Addiction & the Humanities, Vol. 7(1) – “It’s for your own good!” A look into smoking bans worldwide

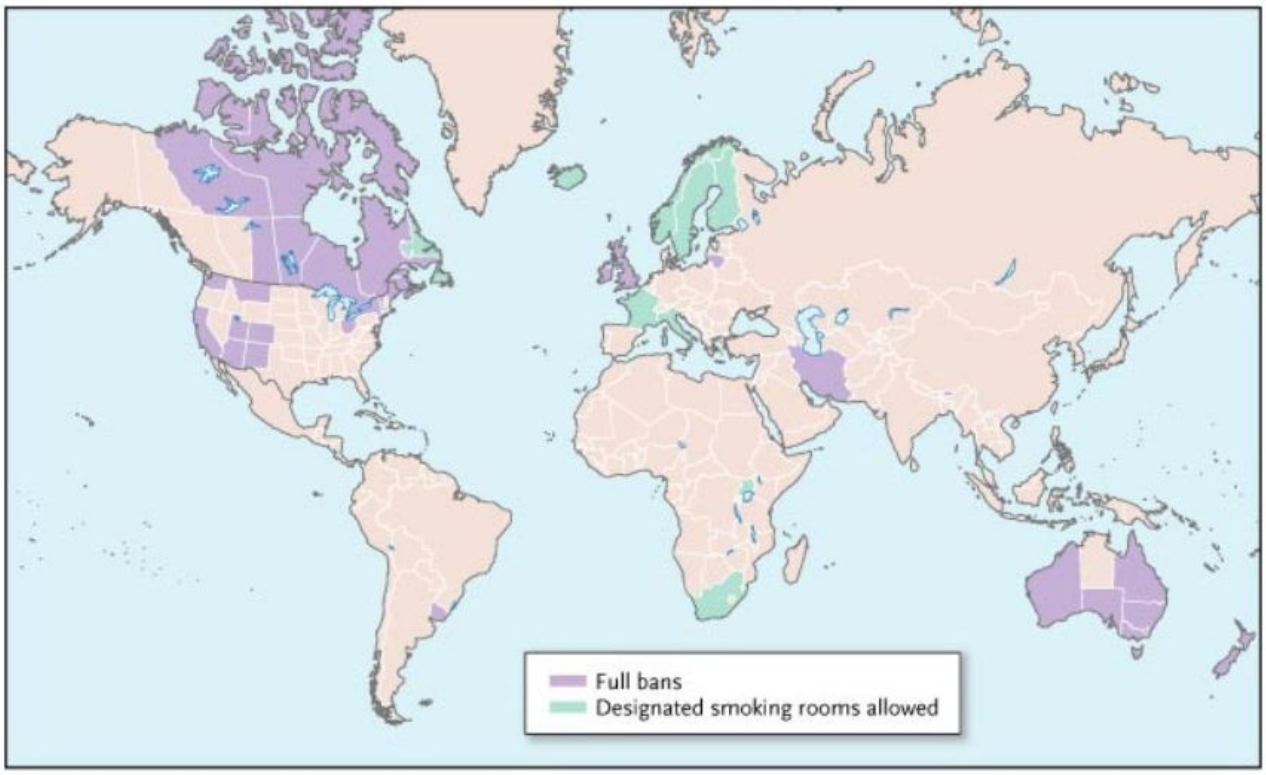
February 4, 2011

New York City made headlines this week when its City Council approved a controversial law banning smoking in all parks, beaches, and many public plazas; including, iconic Times Square (Katz, 2011). Smoking bans are common around the world; however, the scope of the New York City ban is especially broad. Today’s Addiction & the Humanities explores the rise and proliferation of smoking bans worldwide, and briefly discusses some of the science related to their efficacy.

The Proliferation of Smoking Bans

Smoking bans are not a US invention. Cities such as Paris, Berlin, and Vienna had smoke-free streets as early as the 1800s (Levin, 2004). Smoking bans in the US did not begin to emerge until the 1950s, when research detailing the dangers of smoking and second-hand smoke, in particular, became available (Wydner & Graham, 1950). Minnesota became the first US state to enact a comprehensive smoking ban during 1975, barring smoking in many public venues (Levin, 2004; Minnesota Department of Health, 1975). Since then, smoking bans have spread across the United States and around the world in both quantity and severity. Figure 1 below shows the areas around the world that had complete indoor smoking bans prior to 2007._For more specific information about worldwide smoking bans, please check this BBC series on worldwide smoking bans.

Figure 1. Countries with full indoor smoking bans. Note less stringent bans are not depicted. Adapted from Koh, Joossens and Connolly (2007).



New York City has been active in the attempt to reduce a variety of risks to the public health (see Addiction & the Humanities 6(10) for a brief introduction to NYC's anti-obesity campaigns). This smoking ban enhances the original New York State smoking ban by banning smoking in almost all outdoor venues (Levin, 2004). New York is not the only US city working towards such comprehensive bans. Cambridge, MA and Raleigh, NC have formed committees to study smoking bans around public parks (Martin, 2011; Parker, 2011). Smoking bans have steadily become more common and stricter in the previous 60 years; this NYC ban is one more step in that direction.

Are Smoking Bans Effective?

