoking outdoors. Bans have been implemented for a wide range of outdoor public places, including hospital grounds, university campuses, patios at hospitality venues, public transport facilities, recreation areas, and spaces around building entrances (Thomson et al., 2009; Kaufman et al., 2010). Outdoor environments commonly used by children have been a particular focus of attention, with smoking bans proliferating for school grounds, sports fields and playgrounds. Smoking near children is problematized by increasing knowledge of its health harms, both direct (i.e. SHS exposure) and indirect (i.e. the negative role modelling of adult smoking), and by powerful social norms that prioritize the protection of children (Holdsworth and Robinson, 2008).

Uptake of outdoor smoking restrictions has been relatively rapid. In the United States, Bayer and Bachynski (2013) report that from 1993 to 2011, 843 jurisdictions banned smoking in public parks, and 150 banned smoking at beaches. Of the park smoking bans, 41% expressly prohibited smoking in or near children's play areas—a restriction also in force State-wide in California. In New Zealand, 23 of 73 local governments adopted smokefree outdoor area policies between 2005 and 2009 (Hyslop and Thomson, 2009), with a further 24 implementing such provisions by 2012 (Marsh et al., 2014). In all but one case, these policies specifically applied to playgrounds.

Bayer and Bachynski (2013) highlight three main reasons for the adoption of outdoor smoking restrictions. First, they are intended to protect non-smokers from SHS, consistent with World Health Organization warnings that there is no safe level of exposure. Second, they aim to reduce cigarette butt pollution in public places, due in part to concerns about potential toxicity. Third, they seek to reduce the visibility of smoking, particularly so that children do not perceive it as a normal behaviour. The authors contend that because ‘the duty to protect children is an uncontested premise of public health’, bans on smoking in outdoor places associated with children have been adopted even when evidence for their effectiveness is relatively weak (Bayer and Bachynski, 2013, p. 1296).

However, the evidential basis for claiming that outdoor exposure to SHS poses a risk to health is increasingly solid. The first peer-reviewed study on this topic (Klepeis et al., 2007) established that SHS levels in outdoor areas can be substantial in close proximity to, and downwind of, lit cigarettes. Subsequent outdoor air quality monitoring studies have consistently found fine particulate concentrations near smokers to be significantly higher than background levels. This work has covered an array of outdoor public places, including patios (Cameron et al., 2010; Wilson et al., 2011), building entrances (Kaufman et al., 2011), sidewalks/footpaths (Parry et al.,

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2011; Patel et al., 2012), and city parks and squares used for festivals (Collins et al., 2014). In addition, short-term exposure to SHS – of the sort likely to occur in outdoor environments – is sufficient to cause a range of health harms (USDHHS (United States Department of Health and Human Services), 2006).

Knowledge of the role model effect on smoking uptake and prevalence is also increasing. Exposure to parent and sibling smoking is a strong determinant of the risk of smoking uptake by children (Leonardi-Bee et al., 2011). In terms of the visibility of smoking, young people who see smoking at or near school are more likely to initiate smoking (Leatherdale and Manske, 2005). In addition, those who frequently witness smoking in public are likely to perceive that it is socially acceptable for both adults and youth (Alesci et al., 2003). Visual exposure to smoking may also undermine quit attempts and prompt smoking relapse (Nagelhout et al., 2011). Conversely, in places where smoking is not observed due to effective bans, it is perceived as difficult to perform (Klein et al., 2012).

Questions around compliance are often raised in relation to outdoor smoking bans, as the places in which they apply are generally open and/or large-scale, rendering formal monitoring and enforcement difficult. Although most jurisdictions provide for penalties (e.g. fines) for non-compliance, the effectiveness of outdoor bans generally relies on voluntary compliance by smokers, and social enforcement by other members of the public (Bayer and Bachynski, 2013). This reliance is particularly marked in New Zealand, where smoking bans for parks, sports facilities and playgrounds are "educative" and lack legal effect (Hyslop and Thomson, 2009). The effectiveness of outdoor bans may be increased by on-site signage, as a visual reminder of both behavioural expectations and 'a broader anti-smoking ethos' (Bell, 2013, p. 118).

Another major theme in recent examinations of outdoor smoking bans concerns public acceptance. A review of surveys from various high income, English-speaking countries found that support for such restrictions has increased over time, reaching majority levels in many instances (Thomson et al., 2009). In the US, popular support for banning smoking in *all* public places increased from 40% in 2008 to 59% in 2011 (Bayer and Bachynski, 2013). Support is higher still for playground smoking bans, leading Thomson et al. (2009) to identify a "child effect" in public opinion on this topic. This is consistent with the increasing social opprobrium associated with exposing children to smoking and SHS (Holdsworth and Robinson, 2008).

