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Equity, Evidence & Ethics: Assessing the Implications of Outdoor Smoke-free Policies for Vulnerable Populations

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BACKGROUND

Smoke-free policies in outdoor settings are becoming increasingly common. Economic and social conditions tend to influence tobacco use patterns as well as exposure to secondhand smoke. Thus, active and passive smoking are both health equity and social justice concerns.

Smoking on the Margins is a multi-component, mixed-methods project that applies an ethical framework to outdoor smoke-free policies in order to identify both concerns and opportunities to promote health and health equity.

Justification for smoke-free policies

Smoke-free spaces are primarily justified on the basis of three goals:

- 1) Reducing exposure to secondhand smoke;
- 2) Encouraging people to quit smoking; and
- 3) Preventing youth smoking initiation.

Smoke-free policies in parks and beaches may have a small positive population health impact. Such policies reduce secondhand smoke exposure by eliminating a combination of circumstances that create sufficient concentration of tobacco smoke to pose serious health risk; such bans may also facilitate smoking cessation or reduction for some people. There is little evidence to date, however, that smoke-free policies in parks and on beaches have an impact on the prevention of smoking initiation among youth.

As well, the documented positive benefits may be offset by other, unintended and/or inequitable burdens, such as when the stigmatization of smoking makes it harder for some smokers to quit or contributes to greater health inequalities.



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DESCRIPTION

Analysis is primarily based on the framework developed by Kass (2001) but draws elements from other frameworks where the proposed issues were especially relevant to outdoor smoke-free policies.

A series of questions were used to guide the analysis of the existing research on exposure to secondhand smoke and outdoor smoke-free policies in order to assess first the potential benefits and then the potential burdens.



Ethical Analysis Framework

Question 1: What are the public health goals of the proposed policy¹?

Question 2: How effective will the proposed policy be in achieving its stated goals¹?

Question 3: What are the known or potential burdens of the program¹?

Question 4: Can the burdens of the program be minimized or redistributed? Are there alternative approaches^{1,2}?

Question 5: Is the program implemented fairly¹?

Question 6: Does the program demonstrate reciprocity³?

Question 7: Has the program been publicly justified^{4,5}?

ETHICAL ANALYSIS

Kass argues that an ethical approach to public health is one that places the fewest burdens on individuals rights without significantly reducing the potential benefits of intervening¹. Yet, many population health regulations and interventions are highly intrusive, compromising individual liberty and imposing penalties for non-compliance. It is important to keep these issues in mind when developing and implementing regulatory health policies, like outdoor smoke-free bylaws.

Though smoking prevalence in the general Canadian population is low, it remains elevated in certain sub-populations⁶. This raises the possibility that universal tobacco control policies may impose disproportionate burdens on some and exacerbate health inequities. Therefore, the design and implementation of outdoor smoke-free policies should question whether these bans could result in an imbalance of benefits and burdens.

UNINTENDED CONSEQUENCES

Because smoking rates are disproportionately high among certain key sub-populations, universal outdoor smoke-free policies may have different effects on these sub-groups of smokers. This includes in their use of tobacco, exposure to tobacco smoke and responses to smoking restrictions⁷, and this may create unintended consequences that disproportionately harm vulnerable populations.

Increased indoor smoke exposure

- By limiting the settings in which smoking is allowed, smoking restrictions in public spaces may increase the concentration of secondhand smoke in indoor spaces, such as homes and cars; this is particularly of concern for women and pregnant women⁸.

- This could be an issue for those without access to safe, outdoor private spaces⁹.

Stigmatization

- Restricting smoking in public spaces is part of the strategy of denormalizing smoking, which can lead to stigmatization and social disapproval¹⁰.

- In other areas of public health, stigmatization has widely been acknowledged as a process that contributes to poor health outcomes and greater health inequity, due in part to higher levels of stress and greater reluctance to seek health care or cessation support¹¹.

- Stigmatization could compound experiences of social isolation and marginalization¹².

DISCUSSION

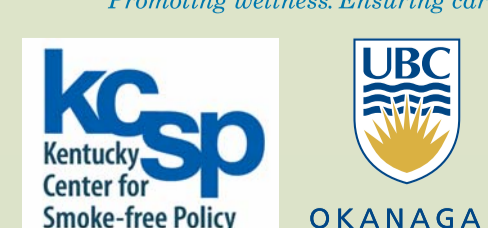
- We need to determine the appropriate way to reduce morbidity and mortality related to tobacco smoke, while also preventing the burdens of smokers of stigma, social exclusion and compromised liberty.

- Concepts like harm reduction and proportionate universalism are worth exploring for adaptation in relation to these kinds of policies.

- The use of designated smoking areas in outdoor spaces is maybe one possible way to balance the benefits and burdens of public outdoor smoke-free policies.

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