A number of researchers have examined the effectiveness of smoking bans. For instance, Hauri et al. (2010) performed a hypothetical analysis of the public health benefits of a Swiss indoor smoking ban. Their analyses attributed 32,000 preventable days in hospitals to environmental tobacco smoke exposure, costing 330 million Swiss francs, or approximately 350 million US dollars in health care costs. They argued that instituting a smoking ban would yield savings of this financial magnitude. Similarly, Juster et al. (2007) determined that there were 3813 (8%) fewer hospital admissions for acute myocardial infarction after the initial smoking ban in New York State, saving $56 million in direct health care

costs. This estimate is lower than predicted by Hauri et al. perhaps because it does not account for other deleterious health effects of smoking, such as cancer and respiratory diseases. Furthermore, research indicates that workplace smoking bans help reduce average consumption of cigarettes by an average of 3.1 cigarettes per person per day, a 29% reduction (Fichtenberg & Glantz, 2002). These three studies are just some of many extolling the virtues of smoking bans. Further research is required, however, whether these benefits are applicable to outdoor smoking bans, such as the new NYC ban.

Are Smoking Bans Worth it?

After the predictions, readers might wonder what we actually know about the impact of smoking bans. Initially, many economists predicted that smoking bans might decrease the business of bars, restaurants, and hotels. However, some studies have shown that there is no tangible decrease in revenue caused by smoking bans (Glantz & Charlesworth, 1999; Hyland, Cummings, & Nauenberg, 1999). In contrast, others have suggested that smoking bans have decreased state revenue from taxes on cigarettes (Levin, 2004); however, this likely is offset by decreased hospital costs and improved public health. People also chide the new NYC law for being an outdoor ban. Outdoor bans are relatively rare, and research on their efficacy is scant. One such study in Australia found that exposure to second-hand smoke at an uncovered outdoor café was quite variable, but elevated over no-smoking environments (Cameron et al., 2010). Whether this level of elevated exposure represents a significant health risk is unclear.

Does the new NYC smoking ban overstep its bounds?

The most egregious complaint about smoking bans, however, is that by introducing smoking bans, the government effectively is curtailing civil liberties. Two considerations to keep in mind: First, outdoor smoking already is prohibited near playgrounds in cities like Toronto and within a radius of many buildings (CBC News, 2009); there is precedent. Second, many societies already have the right to remove nuisances from public spaces, such as loud noises and those drunk in public. Is the new NYC law overly strict? Our position is that smoking bans support public health. The question that remains is whether smoking bans are worth the restricted liberty. Culture certainly will influence how different people answer this question. However, this is an issue everyone and every jurisdiction must decide on their own.

-Daniel Tao

What do you think? Please use the comment link below to provide feedback on this article.

References

Cameron, M., Brennan, E., Durkin, S., Borland, R., Travers, M. J., Hyland, A., . . . Wakefield, M. A. (2010). Secondhand smoke exposure ($PM_{2.5}$) in outdoor dining areas and its correlates. *Tobacco Control, 19*, 19-23. doi: 10.1136/tc.2009.030544

CBC News. (2009, Jan 28). Toronto bans smoking near playgrounds, wading pools. *CBC News* Retrieved Feb 3, 2011, from http://www.cbc.ca/health/story/2009/01/28/tto-smoking.html

Fichtenberg, C. M., & Glantz, S. A. (2002). Effect of smoke-free workplaces on smoking behaviour: Systematic review. *British Medical Journal, 325*, 188-195. doi: bmj.com 2002;325:188

Glantz, S. A., & Charlesworth, A. (1999). Tourism and hotel revenues before and after passage of smoke-free restaurant ordiances. *Journal of the American Medical Association, 281*, 1911-1918. doi: 10.1001/jama.281.20.1911

Hauri, D. D., Lieb, C. M., Rajkumar, S., Kooijman, C., Sommer, H. L., & Röösli, M. (2010). Direct health costs of environmental tobacco smoke exposure and indirect health benefits due to smoking ban introduction. *European Journal of Public Health, Advance Access*. doi: 10.1093/eurpub/ckq142

Hyland, A., Cummings, K. M., & Nauenberg, E. (1999). Analysis of taxable sales receipts: Was New York City's Smoke-Free Air Act bad for restaurant business? *Journal of Public Health Management Practice, 5*(1), 14-21.

Juster, H. R., Loomis, B. R., Hinman, T. M., Farrelly, M. C., Hyland, A., Bauer, U. E., & Birkland, G. S. (2007). Declines in hospital admissions for acute myocardial infarction in New York State after implementation of a comprehensive smoking ban. *American Journal of Public Health, 97*, 2035-2039. doi: 10.2105/AJPH.2006.099994

Katz, B. (2011). New York City Council votes to ban smoking in parks. *Reuters* Retrieved Feb. 3, 2011, from

http://www.reuters.com/article/2011/02/02/us-newyork-smoking-idUSTRE71198V20110202

Koh, H. K., Joossens, L. X., & Connolly, G. N. (2007). Making smoking history worldwide. *New England Journal of Medicine, 365*(15), 1496-1498. doi: 10.1056/NEJMp068279

Levin, J. C. (2004). Protect us or leave us alone: The New York Smoking Ban. *Albany Law Review, 68*, 183-206.

Martin, R. (2011, Jan. 19). Raleigh moves closer to parks smoking ban. *The News & Observer* Retrieved Feb. 3, 2011, from http://www.newsobserver.com/2011/01/19/929130/raleigh-moves-closer-to-parks.html

Minnesota Department of Health. Clean Indoor Air Act § 144 (1975).

Parker, B. (2011). Cambridge forming group to explore smoking ban for public parks. *The Boston Globe* Retrieved Feb 3, 2011, from http://www.boston.com/yourtown/news/cambridge/2011/01/cambridge_forming_group_to_exp.html

Wydner, E. L., & Graham, E. A. (1950). Tobacco smoking as a possible etiologic factor in brachiogenic carcinoma: A study of six hundred and eight-four proved cases. *Journal of the American Medical Association, 253*(20), 329-336.