1.1. *Smokefree playgrounds*

Although playground smoking bans have been widely adopted in several high income countries over recent years, there have been few inquiries into this policy development. There is a modest literature examining public opinion towards, and compliance with, such bans within individual jurisdictions. Several small-scale studies have examined educative smokefree policies in local government areas in New Zealand, reporting variable levels of awareness, but consistently high levels of support (75–94% post-implementation). They also included cigarette butt counts to estimate compliance, generally finding decreases once policies are in effect (e.g. Stevenson et al., 2008; Toi Te Ora, 2009a, 2009b). One report included details on reasons park users offered for supporting a ban, emphasizing positive role modelling, reduced SHS exposure, and the unacceptability of smoking in children's environments (Stevenson et al., 2008).

In Canada, only two studies specific to smokefree playgrounds appear to have been conducted. The first – in Collingwood, Ontario – involved an in-person survey of park users (Simcoe County District Health Unit, 2005). It found strong support for smokefree playgrounds (69% strongly in favour; 15% somewhat in favour), and most respondents (62%) claimed to be aware of the smokefree bylaw. The second – in Bridgewater, Nova Scotia – was based on a telephone survey of local residents (Thinkwell Research, 2010). Again, a majority of respondents (87%) said they were aware of the bylaw. Of current smokers surveyed, 86% stated they complied with the restriction, and 81% agreed that smokefree signage reminded them not to smoke in these environments.

Beyond these relatively simple measures, little is known about how smokefree playground rules are perceived and understood by users/visitors. In addition, no study has considered whether playground users' perspectives on smokefree provisions vary across neighbourhoods of different socio-economic status. Local area variation could be anticipated, given the steep social gradient in smoking prevalence in most high income countries (Pearce et al., 2012). Related to this gradient is the enduring normative status of smoking in deprived neighbourhoods (Thompson et al., 2007). In these contexts, smoking can remain widely accepted as 'a sanctioned form of respite' (Burgess et al., 2009, p. 154) and 'a means of coping with living and caring in disadvantaged circumstances' (Ritchie et al., 2010, p. 462). Such geographically-variable smoking norms may influence the local acceptability of smokefree provisions (Eadie et al., 2010), which typically have universal application within the jurisdictions adopting them (e.g. prohibiting smoking at *all* playgrounds within municipal boundaries). Knowledge of how new smokefree rules are perceived and understood in diverse neighbourhoods contributes to academic knowledge of smoking as a socio-spatial phenomenon, and is also relevant to policy-makers concerned with issues such as acceptability and enforcement.

To address these gaps in knowledge, we undertook a survey of parents and caregivers accompanying children to three playgrounds in Edmonton, Alberta in summer 2013. The playgrounds were distributed across high, medium and low income neighbourhoods. The research had two primary objectives. The first objective was to document parents' and caregivers' perceptions of, and attitudes towards, the ban on smoking in playgrounds. The second objective was to analyze whether responses varied across the three playground sites—and specifically whether supportive attitudes towards smokefree playgrounds were positively associated with neighbourhood income levels. The effects of two additional independent variables – gender and smoking status – on respondents' attitudes were also measured.

1.2. *Context*

In Canada, the Non-Smokers' Rights Association (NSRA) maintains a comprehensive database of smokefree laws enacted by all levels of government (NSRA, 2014). Analysis of that database reveals that as of May 2014, 102 Canadian municipalities have enacted bylaws with provisions that specifically prohibit smoking at playgrounds. In combination, these municipalities have 12.8 million residents, representing 38.2% of the Canadian population (Statistics Canada, 2014). They are concentrated in Ontario (61) and British Columbia (25), followed by Nova Scotia (7) and Alberta (6). Among the municipalities with smokefree playgrounds are four major metropolitan centres: Toronto, Ottawa, Calgary and Edmonton. Smokefree buffer zones around the edges of playground facilities are specified in 60 bylaws. The size of these zones varies from 3 m to 30 m, with restrictions of 9 m and 10 m the most common.

Another way that playgrounds can be made smokefree in Canada is through regulations prohibiting smoking in the larger spaces within which they are situated—for example, public parks. Further analysis of the NSRA database reveals eight municipalities with bylaws that prohibit smoking in parks, but do not specifically mention playgrounds. A second common location for playgrounds is elementary schools, and it is noteworthy that seven of 10 Provinces (and all three Territories) prohibit smoking on school grounds (NSRA, 2014).

In Alberta, where this research was conducted, six municipalities adopted playground smoking bans between 2010 and 2013.

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