



Prevalence and predictors of smoking in “smoke-free” bars. Findings from the International Tobacco Control (ITC) Europe Surveys

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ABSTRACT

National level smoke-free legislation is implemented to protect the public from exposure to second-hand tobacco smoke (SHS). The first aim of this study was to investigate how successful the smoke-free hospitality industry legislation in Ireland (March 2004), France (January 2008), the Netherlands (July 2008), and Germany (between August 2007 and July 2008) was in reducing smoking in bars. The second aim was to assess individual smokers' predictors of smoking in bars post-ban. The third aim was to examine country differences in predictors and the fourth aim was to examine differences between educational levels (as an indicator of socioeconomic status). This study used nationally representative samples of 3147 adult smokers from the International Tobacco Control (ITC) Europe Surveys who were surveyed pre- and post-ban. The results reveal that while the partial smoke-free legislation in the Netherlands and Germany was effective in reducing smoking in bars (from 88% to 34% and from 87% to 44%, respectively), the effectiveness was much lower than the comprehensive legislation in Ireland and France which almost completely eliminated smoking in bars (from 97% to 3% and from 84% to 3% respectively). Smokers who were more supportive of the ban, were more aware of the harm of SHS, and who had negative opinions of smoking were less likely to smoke in bars post-ban. Support for the ban was a stronger predictor in Germany. SHS harm awareness was a stronger predictor among less educated smokers in the Netherlands and Germany. The results indicate the need for strong comprehensive smoke-free legislation without exceptions. This should be accompanied by educational campaigns in which the public health rationale for the legislation is clearly explained.

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Introduction

National level smoke-free legislation is implemented to protect the public from exposure to second-hand tobacco smoke (SHS) (World Health Organization, 2003). It is a key policy under the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC), which has, as of September 2010 been ratified by over 170 countries. Smoke-free legislation is being implemented in various settings and is more successful in reducing

SHS in some settings than in others. Smoke-free bars are often less successful in reducing SHS than smoke-free restaurants or workplaces (Borland et al., 2006; Thrasher, Pérez-Hernández, Swayampakala, Arillo-Santillán, & Bottai, 2010). Many consider bars as the “last bastion” of socially acceptable smoking (Magzamen & Glantz, 2001). Therefore, the tobacco industry fights harder to keep bars from becoming smoke-free than in any other setting (Ling & Glantz, 2002). This has resulted in lower rates of compliance with smoking bans in bars and designated smoking rooms in bars being permitted in a considerable number of countries (Magzamen & Glantz, 2001; Smoke Free Partnership, 2006).

Studies have shown that comprehensive smoke-free legislation leads to more reductions in exposure to SHS and improvements in

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health than legislation with designated smoking rooms or other exceptions (Fernandez et al., 2009; World Health Organization, 2007b). This implies that the comprehensiveness of the legislation affects the level of smoking that may remain in bars after the implementation. However, individual smokers' characteristics may also affect whether smokers choose to smoke in bars post-ban. Identifying these characteristics may help to deal with the issue of continued smoking in bars after the implementation of smoke-free legislation.

In this study we used data from the International Tobacco Control (ITC) Europe Surveys, in which nationally representative probability samples of adult smokers were surveyed before and after the implementation of national level smoke-free legislation. According to the International Tobacco Control's conceptual model, support for the ban and SHS harm awareness are policy-specific variables that are immediately affected by the implementation of smoke-free legislation (Fong, Cummings, et al., 2006). Psychosocial variables that are possible mediators of the relationship between these policy-specific variables and smoking in bars post-ban are smokers' attitudes towards smoking (Sheldon, 2010) and perceived societal approval of smoking (Brown, Moodie, & Hastings, 2009). Findings from baseline ITC Project surveys showed that support for the ban (Borland et al., 2006; Li et al., 2010; Yong et al., 2010) SHS harm awareness, smokers' attitudes towards smoking, and perceived societal approval of smoking (Li et al., 2010) were associated with smoking in the hospitality industry. However, these findings were cross-sectional, and the studied countries did not have national level smoke-free hospitality industry legislation in place at the time of the survey. In the current study, we tested whether pre-ban support for the ban, SHS harm awareness, smokers' attitudes towards smoking, and perceived societal approval of smoking were predictors of smoking in bars after implementation of national level smoke-free legislation.

The benefits of smoke-free bars are likely to be higher among people from lower socioeconomic status (SES) groups because they are more likely to smoke and to be employed in bars (European Commission, 2007). However, compliance with the ban may be lower among low SES groups (Eadie et al., 2008). In the current study, we examine differences between SES groups in predictors of smoking in bars post-ban. Identifying these differences may help in designing interventions that are effective in decreasing smoking in bars post-ban among low SES groups.

The prevalence and predictors of smoking in bars post-ban can be different between countries, due to cultural differences or the comprehensiveness of the smoke-free legislation. In the current study, we compared prevalence and predictors of smoking in bars after the comprehensive smoke-free bar legislation in Ireland and France and the partial smoke-free bar legislation in the Netherlands and Germany. First, we describe how the battle over smoke-free bars was fought in these four countries (see Table 1).

Ireland

Ireland was the first European country to implement nationwide smoke-free workplace legislation. With support from both government and opposition parties, smoking was banned from all indoor workplaces from March 2004 (Howell, 2004; McNicholas, 2004). Violations of the legislation carry a fine of up to €3000 for the smoker and the owner.

Prior to the implementation of the legislation, a health alliance was formed between government departments, the Minister for Health, health authorities, nongovernmental organisations, health care professional organisations, the newly formed Office of Tobacco Control and the trade union movement, to argue in favour of the legislation using consistent messaging (Fahy, Trench, & Clancy,

Table 1
Differences between smoke-free bar legislation in Ireland, France, the Netherlands, and Germany.

	Ireland	France	The Netherlands	Germany
Period of allowing smoking in bars but not in other workplaces	No	Yes, one year	Yes, four years	Yes, four years
Ban preceded by a self-regulation period	No	No	Yes	Yes
Implementation date bar smoking ban	March 2004	January 2008	July 2008	Varying between states from August 2007 to July 2008
Smoking rooms in bars allowed	Not allowed	Allowed when it is separated, maximum 35 m ² and 20% of the bar, appropriate ventilation, and no serving in the room	Allowed when there is no serving in the room	Allowed
Smoking bars allowed	Not allowed	Not allowed	July 2009–March 2010: allowed for bars without employees. From November 2010: allowed for small bars without employees. First 3 months warning, later €300 to up to €2400 for owner, no fine for smoker	After constitutional complaints: allowed for small one-room-drinking establishments
Fines for violations of bar smoking ban	€3000 for smoker and owner	€68 for smoker and €135 for owner	Campaign with implementation date	For smoker €5 to up to €5000, for owner €0 to up to €10,000; no fines when constitutional complaints were pending
Pro-ban advocacy	Campaign with implementation date and health rationale	Campaign with implementation date and health rationale	Media reports on economic losses, court appeals, demonstrations, and lobby against ban in small bars	No national campaign
Anti-ban advocacy	Media reports on economic losses	Media reports on economic losses	44 percent	Media reports on economic losses, constitutional complaints against the ban in small bars, lobby against ban in small bars
Population support for bar smoking ban in December 2008 according to Eurobarometer #253	80 percent	67 percent	44 percent	45 percent

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